Speech-Language Pathology
Clinical Practicum Handbook

Department of
Speech-Hearing-Rehabilitation Services
Communication Disorders Program
Revised 2011
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INTRODUCTION

The Minnesota State University, Mankato, Speech-Language Pathology Clinic is a training and service center within the Communication Disorders (CDIS) program. The clinic provides professional training for speech-language pathologists and competent clinical services for clients with communication disorders. This handbook is designed to provide students with information on clinic operations, required procedures, and clinical responsibilities. It is the goal of the CDIS Department to provide a quality professional experience for clients and student clinicians.

<table>
<thead>
<tr>
<th>Department Chairperson: Bonnie Lund, PhD., CCC-SLP</th>
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SECTION 1: THE ROLES OF CLINIC PARTICIPANTS

**Administration**
The Chairperson of the Department of Speech, Hearing, and Rehabilitation Services (SHRS) is responsible for the operations of the Communication Disorders (CDIS) and Rehabilitation Counseling (RC) programs within the department and is directly responsible to the Dean of the College of Allied Health and Nursing (CAHN). The CDIS program faculty is immediately responsible for clinical services and directly responsible to the SHRS Department Chairperson.

**Supervisors**
Members of the faculty serve as supervisors for clinical services and training and carry full authority and responsibility for all matters pertaining to supervision of client-clinician pairs assigned to them. The process of supervision may include direct observation, clinic group meetings, student-supervisor conferences, demonstration therapy, video/audiotape review, and evaluation of student clinical performance. It is the intent of supervisors to foster growth and development of students toward becoming responsible, competent professionals.

**Clinicians**
Student clinicians receive training and experience with interviewing, evaluation, counseling, and clinical instruction by enrolling in CDIS 495/695, Clinical Practicum: Speech-Language Disorders.
SECTION 2: CLINICAL EXPERIENCE REQUIREMENTS

All undergraduate clinical practicum experience is under the direct supervision of the MSU departmental faculty, who must hold the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP). To be eligible for placement in any off-campus internships, graduate students must have completed 25 clock hours of clinical practicum in speech-language disorders supervised by the MSU departmental faculty. With rare exception, it will require two or more enrollments in 495/695 to obtain these hours. It should be noted that one enrollment in 495 is required to graduate from MSU with an undergraduate degree and two enrollments in 695 are required for a master’s degree.

GPA Requirement for Admission to Clinical Practicum

Students seeking admission into clinical practicum courses must have a cumulative grade point average of 3.0 for courses completed at MSU.

MSU students applying for ASHA certification as a speech-language pathologist (CCC-SLP) must acquire 400 clock hours of supervised clinical observation and clinical practicum, including 25 hours of clinical observation prior to the first clinical practicum PLUS 385 hours in direct client/patient contact. At least 325 hours must be completed at the graduate level in the area in which the Certificate is sought. The minimum number of hours MSU requires in the different disorder areas is stated in parentheses on the Cumulative Clock Hours Form (Appendix J3). It should be noted that the 25 Group Hours are an indication only of the format of a therapy session and are not part of the 400 hours required.

Supervised Clinical Observation and Clinical Practicum – 400 clock hours:
Clinical Observation – 25 clock hours
Clinical Practicum/Internship – 385 clock hours

SECTION 3: VERIFICATION OF PREREQUISITES FOR CDIS 495/695

Students entering clinical practicum in this clinic for the first time must verify their preparation by signing the Verification of Prerequisites for CDIS 495/695 Form (Appendix A). This will be done during the weekly Clinical Practicum meeting.

SECTION 4: ETHICAL AND PROFESSIONAL PRACTICES

All clinical supervisors and student clinicians adhere to the American Speech-Language-Hearing Association (ASHA) Code of Ethics (Section 6) and standards established by the Council on Academic Accreditation. Some of the standards are highlighted here:

Nondiscrimination Policy

The Speech-Language Clinic complies with the Minnesota State University-Mankato Statement of Affirmative Action/Equal Opportunity and provides equal opportunities for services to all persons regardless of race, color, creed, sex, age, religion, marital status, sexual orientation, national origin, or disability. Clients are scheduled for services on the basis of availability of time slots, academic curriculum, student clinician to clinician educator ratio and student experience.
All information related to clients is considered confidential and should not be discussed outside the MSU Clinic. Confidential information should not be revealed to unauthorized persons without the client’s written permission. It is the student’s responsibility to make certain that the client or the client’s legal guardian completes a Consent for the Release of Information Form (Appendix E) before releasing any information about the client. The signed form should be placed in the client’s file.

Client files may not be taken outside the clinic. All client file folders are kept in a filing cabinet in room D in the drawer marked ‘Client Files’. Folders should be accurately filed immediately after use and must be in the Client Files drawer before the clinic is closed each day.

It is also the student clinician’s responsibility to be certain that all identifying information (i.e., name of client and caregiver, birth date, address) is removed or obliterated from any computer hard drive, floppy disk, or hard copy of client reports or notes retained for reference.

**Communications**
Clinicians should hold the welfare of the client paramount when providing professional services and should not guarantee results of any therapeutic procedure. Any guarantee expressed, implied, oral, or written is a breach of ethics.

It is also unethical to say or write anything which may discredit professional colleagues or members of allied professions, other than that which is based on objective and adequate evaluation of their work.

Clinicians should check their clinic mailbox and their MSU email account(s) at least twice per week but will probably want to check every day. Supervisors and clinicians are strongly encouraged to use and check the department website for schedule cancellations and changes.

**Dependability**
The student clinician should adequately prepare for all meetings with the supervisor. Clinicians should notify supervisors of any anticipated absence from clinical responsibilities or change of schedule or location. In the case of an unanticipated absence (i.e., clinician illness, car problems), notify the supervisor first, then the client. If a clinician must leave a message on the department voice mail regarding the absence, be certain to state the names and phone numbers of all persons who should be notified. Later, the clinician and supervisor should discuss arrangements for a make-up session.

Learning to adhere to clinic schedules is an important part of professional development. Clinicians should begin and end clinical sessions within the appropriate time frame (usually 60 minutes) and allow time for clean up and for the next clinician to set up in the room.

**Accountability**
The student clinician is accountable for all duties related to case management (i.e., submitting lesson plans, documenting sessions on the Continuing Service Record (Appendix F3), writing progress notes, keeping data on objectives, completing correspondence, filling out all required forms, etc.) and should follow each case supervisor’s requirements and deadlines.

**Personal Appearance**
Clinicians must use discretion in dress and behavior during professional activities. Examples of appropriate dress include neat, clean pants; and neat, clean tops, and sweaters. Examples of inappropriate dress include
tee-shirts that bare the midriff, halter tops, tank tops, and muscle shirts; pants that bare the midriff when the top is not long enough to cover the midriff; mini skirts, “short” short, and leather pants; sweat pants, wind suits, athletic shorts, and cutoff short; open-toed shoes, slippers, and gardening shoes; and heavy perfume (due to allergies). Clinicians should wear their clinic name badge during all therapy sessions.

**Nondiscriminatory Policy**
Minnesota State University, Mankato values equality and opportunity, human dignity and racial/ethnic and cultural diversity. Accordingly, the Clinic prohibits and will not engage in discrimination or harassment on the basis of race, color, religion, national origin, ancestry, age, gender, marital status, familial status, sexual orientation, or disability.

**Receiving Gifts**
Please note that clinical supervisors who are employed by Minnesota State University are expected to adhere to Minnesota State Law (M.S., 15:43) regarding the reception of gifts. This law is part of the policy/procedure of the Minnesota State Colleges and Universities System and can be read at [http://www.mnscu.edu/board/procedure/1c0p1.html](http://www.mnscu.edu/board/procedure/1c0p1.html). Essentially, university employees are prohibited from having financial/personal beneficial interest in contracts or purchases and are unable to accept gifts of more than “nominal” value ($5.00) from a person, firm, or corporation. We expect our students to adhere to the same policies. If you are in contact with a vendor or other possible donor who wishes to contribute a gift, please advise them to speak with the Department Chair.

