

**Texas A&M University-Kingsville
Department of Clinical Health Sciences
Communication Sciences & Disorders**

CLINIC MANUAL

Communication Sciences & Disorders Clinic
MSC 177A - 700 University Blvd. - Kingsville, TX 78363
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**The Master's Program in Speech-Language Pathology at TAMUK is
Accredited by the Council on Academic Accreditation in
Audiology and Speech-Language Pathology of the
American Speech-Language-Hearing Association
2200 Research Boulevard, #310
Rockville, MD 20850
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SECTION I

STUDENT INFORMATION

INTRODUCTORY COMMENTS

Welcome to the Texas A & M University-Kingsville Communication Sciences and Disorders (CSDO) Clinic. It is expected that your time with us will prepare you professionally and academically to further your career in Speech-Language Pathology.

The purpose of this Clinic Manual is to provide an operational framework for clinical educators and clinicians to follow when engaging in clinical services. You will need to become familiar with its contents to ensure that you understand the Clinic's policies, procedures and function.

Please feel free to discuss any questions or problems of a professional nature with our faculty as we are interested in you and your achievement. You have entered an exciting profession. Welcome to our CSDO family.

Lydia Hernandez-Perez, MS, CCC-SLP
Clinic Director
Communication Sciences and Disorders

RECEIPT OF STUDENT CLINICAL HANDBOOK

I, _____, will read and reference the Student Clinician
(*print name*)

Manual to access and understand the information contained in it such as, Clinical Rules and Regulations, Role as a Professional, Clinical Paperwork, Knowledge-Based Competencies, Grading Policy, etc.

Student Signature

Date

MISSION STATEMENT

It is the mission of the Texas A&M University- Kingsville (TAMUK) Communication Sciences and Disorders (CSDO) Clinic to provide diagnostic and therapeutic clinical experiences for students enrolled in clinical practicum. Additionally, it is the mission to provide effective diagnostic and therapeutic speech, language, and hearing services to the general public and the university community. Experiences are to be consistent with standards of the American Speech-Language-Hearing Association (ASHA) and the State Licensure Board of Speech-Language Pathology and Audiology.

POSITION STATEMENT

It is the student's responsibility to be familiar with and adhere to the ASHA Code of Ethics and the laws and regulations governing the provision of the clinical services. Refer to www.asha.org for further information. The clinical educator is ultimately responsible for the clients and students served.

CLINICAL MANUAL

This manual, required as a text for students enrolled in practicum, is intended to serve as a guide concerning the policies and procedures of the clinical training program in CSDO. Explanations and examples of requirements, formats, and information pertinent to the student's successful completion of practicum are included. If a student is uncertain about clinical policies or procedures, or finds requirements unclear, she/he is strongly encouraged to seek clarification from his/her clinical educator or the Clinic Director.

The following items are downloadable in PDF Format at the American Speech-Language-Hearing Association website:

www.asha.org/practice/ethics

Code of Ethics of the American Speech-Language-Hearing Association:

<https://www.asha.org/siteassets/uploadedfiles/et2016-00342.pdf>

Scope of Practice in Speech-Language Pathology:

<https://www.asha.org/siteassets/uploadedfiles/sp2016-00343.pdf>

Scope of Practice in Audiology

<https://www.asha.org/siteassets/uploadedfiles/sp2018-00353.pdf>

COMMUNICATION SCIENCES AND DISORDERS TEXAS A & M UNIVERSITY-KINGSVILLE

Equal Opportunity/Discrimination Policies

In compliance with Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and Executive Order 11246 (as amended by 11375), Texas A&M University-Kingsville is open to all persons regardless of race, color, religion, sex, national origin, age or disability who are otherwise eligible for admission as students. A&M-Kingsville does not discriminate on the basis of disability in admission or access to its programs.

Texas A&M—Kingsville is an Equal Opportunity/Affirmative Action Employer, and no applicant or employee will be discriminated against because of race, color, age, religion, sex, national origin or disability in any personnel action. This university will not enter knowingly into contractual agreements for services or supplies with any firm failing to follow fair employment practices.

Texas A&M University-Kingsville does not tolerate discrimination on the basis of race, color, religion, national origin, age, disability, genetic information, gender, gender identify or sexual orientation (or any other illegal basis) and will investigate all complaints that indicate sexual harassment, harassment, or discrimination may have occurred. Sexual harassment and sexual assault are types of sex discrimination. Such sexual misconduct is unacceptable and will not be tolerated. Any member of the university community violating this policy will be subject to disciplinary action. A person who believes he/she has been the victim of sexual harassment or unlawful discrimination may pursue either the informal or the formal complaint resolution procedure. A complaint may be initially made to the Office of Compliance at (361) 593-4758, complainant's immediate supervisor, a department head, a supervisory employee, or the Dean of Students at (361) 593-3606 or the Office of Compliance at (361) 593-4758. Regardless of who the complaint is filed with, the Compliance Office will be notified of the complaint so it can be investigated.

Faculty

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PROFESSIONAL ORGANIZATIONS

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION (ASHA)

*10801 Rockville Pike
Rockville, Maryland 20852
Members: 800-498-2071
Non-Members: 800-638-8255
www.asha.org*

The American Speech-Language-Hearing Association represents the professions of speech-language pathology and audiology at the national level. This organization was founded in 1925 and has now grown to a membership in excess of 140,000 members. ASHA's goals are to:

- ✓ Maintain high standards of clinical competence for professions providing services to the public.
- ✓ Encourage the development of comprehensive clinical service programs.
- ✓ Encourage both basic research and studies of clinical procedures.
- ✓ Stimulate exchange of ideas through publications and meetings.

Eligibility:

- 1) Members must hold a graduate degree in speech-language pathology, audiology or speech and hearing science.
- 2) Members must subscribe to the Code of Ethics.
- 3) Members who provide clinical services must meet requirements for the Certificate of Clinical Competence (CCC).

Benefits: Members receive a number of journals and other publications from the association. They also are eligible to participate in regional and national conventions. In addition, it maintains an extensive governmental affairs program, a public information program, and an employment registry (at the convention and in the monthly ASHA Journal), and in general, serves as a catalyst in matters dealing with speech and hearing nationwide.

TEXAS SPEECH-LANGUAGE-HEARING ASSOCIATION (TSHA)

*P.O. Box 140647
Austin, TX. 78714-0647
800-Say-TSHA
www.txsha.org*

The Texas Speech-Language-Hearing Association came into being in 1957. TSHA serves as the state level professional organization for persons engaged in speech-language pathology and audiology and publishes a newsletter and journal, sponsors an annual three-day convention, and supports continuing education efforts.

Eligibility: Membership is open to persons holding master's degrees or higher, with an emphasis in speech-language pathology, audiology, speech or hearing science, or education of the hearing impaired. A student membership is available for persons enrolled in undergraduate or graduate programs.

Benefits: By belonging to the state association, one receives all publications of the TSHA including the Communicologist, a newsletter specifying state-wide activities in speech and hearing, and the TEJAS Journal. The person is also eligible to attend the state convention at a reduced registration fee.

Enrollment: <https://www.txsha.org/p/cm/ld/fid=63>

NATIONAL STUDENT SPEECH-LANGUAGE-HEARING ASSOCIATION (NSSLHA)

www.nsslha.org

Founded in 1972, NSSLHA is the national organization for master's candidates and undergraduate students interested in the study of normal and disordered human communication behavior. NSSLHA is the only official national student association recognized by the American Speech-Language-Hearing Association. NSSLHA membership is presently over 12,000 students, with chapters in 340 colleges and universities.

Eligibility: Membership is open to any student (undergraduate or graduate) who is interested in the study of normal and disordered human communication.

Benefits: Students are eligible to receive a number of NSSLHA and ASHA publications (including a number of journals), receive reduced registration fees for professional conventions and meetings and have an opportunity to become involved in local chapter activities. A remarkable savings in journal subscriptions and to begin building a professional library are just some of the important reasons in considering membership.

Enrollment: Join NSSLHA at <https://www.nsslha.org/membership/>

Student Organizations

LOCAL NATIONAL STUDENT SPEECH-LANGUAGE-HEARING ASSOCIATION (NSSLHA)

Contact: Dr. Debbie Forman

The mission of the National Student Speech Language Hearing Association (NSSLHA) is the benefit it's members by continually improving its support, promotion, and advocacy of the highest quality preparation of professionals in audiology, Speech-language pathology, and speech and hearing sciences.

The local NSSLHA chapter plans a variety of activities, both service and fund-raising projects, depending upon the changing needs and interests of its members. Membership is open to any student (undergraduate or graduate) who is interested in the study of normal and disordered human communication.

<https://www.facebook.com/nsslha.tamuk.7>

STUDENTS FOR GLOBAL COMMUNICATION

Contact: Dr. Eric Swartz

The purpose of this group is to do a two-week outreach program every year in a developing country. The field of Speech-Language Pathology has grown over the years, but unfortunately, many other countries are still behind. This group focuses on going to a selected site and administering tests, giving lectures and trainings, and other activities related to Communication Disorders in order to educate and broaden both ourselves and these underdeveloped populations that have limited access to education and resources.

<https://www.facebook.com/StudentsForGlobalCommunication>

STUDENT AUDIOLOGY FORUM

Contact: Dr. Stephen Oller

The Texas A&M University-Kingsville Student Audiology Forum has a specific and exclusive mission and purpose that is offered and fulfilled by no other organization on campus. As the first and only organization on the campus of Texas A&M University-Kingsville to focus specifically on audiology and hearing science, the Student Audiology Forum's purpose is to aid students by providing support to encourage professional interest among college and university students in the study of audiology and hearing science, provide continuity to the dissemination of professional information, and provide a vehicle for student representation in matters of professional concern. The mission of the Texas A&M University-Kingsville Student Audiology Forum is to serve as a collective voice for students within The Forum's area and to advance the rights, interests, and welfare of students interested in or pursuing careers in audiology or hearing science.

This forum will engage students in lifelong professional activities that promote and advance the profession of audiology and hearing science, and provide services, information, education, representation and advocacy for the profession and the public we serve.

Students from all majors are welcome to join and actively participate in The Forum. Students in the Communication Sciences and Disorders program within the Department of Clinical Health Sciences are strongly encouraged to join, as careers in speech-language pathology, speech-language-hearing sciences, and communicative disorders all interrelate with audiology and hearing sciences.

PROFESSIONALISM

Professionalism is a word that will be repeatedly heard by each Speech-Language Pathologist beginning with the first semester of clinical practicum and throughout the individual's career. Professionalism is an ATTITUDE -- a state that MUST be developed by each student.

The term professionalism encompasses the Code of Ethics of the American Speech, Language, and Hearing Association. This code must be read very carefully. It is imperative that it is fully understood and strictly followed. The use of confidential material is particularly important here. All information (records, test results, reports, etc.) on clients is to be regarded as strictly privileged communication. **This information must never be discussed openly or for any reason be removed from the clinic.** Any student who in any way violates this code may expect a written warning to be followed by dismissal from the practicum class for a second offense.

In developing your status as a professional person, you will be expected to place the needs of your clients above all other motivations for therapy. Once in the clinic, you will be expected to do whatever is necessary to conduct complete appropriate clinical services for the client. This may mean making a referral to another agency and it will undoubtedly require additional study of the philosophical, theoretical and empirical bases of clinical procedures. Your therapy plans, reports, and therapy should always reflect such appropriate preparation.

Professionalism also requires that you carry out all duties and responsibilities in the clinic accurately and immediately. Deadlines must be met in order for the clinic to deliver competent, effective service to its clients. You always will be expected to meet therapy sessions without fail and to be punctual to all sessions and staff meetings. One unexcused absence from therapy is considered a basis for dismissal from clinic practicum.

Finally, since you are performing as a professional in this clinic, you will be expected to conduct yourself at all times in a professional manner. Your dress should be appropriate and in good taste. Your communication should be clear, concise and appropriately articulated. You represent this program with each clinical experience and public communicative contact.

The requirements in the clinic are the same as those in most professional clinics. Follow these basic rules and you will be well on the way to a deserved title of "Professional." Remember, you have chosen one of the best and most gratifying professions in the world. Value it--and value your part in it.

LICENSURE

For information concerning employment as a Speech-Language Pathology Assistant or as a Speech-Language Pathologist in the State of Texas write to:

*Texas Department of Licensing Regulation
Speech-Language Pathologists Audiologists
P.O. Box 12157
Austin, Texas 78711*

Or call:

1-800-803-8202 (In state only)
(512) 463-6599
Fax (512) 463-9468

Website:

www.tdlr.texas.gov

Effective October 3, 2016

CLINICAL ISSUES

DISABILITY STATEMENT

In accordance with the University policy, if a student has a documented disability and requires accommodations to obtain equal access in clinical practicum, the students should contact the Clinic Director at the beginning of his/her graduate program and the instructor of his/her practicum class/assignment each semester and make this need known. Students with disabilities must verify their eligibility through the Office of Disability Services.

LIABILITY INSURANCE

Graduate student clinicians must obtain liability insurance through the CSDO Clinic office annually before any client is assigned.

IMMUNIZATION RECORDS

Some clinical placement sites require that graduate student clinicians comply with the facility's employee/extern immunization policies and procedures and/or sign a waiver of liability.

CPR

Graduate student clinicians must show proof of current CPR training prior to clinical assignments.

STUDENT BOXES

Student boxes are provided for student clinicians. They are located in the hallway leading to the graduate workroom. These boxes are for distribution of mail, phone messages, notes, notices and returned assignments. The boxes and folders are labeled alphabetically. Please check your boxes every day.

BULLETIN BOARDS

Notices of general and specific interest to students are posted on the bulletin boards located in the clinic office area and in front of student boxes. All postings must be approved by clinical staff.

DUPLICATING AND COPYING EQUIPMENT

Students may only use the copying equipment in the faculty work room for clinic work and with permission. Office assistants may use this equipment for clinic business and/or treatment with the supervisor's permission.

EQUIPMENT AND THERAPY MATERIALS

All department equipment, therapy materials and diagnostic materials must be checked out from the materials room. The individual using the item(s) will be required to fill out the check-out form located in the room. List the name of the item, your name, note the date and time, and then note the time when returning the item. Therapy materials may be checked out 30 minutes prior to therapy and must be returned within 30 minutes following therapy. Diagnostic materials may be checked out 30 minutes before and returned 30 minutes after therapy. If checking out material overnight, you must check out after 4:00 p.m. and returned by 9:00 a.m. in the morning unless other arrangements are made with the clinic secretary. Abuse, neglect, or loss of equipment or materials will result in the removal of use privileges. All lost items must be replaced at the student's expense. Check-out time limits and deadlines will be respected. An item checked out and not returned on time seriously impedes the operation of the clinic. Violation of the rules in this area can result in the individual losing points in your clinical evaluation. Occasionally, conflicts arise when only one item is available and two clinicians have planned to use it. Please resolve such conflicts in a mature, professional manner. Please feel free to suggest to the Clinic Director that purchasing another of the same item would be useful. If any equipment does not work, notify your clinical educator immediately.

TOYS AND MATERIALS

Students are responsible for providing toys, and materials for their clients. The toys and materials in the materials room are for everyone's use, therefore; after a student borrows toys or materials, the student is expected to return them to their original location. All edibles must be approved by the clinical educator and client's parents so that nutritional requirements are met. If food, liquids, or other potentially messy items are to be used in clinic, you will cover the carpet and/or table with a plastic mat. You are responsible for cleaning your therapy room thoroughly after each session. Parents of clients may contribute materials, toys or snacks, but students may not receive money from the parents for the purchase of such items. Students are encouraged to utilize creativity through homemade materials, household items and tailored tasks.

FURNITURE

All therapy rooms are equipped with tables and chairs. Furniture may be moved from one place to another; however, it must be returned to its original location.

REPAIR/REORDER

Any problem with the building operation or equipment operation should be reported as promptly as possible to the Clinic Secretary and Director. When supplies of handouts, test forms, etc. run low, notify the Clinic Secretary before the supply is exhausted.

FORMS

Familiarize yourself with the clinic forms as many of them have been revised. They are distributed throughout this handbook. *Refer to Forms section for examples.*

NAME TAGS

All students shall wear identification name tags while performing clinic duties (i.e., therapy, assessment, parent conferences) both on and off campus. This will aid clients in identifying student clinicians and make the name and classifications of the students clear to the client and other professionals. Remember you are a reflection of our clinic. The Clinic Secretary will utilize the name from your admissions application for your name tag. If your name has changed, please let the Clinic Secretary know immediately. Payment is due when name tags come in. Replacement nametags will be at an additional and different fee. Any questions on the nametags, contact the Clinic Secretary.

DRESS CODE

The concept of appropriate dress in an academic training program which also houses clinical treatment areas is relative rather than absolute. When in the clinical training environment one should dress in a manner that lends credence to the patients' sense of confidence that you are competent in your ability to deal with their problems. All students are required to wear black scrub tops and bottoms with sneakers or work shoes. Optional attire includes black slacks and black/dark grey polo shirt with dress shoes. All students should be wearing their identification badge when interacting with clients and performing clinical services.

CLINIC SCHEDULE

The TAMUK CSDO Clinic is open to serve communicatively impaired individuals during the fall, spring and when possible, summer semesters. Sessions are scheduled approximately two weeks after the first class day of each semester. University holidays are observed. The clinic is open Monday through Thursday from 8:00 a.m. to 5:00 p.m. Fridays are reserved for screenings and for special requests.

ADMISSION AND SCHEDULING

Persons may be admitted to the Clinic after a Speech-Language Evaluation is completed and treatment is

recommended. Clients will be scheduled within the limits of class schedules and Clinic operating hours. Clients will be contacted to schedule days and time for the semester's sessions as soon as possible after TAMUK classes begin.

FEEES

The Communication Sciences and Disorders Clinic (CSDO) does not charge specific fees for diagnostic, therapeutic, or accent management services. Instead, we will only request an Administrative Fee of \$50 per semester to cover administrative costs (evaluation protocols, therapy materials, paper, printing ink, folders, cleaning supplies, etc.) to perform an evaluation and/or therapy. Payment of the Administrative Fee can be made upon enrollment each semester. Arrangements to pay in installments can be made by contacting the clinic office. Payment can be made using a credit card in MarketPlace at https://moneyconnect.tamuk.edu/C20209_ustores/web/index.jsp . However, a check or money order can be accepted at the clinic office prior to or during the first visit to the clinic. Change is not always available for cash transactions. A receipt will be provided. Services will not be performed until payment/arrangement for payment of administrative fee is in place. This facility does not bill Medicare, Medicaid, or any third party payers. This university setting creates special challenges that prevent us from accepting Medicare or Medicaid clients or those relying on third party reimbursement.

CANCELLATIONS

When a client cannot be present for a scheduled session, the Office Manager and the student clinician must be notified as early as possible. Client-canceled sessions are not rescheduled unless otherwise advised by the Clinical Educator. When the clinician cancels an appointment, every effort will be made to contact the client about the cancellation. (For these reasons it is important the Clinic, clinician, and client maintain current addresses and telephone numbers.) Sessions canceled by the clinician will be made up.

ILLNESS

In case of illness, it is the student's responsibility to:

1. Notify his/her clinical educator directly (if not available, the clinic director, or if not available, another faculty member).
2. Follow the clinical educator's instruction, which may include calling the client/parent (keep client's phone number with you).
3. Make arrangements to make up for absences with clinical educator approval.

OBSERVATION FACILITIES

Observation facilities are reserved for teaching function. Parents and/or guardians are encouraged and may observe with the clinical educator's permission. These "significant others" may not observe other clients who may be seen at the same time in another room. Due to confidentiality and distraction, children are discouraged to sit in the observation room. Food and drinks are never allowed in the observation or waiting areas. Listening devices are provided to "significant others" and returned to the front office as soon as sessions are ended.

REPORTING

After a period of assessment at the beginning of each term, therapy goals for each client will be determined by the clinician in conference with the clinical educator. Informal reporting regarding progress toward these goals takes place throughout the term. Formal, written reporting is carried out at the end of each semester, at which time a statement regarding the need for or advisability of further treatment is made. We ask that parents conduct no training or follow-up at home without specific direction from the clinician or clinical educator. If you have any questions about clinic services, please contact the clinical educator.

CLINICAL RESOURCES

1. Telephone messages/E-mail
 - a. Messages taken by the office personnel will be placed in your box or e-mailed to the faculty member and/or student. Students are responsible for checking their boxes and E-mail daily for messages.
 - b. The office telephone number is (361) 593-3493.
2. Materials and Forms
 - a. Protocols for diagnostic tests are located in the main CSDO office.
 - b. You should become familiar with clinical materials early in the semester. Materials must be signed in and out and must be returned each day because of heavy use.
3. Diagnostic Tests
 - a. Diagnostic materials are inside closets in the Audiological Testing room. *Sign out the test* in the binder located in front of the closets.
 - b. Sign the test back in when you return it. If you want to keep part of the test to score, please sign that portion out and check the remainder back in.
 - c. *Overnight checkout* starts at 4:00 p.m. and materials must be turned back in by 9:00 a.m. the following morning. On Fridays, overnight check-out begins at 2:00 p.m. and the tests must be turned back in by 9:00 a.m. on Monday morning.
 - d. For *evaluations*, it is recommended that you reserve the tests needed to prevent them from being checked out at the time of your evaluation. Check with your clinical educator to reserve a test.
 - e. Exceptions: If a student is unable to check-out or return diagnostic materials as specified above due to an off-site placement, they may request special permission from the faculty in charge of materials.
 - f. If you are in a need of an assessment that we do not possess, please advise your clinical educator who will notify the clinic director. Major purchases are generally made during the summer but necessary items can be ordered as the need arises.
4. iPads

iPads #11-20 are available for clinical use in the clinic area only. Check out and use as a guest only. Do not save or add personal documents or apps to iPads. Request permission from clinical educator or clinic director to upload any clinical or assessment apps. iPads #s 11-15 should contain pediatric apps and #s 16-20 should contain adult population apps.
5. Speech and Hearing Science Technology Center

Cabinets in the material's room have been designated to house technology available for use. Students and faculty can review, check out and use the iPad, Macintosh laptops, PRC, Dynavox and Lingraphica Devices. The designated cabinets ARE ALWAYS LOCKED. Check with faculty to obtain entry. Students and Faculty must use the checkout sheet when taking a device. Please log the type of use (i.e. class, research, and clinic). (See Next Page for Rules)
6. Graduate Workroom

Manning 109 and 104 are set up with 3 computers (2 connected to internet). All computers have been updated with virus protection and have SPSS. Manning 109 has a small refrigerator and microwave for graduate student use. The room is generally unlocked in the morning and then locked at the end of the day.
7. Audiological Suite and Voice Lab

Lab areas are available as part of academic training or clinical need. Supervision of use of equipment should be requested.

Speech and Hearing Science Technology Center of South Texas Funded by grant from Title V PPOHA

Rules for Student use of materials

WHAT YOU MAY/MUST DO

The purpose of the materials is to give you opportunity to explore and learn about the materials and use with your clients or research.

Procedures for checkout/in

- You must complete the Log form entry upon checking out device and returning of the device.
- All devices must remain within the clinic, audiology/voice lab area, in room 106 or conference room. The items may not leave the clinic, unless you have special permission from Dr. Swartz or Dr. Krestar for research use.
- You are responsible for the safety of the devices. Keep within your view. Do not leave an item unattended or in an unlocked location.
- Must return device to its location and be sure the location is locked (will need to contact faculty or assistant).

Other considerations

- If the power is below 50% on the iPad, inform Dr. Swartz or Dr. Krestar or designated assistant.
- Use the Macintosh computers with power supply when possible.
- Alert Dr. Swartz or Dr. Krestar regarding any technical difficulties.
- Must follow confidentiality rules of clinic and TAMUK.
- If you are planning to keep client therapy material on the computer, make an electronic client folder and use the client number and date as folder name. Then label any electronic file names accordingly. For example, you may want to save a PowerPoint file with stimulus pictures or a video file demonstrating articulatory placement. At the end of the term, the files may be cleared.
- If you make a personal folder, be advised that you must keep your own backup and the file must be cleared prior to returning.
- Any flash drive must be scanned by the virus program before use.
- A log-in password will be provided for the laptops. This log-in will change periodically.

WHAT YOU MAY NOT DO

iPads #1-10 and Macintosh Computers:

- **You may not add any program or software**, even free downloads or free apps. If you have one to recommend, contact Dr. Swartz or Dr. Krestar, and they will evaluate the suggestion.
- You may not use the computers or iPads for personal use-- Facebook, email, personal internet searches.
- You may not use computers or iPad to play games unless the game is used in clinical setting and approved by your clinical educator. Avoid websites with sales pop-ups.
- You may not participate in any use of the computer that is against TAMUK policy.
- You may not install programs from this center onto your personal computers or iPads. Material has been purchased via software licensing.

Faculty members or office staff are available for any questions or concerns regarding the Speech and Hearing Science Technology Center of South Texas.

Primary Contact(s):

Dr. Eric Swartz (361)593-4937

Dr. Maura Krestar (361)593-2005

SECTION II

**POLICIES
AND PROCEDURES**

Clinician Responsibility for ASHA Code of Ethics

Be aware that a lack of professional responsibility related to any of the clinical policies or procedures will result in a lowering of practicum grades. In addition, if these problems are persistent, further remediation, up to and including, dismissal from the program will result. A violation of the ASHA Code of Ethics may result in immediate dismissal from the program.

ASHA Code of Ethics

Reference this material as: American Speech-Language-Hearing Association. (2016).

Code of ethics [Ethics]. Available from www.asha.org/policy/.

Preamble

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

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

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

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

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

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

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

Terminology

ASHA Standards and Ethics

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

advertising

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

conflict of interest

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

crime

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

diminished decision-making ability

Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

fraud

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

impaired practitioner

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

individuals

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

informed consent

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

jurisdiction

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

know, known, or knowingly

Having or reflecting knowledge.

may vs. shall

May denotes an allowance for discretion; *shall* denotes no discretion.

misrepresentation

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

negligence

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

nolo contendere

No contest.

plagiarism

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

publicly sanctioned

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

reasonable or reasonably

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

self-report

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

shall vs. may

Shall denotes no discretion; *may* denotes an allowance for discretion.

support personnel

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

telepractice, teletherapy

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

written

Encompasses both electronic and hard-copy writings or communications.

Principle of Ethics I

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

(a) Rules of Ethics

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.
- T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

Principle of Ethics II

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

(b) Rules of Ethics

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

- B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
- D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
- G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

Principle of Ethics III

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

(c) Rules of Ethics

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

Principle of Ethics IV

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

(d) Rules of Ethics

- A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
- M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
- S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another,

or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

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

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Evidence-Based Practice (EBP)

<https://www.asha.org/sitehelp/copyright/>

(control & right click underlined blue hyperlinks)

The goal of EBP is the integration of:

- (a) clinical expertise/expert opinion,
- (b) external scientific evidence, and
- (c) Client/patient/caregiver perspectives to provide high-quality services reflecting the interests, values, needs, and choices of the individuals we serve.