**SECTION 5: CLINICAL PRACTICUM OBJECTIVES**

During clinical practicum, the student clinician will

1. Use observation to develop the ability to evaluate client communication skills, clinician effectiveness, and to become familiar with clinic procedures.

2. Become familiar with a variety of evaluation tests, published materials, and professional literature available for a variety of disorder types.

3. Develop skills for conducting effective evaluation sessions, including effective interviewing, the ability to administer and score standardized tests, the ability to develop objectives for intervention based on clients’ needs and assessment data, participation in conferences, and experience with writing clinical reports.

4. Implement an intervention plan which demonstrates application of background information, assessment data, and observations to develop an instructional sequence that achieves identified client objectives.

5. Apply teaching-learning principles.

6. Develop the ability to write evaluation, behavioral goals and objectives, progress, and summary reports.

7. Develop the ability to recognize and initiate appropriate referrals based on client needs.
SECTION 6: GOALS AND EXPECTATIONS FOR STUDENT CLINICIANS AND SUPERVISORS

Standard IV-C: Minnesota State University-Mankato’s Minimum Standards for Supervision and Student Proficiency (exceeds ASHA’s standards)

Level 1 - First MSU Speech-Language Clinical Practicum (usually undergraduate students):
100% supervision of diagnostic sessions and 75% of therapy sessions with passing grades of A or B

Level 2 - Second MSU Speech-Language Clinical Practicum (usually graduate students, fewer undergraduates):
100% supervision of diagnostic sessions and 50% of therapy sessions with passing grades of A or B

Level 3 - Third Speech-Language Clinical Practicum on MSU campus or during off-campus internships:
50% supervision of diagnostic sessions and 25% of therapy sessions

Policy Regarding the Nature of Clinical Practicum Assignments
It is a department policy that the Clinical Practicum in Speech-Language Pathology is considered a class and as such requires completion of all course work in a satisfactory manner. The course work for Clinical Practicum is completion of all assignments to evaluate and/or treat specific clients. Satisfactory work for each assignment includes thoughtful and timely completion of all aspects of the assignment.

The clinic director is responsible for making assignments that give consideration to the schedule needs of the client, clinician, and clinical supervisor along with several other factors such as providing clinicians with the best possible variety of disorders, clinical formats, supervisors, and availability of therapy rooms. Within all of those considerations, it is likely that assignments will at times intrude on the participants' preferences. In layman's terms, that is often referred to as "the luck of the draw." Clinic assignments are not made for times when the student's classes are scheduled.

Grading Procedures
Student clinicians will be assigned grades of A, B, C, D, F (or shaded grades) for each clinical experience they are involved in during the course of the semester. These grades are submitted to the Clinic Director who is responsible for calculating the final grade for the semester.

Grade Policy Regarding Clinic Composite Grade
Students receiving a composite grade of “C+” or lower for any clinical practicum course cannot count those hours toward ASHA requirements for certification.

SECTION 7: INFECTION CONTROL POLICY AND PROCEDURES

Statement of Policy
Minnesota State University Speech-Language Pathology Clinic has implemented an infection control policy based on Universal Precautions and regulations set by the American Speech-Language-Hearing Association (ASHA). The purposes of the policy are to prevent the transmission of infections between clients and clinicians and to maintain health standards set by ASHA.
**Universal Precautions**
The MSU clinic applies Universal Precautions for infection control. Universal Precautions consider all individuals to be potentially infectious. Air and blood borne infections are always considered potential hazards.

**Education**
Universal Precautions will be most effective when implemented by all staff and students who study and work in the MSU clinic. Accordingly, all clinicians, supervisors, and department staff are required to read the Infection Control Policy and Procedures section in this handbook. All clinic personnel must sign a form verifying that they have read the information before clinic assignments are made. Supervisors and staff should sign the form once each year. Clinicians should sign the form prior to starting the first clinical practicum at MSU. Students will receive additional education during the Orientation to Clinical Practicum course and during weekly clinic meetings.

**Personal Hygiene**
Universal Precautions require that clinicians wash their hands before and after each client contact. Hands should be washed for at least 15 seconds with friction using soap and hot or cold water. Clinic personnel should cover breaks in their skin with band aids or gloves. Clients with breaks in their skin should be offered band aids or gloves as appropriate. Clinic personnel who have an infectious disease should take appropriate precautions so that others are not infected. The Hepatitis B vaccine is recommended for all supervisors and clinicians.

**Protective Equipment**
Universal Precautions require that gloves be worn when touching blood or body fluids (saliva, cerumen, mucus, etc.) visibly contaminated with blood. Although nasal secretions, tears, sputum, vomit, sweat, urine, and feces are not named in the list, gloves should be used as a precaution when coming into contact with these potentially infectious body fluids.

Gloves should be worn during oral mechanism examinations and removed correctly to avoid contacting the skin. Contaminated gloves should not contact eyes, eye glasses, or therapy table surfaces. All gloves and tongue depressors and any items exposed to a client’s blood (i.e., if the client has a nose bleed) or body fluid should be placed in a red bio-hazardous waste container. These items will be incinerated or disposed of according to MSU policies on infectious waste. Tissues, cups and utensils should be disposed of in regular trash containers.

**Cleaning versus Disinfecting**
Cleaning a surface means removing gross contamination. Disinfecting means cleaning the surface first, and then killing germs. The clinic supplies three types of materials for cleaning and disinfecting: 1) an institutional grade aerosol spray, 2) household bleach, and 3) pre-moistened disinfecting wipes. Household bleach should be prepared at a ratio of 1:10, one part bleach and ten parts water. With all three materials, the cleaning and disinfecting procedures are basically the same. To clean, spray or wipe the surface with one of the three materials and wipe dry with a paper towel. To also disinfect, take a new wipe and wipe the surface again, but this time allow the surface to air dry.

In most cases, clinic personnel will use the following procedures to clean and disinfect. To clean a surface (ex: therapy table, toys), wipe it thoroughly with a pre-moistened wipe and then dry with paper towel. To disinfect, take a new wipe and wipe the surface again, but this time allow the surface to air dry.
Supplies
Each therapy room is equipped with disinfectant wipes, paper towels, and tissues. Cans of disinfectant spray and bleach are kept under the sink in the back hallway. Red bio-hazardous waste containers are available in the Resource Room B in AH 123. It should be noted that there is a marked container in room B where wipeable equipment such as toys, games, or motivational toys used for oral motor therapy, can be placed for later disinfection.

Environment
Clinicians should clean therapy tables immediately before and after each session. Wipeable materials (i.e., toys, games, supplies, assistive devices, earphones) should also be cleaned after each session. Surfaces that are soiled with blood or body fluids with blood visible must be cleaned up immediately and then disinfected before anyone touches them again. Dispose of gloves, towels, and any other contaminated items in the red bio-hazardous waste containers. Supervisors should monitor the completion of these procedures when they take place during clinic sessions. ASHA guidelines indicate that table surfaces need not be disinfected after each session if the surface is not contaminated by blood or body fluids bearing visible blood.

Responsibilities
If it becomes evident that a client or clinician has an infectious illness such as chicken pox, the flu, or strep throat the appointment should be canceled. Likewise, individuals who accompany a client should not remain in the clinic waiting or observation room if they have an infectious illness. Sessions may be resumed when the illness is no longer a potential threat.

If a student is exposed to infectious substances as the result of a break in Universal Precautions, during weekdays the supervisor should instruct the student to call and make arrangements to be seen at the Student Health Center on campus. The student should request that a copy of the incident report completed at the health care facility be mailed to the Clinic Director for documentation.

SECTION 8: CLINIC AND OFFICE PROCEDURES

Student Liability Insurance
All students in clinic practicum must have Student Liability Insurance which can be purchased for about $10 at the Cashier’s office. This policy covers you for a full year, from July 1 through June 30, for Speech-Language-Pathology and Audiology Clinics and at any internship site. Please provide proof of insurance by placing the sales receipt at the edge of the larger policy sheet and make one photocopy for clinic files. Please be certain your name is visible on the photocopied receipt and put it in the Clinic Director’s mailbox.

Name Badges
Clinicians should wear a name badge while providing services in the clinic. You can purchase one at the MavCard Office for $5. A sheet will be circulated during the first clinic meeting which you should review for correct spelling of your name.

Policy for Use of Clinic Materials
Clinicians must use a check-out form for client files, assessment packages, computer software, and electronic equipment. When you take an item from its storage place, sign your name on the appropriate check-out form. There are check-out forms posted on the AAC cabinet in Room A as well as on the door of Room B and the
counter located under the assessment cabinets. Please use these forms to check out any materials and return them promptly and neatly where the items were found.

**Client Parking**
Clients coming to the clinic may park in the pay lot on Ellis Avenue and are generally expected to pay for their own parking. If they ask about parking fees, you may tell your client that since our clinic fees are very low, we believe this is a fair policy. There are some clients who are aware that we usually have parking passes for the pay lot available and they will ask for them. The department secretary dispenses these passes. The best strategy is to check with the department secretary before the first session to determine if your client is accustomed to receiving parking passes.

Two reserved parking spaces are available in Lot 6 for clients with physical limitations and parents with small children. These spaces require a dashboard permit which is valid for the entire semester. The department secretary permits and keeps track of when they will be used so that two clients don’t need the space at the same time. **Do not tell your client they may use one of those spaces before you talk to the department secretary.**

**Clinic Telephone Calls**
Clinic telephones are intended for clinic business only. If you need to place a long distance call to a client, this is the dialing sequence: 8 - 1 - client’s area code and # - you will hear a tone which is your cue to dial the 6 digit long distance code. Each supervisor has a long distance code that you may use.

**Absence from Clinic**
If you know your client will be absent from clinic, inform your supervisor and co-clinician, if any, and document the absence on the **Continuing Service Record (Appendix F3)** in the client’s file. If a client fails to come for therapy without prior notice, call the client after 10 minutes to see if he or she has forgotten. If a clinician must be absent due to illness or another valid reason, the absence should be excused by the supervisor prior to therapy. Notify the client as soon as possible and document the absence on the Continuing Service Record. Missed therapy sessions may be made up at the discretion of all concerned.

**Photocopying**
Photocopies of materials used for therapy are considered the clinician’s expense. Clinicians can avoid some expense by printing out materials (i.e., lesson plans, reports, stimulus words) from a computer. Please look for and follow copyright requirements. Some therapy materials state that they may be photocopied. Most say they CAN’T be copied. The rule of thumb is to consider most materials covered by copyright law unless otherwise stated.

**Test Protocols**
Each assessment kit contains test protocols for administration of the instrument. If you notice there are only a few protocols left, please inform the clinic director via email or a mailbox note that more test protocols are needed.

**Request for Services**
Each semester, clients or parents/caregivers must sign the Request for Services Form (Appendix D), giving permission for supervised students to conduct evaluations and therapies and for sessions to be observed. This form must be signed before the session takes place. The reverse side of the form must also be signed for **Children and Vulnerable Adults (Appendix D1).** Place the signed form in the client’s file.
Payment Agreement
Each semester, the client or parent must sign the Payment Agreement Form (Appendix D2), which states the clinic’s fee policy and the rates for services. Place the signed form in the clinic director’s mailbox.

SECTION 9: DIAGNOSTIC EVALUATION

The Clinical Practicum Checklist (Appendix B) might be helpful to keep track of each step.

Before the Evaluation
The Clinic Director will assign evaluations to co-clinicians by email and/or placing a form in your clinic mailbox. Within 1-2 days, contact the supervisor to identify your available dates and times and then contact the client to make an appointment. Identify yourself, stating that you are from the Minnesota State University Speech-Language-Hearing Clinic in Mankato. State that you are assigned to work with him/her this semester and why you are calling. State your available dates and times, and ask which would be most convenient for them. Confirm the date and time for the evaluation before you hang up. If none of the times are convenient, ask when they are available. Tell them you will discuss these times with your supervisor and call them back. The following script might be helpful for making your first phone calls.

“Hello Mrs. Smith. I’m Jane Doe from the Speech-Language-Hearing Clinic at Minnesota State University in Mankato. I will be working with Suzie this semester and would like to set up a time for therapy. The times we have available are Monday and Wednesday at 10:00 or 2:00 and Tuesday and Thursday at either 11:00 or 1:00. Which of these times would be most convenient for you? Monday and Wednesday at 2:00 sounds fine. Would you be able to bring Suzie in next Monday, October 6 to begin therapy? Okay, I’ll set up our sessions for Monday and Wednesday at 2:00 and we’ll begin next Monday, October 6. See you at 2:00 on Monday. Goodbye.”

Reserve a therapy room by writing your name and the time needed on the room assignment form next to the door. If you will need the room at that day/time for the duration of the semester, you may write in pen. If you only need the room for one session, write in pencil and be sure to erase the assignment when you are finished using the room.

Next, complete the scheduling information section of the Client Services Form (Appendix C) and put it in the Clinic Director’s mailbox. After recording the information, the Clinic Director will place the form in a folder at the front of the Client Files drawer in room D. Clinicians will be able to access those forms throughout the semester to record or change information and will need to bring the form to the final clinic meeting.

Review the client’s file and meet with your supervisor to plan for the evaluation. If records are needed from outside agencies that previously served your client, he/she must sign a Consent for the Release of Information Form (Appendix E). Write a cover letter (Appendix E2) requesting the information, and send it along with the consent form to the appropriate agency. You may also ask the client or parent to supply copies of reports. After receiving information from an outside agency, send a Receipt of Information Form (Appendix E1) to the agency. You and your supervisor should sign the form. Locate appropriate assessment tools and finalize plans with your supervisor.
**Day of the Evaluation**
You should be in the clinic at least 10 minutes before the appointment time in order to clean the therapy table and set up your materials. Wait for your client in the waiting area. Do not expect the Secretary to come and notify you.

After the necessary introductions are made, your client must sign two forms before starting the evaluation: the Request for Services Form (Appendix D) and the Payment Agreement Form (Appendix D2). If the client is a child or vulnerable adult, the Children and Vulnerable Adults form (Appendix D1) must also be completed and signed by the parent or guardian.

Clinicians conducting the evaluation should be able to:
- Conduct an appropriate interview.
- Administer and score tests according to standardized procedures.
- Elicit and analyze a spontaneous speech sample, if appropriate.
- Observe and record all significant speech, language, and social behaviors.

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**INSTRUCTIONS FOR USING THE CLINIC CAMERA SYSTEM**
Up to 4 different clinic sessions can be watched simultaneously from the 4 booths in Room C. Observers will need to wear the headphones in order to hear the session. Headphones should be left plugged in at all times to ensure the privacy of each client's session.

Directions to send a picture to a specific observation booth (#1, 2, 3, or 4) in Room C so that a parent or caregiver can watch the session on a monitor:

From the control center in Room D:

1. On the box above the TV (labeled "Station") push in the button number that matches the booth number where the parent will watch.
2. Turn on all 4 VCRs.
3. Turn on the TV and set the TV channel to #3 (number appears in the upper right corner). When you attempt to change the channel on the TV monitor, the screen display will go to programming options. Turn the VCR off and back on and the TV monitor will go back to room display. Use the channel button on the VCR to find the session you want to view.
4. On the VCR that corresponds with the booth number you selected (if you selected booth #3, go down to the 3rd VCR) press the channel up/down buttons on the VCR (to the left of the VCR display area) until you get to the clinic room where the session is taking place.
**Channel numbers for the clinic rooms appear at the top and CENTER of the TV screen, not in the customary upper right corner.**
5. The room where the session is taking place should now be visible on the monitor in observation booth #3.
6. The TV in the control room does not need to be left on for the system to work. Turning that TV off will help ensure client confidentiality.
7. It's a good idea to verify that the correct session appears on the observation monitor (in our example, in booth #3).
IF YOU NEED TO DIRECT THE PICTURE FOR A 2ND, 3RD, or 4TH CLINIC SESSION/ROOM:

1. Again, on the box above the TV select the number that corresponds with the viewing booth where the 2nd parent is sitting. (the picture to #3 observation booth will not change)
2. On the VCR that corresponds to the booth number where the 2nd parent is sitting, use the channel up/down buttons to find the desired clinic session.
3. The booth where the 2nd parent is sitting should show the 2nd session you selected on the control TV. Repeat these steps if 1 or 2 more parents want to watch different sessions.