Conceptually, the trilateral principles forming the bases for EBP can be represented through a simple figure: [Read more about evidence based practice.](#)

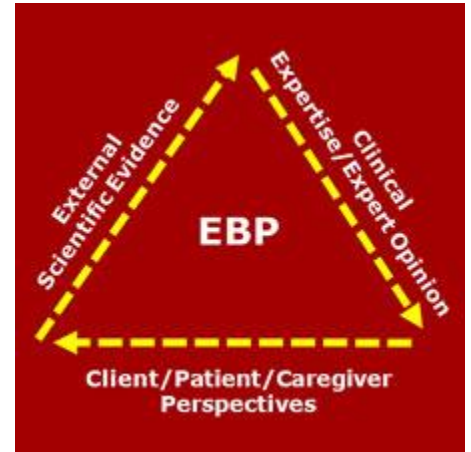
Key Steps in the EBP Process

Step 1: [Framing the Clinical Question](#)

Step 2: [Finding the Evidence](#)

Step 3: [Assessing the Evidence](#)

Step 4: [Making the Clinical Decision](#)



EBP Resources

[ASHA's web-based tutorials](#)

See ASHA's [glossary](#) for key terms and definitions

[ASHA's Evidence Maps](#)

[ASHA's Evidence Based Practice Toolkit](#)

EBP Compendium of Clinical Practice Guidelines and Systematic Reviews

In the summer of 2005, staff of ASHA's National Center for Evidence-Based Practice in Communication Disorders (N-CEP) embarked upon a project to identify and obtain clinical practice guidelines from all over the world related to audiology and/or speech-language pathology. As noted elsewhere on this site, clinical practice guidelines, when tied directly to a systematic review of scientific evidence, can be an invaluable tool in helping clinicians to make the best decisions with and for their clients. [Proceed to the EBP Compendium.](#)

ASHA Evidence Maps

The evidence maps are intended to provide clinicians, researchers, clients, and caregivers with tools and guidance to engage in evidence-based decision making. These maps highlight the importance of the three components of evidence-based practice: clinical expertise, current best evidence, and client/patient perspectives. Proceed.

ASHA/N-CEP Evidence-Based Systematic Reviews

ASHA's National Center for Evidence-Based Practice in Communication Disorders (N-CEP) works with ASHA members to conduct numerous evidence-based systematic reviews (EBSRs) annually.

See the [list of EBSRs](#) that have been completed and those that are in progress

[Submit your topic nominations](#) for future systematic reviews

To see the complete page visit: <http://www.asha.org/members/ebp>

Note:

- **The principles of evidence-based practice (EBP) are incorporated into all academic and clinical activities.**
- **All decisions regarding client care are made with the clinical educator's input and guidance.**

Texas A & M University-Kingsville
Communication Sciences & Disorders Clinic
Privacy Policy

The Standards for Privacy of Individually Identifiable Health Information (“Privacy Rule”) established a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services (“HHS”) issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). The Privacy Rule standards address the use and disclosure of individuals’ health information – called “covered entities,” as well as standards individuals’ privacy rights to understand and control how their health information is used. Within HHS, the Office for Civil Rights (“OCR”) had responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.

A major goal of the Privacy Rule is to assure that individuals’ health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public’s health and wellbeing. The Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing. Given that the health care marketplace is diverse, the Rule is designed to be flexible and comprehensive to cover the variety of uses and disclosures that need to be addressed.

U.S. Department of Health and Human Services: www.hhs.gov

This notice describes how medical information about our patients/clients may be used and disclosed and how they can obtain access to this information. Please review it carefully.

Clients who have questions or require additional information should ask the CSDO Office Manager. Clients who have complaints can submit them in writing. The Clinic Director will review the complaint. Clients who have complaints that require immediate attention should ask for the Clinic Director or the Program Director. Clients whose complaints have not been resolved to their satisfaction can address complaints to the Secretary of the United States Department of Health and Human Services. The CSDO Clinic will not retaliate against any individual for filing a complaint.

Terms:

Any medical information, which could in any way identify an individual client, is considered **Protected Health Information** (PHI). PHI will be used and disclosed only as needed for the Communication Sciences and Disorders Clinic to perform continuity of care regarding **Treatment, Payment and Health Care Operations** (TPO). Any other disclosure will require the written authorization of the client. In general, use or disclosure of PHI for purposes other than treatment, or a disclosure requested by the client, is limited to the **Minimum Necessary** to accomplish the intended purpose.

Access:

The following people will have access to PHI:

- The client.
- Any person to whom the client has authorized in writing the release of information.
- CSDO Clinic staff who are involved in providing care to the client will have access as indicated below:
 - Audiologists, speech/language pathologists, speech/language supervisors, faculty and student clinicians (graduate and undergraduate).
 - Secretarial staff needs access to the entire medical record in order to file all components of the chart.

- Secretaries who assist clients with insurance problems may need access to the entire record in order to determine dates of service, etc.
 - Custodial staff do not have access to PHI
- The client's health insurance company, for payment purposes.
- Public Health Services and regulatory officials, when required by law.
- Courts, when the request is accompanied by a duly executed subpoena and reviewed by legal counsel.
- Parents or legal guardians of a minor.
- Referring physicians and/or therapists and physicians, and/or therapists involved in continuity of care.

Minimum Necessary:

Requests for disclosure of PHI for all purposes will be reviewed by the Privacy Contact (CSDO Clinical Educator) to assure that they meet the minimum necessary requirement. The Privacy Contact may consult the Privacy Officer (Clinic Director) for assistance in making this determination.

Patient/Client Rights:

- Clients have a right to see and obtain a copy of their PHI.
- Clients have a right to request limitations to the routine use of PHI for TPO.
- Clients have a right to request changes in their PHI.
- Clients have the right to see a list of all people to whom PHI has been disclosed. In order to meet this requirement, the CSDO Clinic must keep a disclosure log. The log must record all disclosures, both written and verbal.

Security:

Privacy measures are designed to protect the confidentiality of all PHI:

- All faculty, staff, and student clinicians will receive instruction about and be familiar with the CSDO Clinic Privacy Policy.
- Faculty, staff and student clinicians will exert due diligence to avoid being overheard when discussing PHI.
- All records will be kept secured. When the CSDO Clinic is open, exposed patient records are not left unattended in unlocked offices. When the CSDO Clinic is closed, all files are placed in locked cabinets inside a locked room.

Administration:

- The CSDO Clinical Educators serve as the Privacy Contact.
- The Clinic Director serves as the Privacy Officer
- A designee of the University Information Technology Services (ITS) department serves as the Security Officer.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) COMPLIANCE TIPS

From: Cornett, B. (2002, Feb. 5). The HIPAA privacy rule in everyday life. *The ASHA Leader*, pp.2, 22.

Abbreviations:

HIPAA - Health Insurance Portability and Accountability Act

PHI - Protected Health Information

TPO - Treatment, Payment, and Operation

- ❑ Be certain that the client (or his/her representative) has signed all needed consent forms before using and disclosing PHI.
- ❑ Make every attempt to keep oral communication with or about a client private, as circumstances allow (e.g., move to a private room; do not do consultations in the waiting area).
- ❑ Do not discuss clients in hallways, elevators, classrooms, or other public spaces.
- ❑ Turn computer screens inward or provide protective screens so that passersby cannot read client information.
- ❑ Keep paper medical records in locked rooms and/or locked cabinets. Limit access to authorized individuals.
- ❑ Be aware of posting client information (e.g., treatment schedules or charts showing results of activities) on walls.
- ❑ Dispose of unneeded client information in confidential shredding containers, never place in unsecured waste bins.
- ❑ Account for all client lists, reports, lesson plans, and other loose records in conference/staffing rooms, workrooms, etc.
- ❑ Account for all recordings of clients (i.e., videotapes and audiotapes). Never leave recordings unattended in an unsecured area.
- ❑ Never remove client records from the health care facility.
- ❑ Do not leave client records in computer printers.

CONFIDENTIALITY

1. All information concerning clients is confidential. Instruction in specific guidelines regarding Protected Health Information (PHI) as it relates to HIPAA (Health Insurance Portability and Accountability Act) will occur during orientation. TrainTraq Course 2111454: HIPAA Privacy and Security for Nurses and Clinical Staff should be completed prior to commencing clinical practicum.
2. Clients may be discussed with clinical educators, CSDO faculty members, and CSDO students only when such discussions serve a clinical or educational purpose.
3. Clients are not to be, in any manner, identified or discussed with friends, roommates, any other person outside of the Clinic, or on any social media.
4. Extreme care should be taken when having conversations in the Clinic facility as clients and families are likely to be within hearing distance. Please follow confidentiality guidelines.
5. Information in the client chart(s)/file(s) may **never** be taken from the designated/appropriate areas or left unattended.
6. Materials from a client's folder **MAY NOT BE PHOTOCOPIED**.
7. Written drafts of reports and other client notes (not filed in the client's folder) must be destroyed. Take these items to the main office to shred or give to a secretary for proper disposal.
8. Student clinicians are not to exchange information regarding clients with other agencies without permission from the clinical educator and a signed release from the client/guardian.
9. **At no time** should student clinicians be engaging in speech/language-related discussion about and/or regarding clients outside of the Clinic facility. Additionally, suggestions/materials should not be provided to the client or family unless done so under the direction of the clinical educator during the time therapy services are being provided at the Clinic.

COMPLAINT POLICY

Complainants are expected to file complaints at the appropriate level so that all due process procedures may be followed.

Students should take issues regarding grades and class policies to the course instructor/clinical educator first so that she or he can have the opportunity to rectify the situation or to provide an explanation or rationale. If the student is not satisfied after talking with the course instructor/clinical educator, the student may appeal to the next higher level within the administrative structure. For academic issues that would be the Graduate Program Coordinator, and for clinic issues that would be the Clinic Director. If the student is still not satisfied, the student may appeal to the Department Chair. If the issue continues to be unresolved, the student may file a formal grievance with the department. If the student is not satisfied with the outcome of the grievance process, the student may file a formal grievance with Dean of the College of Arts and Sciences. Information on the formal grievance policy can be found on the TAMUK website. The Dean and the Provost are final levels of appeal at TAMUK.

http://www.tamuk.edu/dean/dean_files/studenthandbook.pdf

A complaint concerning an off-campus externship clinical educator should begin with that person. Again, this is to give the externship clinical educators the opportunity to rectify the situation or to provide an explanation or rationale. If you still have a concern after the discussion then you should direct your complaint to your Externship Coordinator, and barring satisfaction at that level, to the Graduate Program Coordinator and/or Department Chair of CSDO.

Other non-grade related complaints or suggestions should be directed to the CSDO Program Director.

Refer to the TAMUK Student Handbook for Student Grievance Procedures.

http://www.tamuk.edu/dean/dean_files/studenthandbook.pdf

CAA CONTACT

Concerns and questions relative to the academic and clinical training issues of the CSDO's accredited program should be directed to the Program Chair. Students may also contact the

*The Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology
American Speech-Language-Hearing Association
2200 Research Boulevard, #310
Rockville, MD 20850-3289,
Telephone (800) 498-2071*

Procedures for Complaints to the CAA Against Graduate Education Programs:

A complaint about any accredited program or program in Candidacy status may be submitted by any student, instructional staff member, speech-language pathologist, audiologist, and/or member of the public.

Criteria for Complaints

Complaints about programs must:

- a. be against an accredited educational program or program in candidacy status in audiology or speech-language pathology and/or audiology,
- b. relate to the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and

Speech-Language Pathology (<https://caa.asha.org/wp-content/uploads/Accreditation-Standards-for-Graduate-Programs.pdf>), and

- c. Include verification, if the complaint is from a student or faculty/instructional staff member, that the complainant exhausted all pertinent institutional grievance and review mechanisms before submitting a complaint to the CAA.

All complaints must be emailed to accreditation@asha.org or mailed to:

*Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology
American Speech-Language-Hearing Association
2200 Research Boulevard #310,
Rockville, Maryland 20850.*

The complaint must clearly describe the specific nature of the complaint and the relationship of the complaint to the accreditation standards, and provide supporting data for the charge. The complainant's burden of proof is a preponderance or greater weight of the evidence. See required complaint form at <https://caa.asha.org/wp-content/uploads/Complaint-Form.doc>

Additional information can be located on the ASHA web site, specifically at:

<https://caa.asha.org/programs/complaints/>
<https://caa.asha.org/reporting/standards/>

Student Experiencing Clinic Difficulty – Procedures

Students will enroll in a sequenced set of graduate practice courses (CSDO 5311, 5317, 5328 & 5329). No student will be allowed to progress from one level of practice until adequate skills have been demonstrated. If a student evidences difficulty in one semester, the next semester, a new clinical educator, new type of disorder and severity of disorder will be assigned.

- Step 1. The primary clinical educator/advisor should monitor the total clinical performance of assigned students on a weekly basis. Any student suspected of experiencing difficulty in Clinical Practicum should receive a written evaluation with the grade sheet indicating the level of performance at midterm or earlier if possible (Clinical Skills Assessment/Evaluation on CALIPSO or documentation of performance). Clinical Difficulty is defined as obtaining a grade of C, IP, NC, etc. or other grade indicating lack of sufficient skills or below in either diagnostics or treatment.
- Step 2. The primary clinical educator/advisor and the Clinic Director will meet immediately following notification of the student. The Clinic Director will inform the faculty of the student's clinical difficulty, so that faculty will not assign additional responsibilities to that student.
- Step 3. The Clinic Director, the clinical educator under whom the student obtained a grade of C or below and the student will meet to discuss the student's clinical performance within seven days following notification of the student. Specific behavioral objectives reflecting skills that need to be developed will be outlined, along with recommended remediation strategies. Arrangements will be made for team supervision, if determined appropriate. Satisfactory performance toward accomplishment of these specific objectives in conjunction with acceptable overall performance, as delineated by a grade of an acceptable grade, in each area (diagnostics and treatment) will be expected by the end of the semester, to avoid being put on Clinic Probation for the following semester.
- Step 4. If the student earns an unacceptable final grade in either the diagnostics or treatment portion of their grade, the student is put on Probationary status, for next term. The clinical educator will contact the student and the Program Chair, notifying them of the student's Clinic Probationary status. This contact should advise the student that Probationary status is only for one semester then the student must appeal to the Graduate Faculty Review Committee to remain in the program. In addition, the student must earn an acceptable grade in the area of deficiency before being allowed to enroll in the next clinical course.
- Step 5. If the student's midterm grade is unacceptable during the Probationary term, complete steps 1-3 above. If the student earns an unacceptable grade at the end of the semester, the student will not be allowed to continue in the CSDO Program.

Evaluation & Remediation of Students Conducting Therapy

Informal evaluations of the student's performance will be made on a regular basis in both written and oral form. These informal sessions will allow the student to become immediately aware of her/his strengths and weaknesses in the clinical setting. These evaluations are relative to supervisory observations. Weekly conferences are also a means of providing feedback to students.

Each student will take part in two formal evaluations during the semester. One will occur around the mid-point of the semester and the other will take place at the end of the semester. The Performance Evaluation (PE) form on CALIPSO and the Fitness to Practice (Eligibility Requirements and Essential Functions) form explain the competencies the student is expected to demonstrate during the clinical practicum. The student should discuss her/his progress with the clinical educator at these times in order to gain an understanding of her/his clinical skill development.

The clinical educator and the Clinic Director will meet and discuss possible remediation plans should the clinician fail to meet clinical competencies. Every effort will be made to assist the clinician in achieving success. The clinician will be required to complete an extra semester at the TAMUK CSDO Clinic and work closely with an assigned clinical educator if clinical competencies are not met at the end of the semester. The client will be selected by the clinical educator and the Clinic Director. Extra preparation, reading, and team treatment may be required depending on need. A remediation plan will be developed by the clinical educators and the student and filed in their student clinical file.

Student Semester Goal Levels

Novice: 0-50 hours of graduate level clinical experience (First Semester)

Student is able to demonstrate a basic understanding of the expected competency with maximum guidance from the Clinical Instructor. *Clinical Behavior Competencies are present with minimal guidance and reminders from the Clinical Instructor.*

Beginning: 50-80 hours of graduate level clinical experience (Second Semester)

Student is beginning to develop an understanding of the expected competency. The student may need frequent guidance from the Clinical Instructor; may exhibit inconsistent competency. *Clinical Behavior Competencies are present with minimal guidance and no reminders from the Clinical Instructor.*

Competent: 80-225 hours of graduate level clinical experience (Extern site 1)

Student now verbalizes an understanding of the competency; will need some instruction/direction from the Clinical Instructor; after instruction will demonstrate competency on a fairly consistent basis. *Clinical Behavior Competencies are present with minimal guidance from the Clinical Instructor.*

Proficient: 225-400+ hours of graduate level clinical experience (Extern site 2)

Student usually demonstrates independence in the competency; needs occasional guidance from the Clinical Instructor; requires only infrequent monitoring. *Clinical Behavior Competencies are present with no guidance from the Clinical Instructor.*

REMEDIATION PLAN

Clinician: _____ Date of Meeting: _____

Members present: _____

Clinician Level: _____ (Novice 0-12 hrs/Beginning 13-25/Competent 26-275/Proficient 276-400+)

Clinical Educator: _____

Primary concern: _____

Discussion:

Remediation:

Clinical Probation: Yes / No

Goal #1:

_____ Met / Not Met Date:

Goal #2:

_____ Met / Not Met Date:

Goal #3:

_____ Met / Not Met Date:

NOTE: ALL REMEDIATION PLANS ARE TO BE COMPLETED BY CLINIC CLOSURE DATE FOR THE SEMESTER.

Signatures:

OBSERVATION

Clients and parents of clients who are minors are informed that this is a teaching clinic, and that observations by students and faculty are part of the training program.

Students must obtain 25 hours of supervised observation before graduating (or enrolling in clinical practicum). Therefore, observation of therapy and/or assessment sessions is usually done by students enrolled in CSDO classes, as well as parents. Student observers will not communicate reactions, comments or ask questions of the “significant other.” Students will be allowed to discuss the aims of therapy and the progress of the client with the student clinician and clinical educator. Any question or comment must be handled in a professional manner with the clinical educator outside of the observation room. After observing a session, students write a brief summary of the observation on the Observation Form. Students acquiring hours should complete a Record of Supervised Observation at the end of the semester.

Quiet must be the rule of the observation areas for effective therapy to occur. Unauthorized persons observing therapy should be reported and are subject to being asked to leave the clinic. Please see that all students observing therapy follow these rules.

It is necessary to dim the lights in the observation area when observing therapy or assessment sessions. This keeps the client from being distracted by the observer. (It should be noted that the fact that observation occurs in the clinic is not kept from the client, but obvious reference to it is not encouraged in most cases.)

No food or drinks are allowed in the observation area. Students violating this rule will be asked to leave and no observation time will be credited.

Students are expected to follow the dress code (see page 16) while doing clinic observation.

Students’ observation hours are obtained during enrollment in the following courses: (minimum of 5 hours in each)

- CSDO 4321 – Articulation & Phonological Disorders
- CSDO 4327 – Diagnostics
- CSDO 4329 – Voice & Fluency Disorders
- CSDO 4335 – Communication Disorders in Children
- CSDO 4336 – Communication Disorders in Adults

Portable receivers and headsets are available for use and must be checked out from Clinic Office.

SUPERVISION OF PRACTICUM

1. Supervision for each student will be provided by individuals who are certified by the American Speech-Language-Hearing Association and licensed by the State of Texas in Speech-Language Pathology or Audiology. Supervision of clinical practicum, according to ASHA standards, must entail the personal and direct involvement of the clinical educator in any and all ways that will permit the clinical educator to attest to the adequacy of the student's performance in the clinical training experience. At least 25% of the student's total contact with any client/patient must be directly supervised, with such supervision being appropriately scheduled throughout the training period. (Direct supervision is defined as on-site observation or closed-circuit TV monitoring of the student clinician.) The amount of direct supervision beyond these minimal amounts should be adjusted upward depending on the student's level of knowledge, experience and competence. In addition to the required direct supervision, clinical educators may use a variety of other ways to obtain knowledge of the student's clinical work, such as conferences, audio- and videotape recordings, written reports, staffing, and discussions with other persons who have participated in the student's clinical training.
2. Clinical educators will schedule weekly conferences with student clinicians to discuss treatment progress, client needs, clinician's performance, etc. The clinical educator will discuss EBP as it relates to the client. When appropriate, conference sessions may be held on a small group basis, combining student clinicians to share information.
3. Clinical educators will provide written and verbal feedback on therapy and diagnostic sessions, lesson plans, data, and reports submitted by the student clinicians. The clinical educator is responsible for conveying clinical requirements to the student and conveying information on the student's specific areas of strength and weakness in a constructive manner.
4. Clinical educators will maintain records on each student clinician including a "Documentation of Supervision" form and copies of all written feedback on sessions observed. At the end of the term, the clinical educator will evaluate the student's practicum performance using the Performance Evaluation form on CALIPSO. A final conference will be scheduled with each student to discuss the evaluation. The results of the evaluation will be used to determine a Credit or No Credit grade for the course.
5. Students will complete evaluations of their clinical educator(s) at the end of their practicum class.

COMMUNICATION SKILLS POLICY FOR GRADUATE STUDENTS ENROLLED IN PRACTICUM

All graduate student trainees enrolled in the CSDO program must demonstrate communication competence consistent with ASHA's Standard V-A for Certification in Speech-Language Pathology. Specifically, the student "must demonstrate communication skills sufficient to achieve effective clinical and professional interaction with clients and relevant others. "For oral communication," the graduate student trainee "must have demonstrated speech and language skills in English, which, at a minimum, are consistent with ASHA's current position statement on [students and professionals who speak English with accents and nonstandard dialects](#). In addition, graduate student trainee "must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence in English." (ASHA 2020) Information must be communicated in a comprehensible manner, in both written and oral contexts, including settings where time may be limited. This policy applies to all types of communication differences and disorders with the potential to affect clinical competence. See standard at <https://www.asha.org/policy/ps1998-00117/>.

A speech-language screening will be conducted during the first few weeks of class for each graduate student trainee. Results will be filed in the clinician's program record. (See Clinician Speech-Language Screening form)

Non-native English speakers/Non-standard English speakers: Master's students identified as presenting with language differences that may interfere with successful completion of clinical aspects of training will be alerted to that possibility by the Clinic Director and the Graduate Coordinator. Strategies to improve their oral and/or written proficiency in standard English and resources to support this will be provided to the student via informal consultation. Feedback from instructors will also be considered. Attempts will be made to provide appropriate resources for individualized intervention, including, the programs clinic. The student will not be required to participate as a client in therapy; however, the student will be held responsible for development of communication skills sufficient to achieve effective clinical and professional interaction with clients and relevant others. The CSDO clinic will be available as a resource free of charge as it will be considered part of the training program.

Students with communication disorders: Master's students with communication disorders that may interfere with successful completion of clinical aspects of their training will be alerted to the possibility by the Clinic Director and the Graduate Coordinator. Students will receive information on assessment and intervention services available in the community, including the CSDO Clinic. The student will be held responsible for development of communication skills sufficient to achieve effective clinical and professional interactions.

Master's students receiving therapy services through the CSDO clinic will not pay a fee for remediation.

Concerns that arise as a result of any aspect of implementing these policies should be discussed with the Department Chair.

Non-native English speakers

Graduate students who are non-native speakers of English are informally assessed during their interview for admission and the whole incoming class may be further assessed following admission. The clinical faculty conducts informal screening of the intelligibility and oral communication, in English, of all graduate students. Any student, whatever his or her native language, who is identified by an instructor, whether academic or clinical, as having spoken or written language proficiency that does not meet the ASHA standard will be offered the opportunity to receive assessment and intervention through appropriate venues, to include the CSDO clinic. The student will not be required to participate as a client in therapy; however, the student will be held responsible for development of communication skills sufficient to achieve effective clinical and professional interaction with clients and relevant others. Efforts will be made to assist students in locating appropriate services/resources. Appropriateness of continuation as a student clinician in clinic will be made on a case-by-case basis if a student has been identified as presenting a deficiency in spoken and/or written English. Students who have been identified as needing services to improve their English must be approved by the Clinic Director for admission into, or continuation of, the clinical practicum experience.

Non-standard English speakers

CSDO graduate students identified as presenting with language differences that may interfere with successful completion of clinical training will be counseled by their clinical educator and the Clinic Director. Strategies to improve their oral and/or written proficiency in Standard English as well as resources to support improvement in oral and/or written proficiency will be provided to the student via documented consultation and feedback received from clinical faculty/instructors. Documented consultation may be drafted as a clinical remediation plan. If documented consultation does not meet the student's needs, attempts will be made to provide resources for individualized intervention, including, at the student's request, the CSDO Clinic. The student will not be required to participate as a client in therapy; however, the student will be held responsible for development of communication skills sufficient to achieve effective clinical and professional interaction with clients and relevant others.

Students with communication disorders

CSDO graduate students with communication disorders that may interfere with successful completion of clinical training will be counseled by their academic instructor, clinical educator, and the Clinic Director. Students will be provided with information on assessment and intervention services available in the community, including the CSDO Clinic & the TAMUK Disability Resource Center (DRC). The student will not be required to participate as a client in therapy; however, the student will be held responsible for development of communication skills sufficient to achieve effective clinical and professional interaction with clients and relevant others.

Disability Statement

Department policy is aligned with university policy which states that if a student has a documented disability and requires accommodations to obtain equal access in clinical practicum, the student should contact the Clinic Director at the beginning of his/her graduate program and the instructor of his/her practicum class each semester with needed accommodations. Students with disabilities must verify their eligibility through the University's DRC.

Social Media Policy

Background

Through internet and mobile technologies, social media has become a timely and widespread form of communication. Social media sites are less passive and more interactive, user generated sites (Zur, 2011). Social Media includes all but not limited to Twitter, Facebook, LinkedIn, and blogs. The purpose of this policy is to outline professional behavior expected from graduate clinicians when using social media.

Rationale for the Policy

Graduate students must realize that their personal lives could affect their professional reputation and credibility. Students must uphold the same code of ethics as outlined by ASHA in their personal lives. This policy also helps students to protect themselves from invasions of privacy.

Behavior Expected from Students

1. Be aware of what is available to the public. Examine the privacy settings available in each site and ensure that only the information you want available will be visible to the public.
2. Exercise good judgement when posting to social media sites. Although you may not be “friends” with clients, the information available on your profiles are still out there. “These active, interactive forums require much more care and attention regarding the confidentiality and privacy of the therapist-client communication” (Zur, 2011).
3. Interaction with clients via social media is explicitly prohibited. All interactions with clients should occur via school e-mail accounts. Notify a clinical educator immediately if a client attempts to continue communication via social media.

Best Practices that SLP Students are Expected to Follow

1. Take responsibility and use good judgment. You are responsible for the material you share through social media. Be courteous, respectful, and thoughtful about how others may perceive or be affected by what you share. False and unsubstantiated claims and inaccurate or inflammatory communications may create liability for you.
2. Think before you post. Anything you post is highly likely to be permanently connected to you and your reputation through Internet and email archives. Current instructors/supervisors, future employers, and clients often have access to this information and may use it to evaluate your personal and professional judgment and suitability for employment. Take great care and be thoughtful before placing your identifiable comments in the public domain.
3. Protect your own privacy. Make sure you understand how the privacy policies and security features work on the sites where you are sharing material. Use privacy settings to safeguard personal information and content to the extent possible but realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently.
4. When interacting with other students, faculty or clinical instructors, or patients on the internet, maintain appropriate boundaries in accordance with professional and ethical guidelines just as you would in any other context.
5. When students see unprofessional content posted by colleagues, they have a responsibility to bring the appropriateness of that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If the behavior violates professional norms and the individual does not take appropriate action to resolve the situation, the student should report the matter to a CSDO faculty member.

Activities That May be Grounds for Dismissal from the CSDO Program

Publishing, discussing, or sharing in any way the health information of other individuals. Be aware that removal of an individual's name or use of a pseudonym does not constitute proper de-identification of protected health information.

1. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, type of treatment or posting of patient stories and/or pictures (such as a before/after photograph of a patient having surgery, or a photograph of a patient participating in therapy or even social activities may still allow the reader to recognize the identity of a specific individual.
2. Claiming to be an official representative or spokesperson for TAMUK or its entities, including the CSDO program.
3. Assuming the identity of another person or otherwise attempting to obscure one's own identity as a means to circumvent the prohibited activities outlined in this policy.

Unprofessional Behavior that may be the Basis for Disciplinary Action

1. Using vulgar language.
2. Using language or photographs that imply disrespect for any individual or group, including but not limited to age, race, gender, ethnicity or sexual orientation.
3. Publishing or sharing in any way, personal photographs or photographs of oneself or others that may reasonably be interpreted as condoning irresponsible use of alcohol, the use of recreational drugs, illegal activities, or sexual promiscuity.
4. Publishing, discussing, or sharing in any way, potentially inflammatory or unflattering material on another individual's website (e.g. on the "wall" of that individual's Facebook site).
5. Publishing or sharing in any way, personal photographs or photographs of clients in clinic or social situations. Keep in mind, permission forms signed for use of photographs, etc. in the program/clinic, are NOT intended for student permission/use.

Student Organization Use of Social Networking Sites

Registered student organizations that use social networking sites are required to seek permission of the advisor prior to posting material. Student organizations are not to represent themselves as official representatives or spokespersons for TAMUK, its entities or any other organization, affiliated or unaffiliated.

Zur, O. (2011). To Accept or Not to Accept? How to respond when clients send "Friend Request" to their psychotherapists or counselors on social networking sites.

Kaplan, A., & Haenlein, M. (2010). Users of the world, unite! The challenges and opportunities of Social Media. *Business Horizons*, 53(1), 59-68. Professional Behavior Guidelines for Participation in SLP Clinical Training

Professional Behavior Guidelines for Participation in SLP Clinical Training

Over the course of the next two years, you will transition from a student to a professional. The CSDO graduate program requires the highest standards of its students. The following guidelines are expectations from your graduate clinical program and for your future career in the field of speech-language pathology. It is expected that all students will follow the appropriate professional and interpersonal skills with clients, their families, clinical instructors, peers and support staff.

Professional Behavior

- Conduct all clinical work in accordance with CSDO Professional Protocol and the Code of Ethics and Scope of Practice in Speech-Language Pathology set forth by the American Speech-Language Hearing Association.
- Consistently prepare for and complete clinical services, conferences, and other practicum activities. Arrive at least 15 minutes ahead of the appointment time to prepare for your session or meeting. Contact clinical educator in a timely manner if an extenuating circumstance causes lateness/cancellation. (See clinic attendance policy.)
- Take seriously the responsibilities of fulfilling clinical obligations by avoiding long weekends, absences due to personal reasons (e.g., vacations, weddings).
- Take initiative by reading client's file, being prepared to ask questions, knowing what you want to learn during a clinical experience and using references to learn necessary information.
- Use universal safety precautions whenever necessary.
- Protect and maintain confidentiality of clinical information as prescribed by HIPAA guidelines and clinic protocols.
- Present professional image through appropriate personal appearance and dress, identification with professional name badge, and professional demeanor.
- Respect clinic property including resource therapy materials. Check out according to protocol and re-shelve in a timely manner.

Written Communication Skills

- Consistently and accurately convey professional information from coursework, supervisory input, clinical activities and other resources.
- Consistently write information in a clear and organized manner using accurate spelling and grammar.
- Consistently and accurately use professional writing conventions, terminology and style to clearly communicate information in a manner consistent with audience and/or clinical setting.

Oral /Nonverbal Communication

- Consistently and accurately use oral communication that demonstrates speech and language skills in English, which, at a minimum, are consistent with ASHA's most current position statement on students and professionals who speak English with accents and nonstandard dialects.
- Consistently and accurately convey correct information from course work, supervisory input, clinical activities and other resources.
- Consistently and accurately describe behaviors of client and patient.
- Consistently and accurately use nonverbal language, including but not limited to affect, eye contact, tone, or body language, which is consistently appropriate for clinical interactions.
- Consistently model appropriate communication in all clinical settings and provide appropriate clarification to clients, family members, or other professionals when needed.
- Consistently and accurately use oral and nonverbal communications which are appropriate for the cultural, socioeconomic, and semantic needs of the audience.
- Check emails and mailbox at least daily. Notify clinic office of change to address/numbers.
- Avoid use of electronic devices including cell phones for personal use in clinic.

CLINICAL POLICY SUMMARY

The following policies have been established by the TAMUK Communication Sciences & Disorders Clinic:

Clients and/or parents are expected to call the clinic at 593-3493 or 593-3090 on any occasion when they are unable to meet a regularly scheduled appointment. Please be courteous and call as soon as you are aware that an appointment time will not be kept. This allows that time slot and room assignment to be reassigned to another client in need. The therapy program will be terminated after three unexplained, consecutive absences. For ongoing therapy, we expect clients to attend therapy regularly so optimal progress will be made.

Clients are expected to be on time for appointments. If clients arrive late for their appointments, clinicians are only required to see them for the remainder of their scheduled time period. All clients must be picked up promptly after their sessions. Parents are not to leave campus while the client is in therapy, unless an emergency arises. Graduate student trainees are to wait with their clients until a parent has picked them up. No pediatric client is to leave the clinic unattended.

Information request and release forms must be signed by the client or parent at the time of the initial evaluation or at the beginning of therapy so that we may obtain additional information (reports from physicians, psychologists, educators, etc.), or exchange information with other professionals when appropriate. **ALL INFORMATION IS HANDLED CONFIDENTIALLY AND ACCORDING TO HIPAA GUIDELINES/POLICY.**

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>

Parents and/or clients are expected to allow other professional persons and students in our training program to observe and discuss, confidentially, the testing and clinical procedures administered to the client. Parents are asked to allow the clinician to make decisions regarding behavior during the sessions. Parents (significant others) should not interrupt the session unless an emergency arises and/or they consult with the clinical educator.

Family participation in the therapy process is encouraged; therefore, family members may observe the therapy sessions if they make prior arrangements with the clinic educator. Due to confidentiality and distraction, young children are discouraged to sit in the observation room.

For an evaluation payment of administrative fee is due at the time services are rendered. However, other arrangements can be made with the clinic secretary. Payments should be made through the TAMUK Marketplace. Payment in the form of a check or money order will be accepted at the clinic office. After a reasonable amount of time and appropriate notice, services will be discontinued if payment is not received. Services will be reinstated once payment is received.

I hope that the above information will be helpful to you. At your request, I will be happy to discuss any of our policies with you in more detail.

Lydia Hernandez-Perez, MS, CCC-SLP
Clinic Director

POLICY FOR CRIMINAL BACKGROUND CHECK

CSDO students enrolled in clinical coursework for the first time or students who have had a break in enrollment in clinical courses are required to complete a criminal background check, from a state or local law enforcement agency, prior to the first clinical day at the TAMUK CSDO Clinic. A break in enrollment is defined as non-enrollment for one full semester or more in clinical coursework. Each student who will be the subject of the criminal background check is required to cooperate with the company conducting the check so that it can be completed at the time required by CSDO (prior to contacting clients or patients at the TAMUK CSDO Clinic or off-campus facility). Each student is required to sign consents/releases in the form designated by CSDO including consent to the criminal background check and permission for it to be provided by the company to TAMUK and CSDO. It is intended that the background check include all cities and counties of known residence for the 7-year period prior to the check.

Under this policy, the term “failing” the criminal background check is defined as the screening company reporting to CSDO that the student had any of the following during the 7-year period prior to the check:

- A felony conviction
- A misdemeanor conviction or felony deferred adjudication involving a crime against a person (physical or sexual abuse),
- A misdemeanor conviction related to moral turpitude (prostitution, public lewdness/exposure, etc.),
- A felony deferred adjudication for the sale, possession, distribution, or transfer of narcotics or controlled substances,
- Registration as a sex offender.

Reporting of Criminal Background Check to CSDO:

The company conducting the background check will communicate the criminal background check results to the CSDO Program Chair. It is the policy of TAMUK and CSDO to maintain the confidentiality of these criminal background check results to the extent required by law.

Consequences

Where a student fails the criminal background check, the following will occur:

- Students may obtain statement from Texas Licensure Board, that the identified criminal activity will not prevent licensure.

Or

- The student will not be allowed to begin clinical practicum until the company conducting the check reports to CSDO (perhaps through clarifying information provided by the student to the company) that the student no longer fails the check:
- The student will be notified of a description of the adverse action taken, the name of the company which prepared the report, a statement that the company did not make the decision to take the adverse action, that the company, and to contest its contents:
- The results will be shared by CSDO with the TAMUK Dean of Arts & Sciences for further action under TAMUK’s institutional policies; and other appropriate action, if any.

A student who is convicted of or receives deferred adjudication for any of the offenses referred to above while enrolled in the program must report the conviction to the CSDO Program Chair within three days of the conviction, at which time the student will be referred to the Dean of Arts & Sciences and suspended from the CSDO program.

The cost of the criminal background check is free to TAMUK students who utilize TAMUK UPD .



TEXAS A&M UNIVERSITY KINGSVILLE

Background Check Authorization

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

An Equal Opportunity/Affirmative Action Employer

The Texas A&M University-Kingsville does not discriminate on any basis prohibited by applicable law including race, color, religion, sex, national origin, disability, age, citizenship status, or veteran's status in recruitment, employment, promotion, compensation, benefits or training. The information on this form is the property of TAMU-K Human Resources Office.

To be completed by the applicant/employee:

Provide all information requested and deliver or fax this form to the Hiring Department.

Last name First name Middle initial (Provide name as it appears on Social Security card)

Present address Number and street City State ZIP

Race Sex Date of birth Social Security Number OR VISA Number

Texas A&M University-Kingsville may obtain my background information, including criminal history record, Selective Service registration and degree verification at any time during my application process and/or employment. I understand this information will be used only for evaluation for employment or continued employment with Texas A&M University-Kingsville.

I hereby authorize the Texas Department of Public Safety or any other entity authorized to access state or federal agency records to furnish Texas A&M University-Kingsville, or its agent, my background records. I do hereby release all agents, servants, and employees of Texas A&M University-Kingsville, the person in charge of any law enforcement agency or department and all members of such law enforcement agency or department from all liability resulting from the release of this information.

The following are my responses to questions about my criminal history, if any. (Exclude minor traffic offenses punishable only by fine.)

- 1. Have you ever been convicted or pled guilty before a court for any federal, state or municipal criminal offense? Yes No If yes, please provide details below. Attach extra pages if needed.

State: County: Date of Offense: (MM/DD/YY)

Details of conviction:

- 2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? Yes No If yes, please provide details below. Attach extra pages if needed.

State: County: Date of Offense: (MM/DD/YY)

Details of offense:

- 3. Have you ever received pretrial diversion or similar disposition for any federal, state or municipal offense? Yes No If yes, please provide details below. Attach extra pages if needed.

State: County: Date of Offense: (MM/DD/YY)

Details of offense:

4. Have you ever received probation or community supervision for any federal, state or municipal offense? Yes No
If yes, please provide details below. Attach extra pages if needed.

State: _____ County: _____ Date of Offense: _____
(MM/DD/YY)

Details of offense: _____

5. Have you been convicted of any criminal offense in a country outside the jurisdiction of the United States? Yes No
If yes, please provide details below. Attach extra pages if needed.

Country: _____ State/Province: _____ Date of Offense: _____
(MM/DD/YY)

Details of conviction: _____

6. As of the date of this consent form, do you have any pending charges against you? Yes No
If yes, please provide details below. Attach extra pages if needed.

State: _____ County: _____ Date of Arrest: _____
(MM/DD/YY)

Details of pending charges: _____

I acknowledge that a facsimile or copy of this document shall have the same validity, force and effect as the original.
System Regulation 33.99.14 addresses the operation of criminal history background checks within the A&M System, including appeal procedures.

I hereby certify that all information provided by me on this form is true, complete, and correct. **I understand that any false statements made herein may void my application for employment, be grounds for termination of my current employment and affect my eligibility for future A&M System employment.**

Applicant's signature

Date

Job title of open position

Department

To be completed by Hiring Department: (Forward to UPD to process)

Responsible Hiring Authority: _____

Account Number to be Charge to: _____

Date: _____

Applicants Position (please check one)

Faculty Grad Asst.

Staff Student

To be completed by University Police Department:

Signature: _____

Date: _____

- Staff forms send to Human Resources when complete
- Faculty forms send to Provost when complete
- Student forms send to Financial Aid when complete



Stamp Received

Texas A&M University-Kingsville Police Department

**DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)**

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

This copy must remain on file by Texas A&M University-Kingsville Police Department. Required for future DPS Audits

Signature of Applicant or Employee

Date

Texas A&M University-Kingsville

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	_____ initial
Purpose of CCH:	_____
Hire <input type="checkbox"/> Not Hired <input type="checkbox"/>	_____ initial
Date Printed:	_____ initial
Destroyed Date:	_____ initial
Retain in your files	

CSDO EMERGENCY ACTION PROCEDURES

Police/Fire/Medical Emergency: 9-1-1 University Police: 361-593-2611

FIRE

- Activate the nearest fire alarm pull station, leave the building and call 9-1-1 from a safe location to report the location and cause of the fire, if you know what it is.
- EVERYONE MUST LEAVE IMMEDIATELY! Close doors behind you when a fire alarm is activated, even if there are no obvious signs of an emergency.
- If there is a fire, confine it by closing all doors and windows if possible.
- DO NOT use the elevator!
- Remain calm.
- Follow directions given by emergency personnel.
- Do not re-enter the area until authorized to do so by public safety officials.

TORNADO/HURRICANE/SEVERE WEATHER

- Familiarize yourself in advance with your building's designated shelter area.
- Follow all warnings and procedures as indicated by local law enforcement and the National Weather Service.
- If you hear a tornado-warning siren, seek shelter in the nearest building until notified that it is safe to leave
- If flooding occurs, seek higher ground and avoid walking through standing or moving water.
- Stay away from downed electrical lines and electrical appliances (e.g. land-line telephones and TVs).
- Stay tuned to local radio and TV stations for up-to-date forecasts, road conditions and closures.

OFFICIAL TAMUK COMMUNICATIONS

During a campus emergency, TAMUK will distribute information to the campus community utilizing the following:

- The text-messaging/phone calling system
- TAMUK Web site at www.tamuk.edu
- Residence Hall Directors and Resident Advisors
- TAMUK Police Officers

SEVERE ILLNESS OR INJURY

- Check the scene. Do not place yourself in a life-threatening situation.
- CALL UPD 361-593-2611 (UPD will determine need to call 911) - Give location and description of incident.

If you are trained in CPR and/or first aid, assess the need for support.

ACCIDENT/ILLNESS RESPONSE PROCEDURE (CLIENT OR STUDENT)

If a client becomes ill or has an accident while in the CSDO Clinic, respond as follows:

1. Assess the seriousness of the illness of injury to determine the need for first aid or the need for instituting an emergency response (UPD IS CONTACTED FIRST - 2611).
2. If an emergency response is required (i.e. 9-1-1):
 - a. **DO NOT** leave the client; instead, open the door and shout, “**HELP NEEDED IN ROOM ____.**” Repeat the call until you get a confirmation from another student/clinician, faculty or staff person that help is on the way.
 - b. Stay with the client until emergency help arrives.
 - c. Report the incident to the Program Director, Clinical Educator, and to the Clinic Director.
 - d. Complete the appropriate paperwork describing the incident.

An incident report will be completed and filed by UPD.

INFECTION CONTROL PROCEDURES

Basic Principles

The purpose of infection control procedures is to prevent the spread of infectious diseases by clients and Clinic personnel as the result of direct contact with blood or other body fluids and/or articles contaminated by these materials.

All students must comply with the ASHA Code of Ethics regarding confidentiality of clients' medical diagnoses and refusal to treat.

ASHA Legislative Council action provides the following additional guidelines:

“RESOLVED, That it is the position of the American-Speech-Language-Hearing Association that persons with HIV disease (including individuals with AIDS/ARC and individuals who are seropositive) and those who are regarded by others as having the disease should be entitled to civil rights protection under Section 504 of the Rehabilitation Act of 1973, as amended.” (LC 29-88)

The following infection control procedures are organized by two sources of contamination: Environmental and Human.

Environmental Infection Control & Basic Housekeeping Practices

Surface Disinfection

Surface disinfection is a two-step process. The general policy is first to clean to remove gross contamination, then disinfecting to kill the germs. Sanitizing wipes or a bleach-water mixture (3 parts water: 1 part bleach) may be used for both cleaning and disinfecting. This protocol will be used on:

- a. Tabletops and chairs in therapy and evaluation rooms between each client.
- b. The reception counter in the morning and after closing.
- c. Headphones used with tape recorders, delayed auditory feedback machines, and portable audiometers will be disinfected between clients using a disinfectant towelette.
- d. Any equipment routinely handled or manipulated by clients will be disinfected after each client.
- e. Therapy materials (i.e., score sheets and picture cards) will be laminated or sealed and disinfected after each client.
- f. Objects used by clients (game pieces, toys, computer keyboards, pens, pencils, or microphones) will be disinfected after each client.
- g. Toys or objects used by clients in the waiting room will be disinfected after each client. All waiting room toys will be disinfected daily before closing.
- h. Waiting room tables, chairs, and doorknobs will be disinfected in the morning and after closing.

Surface disinfection will incorporate the following steps:

1. Always wear gloves while handling or disinfecting contaminated objects or surfaces.
2. Wipe away all gross contamination using a paper towel, or coarse brush if necessary.
3. Spray surface with bleach-water or wipe with sanitizing wipes.

Waiting Room or Motivational Toys

It is assumed that toys will be mouthed by children, potentially becoming infectious. The following steps will be taken to address this issue:

1. Nonporous, easily cleaned toys will be provided. This will allow the use of a spray disinfectant or sanitizing wipes.
2. These toys will be disinfected after a child plays with them.
3. Latex exam gloves or household gloves will be worn when routinely cleaning toys. Gloves will be worn when handling toys known to have been exposed to bodily substances.
4. Hand washing, using an antibacterial soap, will be completed after cleaning and disinfecting toys.

Controlling the Human Source of Infection

Hand Washing

1. Hands will be thoroughly cleaned before and after each client. When water is not available, a no-rinse antibacterial hand disinfectant will be used. When water is available, antibacterial soap will be used.
2. The hand washing procedure to be followed is: remove rings, start the water, and lather the soap, scrubbing palms, the backs of hands, between fingers, under fingernails, over the wrists, and onto the forearms. Rinse the soap off with running water, dry the hands using a paper towel, then turn off the water using the damp towel, not clean hands.
3. Hands will be washed after removing gloves, applying cosmetics or lip balm, smoking, using the toilet, and routine cleaning.
4. Hands will be washed before and after providing services to each client, eating, adjusting contact lenses, or handling waiting room toys.

Gloves

Gloves will be worn when any therapy or evaluation procedure may create exposure to bodily substances. Hearing screenings will begin with a thorough inspection of the ear and surrounding scalp and face. A determination of the need for gloves will be made. If the client has visible ear drainage, sores, or lesions, gloves will be worn before performing the screening. In addition, gloves will be worn when cleaning up spills of infectious material (e.g., blood, vomit, urine). Two pairs of gloves will be worn when treating clients known to be infected with HIV or hepatitis B. Gloves will be available in the sizes appropriate for each individual who requires them. Housekeeping will be called immediately to clean up bodily fluid spilled on floors. The clinician and client will evacuate the contaminated room and complete the therapy session or evaluation in another area.

Use the following procedure to safely remove gloves, making sure that the hands do not make contact with potentially infectious material on the surface of the glove. First, peel off one glove from wrist to fingertip and then grasp it in the gloved hand. Next, using the bared hand, peel off the second glove from the inside, tucking the first glove inside the second glove as it is removed. Wash hands thoroughly when completed.

INFECTION CONTROL PROCEDURES

Identify and Incorporate use of universal precautions for controlling infectious diseases in routine patient care.

Routine Procedures and Steps

- a. *Annually*
 - a. Physical Examination for clearance of communicable diseases.
 - b. Consultation with personal physician regarding required vaccines and immunizations
- b. *Daily*
 - Student clinicians must disinfect the tables in the treatment rooms with germicidal wipes after each treatment or diagnostic session.
 - If a patient mouths, drools or coughs on toys or test materials, clean immediately following the session.
 - When using equipment with microphones, the clinician disinfects microphone, table and equipment surfaces.
 - Clinic staff will disinfect toys in reception/common areas per instructions.
 - Custodial staff removes garbage in all treatment rooms.
- c. *As Needed*
 - Hand Washing
 - a. Wash hands before and after every patient contact.
 - b. Wash hands immediately within the session if you have contacted any of your own or the patient's bodily fluids.
 - Wear gloves on both hands for...
 - a. Performing oral mechanism examination.
 - b. Oral motor therapy.

***Diaper changing should be done by the family*

SECTION III

**CLINICAL SERVICE
INFORMATION**



DEPARTMENT OF CLINICAL HEALTH SCIENCES
GRADUATE CLINICAL PRACTICUM, CSDO 5311, 3 HOURS, LECTURE/LAB
MONDAY/WEDNESDAYS 1-2PM, HYBRID/TBD
COURSE SYLLABUS: Fall

INSTRUCTOR INFORMATION

Instructor: Lydia Hernandez-Perez, M.S., CCC-SLP, Assistant Professor of Practice
Office Location: Manning 100C
Office Hours: Mondays 10-11 am and Tuesdays/Thursdays 2-3:30 pm
Office Phone: (361) 593-3090
Office Fax: (361) 593-3404
University Email Address: lydia.hernandez-perez@tamuk.edu
Preferred Form of Communication: email for an appointment

Instructor: Haley Coleman, M.S., CCC-SLP, Assistant Professor of Practice
Office Location: Manning 105
Office Hours: Monday/Wednesday 12:00 – 2:00; Tuesday/Thursday 11:00 – 12:00
Office Phone: (361) 593-2193
Office Fax: (361) 593-3404
University Email Address: haley.coleman@tamuk.edu
Preferred Form of Communication: email for an appointment

Instructor: Debbie Forman, ClinScD., CCC-SLP, Assistant Professor of Practice
Office Location: Manning 161
Office Hours: Monday 9 – 10am Tuesday 11-12pm, Thursday 1:00 – 2:00pm
Office Phone: (361) 593-2700
Office Fax: (361) 593-3404
University Email Address: debbie.forman@tamuk.edu
Preferred Form of Communication: email for an appointment

Instructor: Eric Swartz, Ph.D., CCC-SLP, Professor
Office Location: Manning 178
Office Hours: Monday & Wednesday 2-4 pm; Tuesday 10-11 am
Office Phone: (361) 593-4937
Office Fax: (361) 593-3404
University Email Address: eric.swartz@tamuk.edu
Preferred Form of Communication: email for an appointment

COURSE INFORMATION

Textbook(s) Required: Clinic Manual, 2019. The Clinic Manual is available electronically on website.

CALIPSO: <https://www.calipsoclient.com/pricing.html>; \$85 one-time fee paid upon initial registration – remains current throughout the program.

SimuCase: <https://www.simucase.com/>; \$99 annually

Textbooks(s) Recommended: Cyndi Stein-Rubin & Renee Fabus, A Guide to Clinical Assessment & Professional Report Writing in Speech-Language Pathology, 2nd Edition, ISBN 978-1-63091-372-4; New \$88.14, Used \$69.24

Professional Communication in Speech-language Pathology: A. Embry Burrus & Laura B. Willis, How to Write, Talk, and Act Like a Clinician, 3rd Edition, ISBN 978-1-59756-505-9, New \$79.95, Used \$59.70

Technology Requirement(s): One-drive, Blackboard, Microsoft Teams, Printer, PowerPoint, Word, Electronic Device, Secure Internet Accessibility

COURSE DESCRIPTION

CSDO 5311 Graduate Clinical Practicum 3 SCH (0-3)

Supervised clinical experience with individuals with communication impairments for novice clinicians who have 0-12 hours of graduate level clinical experience. Application of diagnostic, prescriptive and therapeutic techniques. Enrollment required for on-campus practicum. Prerequisite: permission of instructor/graduate standing and completion of a minimum of 25 observation hours. Credit/Noncredit.

This course will focus on the application of academics to clinical methodology while gaining experience in evaluating and treating clients of all age ranges with communication disorders. The integration of clinical expertise/clinical opinion, external scientific evidence, and client/parent/caregiver perspectives regarding interests, values, needs, and choices of the individuals will be incorporated into all clinical decisions. Students will also formulate and write treatment plans, SOAP notes, Progress notes, and weekly/daily lesson plans. Attendance at weekly clinical conference is required and will address a variety of clinical topics.

First Semester students are considered to be working at the NOVICE level (0-50 hours of graduate level clinical experience). Target supervision of this student is a minimum of 25% and maximum of 75% of the time. The student is able to demonstrate a basic understanding of the expected competency with maximum guidance from the Clinical Instructor. Clinical behavior competencies are present with minimal guidance and reminders from the Clinical Instructor.

REQUIREMENTS DURING THE COVID-19 PANDEMIC

In order to keep themselves and others safe and healthy during the pandemic, students attending class face-to-face are required to (1) wear face coverings over the nose and mouth and (2) scan the QR Code posted in the classroom/teaching location to log their attendance to assist in contact tracing, if needed. For information on the use of face coverings, see [Face Covering FAQ website](#).

For information on the Face Covering Policy, see [Face Coverings Policy website](#)

Students are responsible for staying informed on the latest updates regarding the university's response to COVID-19 by checking their TAMUK email regularly and accessing information at [Fall 2020 Campus Return website](#) and [TAMUK Coronavirus Updates website](#).

STUDENT LEARNER OUTCOMES

At the conclusion of this course the student will be able to:

Learner Outcome	Measurement
Follow clinic policies and procedures.	Performance Evaluation/ CALIPSO/ Refer to Clinic Manual
Develop/write treatment plans and progress notes.	Performance Evaluation / CALIPSO/ Refer to Clinic Manual
Provide appropriate counseling and training to clients, family members, caregivers, and other professionals.	Performance Evaluation / CALIPSO/ Refer to Clinic Manual
Develop/write daily intervention plans and SOAP notes.	Review of SOAP notes and lesson plans by clinical educator
Write appropriate behavioral objectives.	Performance Evaluation and review of initial treatment plan/ CALIPSO
Develop appropriate treatment activities for clients based on the diagnostic information, functional level of the client and scientific evidence.	Observation of therapy sessions or evaluations, as well as through the use of the Performance Evaluation / CALIPSO Completed EBP worksheet for treatment approach.
Make treatment recommendations based on progress and prognosis.	Evaluation of clinical performance and through use of the Performance Evaluation and review of documentation submitted/ CALIPSO
Interpret and integrate test data, particularly as it applies to the disordered population.	Evaluation of clinical performance, and Performance Evaluation sections/ CALIPSO
Utilize appropriate treatment programs/techniques when conducting therapy.	Evaluation of clinical performance and Performance Evaluation / CALIPSO
Perform basic assessment and screening procedures.	Evaluation of clinical performance and Performance Evaluation / CALIPSO
Develop baseline and post-testing procedures.	Review of Preparation for Baseline form/ CALIPSO
Organize information and present information orally.	Performance Evaluation / CALIPSO
Utilize appropriate terminology and explanations to clients and family members.	Performance Evaluation / CALIPSO
Measure clinical progress based on appropriate data collection.	Review of SOAP notes and data collection instruments.