Please note: The observation booth channel selectors will not work. This is intentional so that one observer cannot change the channel and watch a different session.

After your session, make sure the corresponding observation booth monitor is turned off and the headphones remain plugged in. Do not turn off the VCRs since they must all remain ON for the observation booth system to function.

-----------------------------------------------------------------------------------------------------------------------------

Day of the Evaluation (cont.d)

Give the client or parent the Consumer Satisfaction Measure (Appendix H) to fill out before the session ends. Instruct the client or parent to put the completed form in an envelope and return it to you. You should put the envelope in the Clinic Director’s mailbox. After the session, write on the Continuing Service Record (Appendix F3) whether therapy was recommended or not and when therapy will start.

Before leaving the clinic, clean the therapy table and all wipeable materials used. If you have used motivational toys for oral motor therapy, those items must be disinfected, not merely cleaned. Follow the instructions in Section 6 for Infection Control Procedures. Other clinic materials handled should be cleaned as appropriate. If blood is visible at any time on the therapy table, the towels and gloves used to clean up must be placed in the red bio-hazardous waste containers and the contaminated surface must be disinfected. If children accompany a caregiver to watch in the observation room, be observant for signs of illness such as runny noses and coughing. If such symptoms are observed, after the children have left the clinic, the clinician should use gloved hands to put all toys the children might have played with into the receptacle in room B for later disinfection.

After the Evaluation

Following the evaluation, clinicians should be able to:

- Discuss the evaluation session with the supervisor and prepare an interpretation of the findings to present to the client and/or caregiver.
- Demonstrate ability to effectively summarize the information and to communicate the results and recommendations to the client and/or caregiver in the company of the supervisor.

Cooperatively write a first draft of the Evaluation Report (Appendix G) with your co-clinician. Both clinicians should meet with the supervisor to review the draft for revision. Submit the revised report and sign the final draft when it is approved. File the report and all test protocols, correspondence, etc. in the client’s folder. Complete the Continuing Service Record (Appendix F3) in the folder. Write the date of the evaluation in the top box and duration of the session, in minutes, in the bottom box. On the lines below, write significant events such as “Evaluation session” or “Report sent to (agency)”, or “Begin therapy on February 12th.”
Write the amount of time spent with the client in your Daily Therapy Log (Appendix J). Whenever you do an evaluation with a co-clinician, you must divide the hours according to the amount of time each of you interacted with the client. Your supervisor should initial the Therapy Log to verify that at least 50% of the evaluation session was observed. Then retrieve the Client Services Form (Appendix C) and complete the form as appropriate. Be sure to place the revised form in the Clinic Director’s mailbox since that is the only way for the Director to know if the client is finished in the clinic or will continue with therapy.

Send a copy of the Evaluation Report (Appendix G) to the client or parents if they request one. Include a cover letter (Appendix E3) which must be signed by your supervisor. If your supervisor agrees, you may send a letter to the Referral Source (Appendix E4) to thank them for the referral. You may not send a copy of the report unless the client or parent requests that you do so. REMEMBER: Every time a client or legal guardian wants a copy of a report sent to anyone other than themselves, another Consent for the Release of Information Form (Appendix E) must be completed. Write the date the report was sent and to whom on the Continuing Service Record (Appendix F3).

If your client will continue in therapy, you will need to follow the steps in Section 11.

SECTION 10: THERAPY CLIENT MANAGEMENT

The Clinical Practicum Checklist (Appendix B) might be helpful to keep track of each step.

The Clinic Director makes therapy assignments based on student needs, client case load, and supervisor availability. Assignments are placed in students’ mailboxes. Within 1-2 days of receiving an assignment, determine potential therapy dates and times with your supervisor, then contact the client to set up appointments. Then reserve a therapy room for the semester by completing the schedule posted on the door. When you have finalized the client’s appointments, fill in that information on the Client Services Form (Appendix C).

Client Services Form
These forms should be updated if schedule changes are necessary. Every time you make an addition or change to the form, place it in the Clinic Director’s box. At the end of the semester, discuss with your supervisor and the client if therapy will continue next semester and so note on the form. These forms will be used again at the end of the semester to summarize all services provided for your client.

Clinic Appointment Calendar
The Clinic Director generates the Clinic Schedule based on information provided on the Client Services Form. For this reason, it is imperative that you continue to submit changes in scheduling to the clinic director in order for the schedule to remain accurate. The schedule is used by office staff to notify all concerned when there is a cancellation. All cancellations must be written in the Clinic Schedule.

Chart Review Form
For returning clients, complete the Chart Review Form (Appendix F) before meeting with your Supervisor. At the first meeting with your Supervisor, you should discuss such things as supervision conference times, the Therapy Plan Form (Appendix F1), and writing behavioral objectives (Appendix F2). Initiate therapy sessions within a week of receiving the assignment. You should be in the clinic at least 10 minutes before therapy time
in order to clean the therapy table and set up your materials. You should wait for your client at the door. Do not expect the Secretary to come and notify you.

At the first session your client must sign two forms, the Request for Services Form (Appendix C) and the Payment Agreement Form (Appendix D2). If appropriate, the Children and Vulnerable Adults (Appendix D1) section must also be signed by the parent or guardian. These forms must be signed each semester the client is in therapy.

Clean up
At the end of each session, clean the therapy table and all wipeable materials used. If you have used motivational toys for oral motor therapy, those items must be disinfected, not merely cleaned. Follow the instructions in Section 6 for Infection Control Procedures. Other therapy materials handled should be cleaned as appropriate. If blood is visible at any time on the therapy table, the towels and gloves used to clean up must be placed in the red biohazardous waste containers. If children accompany a caregiver to watch therapy in the waiting room, be observant for signs of illness such as runny noses and coughing. If such symptoms are observed, after the children have left the clinic, the clinician should use gloved hands to put all toys the children might have played with into the red receptacle in room B for disinfection.

Continuing Service Record
After each session, write the date and number of therapy minutes at the top of the Continuing Service Record (Appendix F3). If the session was cancelled, record the date and write a “zero” in the time box. Briefly state the reason for the missed session on the lines below (i.e., client or clinician illness). At the end of the semester, total up the number of minutes attended and absent and write the information on the Client Services Form (Appendix C). Put the form in the Clinic Director’s mailbox.

Progress Notes
Write a brief progress note after every session. When your supervisor has approved the note, copy the note onto the next open line on the Progress Notes Form (Appendix F4) at the front of the client’s chart. Update your Daily Therapy Log (Appendix J) which will be used to verify your accumulation of clock hours.

Semester Management Plan
The first draft of the Semester Management Plan (Appendix G1) should be submitted to your supervisor after 2-3 weeks of therapy or when your Supervisor requests it. When the final draft of that form has been signed, file it in the client’s folder and give the previous Semester Management Plan to the Clinic Director to be shredded.

Clinical Progress Report
The first draft of the Clinical Progress Report (Appendix G2) should be written about three weeks before the end of the semester or when your supervisor requests it. The final draft of the Progress Report should be signed and in the client’s folder by the Clinic Final Exam day. Remember, if the client or legal guardian requests that a copy of the Progress Report be sent to anyone other than him or her, another Consent for the Release of Information Form (Appendix E) must be signed. If a report is sent to the client, include a Cover Letter to Client (Appendix E3) which should be signed by the clinician and the supervisor.

Closing with the Client
Consult your supervisor regarding closure for the semester, and discuss your recommendations with the client. Give the client or parent the Consumer Satisfaction Measure (Appendix H) to fill out before the last
session. Instruct the client or parent to put the completed form in the marked, large, white envelope on the Administrative Assistant’s desk. After the last therapy session, write on the Continuing Service Record (Appendix F3) whether it was recommended that the client return the following semester or whether the client has been ‘discharged’ (no further sessions have been recommended).

**Documenting Your Clock Hours**

Before the last day of finals week, have each supervisor initial your Therapy Log (Appendix J) next to the hours they supervised to verify that at least 25% of each therapy session was observed. Using the Clinical Clock Hours Instructions (Appendix J1), complete a Practicum # worksheet (Appendix J2) which will automatically transfer the data to the Cumulative Clinical Clock Hours Form (Appendix J3). Give both forms to the Clinic Director to be signed, make a copy of each form, and return one set of forms to the Clinic Director to be filed in your permanent department file.