Satisfies ASHA **Standard V:**

Standard V-A

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

Standard V-B

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

1. Evaluation

- a. Conduct screening and prevention procedures, including prevention activities.
 - b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
 - c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
 - d. Adapt evaluation procedures to meet the needs of individuals receiving services.
 - e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
 - f. Complete administrative and reporting functions necessary to support evaluation.
 - g. Refer clients/patients for appropriate services.
2. Intervention
- a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
 - b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.
 - c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
 - d. Measure and evaluate clients'/patients' performance and progress.
 - e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
 - f. Complete administrative and reporting functions necessary to support intervention.
 - g. Identify and refer clients/patients for services, as appropriate.
3. Interaction and Personal Qualities
- a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others.
 - b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.
 - c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
 - d. Adhere to the ASHA Code of Ethics, and behave professionally.

Standard V-C

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

Standard V-D

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

Standard V-E

Supervision of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession and who, after earning the CCC-A or CCC-SLP, has completed (1) a minimum of 9 months of full-time clinical experience, and (2) a minimum of 2 hours of professional development in clinical instruction/supervision. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience; must not be less than 25% of the student's total contact with each client/patient; and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the individual receiving services.

Standard V-F

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

Documentation available on CALIPSO!

MARKETABLE SKILLS

This course will focus on the application of academics to clinical methodology while gaining experience in evaluating and treating clients of all age ranges with communication disorders. The integration of clinical expertise/clinical opinion, external scientific evidence, and client/parent/caregiver perspectives regarding interests, values, needs, and choices of the individuals will be incorporated into all clinical decisions. Students will also formulate and write Treatment Plans, SOAP notes, Progress notes, Evaluation Reports, Evidence Based Practice Forms, and weekly/daily lesson plans.

COURSE ASSIGNMENTS & ASSESSMENTS

Documents supporting evaluation and intervention services must be developed and submitted by designated date/time. These include but are not limited to Speech and Language Evaluation Reports, Treatment plans, and Progress Reports, SOAP notes, Lesson Plans and Evidence Based Practice Forms. Rubrics will be provided for each of these documents on Blackboard. Simulated Training must be completed with a 90% mastery level.

The provision of diagnostic and therapeutic services will be observed and evaluated on a regular basis. Feedback will be provided through Supervision Forms for evaluation and therapy on a regular basis. A mid-term evaluation and a final evaluation using the Performance Evaluation on CALIPSO will be utilized to determine a numerical grade of 1 (unacceptable) through 5 (excellent).

GRADING

Credit: Grade of 3.0 or above on CALIPSO Performance Evaluation, adherence to Clinical Behavioral Competencies and Policies/Procedures in Clinic Manual, able to demonstrate Fitness to Practice (Eligibility Requirements and Essential Functions)

Noncredit: Below a 3.0 on CALIPSO Assessment, poor adherence to Clinical Behavior Competencies and policies/procedures in Clinic Manual, unable to demonstrate Fitness to Practice (Eligibility Requirements and Essential Functions)

During the course of the semester, students will be rated using the "Supervision Form-Evaluation" and "Supervision Form-Therapy" which can be found in the Clinic Manual. The student clinicians will be rated at Mid-Term and at the end of the semester using the Performance Evaluation also found in the Clinic Manual. ***One unexcused absence from evaluations/therapy will be considered a basis for dismissal from clinical practicum and will result in noncredit.*** If paperwork is not submitted by designated date/time and /or files are not completed, the clinical educator reserves the right to give noncredit. If the student clinician is dismissed from practicum, the clinical hours accrued will not be counted.

At the end of the semester, each lead clinician is required to attend a close out conference with your clinical educator. On this date, all paperwork must be completed, the folder must be in order, all reports must be signed, and your clock hours must be computed within CALIPSO. This is the conference in which your progress and "grade" for the semester will be discussed. Your hours will not be signed until all required paperwork is completed.

Students are expected to practice proper grammar and usage rules and to exhibit correct spelling in all written work, including examination responses. As stated in the Clinic Manual, all reports are due on a definite timeline. Each clinician should come to clinic prepared with all documents, test protocols, data sheets, disks, laptops, etc. in order to expedite the process.

All documents to support evaluations and interventions must be submitted on Blackboard and OneDrive each Thursday by 11:59 PM. These include but are not limited to Speech and Language Evaluation Reports, Treatment Plans, and Final Progress Reports, SOAP Notes, Lesson Plans and Evidence Based Practice Forms. Rubrics will be provided for each of these documents on Blackboard.

Corrections of any paperwork

Revisions are due within 24 hours of receipt. Your clinical educator will sign and date the report when it has been checked and placed in your OneDrive folder. **IT IS YOUR RESPONSIBILITY TO CHECK YOUR ONEDRIVE and EMAIL DAILY!** All final reports must be completed two days after the last day of clinic. A grade of “noncredit” will be assigned if all reports and files are not corrected, submitted, and approved by this date.

After 3 late incidents the clinician will receive a written warning. On this “clinical warning” there will be an expected plan to resolve the issue. The next violation may result in “non-credit” for the practicum. Please see the Clinic Manual for further information concerning the written clinical warning.

Notice

All client folders are confidential. Removal of any folder from the clinic area or information concerning the identity of your client will automatically result in a written clinical warning. A second offense is grounds for removal from clinical practicum. Folders are never to be left unattended in the clinic office, observation hall or a therapy room.

Safety

The well-being and safety of both our clients and student clinicians is of utmost importance. Universal precautions must be observed in all interactions with clients. This means that all bodily fluids (saliva, blood, mucous, urine, etc.) are to be treated as potentially infectious and appropriate personal protective equipment (gloves, masks, face shields) are to be used at all times. All efforts to prevent the spread of infection is also mandatory, such as disinfection of all toys, materials, and furniture after each use, and use of appropriate hand-washing procedures. Student clinicians should discourage clients from attending therapy if they are febrile, have colored nasal drainage, pink eye, diarrhea, or any other suspected contagious illness (i.e. chicken pox). First aid kits are located in the therapy hallways and should be utilized in the event of a minor accident. Students are encouraged to attend CPR class and obtain the series of Hepatitis B vaccinations. Refer to the Clinic Manual for further details.

COURSE SCHEDULE

DISCLAIMER – Aspects of the schedule may change. Changes will be announced in class.

Week	5311 Topics	Assignments
1	Review Syllabus-class Clinic Policy and Procedures (Client Forms) Submissions/Deadlines-recorded Graduate Student Trainee Professional Responsibilities-recorded Data Collection-class (videos)	All Perez Coleman Perez
2	Data Collection-class Lesson Plans-class SOAP Notes-class	Swartz Coleman Debbie
3	Mon-Holiday Clinic Starts September 8 th Evidence Based Practice-class	 Coleman
4	Treatment Plan-class	Forman

	<p>Topic: Texas A & M University-Kingsville Student Training Time: Wednesday, Sep 16, 2020 01:00 PM Central Time (US and Canada)</p> <p>Join Zoom Meeting https://lcallegroup.zoom.us/j/91359294681?pwd=SmdOTEF0dGo4UFE5OUhId3lScnh5QTo9</p> <p>Meeting ID: 913 5929 4681 Passcode: 222987 One tap mobile +13017158592,,91359294681# US (Germantown) +13126266799,,91359294681# US (Chicago)</p> <p>Dial by your location +1 301 715 8592 US (Germantown) +1 312 626 6799 US (Chicago) +1 929 205 6099 US (New York) +1 253 215 8782 US (Tacoma) +1 346 248 7799 US (Houston) +1 669 900 6833 US (San Jose)</p> <p>Meeting ID: 913 5929 4681 Find your local number: https://lcallegroup.zoom.us/u/acFLmPNJAS</p>	SimuCase
5	SimuCase pre-brief Hadley #8048 Debrief; Grand Rounds	Perez Coleman
6	SimuCase pre-brief Cameron 4 #8021 Grand Rounds	Perez Forman
7	SimuCase pre-brief Cameron 11 #8022 Grand Rounds	Perez Swartz
8	Mid-term Evaluations Grand Rounds	Perez
9	SimuCase pre-brief Grand Rounds	Campbell
10	Post-testing Progress Reports Grand Rounds	Coleman
11	SimuCase prebrief -Don #8061 Grand Rounds	Coleman Forman
12	SimuCase pre-brief-Kyle #6682 Grand Rounds	Forman Swartz
13	SimuCase pre-brief Grand Rounds	Swartz Perez
14	Clinic Ends November 19 th SimuCase prebrief Eleanor, Steven, Fiona	Forman, Coleman, Swartz

	Grand Rounds	Campbell
15	SimuCases due Awards Ceremony	
16	Final Checkouts	

COURSE AND UNIVERSITY PROCEDURES/POLICIES

INSTRUCTOR'S POLICIES

Attendance

Attendance and punctuality are mandatory as the information provided is detailed and pertinent to your future profession. Active participation is recommended to help synthesize information and apply information acquired in class. When attending courses virtually. It is also recommended that notes are taken throughout the class for future application. Communication with the professor(s) is required within 24 hours if you do miss a class for a serious reason. Communication can be via email, phone, or in person. Third party messages (i.e., messages from classmates) will not be accepted. University policy on excused absence will be upheld. For this course, this will be expanded to include contagious symptoms. Officially sanctioned activities will include attendance at TSHA/ASHA, given proof of attendance. Religious absences must be communicated early in the term so that make-up arrangements can be made.

Clinical Behavioral Competencies

Student is expected to adhere to the ASHA Code of Conduct and Code of Ethics at all times. The behaviors listed below are expected consistently by all clinical practicum students.

Professionalism

Maintain professional appearance and conduct

Maintain professional relationship with Clinical Educator and co-clinicians

Maintain confidentiality

Dependability

Is on time for all clinical sessions; when necessary, follows guidelines for cancellations and rescheduling

Follows department guidelines regarding files, materials, and test checkout

Submits documentation to Clinical Educator on time

Follow infection control procedures during/after each session

Initiative

Brings appropriate forms/materials to meetings with Clinical Educator and clinical sessions

Maintains clinical practicum earned hours log on CALIPSO and submits for approval on a regular basis

Provides a self-evaluation at mid-term and end of term minimally

Asks questions and seeks input from Clinical Educator

Implements suggestions from Clinical Educator

UNIVERSITY POLICIES

Six Drop Policy

The following provision does not apply to students with Texas public college or university credits prior to Fall 2007. The Texas Senate Bill 1231 specifies the number of course drops allowed to a student without penalty. After a student has dropped six courses, a grade of QF will normally be recorded for each subsequent drop. Additional information on Senate Bill 1231 is available at the Registrar's Office at (361) 593-2811 and at [Academic Procedure: Drop Policy](#).

Students with Disabilities

The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights

protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodations of their disability. If you believe you have a disability requiring an accommodation please contact the Disability Resource Center (DRC) as early as possible in the term at (361) 593-2904. DRC is located in the Life Service and Wellness building at 1210 Retama Drive.

Classroom Conduct Expectations

Students are referred to the *Student Code of Conduct* section of the [Student Handbook](#). Students are expected to assume individual responsibility for maintaining a productive learning environment and conduct themselves with the highest regard for response and consideration of others. Ongoing or single behaviors considered distracting will be addressed by the faculty member initially, but if the behavior becomes excessive and the student refuses to respond to the faculty member's efforts, the issue will be referred to the Dean of Students. In the case of serious disruptive behavior in a classroom, the instructor will first request compliance from the student and if the student fails to comply, the instructor has the authority to ask the student to leave the classroom. The student is expected to comply with the instructor's request and may subsequently contest this action using procedures established by the department. If the student fails to leave after being directed to do so, assistance may be obtained from other university personnel, including the University Police Department. The incident shall be handled as an academic misconduct matter using established departmental procedures for academic misconduct to determine if the student should be allowed to return to the classroom.

Academic Misconduct

Students are expected to adhere to the highest academic standards of behavior and personal conduct in this course and all other courses. Students who engage in academic misconduct are subject to University disciplinary procedures. Students are expected to be familiar with the current Student Handbook, especially the section on academic misconduct, which discusses conduct expectations and academic dishonesty rules. Academic dishonesty includes but is not limited to:

1. Cheating: deception in which the student misrepresents that he/she has mastered information on an academic exercise that he/she has not mastered; giving or receiving aid unauthorized by the professor on assignments or examinations.
2. Aid of academic dishonesty: Intentionally facilitating any act of academic dishonesty. Tampering with grades or taking part in obtaining or distributing any part of a scheduled test.
3. Fabrication: use of invented information or falsified research.
4. Plagiarism: unacknowledged quotation, and/or paraphrase of someone else's work, ideas, or data as one's own in work submitted for credit. Failure to identify information or essays from the internet and submitting them as one's own work also constitutes plagiarism. Please be aware that the University subscribes to the Turnitin plagiarism detection service. Your paper may be submitted to this service at the discretion of the instructor.
5. Lying: deliberate falsification with the intent to deceive in written or verbal form as it applies to an academic submission.
6. Bribery: providing, offering or taking rewards in exchange for a grade, an assignment, or the aid of academic dishonesty.
7. Threat: an attempt to intimidate a student, staff or faculty member for the purpose of receiving an unearned grade or in an effort to prevent reporting of an Honor Code violation.

Other forms of academic misconduct included but are not limited to:

1. Failure to follow published departmental guidelines, professor's syllabi, and other posted academic policies in place for the orderly and efficient instruction of classes, including laboratories, and use of academic resource or equipment.
2. Unauthorized possession of examinations, reserved library materials, laboratory materials or other course related materials.
3. Failure to follow the instructor or proctor's test-taking instructions, including but not limited to not setting aside

notes, books or study guides while the test is in progress, failing to sit in designated locations and/or leaving the classroom/test site without permission during a test.

4. Prevention of the convening, continuation or orderly conduct of any class, lab or class activity. Engaging in conduct that interferes with or disrupts university teaching, research or class activities such as making loud and distracting noises, repeatedly answering cell phones/text messaging or allowing pagers to beep, exhibiting erratic or irrational behavior, persisting in speaking without being recognized, repeatedly leaving and entering the classroom or test site without authorization, and making physical threats or verbal insults to the faculty member, or other students and staff.
5. Falsification of student transcript or other academic records; or unauthorized access to academic computer records.
6. Nondisclosure or misrepresentation in filling out applications of other university records.
7. Any action which may be deemed as unprofessional or inappropriate in the professional community of the discipline being studied.

Harassment/Discrimination

Texas A&M University-Kingsville does not tolerate discrimination on the basis of race, color, religion, national origin, age, disability, genetic information, gender, gender identify or sexual orientation (or any other illegal basis) and will investigate all complaints that indicate sexual harassment, harassment, or discrimination may have occurred. Sexual harassment and sexual assault are types of sex discrimination. Such sexual misconduct is unacceptable and will not be tolerated. Any member of the university community violating this policy will be subject to disciplinary action. A person who believes he/she has been the victim of sexual harassment or unlawful discrimination may pursue either the informal or the formal complaint resolution procedure. A complaint may be initially made to the Office of Compliance at (361) 593-4758, complainant's immediate supervisor, a department head, a supervisory employee, or the Dean of Students at (361) 593-3606 or the Office of Compliance at (361) 593-4758. Regardless of who the complaint is filed with, the Compliance Office will be notified of the complaint so it can be investigated.

Pregnant Students

Any pregnant students, or student planning on becoming pregnant, should consult their health care provider to determine what, if any, additional precautions are needed, based on their individual situation. It is the responsibility of the student to communication their needs to the faculty member or Office of Compliance as soon as possible in order for risk-reduction to being when it can be most effective, and to determine if additional modifications are necessary. While the university cannot mandate that the student notify it that she is pregnant or is planning to become pregnant, the university strongly recommends that students do provide notification, so appropriate steps can be taken to ensure the health of both parent and child. To communicate health circumstances or to request additional information, please contact Karen Royal, Director of Compliance at karen.royal@tamuk.edu or (361) 593-4758.

SEQUENCING OF COURSE CONTENT AND CLINICAL EXPERIENCES

CAA Standard 3.3B stipulates that students experience a sequence of training appropriate to prepare them for clinical work. TAMUK CSDO's Program addresses this by the following policy:

Each clinical educator of incoming students will be provided with a copy of the student's clinical schedule sheet filled out as part of the orientation process stating courses and clinical experiences in communication disorders student has had. This will ensure that the clinical educators are aware of each student's background and enable them to provide the requisite level of supervision.

Steps taken to ensure clinical success

- In general, students are assigned clinical cases once they have completed or are concurrently taking the appropriate course work. However, since undergraduate preparation is diverse, it is the practice of the clinic to provide support to all students.
- Every student will be provided with individual teaching, clinical modeling/teaching and the opportunity to participate in co-treatment with the clinical educator.
- Mentoring from a prior graduate student trainee may occur in order for the current graduate student trainee to observe and ask questions. A review of the prior semester's recordings of therapy will be provided when available.
- **Evidence based practice** will be identified for each client and reviewed by the student and the clinical educator in development of the treatment program.
- Students will be encouraged to collaborate with the expert(s) in the area of treatment, when appropriate.
- Specific readings will be provided and/or recommended to increase knowledge for specific areas of need identified by the clinical educator and/or graduate student
- Articles and book chapters addressing various diagnoses, treatment strategies, etc. will be provided for the practicum class and/or clinical issues class for access by every student.

Supervision of each individual graduate student trainee is based upon his/her knowledge and skills. Greater amount of supervision will be provided to the new clinician and gradually be decreased as appropriate. Weekly supervisory meetings will allow for discussion, evaluation of progress and further development of clinical critical thinking skills.

THERAPY GUIDELINES

1. Students are required to provide a schedule of times when they are in classes and not available for a clinical assignment. If a student has not fulfilled his/her responsibilities he/she may be asked to drop clinic or receive the appropriate grade.
2. Once a student has submitted a schedule, the student is responsible for all assignments given according to the submitted schedule. All changes to the student's schedule must be submitted in writing to the student's clinical educator as soon as possible.
3. Prior to beginning therapy, follow these procedures:
 - a. Call the client, identify self as a graduate student trainee, and confirm the time for therapy set up by the Clinical Educator. Make sure client knows the location of the clinic. Remind client to park in the reserved parking spaces along Santa Gertrudis Street and receive car tag from the Clinic staff. Have questions ready regarding the client's current status, likes/dislikes, allergies, etc. Also be sure to provide information regarding the therapy process.
 - b. Update the client's Superbill each semester. Make sure the address and phone number we have on file is current and correct. Include frequency and duration of therapy, your name, your clinical educator's name, and the current semester. Make sure that the client's current address and phone number are on the Superbill. This is a good time to write the phone number down for yourself in case you need to contact your client at home later in the semester.
 - c. Return the Superbill to the Clinic staff.
 - d. Review the client's case history and any record of previous assessments and therapy. Meet with your clinical educator to discuss the case and outline preliminary procedures.
 - e. Use a portion of the first session to update information in the folder (e.g., address, phone number, school attended, etc.). Provide the client with an appointment card. Also give the client (or client's parents) a copy of the "Policy Summary" and "Authorization" sheet and record a written reminder of the therapy schedule for the term, your name, your clinical educator's name, and the clinic phone number. New clients must read the Policy Summary and sign the last page (to be kept in the Permanent Patient File) at the time of the initial session.
 - f. Prepare for therapy by researching and understanding the norms, age level, disorder, job, etc. of the assigned client.
4. Any changes in frequency and duration during the semester needs to be recorded on a new Superbill and submitted to Clinic staff.



COMMUNICATION SCIENCES & DISORDERS CLINIC
 MSC 177A, 700 University Boulevard
 Kingsville, TX 78363-8202
 361-593-3493
 Fax (361) 593-3404

Superbill

Update Client Info & Submit to Office Staff

Semester: _____

Client Number: _____

Client Name: _____

Client Phone #: _____

Client Address: _____

Clinician: _____

Clinical Educator: _____

Services Rendered:

Speech – Language Evaluation: _____

Accent Management Evaluation: _____

Speech-Language Screening: _____

Hearing Screening: _____

Speech-Language Therapy

*Individual/60 minute session

*Individual/45 minute session

*Individual/30 minute session

*Group/60 minute session

Frequency:

Accent Management session

CSDO Major/Immediate family member of CSDO Major

This clinic is a non-profit facility and does not bill Medicare, Medicaid, or any third party payers. Special circumstances prevent our clinic from participating in these programs. Request \$50 administrative fee per semester to cover costs of evaluations, treatment, and materials.

I understand that I am responsible for payment in full to the TAMUK CSDO Clinic.

Parent Signature

Date

Consumers may file complaints with:
 Texas Department of Licensing and Regulation
 Speech-Language Pathologists and Audiologists
 PO Box 12157
 Austin, TX 78711
 (800) 803-9202 [in state only]
 (512) 463-6599
 Fax: (512) 463-9468
 Relay Texas-TDD: (800) 735-2989
https://www.tdlr.texas.gov/complaints/default_Licensed.aspx

BILLING PROCEDURE

- 1.) A Superbill will be included in the Billing section for all clients.
- 2.) The clinician will designate service to be provide (evaluation, therapy, and/or accent management).
- 3.) Superbill will be filled out by graduate student trainee.
- 4.) Completed Superbill will be turned in to the Clinic Office then filed in permanent folder by office staff.

Clinic Packets for New Clients:

The Clinic Director and/or the Office Manager will provide information regarding the CSDO Clinic, student clinicians, level of supervision, confidentiality (HIPPA guidelines) and general clinical policies to all individuals seeking services. Referral may be from any source including self-referral.

An intake form is completed by the Clinic Director or the CSDO office staff that includes an assigned client number to identify the client during the provision of services. Once the client's needs are identified, a packet is provided to obtain case history information and ensure that appropriate forms are provided for reference and for inclusion in client folders.

The "New Client Packet" contains the following:

1. Informative/Welcome Letter
 - a. Case History Form (Child, Adult, Speech Improvement Program, Voice or Fluency)
 - i. Specific Case History forms may be provided by clinical educators focusing on fluency, voice or neurological issues)
2. Authorization for treatment form
3. Clinical Policy form
4. Release forms
5. Consent to video/audio tape form
6. Confidentiality Privacy Statement
7. Campus Map for clinic location
8. Attendance Policy
9. Signature Page for:
 - a. Clinical Policy
 - b. Confidentiality Privacy Statement
 - c. Attendance Policy

ABSENCES/TARDINESS

CLIENT: Appointments must be canceled in advance. Three consecutive, unexcused absences, wherein the client failed to contact the clinic prior to the appointment, constitute grounds for dismissal. If a client does not attend at least 50% of the sessions, services may be discontinued. The client will not be seen for therapy appointments if more than ten minutes late (for a thirty-minute session) and therapy time will not be extended to compensate for tardiness.

In the event of extenuating circumstances, exceptions to this policy will be considered.

Clinicians should adhere to the following policy when waiting for clients who are tardy:

- a) 30-minute sessions...wait 10 minutes, call the client, and then consult clinical educator.
- b) 60-minute sessions...after 10 minutes, call the client until you reach him/her to determine whether he/she is coming or not.

If clients come late for their appointments, clinicians are expected to see them only for the remainder of their scheduled time period. Encourage clients through counseling to attend therapy and be on time for scheduled appointments. Explain the tight room scheduling; your own schedule situation (other clients, etc.); and your clinical educator's schedule.

CLINICIAN: One (1) unexcused absence from therapy constitutes grounds for dismissal from clinical practicum. Clinicians must contact their clinical educator as soon as possible when there is an illness or there is a death in the immediate family. **Do not cancel therapy unless there is a clinical educator's approval.** Someone else may be able to substitute. It is the clinician's responsibility to contact the clinical educator first and then the client when therapy must be canceled. Therefore, clinicians should have phone numbers of all clients and clinical educators at all times.

Clinician tardiness is not considered professional behavior. Please contact your clinical educator should tardiness be unavoidable.

CASE RECORDS AND FOLDERS

Every client who receives any type of clinical service at the TAMUK Communication Disorders Clinic must have a file folder containing all information regarding the individual. The “authorization” form must be completed by all clients and/or significant others.

Information contained within the folder is privileged; therefore, only authorized persons are to view the material included. Clients should not routinely view their folders. However, they should have access to information within their folders upon request. No folder is to be removed from the clinic areas. No folder is to be left unattended in the work areas, therapy room, observation hall, lobby, etc. Observers are not authorized to view client folders.

The clinic secretary will provide the permanent folder with dividers. It is the responsibility of the clinician to ensure that all information is included in folder and that the client number is on the tab. If the client is admitted for therapy, the clinician will request a working folder from the clinic secretary. New clients will be filed in “pending file” until the evaluation.

Any time permanent or working folders are removed from the filing cabinet, an “OUT” file card must be inserted in its place. The “OUT” file card should have the file number, clinician’s name, the location where the file can be found, and the date and time the file was removed. When the file is returned, the “OUT” file card is removed and the time the file was replaced must be recorded. At no time should a folder be removed from the file cabinet without one of the completed “OUT” cards being inserted in its place. All folders must remain in the clinic area. Removal of folders from the clinical area **WILL** result in dismissal from clinic.

All folders, previous and current must conform to the following guidelines.

A. PERMANENT FOLDER INFORMATION:

Left-hand side of folder (ordered from closest to folder, building up):

Under the Divider sheet labeled: “Background Information”

1. CASE HISTORY: This includes the intake form and the case history form. Completed forms received before assessments may be obtained from your clinical educator.
2. INFORMATION RELEASE FORMS: On top of the case history, place the information release forms.
3. POLICY SUMMARY FORM: This should be signed and dated.
4. AUTHORIZATION FORM: This form should also be signed and dated.
5. DIVIDER SHEET: “Background Information”

Under the Divider Sheet labeled: “BILLING INFORMATION”

1. CURRENT SUPERBILL: This form should be completed at the beginning of each semester.
2. DIVIDER SHEET: “BILLING INFORMATION”

On top of left-hand side of folder:

1. CLIENT CONTACT FORM: All contact with or regarding client should be noted here. Contact may be in person, by telephone, by mail, or by fax.
2. DISCLOSURE LOG: Please note any verbal or written PHI disclosed on this form.

On the right-hand side of folder (ordered from closest to folder, building up):

Under the Divider Sheet labeled: “Correspondence”

1. **CORRESPONDENCE:** Include any reports received or correspondence with or about the client.
2. **DIVIDER SHEET: “CORRESPONDANCE”**

Under the Divider Sheet labeled: “Assessments”

1. **SPEECH/LANGUAGE/HEARING ASSESSMENT:** Include speech/language assessment notes, any test forms, language sample, etc. arranged in chronological order. The **Record of Formal Testing** form should be the top page in the “Assessment” section. Also include documentation of hearing screening or audiological evaluation report and test record forms.

2. **DIVIDER SHEET: “ASSESSMENT”**

Under the Divider Sheet labeled: “Reports”

1. **EVALUATION/TREATMENT/PROGRESS REPORTS:** This section includes all reports (evaluations, semester plans, semester progress, etc.). Put the most recent report on top.

2. **DIVIDER SHEET: “REPORTS”**

B. CLIENT'S THERAPY FILE (WORKFOLDER)

All clients enrolled in therapy will have a THERAPY FILE (Work folder) along with a PERMANENT FILE.

1. These files will be kept in the file cabinet in numerical order. Please put back in permanent folder after use.
2. They also must **never** leave the clinic area.
3. Each Therapy File (Work folder) will contain:
 - a. Client attendance record attached to the inside left-hand front cover.
 - b. SOAP notes should be arranged in chronological order (most recent on top) and fastened under the attendance record.
 - c. Weekly Lesson Plans should be arranged in chronological order (most recent on top) and fastened on top of the Evidence Based Practice Worksheet.
 - d. Preparation for Baseline Form will be placed at the bottom of the left-hand side of the folder.
 - e. Evidence Based Practice Worksheet will be placed on top of the Preparation for Baseline Form for the current semester.
 - f. Preparation for Post-test Form will be placed on top of the Lesson Plans.

NOTE: The calendars, SOAP Notes, and Evidence Based Practice Worksheet will always remain in the work folder. At the conclusion of each clinical semester, it is the responsibility of the clinician to destroy (shred) the semester’s weekly lesson plans, Preparation for Baseline forms, and Preparation for Post-test Form.

AUDIO DEVICE CHECKOUT PROCEDURES

Audio (listening) devices are located in workroom 100D. Devices are available to family members of clients, graduate student clinicians, and CSDO faculty.

1. The graduate student clinician is responsible for asking the client's family member if he/she wishes to check out an audio device during the session.
2. The graduate student clinician, CSDO faculty member or office staff is responsible for checking out the device and inserting a checkout card in its place.
3. The graduate student clinician, CSDO faculty member or office staff must include, on the card, the client number and student clinician's name.
4. The graduate student clinician, CSDO faculty member or office staff is responsible for ensuring the device is returned to its designated spot upon completion of the clinical session.
5. Upon return of an audio device, the graduate student clinician, CSDO faculty member or office staff must erase the client number and his/her name and place it with the remaining blank check out cards.

Evaluation of Students Conducting Therapy

Informal evaluations of the student's performance will be made on a regular basis in both written and oral form. These informal sessions will allow the student to become immediately aware of her/his strengths and weaknesses in the clinical setting. These evaluations are relative to supervisory observations. Weekly conferences are also a means of providing feedback to students.

Each student will take part in one or two formal evaluations during the semester. One will occur around the mid-point of the semester and the other will take place at the end of the semester. The Knowledge and Skills Acquisition (KASA) on CALIPSO explains the competencies the student is expected to demonstrate during the clinical practicum. Per the Council for Clinical Certification (CFCC), "the Knowledge and Skills Acquisition (KASA) form summarizes a student's acquisition of the knowledge and skills delineated in the Standards for the Certificate of Clinical Competence (SCCC)." Acquisition of "knowledge" is generally achieved through academic courses, and the acquisition of "skills" is generally achieved through clinical experiences. Within CALIPSO, students are able to monitor and review their progress toward meeting the standards and, ultimately, demonstrate, through a completed KASA form, that all required knowledge and skills have been met. The student should discuss her/his progress with the clinical educator at these times in order to gain an understanding of her/his clinical skill development.

The clinical educator and the Clinic Director will meet and discuss possible remediation plans should the clinician fail to meet clinical competencies. Every effort will be made to assist the clinician in achieving success. The clinician will be required to complete an extra semester at the TAMUK CSDO Clinic and work closely with an assigned clinical educator if credit is not received at the end of a semester. The client will be selected by the clinical educator and the Clinic Director. Extra preparation, reading, and team treatment may be required depending on need. A remediation plan will be developed by the clinical staff and the student and filed in their student clinical file.

Student Semester Goal Levels

Novice: 0-50 hours of graduate level clinical experience (First Semester)

Student is able to demonstrate a basic understanding of the expected competency with maximum guidance from the Clinical Instructor. *Clinical Behavior Competencies are present with minimal guidance and reminders from the Clinical Instructor.*

Beginning: 50-80 hours of graduate level clinical experience (Second Semester)

Student is beginning to develop an understanding of the expected competency. The student may need frequent guidance from the Clinical Instructor; may exhibit inconsistent competency. *Clinical Behavior Competencies are present with minimal guidance and no reminders from the Clinical Instructor.*

Competent: 80-225 hours of graduate level clinical experience (Extern site 1)

Student now verbalizes an understanding of the competency; will need some instruction/direction from the Clinical Instructor; after instruction will demonstrate competency on a fairly consistent basis. *Clinical Behavior Competencies are present with minimal guidance from the Clinical Instructor.*

Proficient: 225-400+ hours of graduate level clinical experience (Extern site 2)

Student usually demonstrates independence in the competency; needs occasional guidance from the Clinical Instructor; requires only infrequent monitoring. *Clinical Behavior Competencies are present with no guidance from the Clinical Instructor.*

FOLLOWING ARE SOME FACTORS THAT WILL AFFECT THE GRADE YOU RECEIVE FOR CONDUCTING THERAPY:

1. Uses appropriate language, rate, loudness, and amount of speech.	1	2	3	4	5
2. Uses non-verbal communication which is congruent, effective, and shows appropriate affect.	1	2	3	4	5
3. Adapts techniques/materials to client's age, social maturity, physical ability, interests, communicative problem.	1	2	3	4	5
4. Manages the environment in order to facilitate optimal behavior; deals with client motivation/resistance.	1	2	3	4	5
5. Chooses activities which have a clear purpose and are appropriate for client and problem(s).	1	2	3	4	5
6. Provides instructions and models which the client can understand.	1	2	3	4	5
7. Based on response patterns within and across activities, judges stages and moves appropriately to next phase of program.	1	2	3	4	5
8. Provides for repeated successful experiences.	1	2	3	4	5
9. Provides consistent feedback necessary to elicit closer approximations of desired response.	1	2	3	4	5
10. Records target behavior(s) in a reliable and valid manner.	1	2	3	4	5
11. Effectively uses therapy room, materials, and equipment.	1	2	3	4	5
12. Efficiently uses therapy time; paces activities well.	1	2	3	4	5
13. Achieves modification of communication behaviors.	1	2	3	4	5
14. Utilizes suggestions given for modifying goals and/or techniques.	1	2	3	4	5
15. Meets report deadlines.	1	2	3	4	5
16. Independence: Attempts to plan and work alone.	1	2	3	4	5
17. Professionalism!	1	2	3	4	5

COMMENTS:

RATING SYSTEM - Based on clinical level: (an average of 4 or 5 = A; 3 = B; 2 = C; 1 = D/F)

1 = poor

3 = fair

5 = excellent

Guidelines for Self-Evaluation of Therapy

The self-evaluation is one of the most important factors in becoming a successful therapist. With effective self-evaluation, you, the clinician, are able to make judgments regarding your client, the changes necessary in the program and the planning of steps to use in reaching goals. It is therefore essential that time and thought be put into the self-evaluation after each session! It is often helpful to write your comments as soon as possible after your therapy sessions. Address each of the following areas in as much detail as necessary to give a clear description of your performance.

1. What activities and materials did you consider successful and why?
2. What parts of your session did not go as well as planned and why?
3. Was your reinforcement effective? (type and schedule) Why?
4. Were your demonstrations, instructions, explanations, cueing and transitions between activities effective? Why?
5. Was your data keeping consistent, organized, smoothly kept and informative?
6. Were you able to follow and modify your lessons appropriately based on your client's behavior? e.g., Did the client relate appropriate information and how did you respond?
7. Did you ask relevant questions and relate appropriate information?
8. What methods did you use to control the client's behavior effectively?
9. Based on your performance, were the client's responses appropriate? (correct, incorrect, self-corrections, additional cueing)
10. What is your perception of the client's attitudes toward therapy and you?
11. If homework was given, was it appropriate for carry-over?
12. What is your perception of your interpersonal relationship with your client? (empathy, sincerity, respect)

*****What Changes Will You Make For The Next Session To Increase Effectiveness*****
(consider all aspects above and also refer to next page for Analyzing and Improving Therapy)

Analyzing and Improving Therapy

***To be used for self-evaluation guide as an aid in analyzing and improving therapy.

1. YOUR GOAL:

- A. Is it developmentally appropriate?
- B. Did you begin program with emerging behaviors? (strengthen these first?)
- C. Does the client have the prerequisite behaviors to accomplish the task?
- D. Did you consider environmental needs when selecting your goal -- what is important for the client to know outside the clinic?
- E. Are the steps to reach the objective small and sequential?
- F. Is the client aware of the behavior he is supposed to produce?

2. YOUR CUEING:

- A. Are your cues developmentally appropriate? (length, complexity, grammatical structure)
- B. Are you consistent with your cueing?
- C. Are materials interesting and appropriate to the goal?
- D. Is there competing stimuli? (i.e., sounds, materials, additional nonverbal cues, biological needs of client, etc.)
- E. Is pacing of the activities appropriate?
- F. Are transitions between activities smooth?
- G. Are incorrect responses given additional cueing appropriately?

3. YOUR REINFORCEMENT:

- A. Is it meaningful to the client? Does he know what he is being reinforced for?
- B. Is reinforcement presented on the correct schedule?
- C. Are you consistent in reinforcement?
- D. If you are using an activity reinforcer -- can he perform the task or is it frustrating?
- E. If your reinforcement too time-consuming? (Does it reduce client's response rate?)
- F. Are you reinforcing at the appropriate level? (i.e., primary, secondary)
- G. Do you stay at a particular reinforcement level too long -- has the client saturated on that form?
- H. Is the reinforcement distracting? (Client sits and plays with it)
- I. Is client involved somehow in the reinforcing process?

4. GENERALIZATION:

- A. Are you keeping regular contact with the parents/family -- are they aware of what you are trying to accomplish, and do they understand the importance?
- B. Are your home assignments appropriate, clearly explained, and accountable? (How do you know if it has been done?)
- C. Are you using an increasing variety of activities and materials to "destructure" the behavior so that it will approximate the natural environment?

SPEECH-LANGUAGE ASSESSMENTS

Assessments are a required part of clinical training. Students will be assigned to participate in assessments according to their academic preparation, experience, and the needs of the clinic.

PREPARATION

1. Receive the assignment from your clinical educator. Contact the client to verify time and date of appointment. Record this information on the Client Contact Sheet in the client's folder.
2. A room will be reserved for you on the day you have been scheduled. Always check the schedule (white) board for any recent changes that may have occur.
3. Read the intake form, and then schedule an appointment with the clinical educator several days before the assessment to discuss testing, conferencing, etc. At this meeting, be familiar with the case history and be prepared to offer suggestions and comments regarding the case.
4. Practice every aspect of the assessment with another clinician. Be familiar with the formal and informal tests that you will be presenting.
5. Immediately before the assessment, arrange the room, set up the materials, and obtain any tests and test forms you plan to use. Bring in all the materials you will need to perform the evaluation. Set up and test audio and/or video recorder. Schedule video recording of session.

THE ASSESSMENT

1. Meet the client, introduce yourself, and explain your role as well as your clinical educator's role.
2. Take the client (or parent) to a therapy room and:
 - a. Conduct a parent interview. Before the parent interview, review the complete case history intake form. A parent interview is held for the purpose of obtaining information concerning the birth and development of the child and discovering the parents' concern. In addition, the clinician will need to supply the parent with information regarding the assessment protocol and provide for release and support if needed.
 - b. The parent conference should be taped for later verification of information and analysis of clinical technique. If taping is to occur, the parents must be informed of the fact and written consent obtained. If there is strong objection, do not record. The clinician should write down all the information obtained regardless of whether a tape recording is made or not. Check with the clinical educator for a suggested list of items to cover in this interview, and specific procedure for conducting the interview.
 - c. The clinician is responsible for ensuring that the session is video recorded.
 - d. Plan for the child if he/she will be present during the interview. The co-clinician may help at this point.
3. Conduct the assessment using the tests and descriptive procedures approved by your clinical educator. These tests and procedures should be based upon evidence based practice and reflect current information about the disorder area. The purposes of an assessment are multidimensional. During an assessment you should:
 - a. Obtain a description of the complaint in the client's (or parent's) own words;
 - b. With particular focus on the parameter, conduct an evaluation of the overall adequacy of the client's communicative competence (e.g. voice, language, etc.) mentioned in the complaint;
 - c. Perform a hearing screening to determine whether the client should be referred for

- hearing evaluation;
- d. Determine the client's prognosis; and
 - e. Develop appropriate recommendations based on the client's history, test results, and clinical observations.

POST ASSESSMENT

1. At the conclusion of the assessment, the clinician should meet briefly with the clinical educator to discuss the results and recommendations. Then a conference should be conducted with the client (or parent) to convey this information.
2. Turn in a completed Superbill (including address and phone number) to the Clinic Secretary. This must be done for all assessments, even if the client is not going to return for therapy.
3. Set up the case folder. File all forms and documents in designated sections. It is especially important that all forms be filled out completely and accurately.
4. Write the assessment report.
5. Submit to your clinical educator a rough draft of the report **WITHIN 48 HOURS** of the evaluation. Reports may be e-mailed to the clinical educator utilizing the client numbering system and without displaying any personal information.
6. After the draft is returned to you, make corrections and resubmit the report **WITHIN 24 HOURS** for further review or final approval. You may need to schedule a conference with your clinical educator to understand revisions.
7. Once the final copy is approved and signed by you and clinical educator, the cover sheet for the report must be developed, printed out in a clinic workroom, and filed in the client's permanent folder. The folder should then be given to the clinical educator to be signed, checked and stamped with the confidential seal. The final document must be completed **NO LATER THAN 10 CALENDAR DAYS** following the assessment.
8. Retain the original copy for the folder and make copies to be sent to other professionals, on approval from your clinical educator if the client has so requested in writing. The clinical educator must approve and sign any correspondence.
9. A copy of the report should be mailed to the client/parent through the clinic office.

NOTE: The client's assessment information should never be taken home unless identifying information has been concealed.

REPORT WRITING

Due to confidentiality issues, reports will not contain identifying information on clients. The identifying information included in the body of the report will be the assigned clinic number and age and sex of the client. All reports will have a separate cover sheet that provides all identifying information. This page will be added when the final report is approved by your clinical educator. Therefore no identifying information should be removed from the clinic on any client as reports are being compiled. Violation of any confidentiality rules may result in dismissal from clinic.

The cover sheet will be typed in the clinic area only and checked by clinical educator. Be prepared to provide all of the information indicated below.

COVER SHEET SKELETON

CLIENT NUMBER:

NAME:

BIRTHDATE:

AGE:

PARENTS/SPOUSE:

ADDRESS:

TELEPHONE:

REFERRAL:

CLINICIAN:

CLINICAL EDUCATOR:

TYPE OF REPORT:

DATE OF REPORT:

DIAGNOSIS:

Note: (Report diagnosis and severity must be in agreement with clinical educator)

NOTE: type of report should be “Speech-Language Evaluation”, “Audiological Evaluation”, “Treatment Plan”, or “Progress Report”.

The cover sheet is prepared in the clinic and reviewed by the clinical educator. This will be page 1 and will be stamped “confidential” once approved by clinical educator.

CLIENT NUMBER: (must appear on every page of report as a header)

SPEECH-LANGUAGE EVALUATION REPORT *SKELETON*

DATE OF EVALUATION:

BACKGROUND INFORMATION

This section may contain pertinent information received from the case history/initial interview in a logical order. (Prenatal, natal, postnatal, motoric developmental milestones, speech/language acquisition, hearing, school/social information and reason for evaluation). This should contain any significant history that may have contributed in the past or may currently be maintaining the communication difficulty.

TESTS ADMINISTERED

List in order of presentation
Underline names of published tests
List informal measures

DIAGNOSTIC IMPRESSIONS

(This is just a heading - sets up following sections)

BEHAVIORAL OBSERVATIONS: Statement regarding separation from parents, cooperativeness, attentiveness etc.

HEARING: Ex: A pure tone audiometric screening was administered at 20dB for frequencies of 500Hz, 1000Hz, 2000Hz and 4000Hz bilaterally...etc.

SPEECH: Include results obtained from formal and informal measures; stimulability (at what level); intelligibility (good, fair, poor...in what content) etc.

Phonological analysis information...

A cursory examination of the oral peripheral speech mechanism revealed adequate/deviant structures and functions for speech purposes. (Discuss if deviant information was revealed)

LANGUAGE: Include results obtained from formal and informal measures

Compare to spontaneous language sample

When appropriate note grammatical structures, vocabulary, semantics, and pragmatics in relation to diagnosis.

CLIENT NUMBER:

VOICE/FLUENCY: A brief note re: vocal quality, rate, loudness level, pitch, and fluency- unless this areas proves to be an issue.

SUMMARY:

Summarize each section briefly...

Communicative diagnosis

Statement of prognosis

RECOMMENDATIONS:

Is therapy warranted? Why? Frequency?

Parent participation?

What should be targeted first?

Any other recommendations to another agency or professional? Why?

*The Initial Report may include Long and & Short Term goals following “Recommendations” so that it may serve as the Treatment Plan.

Results/report should be discussed with family/ significant others to ensure that treatment plan is established.

(Your name)
Graduate Clinician

(Name of clinical educator) M.S.,M.A.,or Ph.D.,CCC-SLP
Texas A&M University-Kingsville
Clinical Educator

THERAPY CHECKLIST

- ❑ Receive client assignment on *Preparation for Baseline* form.
- ❑ Review client information and all past data including most recent assessment, treatment data and all recommended objectives.
- ❑ Complete *Preparation for Baseline* form and make appointment to meet with your clinical educator.
- ❑ Meet with your clinical educator to review and get approval of your Baseline plan.
- ❑ Contact client to introduce yourself and verify starting date and time. Remind client to obtain a parking permit from the CSDO Clinic front office.
- ❑ On the first day of therapy, organize and arrange your materials in the room. Make sure you have all needed equipment, and they are all functioning properly.
- ❑ Have the client sign in and begin and end therapy session on time. Fill out Superbill with current information and submit to Clinic Secretary.
- ❑ Following Baseline session, indicate results and write semester objectives (use this information in your treatment plan). The Baseline form is then placed in the work folder. Baseline current status for stated objective.
- ❑ Write treatment plan and turn in first draft by email within 48 hours to your clinical educator. Place the treatment plan in the permanent file and place it behind your clinical educator's name in the filing cabinet.
- ❑ Check daily for revisions of your report in your working folder or clinician box. You will have 24 hrs. to return the report with revisions to your clinical educator.
- ❑ When your treatment plan has been finalized and your clinical educator has signed the report, develop a cover sheet including an ICD 10 code and have clinical educator stamp it confidential. Return the permanent folder to the active client files.
- ❑ Email your Weekly Lesson Plan in your clinical educator's box prior to therapy. File the approved copy in the client's working folder.
- ❑ Every day that your client is scheduled for therapy make sure that you perform the following duties:
 1. Wash hands before and after each client
 2. Clean off table prior to and at the end of therapy, and clean room
 3. Write SOAP notes.
 4. Check materials in and out from resource room. Keep this area organized!
 5. Be courteous and polite (professional)

DIAGNOSTIC CHECK LIST

- ❑ Receive client assignment and client information.
- ❑ Review client information.
- ❑ Complete *Preparation for Evaluation* form in its entirety.
- ❑ Meet with clinical educator to review assessment plan several days prior to evaluation day.
- ❑ Call the client 24 hours before evaluation to confirm time and date. Introduce yourself and tell them the purpose of your call. Ask the client/parent if they need directions to clinic, instructions for parking, and a parking permit. Kindly ask the client to arrive 5-10 minutes early to fill out additional paperwork and to display parking permit in the vehicle.
- ❑ Notify the Clinic Director if there are any changes to the scheduled time or date.
- ❑ Prepare to interview the client/parent.
- ❑ Study carefully and practice diagnostic instruments to be administered.
- ❑ On the day of the evaluation, make sure the room is set-up, all materials are functional and complete; take all needed materials into room. Request videotape if needed. Obtain a parking permit from the clinic office for the client/parent.
- ❑ Check that release and consent forms in packet have been signed.
- ❑ Begin the evaluation on time. Conduct the evaluation according to protocol. Make sure your clinical educator is aware of you beginning the evaluation.
- ❑ Following the evaluation, notify the client/parent that you will review all the information and meet with your clinical educator regarding the direction for therapy. Advise them that a copy of the report will be provided and reviewed with them.
- ❑ Write the evaluation report and submit to your clinical educator within 48 hours. Place the file behind your clinical educator's name in the filing cabinet or e-mail the report. Make sure to include all test protocols and other pertinent information.
- ❑ Check daily for revisions from your clinical educator. You have 24 hours to make the revisions and turn it back into your clinical educator.
- ❑ When the report is in the final form with clinical educator's signature, develop the coversheet (in the clinic area), include an ICD 10 code, and have it checked and stamp confidential by the clinical educator. Place the report in the file and send copies to client/parent and any agency requested.

**Following are some factors that will affect the grade you receive for conducting a
SPEECH-LANGUAGE assessment:**

Preparation and Clerical Work	1	2	3	4	5
Reads case history					
Prepares assessment battery in advance (shows good judgment regarding which test/procedures are appropriate, familiarizes self with tests/procedures prior to day of evaluation, etc.)					
Completes and turns in disposition card immediately after evaluation and records information in schedule/disposition book					
Makes client folder promptly					
Leaves room in order after diagnostic evaluation					
Administration	1	2	3	4	5
Competently administers assessment procedures					
Modifies procedures when appropriate for client within limits of standardization and reports such modifications in report					
Correctly scores test and describes client's performance					
Clinical Effectiveness	1	2	3	4	5
Uses appropriate language level, rate, loudness, and amount of speech					
Elicits desired behaviors and responses					
Places activities within session					
Sets and maintains limits					
Interpretation	1	2	3	4	5
Intelligently interprets results (regarding speech/language behavior, considers possible contributing factors, looks at relationships between all procedures, etc.)					
Describes, analyzes, interprets, and integrates data and observations					
Develops appropriate recommendations after collecting and interpreting all data					
Parent Conference	1	2	3	4	5
Uses appropriate interview techniques to obtain/give information					
Organizes and presents clear and accurate findings and recommendations					
Listens and responds appropriately					
Demonstrates interest and maintains a "professional" atmosphere					
Assessment Report	1	2	3	4	5
Submits draft of report promptly					
Demonstrates good writing skills (i.e. style, punctuation, organization, spelling, syntax)					
Includes complete, accurate information about pertinent history					
Clearly describes procedures used and reports any modifications of standard methods					
Provides a concise summary of results obtained and behaviors observed					
Ensures that necessary information is forwarded to parents and/or referral source					

RATING SYSTEM - Based on clinical level (an average of 4 or 5=A; 3=B; 2=C; 1=D/F)

1 = poor 3 = fair 5 = excellent

PROCEDURES FOR USE OF THE RECORD OF ASSESSMENT

Rationale:

Many clients at our clinic have undergone much testing and thus have large folders. It is time consuming to look through the folder to determine which tests have been given on specific dates. Therefore, the Record of Assessment form provides us with an efficient means of obtaining this information. Knowing the date a test was administered will also facilitate finding the test in the folder. Remember: This form will only provide the date. The clinician must look at the test form for specific diagnostic information.

Instructions:

1. The Summary Sheet of Assessment should be the 1st page in the "Assessment" section of the permanent client file.
2. Tests should be listed together by areas (i.e., language, articulation, etc.). Spaces are provided to the right of each test name for the purpose of recording the date on which the test was administered.
3. The name of the test should be recorded on a blank line under the appropriate heading (i.e., language, articulation, etc.).
4. If only a subtest of a test is given, this should be indicated.
ex: CELF (sentence subtest)
5. The date should be recorded as soon as the test has been scored, (Note: Only write the date. The clinician must look at the test form for specific diagnostic information.)
6. The test form should be placed in the permanent client folder at the same time the date is recorded.
7. The tests should be ordered according to the following format: Order tests according to date (by semester) with the most recent tests being placed on top.

Refer to form – Record of Assessment

Outline for Parent/Patient Conference

[Format or order may vary. Discuss with clinical educator first]

1. Purpose of evaluation, addressing referral concern
2. Give a general statement regarding the client's performance during the evaluation session
3. Review results
 - a. General overview of functioning and/or results of hearing screening
 - b. Articulation and oral motor skills
 - i. Explain what it is
 - ii. Relate to intelligibility
 - c. Language Performance (Instead tell what aspects of language were assessed, how you did it, how the client performed, and what that means).
 - i. Receptive Language
 - a. Explain what receptive language is
 - b. If you gave several receptive tests, indicate consistency in performance or explain why inconsistencies occurred
 - ii. Expressive Language
 - a. Same as (a) above
 - b. Same as (b) above
 - c. Summarize impressions of informal analysis/discourse
 - iii. Pragmatic performance
 - a. Semantic
 - b. Syntactic
 - c. Morphological
- d. Voice and Fluency (if indicated)
- e. Impressions--Pull information together
- f. Recommendations

*Treatment Plan Cover Page

**TEXAS A&M
UNIVERSITY
KINGSVILLE**

**Communication Sciences & Disorders Clinic
MSC 177 A, 700 University Blvd
Kingsville, Texas 78363
(361) 593-3493 FAX (361) 593- 3404**

CLIENT NUMBER:

NAME:

BIRTHDATE:

AGE:

PARENTS:

ADDRESS:

TELEPHONE:

REFERRAL:

CLINICIAN:

CLINICAL EDUCATOR:

TYPE OF REPORT:

DATE(S) of EVAL or RE-EVAL:

DATE OF REPORT:

DIAGNOSIS:

ICD CODE (if applicable):

Client Number: (include as a header on each page of report)

TREATMENT PLAN (SKELETON)

Cover page with "Treatment Plan" as type of report.

Therapy Schedule: ex. Mondays and Wednesdays from 10:00 to 10:30

Article II. Background Information

- The client is a _____ year _____ month old male/female child
- Reason they are here/Diagnosis
- Past medical history or developmental history (if pertinent)
- School or Work
- Previous therapy? Where, Who, How long?
- What progress and recommendations were reported.

Baseline Measurements and Results:

Baseline measures were performed on _____ (date).

The client was able to perform (goal/target) _____ with _____ accuracy; in ____ of ____ trials, etc.

Prognosis:

Plan:

Long Term Goals:

Performance

Condition

Criterion

Must be objective: must be goals that can be observed and measured

Short Term Goals:

Performance

Condition

Criterion

Objective

Each short-term goal must relate to a long term goal stated above.

Your name (and signature)

Graduate Clinician

Clinical Educator's name, M.S., M.A., Ph.D, CCC-SLP

Texas A&M University-Kingsville

Clinical Educator

If in agreement with plan, please sign: _____

*Send first draft to your clinical educator (without any identifying information beginning with page 2). (Your first draft is **due 48 hours** after completion of Baseline). When all corrections have been made and your clinical educator has signed the report, type a **cover page** for your document (which is the first page of the report). Have the clinical educator stamp the cover sheet with the confidentiality stamp. Be sure that you and your clinical educator counsel the client/parent regarding the diagnosis and goals for the semester and the recommended procedures. Obtain the client's/caregiver's signature and make a copy for the client. This conference must be recorded on the Client Contact form in the Permanent Folder. It is a "working" plan and may be revised as needed.

CLIENT NUMBER: (include on all pages as a header)

PROGRESS REPORT (SKELETON)

NUMBER OF THERAPY SESSIONS SCHEDULED: See client attendance record

NUMBER OF THERAPY SESSIONS ATTENDED: See client attendance record

BACKGROUND INFORMATION:

Include the current chronological age, diagnoses, relevant current or previous history, previous therapy goals and progress, purpose of enrolling/continuing therapy, etc. This information should come from the treatment plan. This may or may not contain new information, but it should be a summary in your own words.