Your Supervisor has the option of requesting that you complete a Clinician’s Self-Evaluation of Therapy Form (Appendix H2). You should complete a Supervision Evaluation Form (Appendix H3) for each of your therapy supervisors and return the form to his or her mailbox.

**SECTION 11: EVALUATION OF CLINICAL PERFORMANCE**

Supervisors are responsible for evaluating student performance in evaluation and therapy sessions, using the Evaluation of Clinical Competencies-Evaluation (Appendix I) and Evaluation of Clinical Competencies-Treatment (Appendix I1). Grades for evaluation evaluations constitute one-third of the final clinic grade, and intervention grades constitute two-thirds of the final grade. The Clinic Director is responsible for averaging ratings assigned by multiple supervisors and determining the final grade.

The procedure for any student experiencing difficulty is outlined in (Appendix K).
VERIFICATION OF PREREQUISITES FOR CDIS 495/695

Minnesota State University, Mankato, Minnesota

Before obtaining permission to enroll in the first Clinical Practicum, students must complete several prerequisites. Students who complete these prerequisites in another communication disorders program may be asked to submit applicable documentation. Evidence of each student’s completion of the following prerequisites must be on file in the student’s departmental record.

___ 1. Orientation to Clinical Practicum (CDIS 434/534) and Observation (CDIS 431/531).

___ 2. At least 25 hours of supervised observation of the treatment and evaluation of adults and children with communicative disorders. Observations may be a combination of speech-language pathology and audiology, not just speech-language pathology.

___ 3. Complete or be enrolled in CDIS 444, Appraisal and Diagnosis.

___ 4. At least three of the CDIS undergraduate disorders courses:
   __ CDIS 402 and 403 Child Language Disorders and Child Language Disorders Lab
   __ CDIS 438 Speech Sound Disorders
   __ CDIS 417 Stuttering
   __ CDIS 416 Voice and Resonance Disorders

___ 5. GPA of at least 2.8 in CDIS coursework.

___ 6. Admission to graduate school, if a graduate student.

___ 7. Education on Precautions Policies and Procedures in relation to Speech-Language Pathology Clinic during Orientation to Clinical Practicum at MSU. Students who complete orientation at another university must read material on Universal Precautions provided by the Clinic Director.

___ 8. Possession of communication skills, personal characteristics, and technical knowledge to service clients adequately, as judged by faculty consensus.

I have read the above and marked the appropriate blanks indicating that I have fulfilled all requirements for permission to enroll in Clinical Practicum.

Name ______________________________________  Date __________________________
Clinical Practicum Checklist

WEEK 1:

_______  Pay Clinic Fee of $5 cash to Clinic Director.

_______  Purchase Liability Insurance (APPROX $10) at the Cashier’s Office in the Administration Building.

_______  Purchase “Student Clinician” or “Graduate Intern” Nametag ($5) at MavCard Office.

WEEK 1-2:

_______  Contact the client within 1-2 days of receiving assignment information & get their schedule (see suggested telephone script in the handbook)

_______  Contact the assigned Supervisor to get their schedule and determine when the client’s appointments will be. Determine when you will meet with the Supervisor.

_______  Reserve a treatment room. For treatment sessions, fill in the Room Schedule form next to the door. For assessments, write in pencil and erase following the assessment.

_______  Complete the scheduling section of the Client Schedule Form and place in the Clinic Director’s mailbox. The bottom of the form will be completed at the end of the semester.

_______  Get the Client Files key from the white box on the department secretary’s desk. Retrieve the client’s file from the drawer in Room D, using a check-out form to replace the client’s chart. Lock the file drawer & return the key. Complete a Chart Review Form (Drawer 10). Before you leave the clinic, replace the client’s file alphabetically and remove the check-out form.

_______  Meet with your Supervisor (use check-out forms & bring the client’s chart to the meeting) to begin planning. Choose tests & treatment methods, & determine how to handle progress notes, lesson plans, feedback, future meetings, etc.

_______  Every client should receive a hearing screening each semester. New clients and clients who have been in therapy at MSU for 3 years should receive a full hearing evaluation. To schedule an appointment for the evaluation, fill out a Hearing Request Form (Drawer 10) and put it in the Audiology Director’s mailbox.

FIRST SESSION WITH CLIENT (both new and returning):

_______  Request for Services Form (Appendix D; Drawer 10). Every client must sign one every semester.

_______  Children and Vulnerable Adults Appendix D1; Drawer 10) page must also be completed if appropriate.

_______  Payment Agreement Form (Appendix D2; Drawer 10). Every client must sign one every semester.

_______  Consent for Release of Information (Appendix E; Drawer 10) is used when previous records are requested from another agency. Keep the original form in the client’s file. Send a copy of the release form with a Cover Letter (Appendix E2) to the provider who has the records you need. Send a Receipt of Information (Appendix E1) form to that provider. You can also ask the client if he/she can bring copies of records. A Release of Information Form still needs to be signed if the client or caregiver brings the records to the clinic.
If either the hearing screening or evaluation procedure will be performed by an Audiology Practicum student instead of the speech clinician, explain this to the client and tell them the audiology clinician will contact them to schedule the appointment.

ALL SESSIONS:

Submit a Therapy Plan form (Appendix F1; Drawer 10) as determined by the supervisor.

Clean the treatment room and arrange the table and chairs for your session. *Clean the table surface before and after each session.* After the session, return the table and chairs to the usual set up and dispose of any trash remaining from the session.

Ten minutes prior to their appointment time, watch for the client in the waiting area. The department secretary, work study student(s) are not responsible for informing you when your client arrives.

After each session, write the date and number of therapy minutes at the top of the Continuing Service Record (Appendix F3; Drawer 10) found inside of the client’s folder. Write significant events (i.e., “Initial evaluation, Therapy initiated, Client cancelled due to illness, Medical records sent/received, etc.) on the lines below. Continue writing on one page until it is filled.

Update your Daily Therapy Log Form (Appendix J) after the session.

Write a brief note on the Progress Notes form (Appendix F4 or F5; Drawer 10) after each session. Continue writing on a page until it is filled, then start a new page. The most recent page should be ON TOP (reverse chronological order).

REPORTS:

Evaluation Report (Appendix G) – Complete the first & subsequent drafts of reports as necessary. Sign the approved report and file in the client’s folder.

Semester Management Plan (Appendix G1) – With your supervisor, determine the treatment goals/objectives and develop the Semester Management Plan. Sign the approved report and place it in the client’s folder on top of the Evaluation Report.

Mid-Semester Summary – It is at the discretion of your supervisor whether or not this summary report will be completed. If appropriate, complete the first & subsequent drafts of the summary as necessary. Supervisors determine deadlines.

Clinical Progress Report (Appendix G2) – Complete the first & subsequent drafts as necessary. Print and sign the final copy and place in client’s file. This report replaces the Semester Management Plan (which can be placed in the confidential recycling bin). The signed, final copy must be in the client’s folder by finals week.