POST-TESTING RESULTS:

Compare your post-testing results to the baseline results. If a formal test was utilized for post-testing, then this data and analysis should go here. This section will contain the “objective” and “assessment” info usually provided in a SOAP note. Only include goals that were post-tested at the end of the semester (generally, because they were not mastered by the time the post-testing occurred).

Example:

Goal	Baseline	Post-Test	Change
STG 1a The client will....	20%	70%	Increase of 50%

PROGRESS TOWARDS GOALS:

In this section, type out **each** long and short term goal and for each goal state one of the following:

GOAL MASTERED AND DISCONTINUED on date,

GOAL DISCONTINUED on date, or

GOAL IN PROGRESS along with a plan for addressing the goal in the future (the “plan” info usually provided in a SOAP note).

Ex: LTG1 The client will... GOAL MASTERED AND DISCONTINUED on date.

STG1a The client will... GOAL MASTERED AND DISCONTINUED on date.

STG1b The client will... GOAL MASTERED AND DISCONTINUED on date.

LTG2 The client will... GOAL IN PROGRESS.

STG2a The client will... GOAL IN PROGRESS. Continue addressing goal with maximum cues

STG2b The client will... GOAL IN PROGRESS. Continue addressing targets not met and probe new targets.

STG2c GOAL DISCONTINUED due to level of difficulty. Consider addressing this goal once the client has mastered...

PROGNOSIS:

Include a statement of prognosis for further treatment. What is needed to meet goals in the future?

RECOMMENDATIONS:

Include the following information:

- continued treatment, discharge, re-evaluation, further testing, etc.
- recommend goals/targets that should be addressed, probed or areas of communication to be tested
- referrals to other professionals (if necessary)
- family education/training that should be completed, continued, added
- how often treatment should be implemented in the following semester:
frequency (# times of a week) and the time (30 minutes sessions, 45 minute sessions, etc)

(Your name)
Graduate Student Trainee

(Clinical Educator's name) M.S., Ph.D. CCC-SLP
Texas A&M University-Kingsville
Clinical Educator

HEADER:
TEXAS A&M
UNIVERSITY
KINGSVILLE

Communication Sciences & Disorders Clinic
700 University Blvd, MSC 177A
Kingsville, Texas 78363
(361) 593-3493 FAX (361) 593-3404

SOAP Note (Checklist Template)

Client #: _____
Session Date: _____

BODY OF NOTE:

SUBJECTIVE (describe the impressions of the client's demeanor in therapy)

- Alert, Cooperative, Tired, Sleepy, Lethargic, Attentive, Inattentive, Active, Uncooperative,
 Eager to Learn, Motivated, Unmotivated, Other/Comments _____

LESSON PLAN

Teaching Strategy/Evidence Based Practice:

Targets/Stimuli:

OBJECTIVE (concrete data/accuracy level)

Short Term Goal # ____ : _____

Accuracy: _____%; _____ of _____ trials

Summary of Errors/Problems: _____

Teaching Strategy/Evidence Based Practice Cue Prompt Assistance Other _____:

- Visual
 gestural, object, written, picture, photo, other _____
 Verbal
 sound, syllable, word, directions, corrective feedback, other _____
 Tactile
 physical (touch/movement) manual manipulation, hand-over hand, other _____

Amount of Teaching Strategy Provided:

- none minimum moderate maximum

ASSESSMENT (describe your analysis of the client's performance)

Change in accuracy/performance from Previous session Baseline:

- Increased by _____%
 Decreased by _____%
 No change

Note what prompted change or lack of change: _____

PLAN (outline the course of treatment for this goal for the next session)

In the next session:

- Continue Discontinue Change
 current targets/stimuli cues prompts assistance level of teaching goal evidence-based
practice/technique

change to: _____

- Baseline Post-test Probe
 maintenance of accuracy progress other _____

the following: _____

Other: _____

REPEAT SECTIONS (OBJECTIVE, ASSESSMENT AND PLAN) FOR EACH GOAL ADDRESSED

(Your name)
Graduate Student Trainee

(Clinical Educator's name) M.S., Ph.D. CCC-SLP
Texas A&M University-Kingsville
Clinical Educator

Clients Planning to Return

1. Complete and sign a Continuation Form (clinician will have available at end of semester).
2. Verify that address and phone numbers are accurate.
3. Review all forms:
 - a. Authorization for treatment form
 - b. Clinical Policy form
 - c. Release forms
 - d. Consent to video/audio tape form
 - e. Confidentiality Privacy Statement
 - f. Attendance Policy

1. Sign and date the following forms
 - a. Authorization for treatment form
 - b. Release forms
 - c. Consent to video/audio tape form
 - d. Signature Page for:
 - i. Clinical Policy
 - ii. Confidentiality Privacy Statement
 - iii. Attendance Policy



CALIPSO INSTRUCTIONS FOR SLP STUDENTS

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

Step 1: Register as a Student User on CALIPSO

- Before registering, have available the PIN provided in the CALIPSO registration e-mail.
- Go to your school's unique login URL listed in the header at the top of this page, or go to <https://www.calipsoclient.com/school-login>
- Schools are listed alphabetically; locate your school in the list, and click on the school name link.
- Click on the "Student" registration link located below the login button.
- Complete the requested information, being sure to enter your "school" e-mail address, and record your password in a secure location. Click "Register Account."
- Please note: **PIN numbers are valid for 40 days.** Contact your Clinical Coordinator for a new PIN if 40 days has lapsed since receiving the registration e-mail.

Step 2: Login to CALIPSO

- To login, go to your school's unique login URL listed in the header at the top of this page, or go to <https://www.calipsoclient.com/school-login>, locate your school, and login to CALIPSO using your school e-mail and **password that you created for yourself during the registration process (Step 1)**.
- Upon logging in for the first time, you will be prompted to pay the student fee (if applicable) and to provide consent for the release of information to clinical practicum sites.

Step 3: Enter Contact Information

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

Rev. Apr 1 2020

Step 4: View and Update Immunization and Compliance Records

- Before each semester, click on “Student Information” and then “Compliance/Immunizations” to view a record of compliance and immunization records.
- Missing or expired records are highlighted in red.
- Upload an electronic file(s) of immunization, training or screening documents as required by your program by clicking on the “Files” link located within the blue stripe at the top of the page.
- Click the “Edit Compliance/Immunization data” link located just beneath the blue strip to enter the effective dates for the immunization, training or screening items as required by your program. Click in the box to the right of the item for which a date is to be entered, and select the effective date from the pop-up calendar. Click the “Save the changes below” button to save the entered dates.
- To create a “Health Record” document to save and/or print for clinical placements, click “Printable view (PDF)” located within the blue stripe.
- Click “Home” located within the blue stripe to return to the home page.

Step 5: View Clinical Assignments & Site Information Forms

- Within “Student Information,” click the [Clinical Assignments](#) link to view information pertaining to the current semester’s placement, including contact information for your Supervisor.
- Note the details of your assignment’s Semester, Clinical Course, Site and Clinical Setting; when entering clock hours (*see Step 7a*), be sure to record your clock hour entries to match the assignment.
- Additional information about the Site may be available under “Site Information Forms” Click the “Home” link to return to the Lobby page, then click **View > [Site Information Forms](#)**.
- To view available information, identify the desired site and click “View” located in the fifth column under submitted. [Please note: “In progress” forms are not accessible to students; only “submitted” forms are accessible to students.]

Step 6: View/Upload Documents and Clinical Placement Files

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

Rev. Apr 1 2020

Step 7a: Enter Daily Clock Hours

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

To add clock hours for a *different* supervisor, clinical setting, or semester:

- Repeat above steps to enter additional clock hours gained under a different supervisor, clinical setting, or semester.

To add additional clock hours to the *same* record:

- Click on the “Daily clockhours” link located within the blue stripe.
 - Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click “Show.”
 - Click the “Copy” button located next to the date of a previous entry.
 - Record the new clock hours (changing the date if necessary) and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.
-
- To **view/edit** daily clock hours, click on the “Daily clockhours” link located within the blue stripe.
 - Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click “Show.”
 - Select the desired entry by clicking on the link displaying the entry date located along the top of the chart. Make desired changes and click save.
 - Please note: Supervisors are not notified and are not required to approve daily clock hour submissions.

Step 7b: Submit Clock Hours for Supervisor Approval

- Click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, and course) from the drop-down menu and click “Show.”
- Check the box (located beside the entry date) for all dates you wish to submit for approval then click “Submit selected clockhours for supervisor approval.” Clock hours logged for the dates selected will be consolidated into one record for supervisor approval. The designated supervisor will receive an automatically generated e-mail requesting approval of the clock hour record.
- Please note: Daily entries cannot be edited once approved. However, if you delete the entry from the “Clockhour list” link prior to approval, daily hours may be resubmitted.
- View consolidated clock hour entries by clicking “Clockhours list” located within the blue stripe.

Rev. Apr 1 2020

Step 8: View Clinical Performance Evaluations

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

Step 9: View Cumulative Evaluation

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

Step 10: View KASA

- Click on “Student Information” and then “KASA” to view your progress in meeting the academic and clinical requirements for graduation. KASA stands for Knowledge and Skills Acquisition, which is a “roadmap” of academic and clinical standards toward certification requirements.
- Upon graduation, all requirements should have been met, represented with a green check mark.

Step 11: View Performance Summary

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

Step 12: View My Checklist

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

Step 13: Complete Self-Evaluation

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete a self-evaluation.
- From the lobby page, click on the “Self-evaluations” link.
- Click on “New self-evaluation.”
- Complete required fields designated with an asterisk and press “save.”
- Continue completing self-evaluation by scoring all applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, check the “final submission” box and click “save.”
- Receive message stating “evaluation recorded.”
- Please note: you may edit and save the evaluation as often as you wish until the final submission box is checked. Once the final submission box is checked and the evaluation saved, the status will change from “in progress” to “final”.
- To view the evaluation, click “Evaluations list” located within the blue stripe.

Step 14: Complete Supervisor Feedback Form

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

Step 15: Complete Evaluation of Off Campus Placement

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete feedback for each off-campus placement.
- From the lobby page, click “Student Evaluation of Off Campus Placement.”
- Click “New off campus placement evaluation.”
- Complete form and click “Save.”

Rev. Apr 1 2020

SUMMARY OF REQUIRED PRACTICUM HOURS

Effective Jan. 1, 2020

ASHA REQUIREMENTS

Minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology

- 25 Guided Clinical Observation Hours
- 375 Clinical Contact Hours (325 hours minimum at graduate level)

Standard IV: Knowledge Outcomes

Standard IV-C

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

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

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

Standard V: Skills Outcomes

Standard V-B

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

1. Evaluation

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

2. Intervention

goals that
others in the

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

3. Interaction and Personal Qualities

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

See the following link for a complete list of requirements: <https://www.asha.org/certification/2020-slp-certification-standards/>

CLOSE OUT PROCEDURES

At the end of the semester:

- a) See your clinical educator before the final therapy session to discuss post-testing, the client conference and recommendations. Complete the Progress Report, obtain the needed signatures, and file in the appropriate section of the client's folder.
- b) At the final meeting with the client, discuss results of post-test measures. Obtain the addresses of any professionals who are to receive a copy of the Progress Report and obtain written consent from client/parent to do so.
- c) Mail copies to the client/parents and professionals that have requested the information. Place the original in the client's folder. Be sure that all identifying information (e.g., address, phone numbers, etc.) on the cover sheet is correct. Organize permanent and work folders and complete a chart review!!
- d) Final clinical hours will not be approved until all close out procedures are completed.
- e) Provide clinical educator feedback on CALIPSO.

Clinical Educator's Evaluation Form

AREAS TO EVALUATE DURING OBSERVATION OF CLINICAL SESSION

1. Stimulus cues (developmentally appropriate, consistent, keeps response rate high, etc.)
2. Reinforcement (meaningful, consistent, distracting, time-consuming, right level?)
3. Data keeping (consistent, smooth, organized appropriately, graphed for client and parents, accurate?)
4. Materials (variety, appropriate to goal, presented correctly, placement and organization.)
5. Behavior management (control of negative behavior appropriate and consistent, awareness of appropriate/inappropriate behavior and what is reinforcing/non-reinforcing to individual client, reinforcement specific, i.e., client understands why he is being reinforced.)
6. Transitions and pacing (smooth, clear, appropriate?)
7. Flexibility (adapts to changes in need, follows logical plan.)
8. Closure of sessions (summarizes progress, prepares for next time, explains rewards, and asks for questions and comments.)
9. Carry-over (outside assignments, appropriate, clearly explained, accountable?)
10. Parent/other contact (information well-communicated, asks for questions, field questions well, instructs or demonstrates for home assignments.)
11. Clinician-client interpersonal relationship.

SECTION IV

EXTERNSHIPS

Externship Information

Upon completion of the initial period of student clinical practicum and relevant coursework in communication disorders as specified in the student's graduate plan of study, and upon approval of the externship coordinator, graduate students are enrolled in the externship practicum experience. The assigned TAMUK externship coordinator must approve all externships. All signed contracts and documentation of the site must be received by TAMUK externship coordinator(s) prior to the beginning of the externship. Externships are given with the student's career goals, diversity of therapy experience, and availability is taken into consideration.

All externships are initiated and completed during the academic term that the student has enrolled in the externship course. Students are expected to meet all attendance, documentation, training, and other externship site requirements. Schedules must align to the site and not TAMUK schedules. This may include continuing the externship on weekends, during school vacations, and during other times that the university is not in session as well as evening hours. The site clinical educator determines therapy adequacy.

Students should stay in contact with the externship coordinator throughout the duration of their externship(s). If a problem arises during the semester, the site supervisor, externship coordinator, program director, and clinic director shall meet either in person or virtually to determine the best action plan to reconcile the problem.

Site clinical educators shall complete a midterm and final evaluation form used by clinical educators within the university clinic. Students will receive a grade of "pass" or "fail" by the externship clinical educators. Results of evaluation (midterm and final) will be reviewed and recorded by the externship coordinator.

* Defer to Forms section for Externship Packet.

Externship Sites

The purpose of the assignment is to provide a valid learning experience that exposes the student to a variety of clinical procedures, viewpoints, and insight into the field. Field placement mutual agreements and contracts for graduate clinicians have been developed and created at various sites. Contracts are available for student review; documents are kept within the CSDO Program main office. After students have completed the majority of formal coursework and university clinical practicum, they will meet with the Externship Coordinator or Program Director and determine which field placement site might best suit their clinical interests, needs, and capabilities.

After the Externship meeting, students will complete an Externship Field Placement Request Form for each Externship placement. The document will be electronically shared through OneDrive with the Externship Coordinator. Once received, the Externship Coordinator will make recommendations on Externship site contact. These recommendations will be communicated and shared from the Externship Coordinator with students electronically through OneDrive. Once the student receives recommendations and verification, they will reach out and establish contact with the site.

Once students are accepted for clinical placement at a site, the Externship Information Form will be completed for contract information and clinical educator information. The student will complete and share the form via OneDrive with the Externship Coordinator. From here, contracts will be verified and/or created. Additionally, Externship Supervisors' credentials and compliance with ASHA's 2020 Professional Requirement Standards will be verified by the student and the Externship Coordinator.

The following guidelines apply to all Externship Field Placement sites:

1. Students participating in a field placement shall have completed the majority of formal coursework of the approved graduate degree program in Communication Disorders.
2. The field placement facility will provide the student a coordinated program of clinical orientation, observation, and practicum that is as consistent as possible with the student's clinical interests, needs, and capabilities and with the facility's caseload, space, equipment, staff, and client management policies and procedures.
3. Students will abide by the assignment schedule as agreed upon by the field placement facility and the university. Tardiness and absences (except in the case of illness or death in the family) are unacceptable.
4. Both the university clinical educator and the facility clinical educator(s) to whom the student is assigned will hold a current ASHA Certificate of Clinical Competence and a Texas license in the appropriate area. Additionally, each facility clinical educator must obtain and document/record the completed 2.0 CEUs required for clinical supervision with ASHA in compliance with the ASHA 2020 Professional Requirements Standards.
<https://www.asha.org/Certification/Prof-Dev-for-2020-Certification-Standards/>
5. The clinical supervision provided by the facility will meet the minimum standards mandated by the ASHA Council on Academic Accreditation; i.e., (1) at least 25% of each assessment and (2) at least 25% of the therapy sessions must be directly supervised, with supervision being appropriately scheduled throughout the duration of the field placement assignment.

6. The university clinical educator and facility clinical educator will arrange a mutually agreeable schedule of periodic site visitations or, if more appropriate, phone contacts or email to ensure an ongoing joint review of the student's performance and progress.
7. The student will meet all personal, professional, legal, and ethical obligations in keeping with the standards of the facility, the ASHA Code of Ethics, and the Texas Licensure requirements.
8. The student, while not be considered an employee of the facility, will be subject to all of the facility's rules and regulations and will be directly responsible to the Director of the program.

SECTION V

FORMS

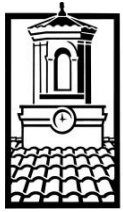
New Clients

The Clinic Director and/or the Office Manager will provide information regarding the CSDO Clinic, student clinicians, level of supervision, confidentiality (HIPPA guidelines) and general clinical policies to all individuals seeking services. Referral may be from any source including self-referral.

An intake form is completed by the Clinic Director or the CSDO office staff. Once the client's needs are identified, a packet is provided to obtain case history information and ensure that appropriate forms are provided for reference and for inclusion in client folder.

The “**New Client Packet**” contains the following:

1. Informative/Welcome Letter
2. Case History Form (Child, Adult, Speech Improvement Program)
-Specific Case History forms may be provided by clinical educators focusing on fluency, voice or neurological issues)
3. Authorization for treatment form
4. Clinical Policy form
5. Release forms
6. Consent to video/audio tape form
7. Confidentiality Privacy Statement
8. Campus Map for clinic location
9. Attendance Policy
10. Signature Page for:
 - a. Clinical Policy
 - b. Confidentiality Privacy Statement
 - c. Attendance Policy
11. Billing Procedure
12. Consent for Telepractice (as appropriate)



TEXAS A&M
UNIVERSITY
KINGSVILLE

Dear Parent or Prospective Client:

Your interest in the services provided at the Communication Sciences and Disorders Clinic at Texas A & M University-Kingsville is greatly appreciated. We are a non-profit facility that provides speech and language evaluation and therapy to children and adults. Our facility **does not** bill Medicare, Medicaid, or any third party payers. Special circumstances prevent our clinic from participating in these programs. All services are provided by graduate student clinicians currently enrolled in the Communication Sciences and Disorders program. Their evaluations, treatment plans, and documentation are carefully supervised by certified and licensed Speech-Language Pathologists.

Please take the time to complete the enclosed questionnaire as accurately as possible. Some of the information requested may seem detailed and personal, but every item is of value in allowing us to help you. It is also important to send us reports from physicians, speech and hearing clinics, or other agencies you have consulted regarding the problem. Please complete and return the Case History Form as soon as possible to provide us with knowledge of the client's history and the problem.

On the day of your appointment, you will want to arrive a few minutes early in order to pick up a semester parking pass and visit with the clinical educator assigned to the case. The clinic office is in room #108, on the first floor of Manning Hall, on Santa Gertrudis Street. A campus map is enclosed.

A \$50 administrative fee is requested each semester to cover costs in providing clinical services. Otherwise, services are free. Payment is due at the time of the evaluation unless other arrangements have been made with the clinic. If you have any further questions, please feel free to call our clinic at (361) 593-3493.

Sincerely,

Lydia Hernandez-Perez, MS, CCC-SLP
Clinic Director

Enclosures

In compliance with Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and Executive Order 11246, Texas A&M University-Kingsville is open to all persons regardless of race, color, religion, sex, national origin, age or disability who are otherwise eligible for admission as students. A&M-Kingsville does not discriminate on the basis of disability in admission or access to its programs.

TEXAS A & M UNIVERSITY-KINGSVILLE
COMMUNICATION SCIENCES & DISORDERS CLINIC
AUTHORIZATION FOR SERVICES AND RECORDINGS

CLIENT NUMBER:

The Texas A&M University-Kingsville Communication Sciences & Disorders Clinic is a training facility designed to provide speech-language pathology student clinicians with therapy and diagnostic experience. Each student clinician is supervised by a faculty member holding the Certificate of Clinical Competence granted by the American Speech-Language-Hearing Association (ASHA) and is licensed to practice in Texas.

At times, sessions are videotaped, audio taped and/or utilized for later evaluation of techniques being used and of the responses of the clients. These films, tapes and reports are viewed by the faculty member and clinician involved to help train the student to be more effective as a clinician as well as to plan the most effective program for the client. We would like your permission to utilize this information for educational purposes. In keeping with good ethical practice, neither the identity of the client nor confidential information concerning them would be revealed. If you will consent to the use of the information in this manner, please sign the release below.

I understand and permit that the services rendered be performed by supervised student clinicians according to the guidelines of ASHA.

SIGNATURE:

DATE:

With the understanding that the identity of the client will be carefully guarded, I give permission for my recordings to be used for the educational purposes specified above.

SIGNATURE:

DATE:

Consumers may file complaints with:

Texas Department of Licensing and Regulation

Speech-Language Pathologists and Audiologists

PO Box 12157

Austin, TX 78711

(800) 803-9202 [in state only]

(512) 463-6599

Fax: (512) 463-9468

Relay Texas-TDD: (800) 735-2989

https://www.tdlr.texas.gov/complaints/default_Licensed.aspx

TEXAS A & M UNIVERSITY-KINGSVILLE
COMMUNICATION SCIENCES & DISORDERS CLINIC
CLINIC POLICY SUMMARY

The following policies have been established by the TAMUK Communication Sciences & Disorders Clinic:

Clients and/or parents are expected to call the clinic at 361-593-3493 or 361-593-3090 on any occasion when they are unable to meet a regularly scheduled appointment. Please be courteous and call as soon as you are aware that an appointment time will not be kept. This allows that time slot and room assignment to be reassigned to another client in need. The therapy program will be terminated after three unexplained, consecutive absences. For ongoing therapy, we expect clients to attend therapy regularly so optimal progress will be made.

Clients are expected to be on time for appointments. If clients arrive late for their appointments, clinicians are only required to see them for the remainder of their scheduled time period (the fee for a full session will be charged.). All clients must be picked up promptly after their sessions. Parents are not to leave campus while the client is in therapy, unless an emergency arises. Clinicians are to wait with their clients until a parent has picked them up. No pediatric client is to leave the clinic unattended.

Information request and release forms must be signed by the client or parent at the time of the initial evaluation or at the beginning of therapy so that we may obtain additional information (reports from physicians, psychologists, educators, etc.), or exchange information with other professionals when appropriate. ALL INFORMATION IS HANDLED CONFIDENTIALLY AND ACCORDING TO HIPAA GUIDELINES/ POLICY.

[LINK TO ACCESS HHS WEBSITE/INFORMATION ON HIPAA](#)

Parents and/or clients are expected to allow other professional persons and students in our training program to observe and discuss, confidentially, the testing and clinical procedures administered to the client. Parents are asked to allow the clinician to make decisions regarding discipline needs during the sessions. Parents (significant others) should not interrupt the session unless an emergency arises and/or they consult with the Clinical Supervisor.

Family participation in the therapy process is encouraged; therefore family members may observe the therapy sessions if they make prior arrangements with the Clinic Supervisor. Due to confidentiality and distraction, young children are discouraged to sit in the observation room.

For an evaluation payment is due at the time services are rendered, however, other arrangements can be made with the clinic secretary. Please present payment in the form of a check or money order. After a reasonable amount of time and appropriate notice, services will be discontinued if payment is not received. Services will be reinstated once payment is received.

Please contact the Clinic Director to discuss any of our policies with you in more detail.

TEXAS A & M UNIVERSITY-KINGSVILLE
COMMUNICATION SCIENCES & DISORDERS CLINIC
PRIVACY POLICY

The Standards for Privacy of Individually Identifiable Health Information (“Privacy Rule”) established a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services (“HHS”) issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). The Privacy Rule standards address the use and disclosure of individuals’ health information – called “covered entities,” as well as standards individuals’ privacy rights to understand and control how their health information is used. Within HHS, the Office for Civil Rights (“OCR”) had responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.

A major goal of the Privacy Rule is to assure that individuals’ health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public’s health and wellbeing. The Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing. Given that the health care marketplace is diverse, the Rule is designed to be flexible and comprehensive to cover the variety of uses and disclosures that need to be addressed.

U.S. Department of Health and Human Services: [HHS WEBSITE](#)

This notice describes how medical information about our patients/clients may be used and disclosed and how they can obtain access to this information. Please review it carefully.

Clients who have questions or require additional information should ask the CSDO Office Manager. Clients who have complaints can submit them in writing. The Clinic Director will review the complaint. Clients who have complaints that require immediate attention should ask for the Clinic Director or the Program Director. Clients whose complaints have not been resolved to their satisfaction can address complaints to the Secretary of the United States Department of Health and Human Services. The CSDO Clinic will not retaliate against any individual for filing a complaint.

Terms:

Any medical information, which could in any way identify an individual client, is considered **Protected Health Information** (PHI). PHI will be used and disclosed only as needed for the Speech and Hearing Clinic to perform continuity of care regarding **Treatment, Payment and Health Care Operations** (TPO). Any other disclosure will require the written authorization of the client. In general, use or disclosure of PHI for purposes other than treatment, or a disclosure requested by the client, is limited to the **Minimum Necessary** to accomplish the intended purpose.

Access:

The following people will have access to PHI:

The client.

Any person to whom the client has authorized in writing the release of information.

CSDO Clinic staff who are involved in providing care to the client will have access as indicated below:

Audiologists, speech/language pathologists, speech/language supervisors, faculty and student clinicians (graduate and undergraduate).

Secretarial staff needs access to the entire medical record in order to file all components of the chart.

Secretaries who assist clients with insurance problems may need access to the entire record in order to determine dates of service, etc.

Custodial staff do not have access to PHI

The client's health insurance company, for payment purposes.

Public Health Services and regulatory officials, when required by law.

Courts, when the request is accompanied by a duly executed subpoena and reviewed by BGSU legal counsel.

Parents or legal guardians of a minor.

Referring physicians and/or therapists and physicians, and/or therapists involved in continuity of care.

Minimum Necessary:

Requests for disclosure of PHI for all purposes will be reviewed by the Privacy Contact (CSDO Clinic secretaries) to assure that they meet the minimum necessary requirement. The Privacy Contact may consult the Privacy Officer (Program Director) for assistance in making this determination.

Patient/Client Rights:

Clients have a right to see and obtain a copy of their PHI.

Clients have a right to request limitations to the routine use of PHI for TPO.

Clients have a right to request changes in their PHI.

Clients have the right to see a list of all people to whom PHI has been disclosed. In order to meet this requirement, the CSDO Clinic must keep a disclosure log. The log must record all disclosures, both written and verbal.

Security:

Privacy measures are designed to protect the confidentiality of all PHI:

All faculty, staff, and student clinicians will receive instruction about and be familiar with the CSDO Clinic Privacy Policy.

Faculty, staff and student clinicians will exert due diligence to avoid being overheard when discussing PHI.

All records will be kept secured. When the CSDO Clinic is open, exposed patient records are not left unattended in unlocked offices. When the CSDO Clinic is closed, all files are placed in locked cabinets inside a locked room.

Administration:

The CSDO Clinic Office Manager/secretaries serve as the Privacy Contact.

The Program Director serves as the Privacy Officer

A designee of the University Information Technology Services (ITS) department serves as the Security Officer.

Consumers may file complaints with:

Texas Department of Licensing and Regulation

Speech-Language Pathologists and Audiologists

PO Box 12157

Austin, TX 78711

(800) 803-9202 [in state only]

(512) 463-6599

Fax: (512) 463-9468

Relay Texas-TDD: (800) 735-2989

https://www.tdlr.texas.gov/complaints/default_Licensed.aspx

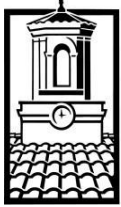
TEXAS A & M UNIVERSITY-KINGSVILLE
COMMUNICATION SCIENCES & DISORDERS CLINIC
POLICY FOR CLIENT ATTENDANCE

Appointments must be canceled in advance. Three consecutive, unexcused absences, wherein the client failed to contact the clinic prior to the appointment, constitute grounds for dismissal. If a client does not attend at least 50% of the sessions, services may be discontinued.

The client will not be seen for therapy appointments if more than ten minutes late (for a thirty minute session) and therapy time will not be extended to compensate for tardiness.

In the event of extenuating circumstances, exceptions to this policy will be considered.

Please Contact your Clinician and/or the CSDO Office Manager at (361)593-3493 when you are not able to make it to your scheduled appointment so that your clinician will be notified.



TEXAS A&M
UNIVERSITY
KINGSVILLE

PROGRAM IN COMMUNICATION SCIENCES AND DISORDERS
DEPARTMENT OF CLINICAL HEALTH SCIENCES
MSC 177A - 700 University BLVD - KINGSVILLE, TX 78363
Phone (361) 593-3493 - Fax (361) 593-3404

Client Number: _____

***Please initial that you have received the following Policies:**

**please keep copies that are in your packet for your information*

_____ CSDO Clinic Policy Summary

_____ Privacy Policy

_____ Policy for Client Attendance

Date:

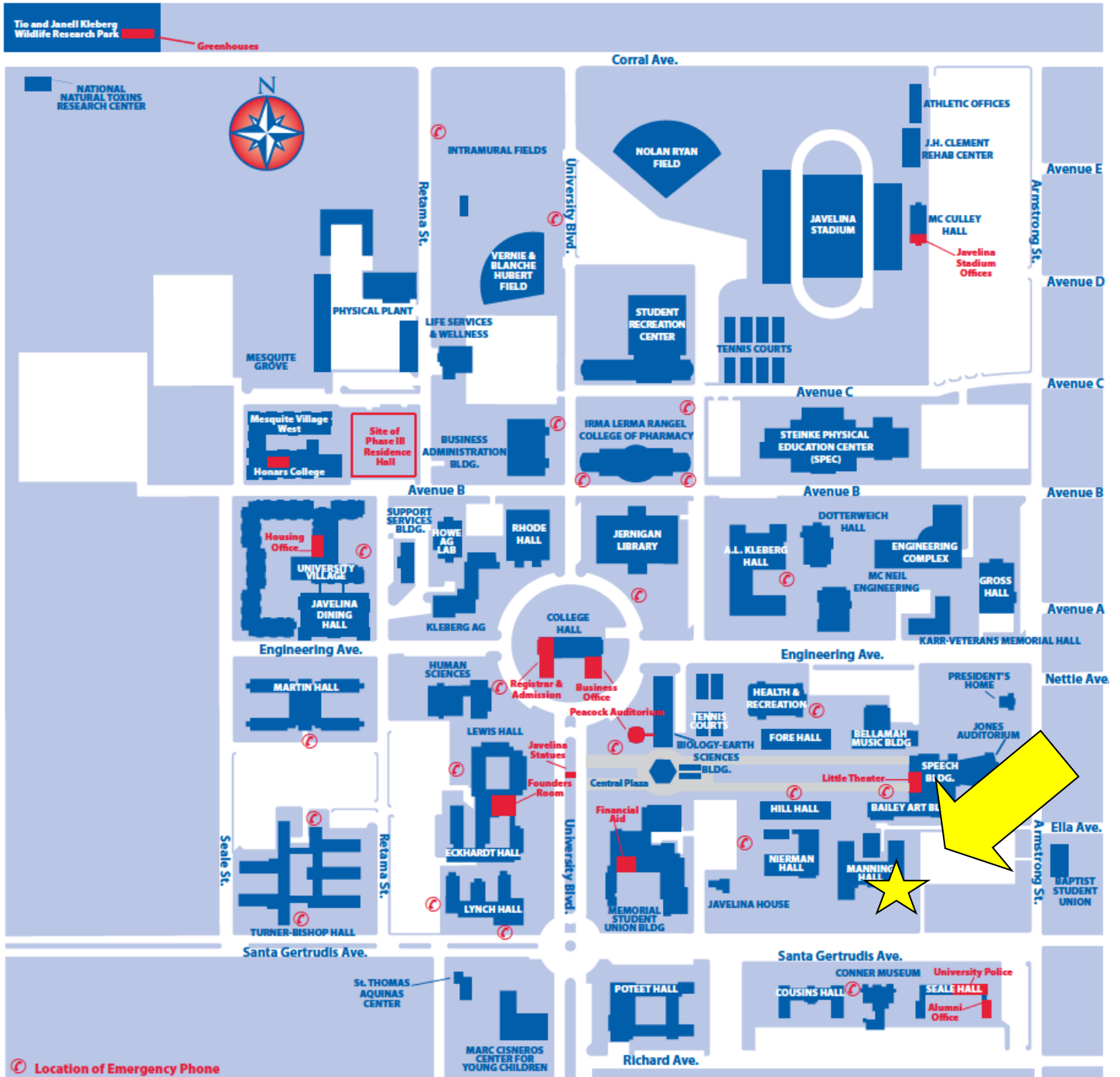
Client/Parent Printed Name:

Client/Parent Signature:

Graduate Student Trainee Name:

Clinical Educator Name:

Campus Map





TEXAS A&M
UNIVERSITY
KINGSVILLE

PROGRAM IN COMMUNICATION SCIENCES AND DISORDERS
DEPARTMENT OF CLINICAL HEALTH SCIENCES
MSC 177A - 700 University BLVD - KINGSVILLE, TX 78363
Phone (361) 593-3493 - Fax (361) 593-3404

ADULT SPEECH-LANGUAGE CASE HISTORY FORM

General Information

Adults Name: _____ Date of Birth: _____
 Address: _____ Phone: _____
 City: _____ Zip: _____
 Occupation _____ Work Phone: _____
 Employer: _____
 Referred by: _____ Phone: _____
 Address: _____
 Family Doctor: _____ Phone: _____
 Address: _____
 Single _____ Widowed _____ Divorced: _____
 Spouse's Name: _____
 Children(include names, gender, and ages:

- Who lives in the home?

- What languages do you speak? If more than one, which one is your primary language?

- What was the highest grade, diploma, or degree earned?

Medical History

Provide approximate ages at which the adult suffered the following illnesses and conditions:

Adenoidectomy: _____	Allergies: _____	Asthma: _____
Chicken Pox: _____	Colds: _____	Convulsions: _____
Croup: _____	Dizziness: _____	Draining Ear: _____
Ear Infections: _____	Encephalitis: _____	German Measles: _____
Headaches: _____	Hearing Loss: _____	High Fever: _____
Influenza: _____	Mastoiditis: _____	Measles: _____
Otosclerosis: _____	Pneumonia: _____	Seizures: _____
Sinusitis: _____	Tinnitus: _____	Tonsillectomy: _____
Tonsillitis: _____	Other: _____	

- Do you have any eating or swallowing difficulties? If yes, describe.
- List all medications you are taking.
- Are you having any negative reactions to these medications? If yes, describe.
- Describe any major surgeries, operations, or hospitalizations (include areas)
- Describe any major accidents.
- Provide any additional information that might be helpful in the evaluation or remediation process.

Person completing form: _____

Relationship to adult: _____

Signed: _____ Date: _____

The Texas A & M University CSDO Clinic shall not discriminate on the basis of race, national origin, religion, age, sex, sexual orientation, or handicapping condition.

Person completing form _____

Relationship to Client _____

Signature _____ *Date* _____

I agree to permit Texas A & M University-Kingsville CSDO graduate students, enrolled in pertinent academic training programs, to participate in the evaluation and/or treatment procedures which will be conducted under the supervision of the faculty of the clinical programs. In addition, I agree to permit the use of closed-circuit television, the taking of photographs or video recordings, audio recordings, or similar graphic material which are to be used for teaching or scientific purposes.

Signature _____ *Date* _____

I understand that the CSDO Clinic does not accept Medicare, Medicaid clients or file insurance for clinical services.

I understand that all charges incurred are my responsibility.

Signature _____ *Date* _____

Consumers may file complaints with:

Texas Department of Licensing and Regulation
Speech-Language Pathologists and Audiologists
PO Box 12157
Austin, TX 78711

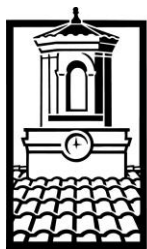
(800) 803-9202 [in state only]

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https://www.tdlr.texas.gov/complaints/default_Licensed.aspx



**TEXAS A&M
UNIVERSITY
KINGSVILLE**

PROGRAM IN COMMUNICATION SCIENCES AND DISORDERS
DEPARTMENT OF CLINICAL HEALTH SCIENCES
700 UNIVERSITY BLVD. MSC 177A
KINGSVILLE, TX 78363
CLINIC 361/593-3493 - FAX 361/593-3404

**TEXAS A & M UNIVERSITY-KINGSVILLE
COMMUNICATION SCIENCES & DISORDERS (CSDO) CLINIC
CHILD CASE HISTORY FORM**

Name: _____ Date of Birth: _____
Address: _____ Phone: _____
City/State/Zip Code: _____
Father's Name: _____ Father's Age: _____
Father's Address: _____ Occupation: _____
Father's Home Phone: _____ Work Phone: _____
Mother's Name: _____ Mother's Age: _____
Mother's Address: _____ Occupation: _____
Mother's Home Phone: _____ Work Phone: _____
Referred By: _____ Phone: _____
Family Physician: _____ Phone: _____

OTHER FAMILY MEMBERS LIVING WITH CHILD:

Are you Hispanic or Latino?
 Yes No

Check one or more of the following groups in which you consider yourself to be a member of:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

What language(s) does the child speak? Does your child use sign language?

Which language system does your child prefer to use when communicating his or her needs/wants?

What language is spoken most often in the home? What other languages are spoken in the home?

Describe the child's speech, language, and/or hearing problem.

How does the child communicate (e.g., gestures, sign language, single words, phrases, sentences)?

At what age were you first concerned about the child's problem?

Has the child's problem changed in the last 6 months? If yes, describe

Does the child seem to be aware of his/her problem? If yes, what makes you think so?

What percent of what your child says can be understood by his/her parents?

Is there any history of speech-language-hearing problems in any family members? If yes, describe.

Does your child have any other problems or diagnoses that are influencing his/her development?

Has the child ever been seen for a speech or hearing evaluation or therapy? If yes, please give date(s), site(s), and results.

Has the child ever been seen by any other specialists? If yes, explain:

Check any of the following that describe the behavior of the child:

Nervous or sensitive _____ Has no playmates _____ Nightmares _____
Prefers to play alone _____ Temper tantrums _____ Easily managed _____
Overactive _____ Overly talkative _____ Cries Easily _____
Touches, clings to others _____ Likes school _____ Slow Learner _____
Behavior problem _____ Whiney _____ Friendly _____
Separates easily from parents _____ Enthusiastic _____ Cooperative _____
Easily distracted by movement _____

PRENATAL AND BIRTH HISTORY

Describe any unusual illness, condition, or accident during the pregnancy (German measles, Rh incompatibility, etc.

Is there any history of miscarriages? If yes, explain.

Was any medication taken during pregnancy? If yes, please list/describe.

Length of pregnancy: _____ Length of Labor: _____ Birth Weight: _____

Describe any problems during the delivery (breech birth, induced labor, etc.)

MEDICAL HISTORY

Provide the approximate ages at which the child suffered any of the following illnesses or conditions:

Allergies _____	Asthma _____	Bronchitis _____
Chicken Pox _____	Colds _____	Convulsions _____
Croup _____	Dizziness _____	Ear Infections _____
Encephalitis _____	Flu _____	Headaches _____
High Fever _____	Mastoiditis _____	Measles _____
Meningitis _____	Mumps _____	Pneumonia _____
Seizures _____	Sinusitis _____	Sore Throat _____
Tinnitus _____	Tonsillitis _____	Other _____

Does the child receive any medications at this time? Please explain. _____

Has the child had any surgeries? If yes, please provide age(s) and description(s). _____

DEVELOPMENTAL HISTORY

Provide the approximate age at which the child began to do the following:

Hold head up _____	Sit _____
Stand _____	Walk _____
Feed Self _____	Dress Self _____
Toilet Training Begun _____	Toilet Training Ended _____
Babble _____	Use of Words _____
Use Two-Word Phrases _____	Name Objects _____
Use Simple Questions _____	Engage In Conversation _____
Child's Present Weight _____	Child's Present Height _____

Child's physical development has been : (circle) FAST NORMAL SLOW

Child's coordination has been : (circle) GOOD AVERAGE CLUMSY

Have there ever been any feeding problems? If yes, describe.

Describe the child's response to sound (responds to all sounds, response to loud sounds only, etc.)

If your child has a hearing loss, please state the type of loss and age of onset.

If your child has a hearing loss, please describe any assistive devices (hearing aids, etc.)

EDUCATIONAL HISTORY

School: _____ - Grade: _____

At what age did the child start kindergarten or grade school?

Were any grades repeated?

What are the child's strongest subjects?

What subjects does the child have difficulty with?

How is the child doing academically?

Describe the child's overall progress in school?

How does the child interact with others?

Does your child receive any special services? If yes, describe.

If enrolled for special education services, has an Individualized Education Plan (IEP) been developed? If yes, describe the most important goals and when initial placement began.

If your child receives special education services but is also mainstreamed in regular education classes, please list classes for which the child is mainstreamed.

The Texas A & M University CSDO Clinic shall not discriminate on the basis of race, national origin, religion, age, sex, sexual orientation, or handicapping condition.

Person completing form _____

Relationship to Client _____

Signature _____ Date _____

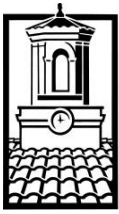
I agree to permit Texas A & M University-Kingsville CSDO graduate students, enrolled in pertinent academic training programs, to participate in the evaluation and/or treatment procedures which will be conducted under the supervision of the faculty of the clinical programs. In addition, I agree to permit the use of closed-circuit television, the taking of photographs or video recordings, audio recordings, or similar graphic material which are to be used for teaching or scientific purposes.

Signature _____ *Date* _____

I understand that the CSDO Clinic does not accept Medicare, Medicaid clients or file insurance for clinical services.

I understand that all charges incurred are my responsibility.

Signature _____ *Date* _____



CASE HISTORY FOR SPEECH IMPROVEMENT / ACCENT REDUCTION

General Information

Adult's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number (s): _____

Occupation: _____ Business Phone: _____

Employer: _____

Referred By: _____ Phone: _____

Address: _____

Family Doctor: _____ Phone: _____

Address: _____ Phone: _____

Single _____ Widowed _____ Divorced _____

Spouse's Name _____

Children (include names, gender, and ages):

Who lives in the home?

What languages do you speak? If more than one, which one is your primary language?

What was the highest grade, diploma, or degree earned?

Describe your speech-language challenges.

Have you seen any other speech-language specialists? Who and when? What were their conclusions or suggestions?

Have you seen any other specialists (physicians, psychologist, neurologists, etc.)? If yes, indicate the type of specialist, when you were seen, and the specialist's conclusions or suggestions.

Are there any speech, language, or hearing problems in your family? If yes, please describe.

Medical History

Provide the approximate ages at which the adult suffered the following illnesses and conditions:

Adenoidectomy:		Allergies:		Asthma:	
Chicken Pox:		Colds:		Convulsions:	
Croup:		Colds:		Draining Ear:	
Ear Infections:		Encephalitis:		German Measles:	
Headaches:		Hearing Loss:		High Fever:	
Influenza:		Mastoiditis:		Measles:	
Meningitis:		Mumps:		Noise Exposure:	
Otosclerosis:		Pneumonia:		Seizures:	
Sinusitis:		Tinnitus:		Tonsillectomy:	
Tonsillitis:		Other:			

List all medications you are taking.

Are you having negative reactions to these medications? If yes, describe.

Describe any major surgeries, operations or hospitalizations (include dates).

Describe any major accidents.

Provide any additional information that might be helpful in the evaluation or remediation process.

Will you be committed to attending all scheduled sessions and completing home practice?

Person completing form: _____

Relationship to adult: _____

Signed: _____ Date: _____

The Texas A & M University CSDO Clinic shall not discriminate on the basis of race, national origin, religion, age, sex, sexual orientation, or handicapping condition.

Person completing form _____

Relationship to Client _____

Signature _____ *Date* _____

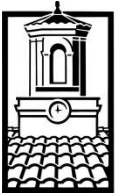
I agree to permit Texas A & M University-Kingsville CSDO graduate students, enrolled in pertinent academic training programs, to participate in the evaluation and/or treatment procedures which will be conducted under the supervision of the faculty of the clinical programs. In addition, I agree to permit the use of closed-circuit television, the taking of photographs or video recordings, audio recordings, or similar graphic material which are to be used for teaching or scientific purposes.

Signature _____ *Date* _____

I understand that the CSDO Clinic does not accept Medicare, Medicaid clients or file insurance for clinical services.

I understand that all charges incurred are my responsibility.

Signature _____ *Date* _____



TEXAS A&M
UNIVERSITY
KINGSVILLE

COMMUNICATION SCIENCES AND DISORDERS CLINIC
 DEPARTMENT OF CLINICAL HEALTH SCIENCES
 MSC 177A - 700 University BLVD - KINGSVILLE, TX 78363
 Phone (361) 593-3493 - Fax (361) 593-3404

Intake Sheet

Name of Client: _____
 (First) (Middle) (Last)

Date of Birth: _____ Age: _____ Gender: _____

Statement of Problem: _____

Name of Person to be Contacted: _____

Preferred Contact Number: _____ Alternate #: _____

Email address: _____

Address: _____

Relationship to Client: _____ Best time to Call: _____

Name of Parents (if other than contact): _____

Preferred Contact Number: _____ Alternate #: _____

Email address: _____

Address: _____

Time and Days Preferred for Evaluation/Therapy: _____

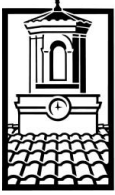
Referred by: _____ Relationship to Client: _____

Agency/Address: _____

Interviewer: _____ Date Initiated: _____

Necessary Follow-up: _____ Date Completed: _____

Client Number: _____ Date/Time of Initial Evaluation: _____



TEXAS A&M
UNIVERSITY
KINGSVILLE

PROGRAM IN COMMUNICATION SCIENCES AND DISORDERS
 DEPARTMENT OF CLINICAL HEALTH SCIENCES
 700 UNIVERSITY BLVD - MSC 177A - KINGSVILLE, TX 78363
 CLINIC 361/593-3493 - FAX 361/593-3404

**TEXAS A & M UNIVERSITY -KINGSVILLE
 COMMUNICATION SCENCES & DISORDERS CLINIC**

Consent for Release of Information

I hereby authorize _____ to release to TAMUK
 (Name of Physician, Hospital or Agency)
 Communications Disorders Clinic all requested information from _____'s
 (Name)
 record. _____
 (Birth Date)

Requested Information:

 (Witness)

 (Signature)

 (Relationship to Client)

 (Date)

**TEXAS A&M UNIVERSITY-KINGSVILLE
COMMUNICATION SCIENCES & DISORDERS CLINIC**

INFORMATION RELEASE FORM

The Communication Science Disorders Clinic of Texas A&M University-Kingsville has my permission to release any or all information in its files pertaining to _____
(name of client)
who is my _____.
(relationship)

Such information may be sent to the physician, hospitals, agencies, or persons listed below and the Communication Disorders Clinic will not be held responsible for the consequence of such action.

List the names and addresses of persons or agencies to which information should be sent:

- | | |
|----------------------------|----------------------------|
| 1. _____

_____ | 2. _____

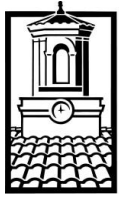
_____ |
| 3. _____

_____ | 4. _____

_____ |

(signature)

(date)



TEXAS A&M
UNIVERSITY
KINGSVILLE

PROGRAM IN COMMUNICATION SCIENCES AND DISORDERS
DEPARTMENT OF CLINICAL HEALTH SCIENCES
700 UNIVERSITY BLVD - MSC 177A - KINGSVILLE, TX 78363
CLINIC 361/593-3493 - FAX 361/593-3404

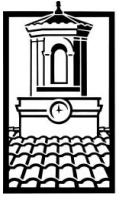
Dear

This is to inform you that you missed your appointment on _____ at _____. Please call our office to reschedule your appointment at (361) 593-3493 or 593-3090 as soon as possible.

Thank you for your interest in the Texas A&M University-Kingsville Communication Science & Disorders Clinic. We hope to hear from you soon.

Sincerely,

Lydia Hernandez-Perez, MS, CCC-SLP
Clinic Director



TEXAS A&M
UNIVERSITY
KINGSVILLE

PROGRAM IN COMMUNICATION SCIENCES AND DISORDERS
DEPARTMENT OF CLINICAL HEALTH SCIENCES
700 UNIVERSITY BLVD - MSC 177A - KINGSVILLE, TX 78363
CLINIC 361/593-3493 - FAX 361/593-3404

CONTINUATION OF SERVICES

Date: _____

Dear Client:

If continuation of speech therapy has been recommended, and you would like to continue to receive speech therapy next semester, please fill out the form below. We will contact you when the clinic reopens next semester.

Thank you for your continued support! See you next semester.

Sincerely,

Clinic Director,

Texas A&M University-Kingsville

Client #:

Phone # _____

Yes, please enroll me in speech therapy for.

No, I am not interested in continuing speech therapy next semester.

If no, please comment.

(Parent signature)

To be completed by clinician: Frequency & duration of therapy: _____

COMMUNICATION SCIENCES & DISORDERS CLINIC TEXAS A&M UNIVERSITY-KINGSVILLE

Survey of Speech-Language-Audiological Diagnostic Services

Your cooperation in completing this evaluation of the treatment you received will help us monitor and control the quality of our services.

Date _____ Adult: _____ Adolescent _____ Child: _____

Please circle your rating:

1=Poor 2=Fair 3=Satisfactory
4=Very Good 5=Excellent n/a=Non applicable

Assistance and courtesy shown when appointment was requested

1 2 3 4 5 n/a

Assistance and courtesy shown upon arrival for appointment

1 2 3 4 5 n/a

Punctuality in beginning of the evaluation

1 2 3 4 5 n/a

Manner in which the interview was conducted

1 2 3 4 5 n/a

Manner in which the testing was conducted

1 2 3 4 5 n/a

Clearness of the counseling for understanding of results and recommendations

1 2 3 4 5 n/a

Overall quality of the services

1 2 3 4 5 n/a

COMMENTS:(If you wish)

COMMUNICATION SCIENCES & DISORDERS CLINIC TEXAS A&M UNIVERSITY-KINGSVILLE

Survey of Therapy Services

Your cooperation in completing this evaluation of the services received in therapy this semester will help us monitor and control the quality of our program.

Date: _____

Service(s) received: _____ Voice Therapy _____ Fluency Therapy _____

Language Therapy _____ Speech/Articulation Therapy _____ Other _____

Please circle your rating:

1=Poor 2=Fair 3=Satisfactory
4=Very Good 5=Excellent n/a=non applicable

Assistance and courtesy shown when therapy was scheduled	1	2	3	4	5	n/a
--	---	---	---	---	---	-----

Assistance and courtesy shown when arriving for the therapy sessions	1	2	3	4	5	n/a
--	---	---	---	---	---	-----

Punctuality in beginning and ending the therapy sessions	1	2	3	4	5	n/a
--	---	---	---	---	---	-----

Clear understanding of the purpose of therapy	1	2	3	4	5	n/a
---	---	---	---	---	---	-----

Clear understanding of the therapy goals	1	2	3	4	5	n/a
--	---	---	---	---	---	-----

Communication with the clinician and/or clinical educator about problems that might have arisen in regards to scheduling, meeting appointments, or other aspects of the therapy process	1	2	3	4	5	n/a
---	---	---	---	---	---	-----

Communication with the clinician and/or clinical educator about progress made during the semester and recommendations	1	2	3	4	5	n/a
---	---	---	---	---	---	-----

Overall quality of the services	1	2	3	4	5	n/a
---------------------------------	---	---	---	---	---	-----

COMMENTS: (If you wish)

Performance Evaluation on CALIPSO

Midterm/Final Student Clinician Evaluation

Treatment/Evaluation Competencies

Please refer to CALIPSO for Performance Evaluation. Skills will be evaluated at Midterm and at the end of the semester. The grade earned at the end of the semester will determine if you pass or fail your current clinical course.

Performance Rating Scale

Evaluation Score Performance

- 0-1.9 Unacceptable:** Skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling. (Skill is present <25% of the time).
- 2.0-2.9 Needs Improvement:** Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services. (Skill is present 26-50% of the time.)
- 3.0-3.9 Satisfactory:** Skill is present and needs further development, refinement or consistency. Student is aware of need to modify behavior, but does not do this independently. Supervisor provides on-going monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill. (Skill is present 51-75% of the time.)
- 4.0-4.9 Above Average:** Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session and can self-evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives. (Skill is present 76-90% of the time.)
- 5.0 Excellent:** Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients and in other settings when appropriate. Supervisor serves as consultant in areas where student has less experience; provides guidance on ideas initiated by student. (Skill is present >90% of the time.)

Clinical Courses/Grade Scale

CSDO 5311 Practicum (1st Semester)

CSDO 5317 Advanced Practicum (2nd Semester)

Evaluation Score Grade

3.0-5.0 Pass

1.0-2.9 Fail

Texas A & M University-Kingsville
Supervisor Feedback Form
On CALIPSO

The Supervisor Feedback Form should be completed at once per semester. Refer to CALIPSO to complete a Supervisor Feedback Form at the end of each semester.

Externship Packet

COMMUNICATION SCIENCES & DISORDERS

Thank you for serving as a Texas A&M University-Kingsville (TAMUK) speech-language pathology externship clinical educator. Your willingness to serve as a clinical educator and mentor is an outstanding contribution to our field. In this packet, you will find answers to commonly asked questions, TAMUK expectations of students, policy/procedures for recording student hours, explanation of the midterm and clinical evaluation process, CALIPSO information, ASHA 2020 Supervision Standards, and few tools to help with the supervision process. More specific information will be provided within the TAMUK CSDO Welcome Letter (sent via email at the beginning of the semester).