FINAL MONTH OF THERAPY:

Meet with your supervisor to discuss recommendations for the client. *(3 WEEKS PRIOR TO FINAL WEEK)*

Ask the client/guardian to fill out the Consumer Satisfaction Measure (Appendix H; Drawer 10). They can place the form in the large white envelope on Becky’s desk. *(LAST WEEK OF THERAPY SESSIONS)*

After the last session, fill out the Continuing Service Record (Appendix F3; Drawer 10) indicating whether services were recommended to be continued or whether the client has been “discharged” (meaning we do not plan to see that client next semester). *(LAST SESSION)*
Have Supervisors initial your Daily Therapy Log form (Appendix J) next to the hours he/she supervised. **(AFTER CLINIC ENDS)**

Enter your hours in the Clock Hours program on the computer (Excel software). First enter your hours on a practicum page. The hours you enter on that page automatically link to the Cumulative Clock Hours page, which shows the total number of hours from all semesters of practicum AND internships you have completed. **(AFTER CLINIC ENDS)**

Have the Clinic Director sign the Daily Therapy Log (Appendix J) and the Clinical Clock Hours form BEFORE you make copies! **(FINAL CLINIC MEETING)**

After the Therapy Log & Cumulative Clock Hours forms are signed by all supervisors and the Clinic Director, make a copy of each page. Give the copied set to the Clinic Director. The CDIS Secretary will place copies of your forms in your permanent department file. **(FINAL CLINIC MEETING)**

Fill out the remainder of the Client Services Form (Appendix C; Drawer 10) and return to Clinic Director’s box. **(FINAL CLINIC MEETING)**

Complete a Supervisor Evaluation Form (Appendix H3; Drawer 10). Place in the supervisor’s box. **(FINAL CLINIC MEETING)**

Clinic forms are in Drawer 10 of the horizontal file in the front office. IF THERE ARE ONLY TWO COPIES OF A FORM REMAINING IN THE FOLDER, PLEASE GIVE THE FORM TO THE WORK STUDY STUDENTS OR THE SECRETARY TO MAKE NO MORE THAN 5 COPIES (Forms are revised frequently). DO NOT TAKE THE LAST COPY OF A FORM!!
CLIENT SERVICES FORM

Fall ____ Spring ____ Summer ____ Year_____

New Client (Evaluation)_______  Continuing Client_______

Client’s name_________________________________________  Age group: Child ___  Adult ___
Disorder Type______________________________________________________________________
Clinician’s name(s) ______________________________________________________
Supervisor___________________________________________________________
___________________________________________

*Complete the scheduling information and return to the clinic director. At the conclusion of the semester, the clinic director will return this form to you at which time, you should complete the bottom half of the form and return it to the clinic director’s mailbox.

Schedule Information

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<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tr>
<td>Evaluation Date/Time</td>
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<tr>
<td>Therapy day(s) &amp; time(s)</td>
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<tr>
<td>Date 1st Therapy Session</td>
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Hours cancelled by:  Client ________  Clinician ________  Supervisor ________

Did a caregiver usually use an observation booth during the session?  Yes _____ No _____

Were any special services provided for the client or caregiver?  Yes _____ No _____
Explain (i.e., used department wheelchair; provided interpreter; met client at the car/door; other)________________________________________________________________

Did the client receive parking passes for the free lot?  Yes _____ No _____ How many? _______

Did the client receive a parking permit?  Yes _____ No _____

***Was therapy recommended for the next semester?  Yes_____ No_____

Did client indicate they will be returning or would they like time to decide?__________________________

Additional Information?________________________________________________________________________
REQUEST FOR SERVICES

Speech-Language Pathology Clinic
Minnesota State University, Mankato, MN

As part of training future professionals in the field of Communication Disorders, Clinical Practicum students will be conducting evaluation and therapy sessions under the supervision of ASHA certified Speech-Language Pathologists. Clinical Practicum students have observed at least 25 hours of evaluation and therapy and have completed relevant course work which includes the profession’s Code of Ethics. Clinical Practicum students have access to identifiable clinic records. Clinical sessions may be observed by students as part of their required training. We occasionally make use of clinical records, videotapes and audiotapes for training. Without a supply of such training aids, our teaching efforts could be hampered.

I hereby grant permission to the members of the Communication Disorders Program at Minnesota State University, Mankato to:

1. allow my evaluation and therapy sessions to be observed.
2. access my clinical records.
3. use clinic records, videotapes, and audiotapes for the purpose of educating future professionals.

Date, event or condition upon which this consent expires ______________________________
________________________________________________________________________________

Executed this __________ day of ___________________, 20______.

Date Month Year

____________________________________________________________
Signature of Client

____________________________________________________________
Signature of Parent or Guardian if client is a minor or not competent to sign

____________________________________________________________
Signature of Witness
CHILDREN AND VULNERABLE ADULTS

Under Minnesota State law, any professional who provides service to children and vulnerable adults is considered a “mandated reporter” and must report known or suspected abuse or neglect. I understand that this responsibility and requirement applies to Minnesota State University, Mankato Speech-Language Pathology Clinic.

Parent or Guardian Signature____________________________________________________
Date____________________________

TRANSPORTATION POLICY AND RELEASE OF CHILDREN OR VULNERABLE ADULTS

Student clinicians and supervisors have other responsibilities and must rely on their clients being picked up in a timely manner. Parents or caregivers are welcome to wait in the Waiting Room during therapy sessions. Parents and caregivers are responsible for dropping off and picking up children and vulnerable adults who receive therapy at the Minnesota State University, Mankato Speech-Language Pathology Clinic. A child or vulnerable adult will be released only to the individuals whose names appear below unless the supervisor receives written or verbal communication to the contrary. If the caregiver is not in the waiting room or designated area of the therapy session, the clinician will wait for 5 minutes, after which time the supervisor will be notified. The parent or guardian telephone number and emergency numbers listed below will be contacted. If no one answers, Child Protection Services will be called.

I have read and understand this policy. ____________________________________________
Date ______________________________

The following person(s) may pick up the client. Please provide names and phone numbers, and their relationship to the client.
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Names and phone numbers to be called in case of emergency____________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
PAYMENT AGREEMENT

The Minnesota State University, Speech, Language, and Hearing Clinic is a nonprofit clinic within the Department of Speech, Hearing, and Rehabilitation Services, which is part of the College of Allied Health and Nursing. The purposes of the clinic are to provide trained student clinicians the opportunity to complete a practicum under close supervision, and to provide clinical services at reduced cost for anyone with a speech-language disorder. All clinical services are supervised by ASHA-certified MSU faculty and are expensive to provide. Comparable services in other clinical settings are significantly more expensive.

We will bill you at the rates listed below and expect all clients to make some effort to pay for the services received. However, we will not deny services to individuals who are unable to pay the full amount. Please note that the MSU Clinic does not process private insurance claims.

RATES:
Evaluation on Campus $75
Evaluation off Campus $150
Re-evaluation $25
Individual Therapy on campus (includes summer sessions) $10
Group therapy on campus (only if not enrolled in individual therapy) $25 per semester
Therapy off campus $25 per session

**You may opt to make payments following each individual therapy session or you may opt to be billed at the end of the semester.

Please mark the method of payment appropriate for you, then sign and return to your clinician at your first visit. All information you provide is confidential.

___ I have attached payment for my evaluation
___ I prefer to be billed for my evaluation
___ I will pay for each therapy session as it occurs
___ I prefer to be billed for all therapy sessions at the end of the semester
___ I am unable to make payments and would like to speak with the Clinic Director to make other arrangements. I can be contacted at (phone number) ________________
___ I am an MSU student and fees have been waived.

**Billed services are payable within two weeks of receipt of invoice.

Signature of client, parent, legal guardian, or agent who has authorized payment:

______________________________________________ Date ______________________
CONSENT FOR THE RELEASE OF INFORMATION

Speech-Language Pathology Clinic
Minnesota State University, Mankato, MN

I, __________________________________________________________________________________

Name of client or guardian

hereby authorize _____________________________________________________________________

Name of organization that currently has the records being requested

to send _____________________________________________________________________________

Specific types of records or information and the approximate date of records

for _________________________________________________________________________________

Name of client

to __________________________________________________________________________________

Person or organization to which disclosure is to be made

I understand that my records are protected under State and Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulation. I also understand that I may revoke this consent at any time and that this consent expires automatically as described below. I understand that information retained in my Minnesota State University, Speech-Language Pathology Clinic folder is limited to staff whose work assignment reasonably requires access to my data for the purposes specified in the services provided.

Date, event, or condition upon which this consent expires ________________________________

________________________________________________.

Executed this _____ day of ______________________, 20______.

Signature of Client __________________________________________________________________

_______________________________________________________________________________

Signature of Parent or Guardian if client is a minor or incompetent to sign

Signature of Witness _____________________________________________________________
RECEIPT OF INFORMATION

Speech-Language Pathology Clinic
Minnesota State University, Mankato, MN

I, __________________________________________________________________________________

Name of individual receiving information

of _________________________________________________________________________________

Name of organization requesting information

acknowledge receipt of the following information: __________________________________________

___________________________________________________________________________________.

The information will be used for the following purpose(s): __________________________________

___________________________________________________________________________________.

I agree:

- to not release this information to others without written consent.
- to store the information under secure conditions.
- to make every effort to ensure the client’s privacy.
- to use the information for the purpose described above.

I realize that I may be subject to civil and criminal penalties for violation of data privacy laws.

_________________________ _____________________________

Date Clinician Signature

_________________________ _____________________________

Date Supervisor Signature
REQUEST FOR RELEASE OF INFORMATION

[Sample Cover Letter - Clinicians may use this letter and simply modify the portions in italics.]

September 5, 2011

Mayo Clinic
Medical Records
200 1st Street NW
Rochester, MN 55905

Re: Ann Jones, DOB: 4-10-55

Dear Dr. Johnson:

Please send your most current speech-language evaluation of this client to assist us in planning appropriate treatment in our clinic. A signed Consent for the Release of Information form is enclosed.

If you plan to conduct a follow-up evaluation and wish to have a summary of treatment progress, please advise us by letter.

Thank you for your cooperation in the treatment of this client.

Sincerely,

Jane Doe, Graduate Intern

Kathy Miller, M.S., CCC-SLP
Speech-Language Pathology Clinic Director

Minnesota State University
Department of SHRS
103 Armstrong Hall
Mankato, MN 56001
LETTER TO CLIENT

[Sample Cover Letter - Clinicians may use this letter and simply modify the portions in italics as needed.]

September 15, 2011

Mr. and Mrs. D. Axelrod
Route 1, Box 95
Lake Wobegon, MN 56000

Dear Mr. and Mrs. Axelrod,

It was a pleasure to meet you and Cory and to evaluate his communication skills on September 7, 2005. Enclosed is a copy of the Evaluation Report. Please note that although his speech-language performance is within normal range, we are recommending that you take him to your family physician for an opinion on his middle ear function based on our impedance audiometry testing results. A copy of those results is at the back of the evaluation report.

Please call us if you have any questions.

Sincerely,

Jane Doe, Graduate Intern

Kathy Miller, M.S., CCC-SLP
Speech-Language Pathology Clinical Supervisor
Minnesota State University, Mankato
103 Armstrong Hall
Mankato, MN 56001

Enclosure
September 29, 2011

Dr. Penelope Meyer  
Waite Park Medical Clinic  
Waite Park, MN 56001

RE: Axelrod Fennington, DOB: 4-5-55

Dear Dr. Meyer:

Your patient, Axelrod Fennington, was evaluated at the Minnesota State University, Mankato, Speech-Language Pathology Clinic on August 25, 2005. Enclosed please find a copy of our report which Mr. Fennington authorized us to send to you.

Thank you for referring this interesting patient to our clinic.

Sincerely,

Jane Doe, Graduate Intern

Kathy Miller, M.S., CCC-SLP  
Speech-Language Pathology Clinic Director

Minnesota State University, Mankato  
103 Armstrong Hall  
Mankato, MN 56001

Enclosure
Chart Review Form

Client’s Name:  
Parent(s)/Caregivers:  
Address:  
Phone:  

Date of Birth:  
Medical Diagnosis (if any):  
Educational Diagnosis (if any):  
Communication Diagnosis:  

Other related medical conditions:  

Previous treatment history/reason for discharge:  

Educational History:  

Social History/family involvement:  

If previous therapy:  

A. Previous Long-Range Goal:  

B. Most recent short-term goals/objectives/procedures (summarize briefly):
## Therapy Plan

**Client:**

**Clinician:**

**Date:**

**Time:**

**Short-term objective(s) to be addressed:**

1. [Insert objective 1]
   - [Insert details]
   - [Insert details]
   - [Insert details]

2. [Insert objective 2]
   - [Insert details]
   - [Insert details]
   - [Insert details]

**The client will:**

1. [Insert action 1]
2. [Insert action 2]
3. [Insert action 3]

**Materials/reinforcement to be used:**

**Supervisor comments:**

---

**CLIENT**

**CLINICIAN**

**THERAPY PLAN**

**DATE**

**TIME**
WRITING BEHAVIORAL OBJECTIVES: REVIEW

1) **Performance** - describes what the client is supposed to do
2) **Condition** - under which the action is supposed to occur
3) **Criterion** - level at which performance is considered successful

The **PERFORMANCE** statement uses verbs that can be counted such as:

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<th>Verbs</th>
<th>Examples</th>
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<tr>
<td>1. Point</td>
<td>…point to … objects in the stated category.</td>
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<tr>
<td>2. Repeat accurately</td>
<td>…repeat accurately … multisyllabic words.</td>
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<tr>
<td>3. Put or Place</td>
<td>…put the marker on the correct space...</td>
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<td>4. Label</td>
<td>… label … common objects shown.</td>
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<tr>
<td>5. Name</td>
<td>… name … exemplars of a category</td>
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<tr>
<td>6. Match</td>
<td>… match the correct word to a picture...</td>
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<tr>
<td>7. Read aloud</td>
<td>… read aloud … paragraphs...</td>
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<tr>
<td>8. Vocalize</td>
<td>… vocalize each vowel...</td>
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The **CONDITION** statement describes when the behavior is to be performed, such as:

1. When presented with an array of common objects...
2. Following the clinician’s model...
3. When asked a ‘wh’ question...
4. Given 10 pictures...
5. … when requested by the clinician.
6. Given 2 written word cards...
7. In the presence of a classmate… when requested by the clinician.
8. As a homework assignment...

The **CRITERION** states how accurately a client is expected to perform a target behavior:

1. …3 out of 4...
2. …8 out of 10...
3. … on 9 out of 10 opportunities.
4. … 90% of...
5. … 5...
6. on 9 of 10 opportunities.
7. … 3...
8. … 5 times each day for 2 weeks.
Client: _______________________________

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Speech Therapy Progress Notes

Client’s Name (Last, First)

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# Progress Notes Form Option

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EVALUATION REPORT [Format]

Speech-Language Pathology Clinic
Minnesota State University, Mankato

Client: Date of This Report:
Birth date: Date of Diagnostic:
C.A.: Referral:
Parent/caregiver: [if applicable] Clinician(s):
Address: Supervisor:
Phone:
School/Occupation:

BACKGROUND INFORMATION
Client’s Name was seen at the Minnesota State University, Mankato Speech-Language Pathology Clinic on date, for a communication evaluation. He/she was referred or brought to this Clinic by name because of reason or description of client’s or caregiver’s concern. [Continue to report in narrative style any developmental, environmental, or health history factors relevant to the client. Include pertinent information from other professional reports, previous therapy, etc.]

EVALUATION
[Using subsection headings, report each test administered and the results. Behaviors observed in direct relationship to a task may also be discussed in the subsection. Examples of subsections follow.]

Language
Receptive Abilities: [auditory and visual, formal and informal results, clinical observations]

Expressive Abilities: [oral and written, formal and informal results, language sample analysis, clinical observations]

Speech Sound Disorders [formal and informal results]

Voice [if a subsection was not addressed, state ‘not evaluated’ so the reader knows it was not overlooked]]

Fluency

Oral Mechanism Examination

Hearing Results

Related Abilities

Other Significant Factors

SUMMARY AND CLINICAL IMPRESSIONS
[Briefly summarize the client’s strengths and weaknesses and state a diagnosis, if possible. If you are aware of other factors that you think might have impacted the client’s speech and/or language (both positive and not-so-positive), state them here. These are your clinical impressions. Remember that the client/caregiver might read the report.]
RECOMMENDATIONS

It is recommended that:

1. Therapy be/not be initiated for __name__ [type, how often, where, when to begin]
2. Therapy focus on: [may include general or specific focus, suggestions for achieving goals, recommendations for immediate goals]
3. [may include evaluation at another agency, date of re-evaluation, initiation of home program etc.]