TAMUK Externship Coordinators

Haley Coleman, M.S., CCC-SLP

Assistant Professor of Practice

Externship Coordinator

Communication Sciences & Disorders

Department of Clinical Health Sciences

MSC 177A / 700 University Blvd Kingsville, TX 78363

Phone: 361-593-2193 Fax: 361-593-3404

Email: haley.coleman@tamuk.edu

Debbie Forman, ClinScD, CCC-SLP

Assistant Professor of Practice

Externship Coordinator

Communication Sciences & Disorders

Department of Clinical Health Sciences

MSC 177A / 700 University Blvd Kingsville, TX 78363

Phone: 361-593-2700 Fax: 361-593-3404

Email: Debbie.forman@tamuk.edu

Eric Swartz, Ph.D., CCC-SLP

Associate Professor

Graduate Coordinator

Externship Coordinator

Communication Sciences & Disorders

Department of Clinical Health Sciences

MSC 177A / 700 University Blvd Kingsville, TX 78363

Phone: 361-593-2193 Fax: 361-593-3404

Email: Eric.Swartz@tamuk.edu

Lydia Hernandez-Perez, M.S. CCC-SLP

Assistant Professor of Practice

Clinic Director

Externship Coordinator

Communication Sciences & Disorders

Department of Clinical Health Sciences

MSC 177A / 700 University Blvd Kingsville, TX 78363

Phone: 361-593-3090 Fax: 361-593-3404

Email: Lydia.hernandez-perez@tamuk.edu

To supervise for TAMUK you must have and verify:

- *Current CCC*
- *Current State License*
- *Completion of 2.0 ASHA accredited CEUs in supervision in compliance with AHSAs 2020 Professional Requirements Standards*
- *9 months of experience after award of CCC in Speech Language Pathology (SLP)*
- *Education and/or experience in supervision*

Expectations:

The externship clinical supervisor/educator has authority in supervision and professional expectations. The graduate extern is committed to the externship site. TAMUK students will follow externship site hour policies, procedure, schedule, and clinical documentation requirements. The student will remain at the externship site for the entire semester, regardless of hour achievement.

Midterm and Final Evaluations:

Midterm and final evaluations will be completed and should be discussed with the extern to allow for feedback and clinical discussion. Students will need a final grade of 3.25 or better to pass the first Externship and a final grade of 3.5 to pass the second Externship. Evaluation forms are available on the CALIPSO software.

CALIPSO:

You will be supervising a student within a specific cohort within the CALIPSO system. CALIPSO is the online software that is used for student's hour submission and approval and for midterm and final evaluations. If you are not enrolled, you will receive an invitation from CALIPSO to enroll as a clinical educator for your site. The email will contain instructions on how to enroll. We will generate those and enter your site after receiving your ASHA number and site information from your extern. Additional information will be provided within the Welcome Letter.

Site Information Form:

Once a CALIPSO account is created, we ask that you complete the Site Information Form in the Management section of the Lobby page. Included in this packet is the Clinical Site Information Form to give you guidance as to what is required within the CALIPSO Site Information Form. Please feel free to share this form with the extern to assist with the collection of information.

2020 Supervision Standards:

The ASHA 2020 Standards require that all clinical educators need to have 2.0 CEU hours of supervision training. Each facility clinical educator must obtain and document/record the completed 2.0 CEUs required for clinical supervision with ASHA in compliance with the ASHA 2020 Professional Requirements Standards. Verification of completion will be required and obtained by the Externship Coordinator prior to the extern obtaining hours.

<https://www.asha.org/Certification/Prof-Dev-for-2020-Certification-Standards/>

Other resources:

Included in this packet is a form titled, Externship Supervision Worksheet. Within the document, you will find guidance and recommendations for externship clinical supervision.

Clinical Site Information Form

Instructions:

- To be completed within CALIPSO.
 - Use this worksheet to collect data about each clinical education site used by the accredited graduate program for the most recently completed academic year.
 - Include any on-campus facilities.
-
-

Basic Site Information:

Site:

Clinical Educator:

Name of Department:

Mailing Address of facility

City:

State:

Zip:

Country:

Telephone number:

Fax number:

Web address:

Speech Pathology Manager:

Telephone number:

Email address:

Student Intern Coordinator:

Telephone number:

Email address:

Contract Contact:

Mailing address:

City:

State:

Zip:

Country:

Telephone:

Email:

Contract Expiration Date:

Facility Site Information

Which setting describes your facility (check all that apply):

- Hospital - Inpatient
-

- Hospital - Outpatient
- Rehabilitation Hospital
- Nursing Home
- Home Health
- Private Practice
- School
- Community Clinic
- University Clinic

Which special learning opportunities are available to students during clinical rotation (check all that apply):

- FEES
- Modified Barium Swallow Studies
- Vital Stim
- Tracheostomies
- Traumatic Brain Injury
- Spinal Cord Injury
- Autism
- Observation of Surgery
- AAC
- Aural Rehab
- ESL
- Other (specify)

Are there multiple sites that are part of the same health care system or practice? Yes or No

Please check all Specialty Clinics available as student learning experiences.

- Craniofacial
- Developmental Pediatrics
- Epilepsy
- ALS
- Head & Neck
- Airway and Aspiration
- Feeding
- Support Groups
- Other (specify)

Please check all health professionals at your clinical site with whom students may observe and/or interact.

- Audiologists
- Recreational Therapists
- Dietitians
- Respiratory Therapists
- Nurses
- Special Education Teachers
- Occupational Therapists
- Hearing Impaired Teachers

- Physicians
- Social Workers
- Physical Therapists
- Vocational Rehabilitation Counselors
- Psychologists
- Other (specify)

Which geographic setting best describes your facility: Urban, Suburban, Rural

In relation of our University, is your facility:

- 1-10 miles
- 11-20 miles
- 21-30 miles
- 31-40 miles
- 41-50 miles
- More than 50 miles – specify:

Does your facility specifically address the needs of underserved patients/populations? Yes or No

Age range for adults:

Age range for children:

Department Site Information

Indicate the number of full-time and part-time SLP positions at the site:

Full-time: Total - ___ Adult - ___ Pediatric - ___

Part-time: Total - ___ Adult - ___ Pediatric - ___

Are all positions currently filled? Yes or No; If not, how many positions are open?

What is the maximum number of student interns accepted at your facility per semester?

Indicate the minimum number of weeks you will accept students for any single full-time clinical experience:

Indicate the minimum number of weeks you will accept students for any one part-time clinical experience:

Indicate your typical ration of students per clinical educator: ___ students: ___ clinical educators

Estimate the average number of hours spent in patient care per day:

Daily work schedule generally from ___ A.M. to ___ P.M.

Does the department provide weekend coverage?

Student Site Information

Which of the following are required of students applying for a clinical affiliation?

- Completion of all academic coursework
- Contact from University's Clinical Coordinator
- Application
- Resume
- Transcripts
- Phone Interview
- Face to Face Interview
- Writing Samples

- Reference Letters
- Previous pediatric clinical experience
- Previous adult clinical experience

Describe the professional activities the student intern will be engaged in during their externship (check all that apply):

- Evaluation
- Treatment
- Documentation
- Observation
- Staffings/Rounds/Conferences
- Student Inservice/Presentation

Hours student is expected to be present: From ____ to ____

If weekend coverage is provided, will the student be expected to be present? Yes or No

Do students receive the same official holidays as staff? Yes or No

Is a particular dress code/uniform required other than professional dress?

Is an on-site orientation required prior to the initiation of patient care?

The following items are maintained for each student:

- Professional Liability Insurance
- Health Insurance
- OSHA training
- HIPAA Training
- CPR certification (American Heart Association)
- BLS Training
- Level 1 Criminal Background Check
- Radiation Safety Training
- Respiratory Fit Testing
- Health Immunization Record
- TB test (within past year)
- TB QuantiFERON
- Measles, Mumps, and Rubella
- Varicella
- Hep B series
- Flu

Are any other immunizations or certifications required? Yes or No; If yes, please specify

Miscellaneous Site Information

Are meals available on-site?

Are facilities available on-site for heating meals?

Are facilities available on-site for refrigeration of food?

Is housing available on-campus?

Is housing available off-campus?

Is parking available for students? If yes, at what cost?

Can facility be accessed via bicycle? If yes, can bicycles be secured?
What mode of transportation is recommended? (car, train, bicycle, bus/subway)

Externship Supervision Worksheet

1. Please be specific about your expectations of the student clinician.
2. Share information about the work setting that would help the clinician be more therapeutically effective (i.e. client info, therapy materials available, etc.) and at ease while working (i.e. workroom, restroom, etc.).
3. Expect promptness and preparedness. Keep a record and accurately report this information at the end of the semester.
4. Go over lesson plans prior to therapy session and critique all sections (i.e. objective, materials use, reinforcers etc.)
5. Fill-out a supervision form each time you observe the clinician and provide this feedback to the extern weekly.
6. Supervision form should include strengths, weaknesses, and any suggestions for therapeutic improvements.
7. At midterm and semester's end, write up an evaluation (within CALIPSO) of the student clinician's performance including weaknesses, strengths, progress made.

Externship Field Placement Request Form First Externship

For field placement to be determined, please submit the following information to Externship Coordinator no later than _____.

Graduate Student's Name: _____ **Phone #:** _____

City of Residence: _____ **Email:** _____

Anticipated Graduation Date: _____

Clinical Experience:

Texas A&M University-Kingsville:

Grad Courses Taken:

Aphasia ___ Voice ___ Dysphagia ___ Motor Speech ___ Oralfacial ___ Diagnostics ___

Aural Rehab ___ Audiology ___ Fluency ___ Neuro ___ Artic ___ Ch. Lang. ___

Evaluation	Child	Adult	Total
Articulation/Speech Sound Production			
Fluency and fluency disorders			
Voice and resonance			
Expressive/Receptive language			
Hearing			
Swallowing/Feeding			
Cognitive aspects of communication			
Social aspects of communication			
Augmentative and alternative communication modalities			
Treatment	Child	Adult	Total
Articulation/Speech Sound Production			
Fluency and fluency disorders			
Voice and resonance			
Expressive/Receptive language			
Hearing			
Swallowing/Feeding			
Cognitive aspects of communication			
Social aspects of communication			
Augmentative and alternative communication modalities			

Total Hours Acquired as of this date: _____

Projected additional hours to be completed at current site: _____

Preferred Site(s) for Next Semester: (list name of facility, facility type, or population desired)

1. _____
 City/State _____
2. _____
 City/State _____
3. _____
 City/State _____

Externship Field Placement Request Form Second Externship

For field placement to be determined for next semester, please submit the following information to Externship Coordinator no later than _____.

Graduate Student's Name: _____ Phone #: _____
 City of Residence: _____ Email: _____
 Anticipated Graduation Date: _____

Clinical Experience:

Texas A&M University-Kingsville:

Grad Courses Taken:

Aphasia ___ Voice ___ Dysphagia ___ Motor Speech ___ Oralfacial ___ Diagnostics ___
 Aural Rehab ___ Audiology ___ Fluency ___ Neuro ___ Artic ___ Ch. Lang. ___

Field Placement Site #1: _____

Evaluation	Child	Adult	Total
Articulation/Speech Sound Production			
Fluency and fluency disorders			
Voice and resonance			
Expressive/Receptive language			
Hearing			
Swallowing/Feeding			
Cognitive aspects of communication			
Social aspects of communication			
Augmentative and alternative communication modalities			
Treatment	Child	Adult	Total
Articulation/Speech Sound Production			
Fluency and fluency disorders			
Voice and resonance			
Expressive/Receptive language			
Hearing			
Swallowing/Feeding			
Cognitive aspects of communication			
Social aspects of communication			
Augmentative and alternative communication modalities			

Total Hours Acquired as of this date: _____

Projected additional hours to be completed at current site: _____

Preferred Site(s) for Next Semester: (list name of facility, facility type, or population desired)

1. _____
 City/State _____
2. _____
 City/State _____
3. _____
 City/State _____

Externship Information Form

Student's Information	
Student's Name	
Cell Phone #	
Personal email	
1 st or 2 nd Externship	
Current Semester	
Contract Information	
Full/Legal name of your externship site	
Externship site mailing address	
Externship physical location/address	
Externship site phone number	
Is this a new site? If yes, provide the information that follows:	
Person to Contact to establish an Affiliation Agreement	
Contact person's email address	
Clinical Educator's Information	
Clinical Educator's name	
Clinical Educator's personal cell phone # (for emergency use only)	
Clinical Educator's email	

Clinical Educator's ASHA CCC #	
Clinical Educator's Texas License #	
Copy of current TX license submitted? *Separate document on OneDrive	Yes No Expiration Date:
Copy of ASHA Verification Letter of current CCC and 2020 Standards for supervision met submitted? https://apps.asha.org/eweb/ashadynamicpage.aspx?site=ashacms&webcode=ccchome	Yes No Expiration Date:
Copy of current ASHA membership submitted? *Separate document on OneDrive	Yes No Expiration Date:
Does the clinical educator have a current CALIPSO account for TAMUK?_	Yes No

Evaluation	Child	Adult	Total
Articulation/Speech Sound Production			
Fluency and fluency disorders			
Voice and resonance			
Expressive/Receptive language			
Hearing			
Swallowing/Feeding			
Cognitive aspects of communication			
Social aspects of communication			
Augmentative and alternative communication modalities			
Treatment	Child	Adult	Total
Articulation/Speech Sound Production			
Fluency and fluency disorders			
Voice and resonance			
Expressive/Receptive language			
Hearing			
Swallowing/Feeding			
Cognitive aspects of communication			
Social aspects of communication			
Augmentative and alternative communication modalities			

RECORD OF ASSESSMENT

Name _____ Date of Birth _____

Date of Original Diagnostic _____

Dates of Complete Re-evaluation _____

TESTS	DATE	DATE	DATE	DATE	DATE	DATE	DATE
<u>I. LANGUAGE</u>							
<u>II. ARTICULATION</u>							
<u>III. VOICE ASSESSMENT</u>							
<u>IV. FLUENCY ASSESSMENT</u>							
<u>V. HEARING TESTING</u>							
<u>VI. OTHER</u> (oral mech, social maturity visual-motor, etc.)							

**Texas A & M University-Kingsville
Communication Sciences & Disorders Clinic**

INFECTION CONTROL TRAINING FOR STUDENT CLINICIANS

The undersigned confirms that he/she has received the training on infection control.

Student Clinician (Print)

Student Clinician Signature

Date

Clinic Director

Date

This form will be retained in the student clinician's file.

**TEXAS A & M UNIVERSITY-KINGSVILLE
COMMUNICATION SCIENCES & DISORDERS CLINIC
SUPERVISION FORM—EVALUATION**

CLINICIAN:
CLINICAL EDUCATOR:
CLIENT:

TIME:
DATE:
DISORDER:

Please indicate: (Adult—Child)

The numerical rating scale below is utilized to evaluate the student's clinical competency while fulfilling her/his practicum responsibilities.

1 – unsatisfactory work 2 – needs improvement 3 -satisfactory
4 – above average 5 – superior 6 – no opportunity to observe

***Preparation:**

1. Appropriate selection of evaluation materials.	6	5	4	3	2	1
2. Adequate knowledge of procedures/testing format	6	5	4	3	2	1
3. Appropriate sequence of assessment planned.	6	5	4	3	2	1
4. Selected alternatives to procedures planned to client/family.	6	5	4	3	2	1
5. Clinician communicated procedure to client family.	6	5	4	3	2	1

***Conducting Diagnostic Session:**

1. Providing appropriate instructions.	6	5	4	3	2	1	
2. Efficient scoring/transcription during the session.		6	5	4	3	2	1
3. Controlled client's general behavior.		6	5	4	3	2	1
4. Appropriate test transition.		6	5	4	3	2	1
5. Analyzed results according to standardized procedures.		6	5	4	3	2	1
6. Utilized informal measures.		6	5	4	3	2	1
7. Identified all speech errors and provided description of language.		6	5	4	3	2	1
8. Obtained a spontaneous language sample.		6	5	4	3	2	1
9. Discontinued testing when appropriate.	6	5	4	3	2	1	
10. Time utilized effectively.		6	5	4	3	2	1
11. Communicated results to client/family.		6	5	4	3	2	1
12. Suggested therapeutic goals based on results.		6	5	4	3	2	1
13. Suggested appropriate referrals.		6	5	4	3	2	1
14. Synthesized information and diagnosed problem.		6	5	4	3	2	1
15. Close the session appropriately.		6	5	4	3	2	1

Comments:

**TEXAS A & M UNIVERSITY-KINGSVILLE
COMMUNICATION SCIENCES & DISORDERS CLINIC
SUPERVISION FORM—THERAPY**

STUDENT CLINICIAN:
SUPERVISOR:
CLIENT:

TIME:
DATE:
DISORDER:

Please indicate: (Adult—Child)

The numerical rating scale below is utilized to evaluate the student’s clinical competency while fulfilling her/his practicum responsibilities.

1 – unsatisfactory work 2 – needs improvement 3 -satisfactory
4 – above average 5 – superior 6 – no opportunity to observe

***Preparation:**

1. Clinician was punctual in beginning therapy.	6	5	4	3	2	1
2. Clinician communicated objectives to client/family.	6	5	4	3	2	1
3. Directions were presented clearly and meaningfully.	6	5	4	3	2	1

***Techniques:**

1. Suitable materials and room equipment were utilized.	6	5	4	3	2	1
2. Provided clear instructions to client.	6	5	4	3	2	1
3. Appropriate task transition.	6	5	4	3	2	1
4. Appropriate activities were integrated into therapy.	6	5	4	3	2	1
5. Maintained stimulus control.	6	5	4	3	2	1
6. Procedures were appropriate to objectives.	6	5	4	3	2	1
7. Appropriate models/cues were presented.	6	5	4	3	2	1
8. Adapted procedures to client’s needs.	6	5	4	3	2	1
9. Various modalities were utilized.	6	5	4	3	2	1
10. Therapy was communication oriented.	6	5	4	3	2	1
11. Client’s general behavior was managed appropriately. 6	5	4	3	2	1	
12. Time was utilized effectively.	6	5	4	3	2	1
13. Appropriate closure was utilized.	6	5	4	3	2	1
14. Client’s responses were evaluated accurately.	6	5	4	3	2	1
15. Client’s responses were reinforced appropriately.	6	5	4	3	2	1

***Equipment/Materials:**

1. Prepared prior to therapy.	6	5	4	3	2	1
2. Altered as needed.	6	5	4	3	2	1
3. Appropriate to level of client.	6	5	4	3	2	1
4. Appropriate to objective of therapy.	6	5	4	3	2	1
5. Materials manipulated with ease of efficiency.	6	5	4	3	2	1
6. Put away equipment/cleaned room after therapy.	6	5	4	3	2	1

Comments:

**TEXAS A&M UNIVERSITY-KINGSVILLE
COMMUNICATION SCIENCES & DISORDERS CLINIC
SELF-EVALUATION FORM
THERAPY**

Clinician: _____

Client # _____

Clinical Educator: _____

Date: _____

Please comment on the following topics. (This form is designed to assist the clinician in developing “clinical sense” through self-evaluation.)

I. Preparation

A) Overall preparation

B) Parent conference/contact

C) Session/Activities

1) Materials/Supplies

2) Data Collection

3) Introduction/Closure

II. Treatment Techniques

A) Instructions

- B) Task transition
- C) Procedures
- D) Cues
- E) Reinforcement
- F) Behavior management
- G) Materials

III. Additional Comments

- A) What would be done to change the session?
- B) What techniques worked and would be used again?
- C) What are some questions that need answers?

Overall Rating: (please circle)

1=Unsatisfactory Work 2 3=Good 4 5=Superior Work

*Use the Performance Self-Evaluation in CALIPSO at midterm and at the end of the semester.

PREPARATION FOR SPEECH-LANGUAGE EVALUATION FORM

COMPLETE PRIOR TO MEETING WITH YOUR CLINICAL EDUCATOR

Student Clinician: _____

Date: _____

Clinical Educator _____

Date of evaluation: _____ Time: _____

Client Number: _____ DOB: _____ CA: _____

Case history received: _____ no _____ yes

Pertinent case history information: _____

Suspected difficulty: _____

Assessment Protocol (State name of test and/or procedure and rationale for each area):

Articulation:

Oral Peripheral Examination:

Language:

Voice:

Fluency:

Pragmatics:

Hearing:

ORDER OF PROGRESSION AND RATIONALE:

TEXAS A&M UNIVERSITY-KINGSVILLE- COMMUNICATION SCIENCES & DISORDERS CLINIC

Clinician Schedule
CSDO 5311/5317

Name: _____ Term: _____
Email address: _____ Cell: _____

COURSES PREVIOUSLY TAKEN:

UNDERGRADUATE: Place a "✓" by classes taken.

- | | | |
|---------------------------------------|------------------------------|-----------------------------------|
| _____ Phonetics | _____ Articulation/Phonology | _____ Language Acquisition |
| _____ Introduction to Comm. Disorders | _____ Diagnostics | _____ Comm. Disorders in Children |
| _____ Audiology | _____ Voice and Fluency | _____ Comm. Disorders in Adults |
| _____ Anatomy & Physiology | _____ Speech Science | _____ Other: _____ |
| _____ Clinical Methodology | | |

GRADUATE: Place a "✓" by classes currently taking and an "X" by classes enrolled in for upcoming semester.

- | | |
|--|--|
| _____ CSDO 5301 Research Methods | _____ CSDO 5316 Dysphagia |
| _____ CSDO 5303 Motor Speech Disorders | _____ CSDO 5318 Articulation/Phonology |
| _____ CSDO 5304 Voice Disorders | _____ CSDO Child Language Disorders |
| _____ CSDO 5307 Diagnostics | _____ CSDO Neuroscience |
| _____ CSDO 5308 Neurogenic Lang. & Cognitive | _____ CSDO Advanced Clinical Methods |
| _____ CSDO 5309 Fluency Disorders | _____ CSDO 5330 Bil/Bicult. Issues in CSDO |
| _____ CSDO 5312/5324: _____ | _____ Other: _____ |
| _____ CSDO 5314 Aural Rehab | |

CLINICAL HOURS COMPLETED TO DATE: Write in number of hours

Evaluation		
	Child	Adult
Speech		
Language		
Hearing		
Treatment		
	Child	Adult
Speech		
Language		
Hearing		

CLINICAL HOURS OBTAINED IN THE FOLLOWING AREAS: Circle all that apply.

- | | | | |
|-------------------|-------------------------|----------------------------|---------|
| Articulation/SSD | Voice/Resonance | Exp./Rec. Language | Fluency |
| Swallowing | Social Aspects of Comm. | Cognitive Aspects of Comm. | AAC |
| Accent Management | | | |

Number of observation hrs. completed: _____ Bilingual: Y / N; Language: _____

Client/Area of Interest: _____ Other Experience: _____
(client # if applicable) (e.g. SLP Asst., ABA, ASL training)

SEMESTER CLASSWORK SCHEDULE

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00					
8:15					
8:30					
8:45					
9:00					
9:15					
9:30					
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4:00					
4:15					
4:30					
4:45					
5:00					

PREPARATION FOR BASELINING FORM

COMPLETE SECTIONS A, B, AND C PRIOR TO MEETING WITH YOUR CLINICAL EDUCATOR

Section A. Start Date: _____ Clinical Educator: _____

Scheduled therapy time and date: _____

Student Clinician: _____ Date: _____

Client Number: _____ DOB: _____ CA: _____

Previously enrolled in clinic:

_____ yes List semesters and locations: _____

_____ no Previous evaluation date and location: _____

Findings/recommendations: _____

SECTION B.

Previous semester objectives and final outcomes:

SECTION C:

Baseline procedures:

**TEXAS A & M UNIVERSITY - KINGSVILLE
 COMMUNICATION SCIENCES & DISORDERS CLINIC
 WEEKLY LESSON PLAN**

Clinician Name:
Client Number:

Date:
Clinical Educator:

GOAL	TEACHING METHOD (Evidence Based)	ACTIVITY	STIMULI (words/objects/pictures, etc.)	BACK-UP PLAN

Behavioral Issues Anticipated:

Parent Issues/ Discussion:

Data Collection Method (attach):

TEXAS A&M UNIVERSITY-KINGSVILLE
COMMUNICATION SCIENCES & DISORDERS CLINIC
S=SUBJECTIVE O=OBJECTIVE A=ASSESSMENT P=PLAN

Client #:

Date:

S:

O:

A:

P:

Your name (and signature)
Graduate Clinician

Clinical Educator's name, M.S. M.A., Ph.D, CCC-SLP
Texas A&M University-Kingsville
Clinical Educator

(Date and sign each day's notes)

Soap notes typed using Times New Roman Font-Size12

PREPARATION FOR POSTESTING FORM

Complete Section A prior to meeting with your clinical educator.

Student Clinician: _____

Date: _____

Client #: _____

DOB: _____

CA: _____

End of therapy date:

Post-testing Date: _____

SECTION A:

Targeted Semester Objectives and Post-testing Procedures:

SECTION B:

Results of Post-testing:

Recommendations

**TEXAS A&M UNIVERSITY-KINGSVILLE
COMMUNICATION SCIENCES & DISORDERS CLINIC
CLIENT ATTENDANCE RECORD**

CLIENT: _____ YEAR _____

Circle the dates which the client attends. Cross out dates which the client is absent. Put red X through date's clinic is closed or we cancel a session.

Clinician _____ Clinical Educator _____
 September 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 17 18 19 20 21 22 23 24 25 26 27 28 29 30

October 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

November 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 17 18 19 20 21 22 23 24 25 26 27 28 29 30

December 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Clinician _____ Clinical Educator _____
 January 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

February 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 17 18 19 20 21 22 23 24 25 26 27 28 29

March 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

April 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 17 18 19 20 21 22 23 24 25 26 27 28 29 30

May 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Clinician _____ Clinical Educator _____
 June 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 17 18 19 20 21 22 23 24 25 26 27 28 29 30

July 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

August 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

TEXAS A&M UNIVERSITY-KINGSVILLE
COMMUNICATION SCIENCES & DISORDERS CLINIC
OBSERVATION FORM

Your Name: _____ K# _____
Date observed: _____ Time at Start _____ Time at End _____ Total minutes _____
Clinician: _____ Client #: _____
Adult / Child Disorder/Delay/Difference: _____ Therapy / Evaluation

YOU MUST OBSERVE AT LEAST 15 MINUTES FOR CREDIT. ALL FORMS MUST BE TURNED IN IMMEDIATELY TO BE COUNTED. FILL OUT COMPLETELY IN INK.

DESCRIBE THE TASK(S) OBSERVED or OBJECTIVES OF THE SESSION:

DESCRIBE TEACHING TECHNIQUES USED BY THE CLINICIAN:

WHAT KIND OF FEEDBACK OR REINFORCEMENT WAS USED?

WHAT TASK OR STRATEGY SEEMED TO RESULT IN COMMUNICATIVE SUCCESS?

WHAT WAS INTERESTING TO YOU?



Observation Log

Student Name: _____
ID#: _____

Semester/Year: _____

Course: _____

Preferred contact #: _____

A total of 25 observation hours is required.

Indicate the amount of time in minutes for each observation. Use ink only.

	Date of Observation	Client #	Child Speech	Child Language	Child Hearing	Adult Speech	Adult Language	Adult Hearing	Supervisor Initials
Evaluation									
Subtotal									
Treatment									
Subtotal:									
Total Observation Hours									

Supervisor
Signature _____

ASHA#: _____



TEXAS A & M UNIVERSITY – KINGSVILLE
 COMMUNICATION SCIENCES & DISORDERS CLINIC
 DOCUMENTATION OF SUPERVISION/CLINICAL TRAINING/INTERACTION

Clinician: _____ Supervisor: _____ Semester: _____ Client #: _____

DATE:									Supervision TOTAL
Time Observed									
Total Session Time									
Session Type Eval/TX									
DATE:									
Time Observed									
Total Session Time									
Session Type Eval/TX									
Additional									
Emails	Conferences	Formal Orientation	Resources	Document Training	Other				