CLINICIAN(S) __handwritten signature(s)______________
Name, degree
Student Clinician/Graduate Intern

SUPERVISOR __handwritten signature______________
Name, degree, CCC-SLP
SEMESTER MANAGEMENT PLAN [Format]

Speech-Language Pathology Clinic
Minnesota State University, Mankato

Client: Date of This Report: 
Birth date: Date of Evaluation: 
C.A.: Initial Date of Therapy: 
Parent/caregiver: [if applicable] Instruction Schedule [# wks/#mins] minutes 
Address: Clinician(s): 
Phone: Supervisor:

BACKGROUND INFORMATION

_Name_ was initially seen at the Minnesota State University, Mankato Speech-Language Pathology Clinic on _date_ for an evaluation of _type_. [General introductory statements regarding nature and severity of client’s primary problem; date and location of diagnostic; brief summary of results and recommendations; medical diagnosis (what, made by whom, when); etiology if known (structural, organic or neurological); duration and location of past therapy; primary emphasis of previous therapy; description of progress made and recommendations; present vocational/education situation; living arrangement of client, especially if pertinent to case. First semester client might have more specific information regarding case history. Occasionally, reference to pertinent previous reports may be made; however, routine reference is not recommended. Schedule planned for semester frequency of group/individual sessions. Consider using more than one paragraph if the information is lengthy]

CURRENT INSTRUCTION

[Status at onset of current therapy period, current objectives and procedures]

Problem (or Challenge) #1 – [Short phrase stating what the client is working to change, i.e., rapid speaking rate, inappropriate pitch level, substitution of w/r, etc.]

[All information relative to the problem statement as known at beginning of current therapy period. Report documentation of the problem from formal and informal test results, examinations, or reports from others. The problem statements do not contain exaggerated or unsupported conclusions, nor do they include nonproblems, i.e., “Hearing is normal”. These statements should be updated each semester]

_Long-term Objective 1_ – [Statement of criterion-referenced behavior, time-limited by the end of the semester. See Appendix F: Writing Behavioral Objectives]

_Short-term Objective 1 _- [statement of criterion-referenced behavior reflecting the first step in a hierarchy to meet the long-term objective]

_Short-term Objective 2 _- [statement of criterion-referenced behavior reflecting the next steps in a hierarchy to meet the long-term objective]

_Short-term Objective XX_ - [the last short-term objective should be the same as the long-term objective]
[There may be one or many long-term objectives. If more than one... ]

**Long-term Objective 2**

*Short-term Objective 1*
*Short-term Objective 2*

**Long-term Objective 3**

*Short-term Objective 1*
*Short-term Objective 2*

Problem (or Challenge) #2    [short title as described for problem #1]

Problem (or Challenge) #3    [etc.]

CLINICIAN: ___________________________  SUPERVISOR: ___________________________

[Name] 
Student Clinician/Graduate Intern

[Name, degree, CCC-SLP]
Client: [Client's name]
Date of This Report: [Date of the report]
Birth date: [Client's birth date]
Date of Evaluation: [Date of evaluation]
C.A.: [Client's age]
Initial Date of Therapy: [Initial date of therapy]
Parent/caregiver: [if applicable] [家长/监护人]
Instruction Schedule [#wks/#mins] [指令频率和时间]
Address: [Client's address]
Clinician: [Clinician's name]
Phone: [Client's phone number]
Supervisor: [Supervisor's name]
School/Occupation [学校/职业]

BACKGROUND INFORMATION
_Name_ was initially seen at the Minnesota State University, Mankato Speech-Language Pathology Clinic on _date_ for an evaluation of _type_. [General introductory statements regarding nature and severity of client’s primary problem; date and location of diagnostic; brief summary of results and recommendations; medical diagnosis (what, made by whom, when); etiology if known (structural, organic or neurological); duration and location of past therapy; primary emphasis of previous therapy and description of progress made and recommendations; present vocational/education situation; living arrangement of client especially if pertinent to case. First semester client might have more specific information regarding case history. Occasionally, references to pertinent previous reports may be made; however, routine reference is not recommended. Schedule planned for frequency of group/individual sessions. In most cases, section will be identical to Semester Management Plan.]

CURRENT INSTRUCTION
[Status at onset of current therapy period, current objectives, and procedures and progress to date for each active problem addressed in therapy]

Problem #1 – [Short title, i.e., rapid speaking rate, inappropriate pitch level, substitution of w/r, etc.] Is this still something we need to include? It seems superfluous...

[All information relative to the problem statement as known at beginning of current therapy period. Include documentation of the problem from formal and informal test results, examinations, or reports from others. Problem statements do not contain exaggerated or unsupported conclusions, nor do they include nonproblems, i.e., “Hearing-normal”. These statements should be updated each semester.]

**Long-term Objective 1** - [statement of criterion-referenced behavior, time-limited by end of semester. See Appendix E2 Writing Behavioral Objectives]

**Short-term Objective 1** - [statement of criterion-referenced behavior, reflecting the first step in a hierarchy to meet the long-term objective]

Progress - [Objective (observable, countable) results including stimuli used, response data, documentation of progress. If not addressed during the semester, the Progress statement might be “Not addressed due to time constraints”]

**Short-term Objectives 2 to XX** - [statements of criterion-referenced behavior reflecting the next steps in a hierarchy to meet the long-term objective]

Progress - [same as previous objective]

**Short-term Objective XX** - [the last short term objective in this section should be the same as the long term objective]
Progress — [same as previous objective]

Materials and activities used — [describe specific materials and activities used, effective reinforcement, and other information that would assist another clinician.]

[There may be one or many long-term objectives. If more than one...]

Long-term Objective 2

Short-term Objective 1

Progress

Short-term Objective 2

Progress

Materials and activities used

Long-term Objective 3

Short-term Objective 1

Progress

Short-term Objective 2

Progress

Materials and activities used

Problem #2  [short title as described for problem #1]

Problem #3  [etc.]

SUMMARY AND CLINICAL IMPRESSIONS

Briefly summarize progress this semester. Then state how the client and his/her caregiver view the progress of therapy this semester. Analysis of appropriateness and effectiveness of therapy. Relate objectives for semester and client assessment to your assessment. If initially recommended objectives were not carried out, provide an explanation. Include pertinent information concerning the client’s behavior, motivation, etc. Current impression of overall speech/language status. Statement of prognosis for continued growth. Example: Prognosis for continued growth of communication skill appears poor / good. The overall prognosis for this client appears guarded / favorable when considering the lack of family support / client’s high motivation to return to work.
RECOMMENDATIONS

The following recommendations were discussed with _client or caregiver_ [followed by a statement of his/her reaction to the recommendations]

1. Therapy be _terminated / continued_ at _place_ for _number and length_ sessions.
2. Therapy focus on:
   a) 
   b) 
3. [State recommended referrals]

CLINICIAN: ___________________  SUPERVISOR: ___________________

[Name]  [Name, degree, CCC-SLP]

Student Clinician/Graduate Intern
CONSUMER SATISFACTION MEASURE

Today’s Date __________________________ Type of Service Received:  Speech Pathology _________  Audiology _________

Your Name ________________________________  Clinician’s Name ______________________________

Read each item carefully and circle the one answer that is best for you.
SA – Strongly Agree  N – Neutral  SD – Strongly Disagree  A – Agree  D – Disagree  NA – Not applicable

1. It is important that we see you in a timely manner.
   A. My appointments were scheduled within a reasonable period of time.  SA  A  N  D  SD  NA
   B. I was seen on time for my appointments.  SA  A  N  D  SD  NA

2. It is important that you benefit from Speech-Language Pathology and/or Audiology Services.
   A. I have benefited from the services I received.  SA  A  N  D  SD  NA

3. You are important to us; we are here to work with you.
   A. The clinic support staff was courteous and pleasant.  SA  A  N  D  SD  NA
   B. The clinician who served me was courteous and pleasant.  SA  A  N  D  SD  NA
   C. My family and other people important to me were included in my services.  SA  A  N  D  SD  NA
   D. Staff considered my special needs (age, culture, education, eyesight, hearing, and my level of participation).  SA  A  N  D  SD  NA

4. Our Speech-Language Pathology and Audiology staff is highly trained and qualified to serve you.
   A. My clinician was prepared and organized.  SA  A  N  D  SD  NA
   B. Services were explained to me in a way that I could understand.  SA  A  N  D  SD  NA
   C. My clinician was experienced and knowledgeable.  SA  A  N  D  SD  NA

5. It is important that the clinic is a pleasant environment.
   A. Health and safety precautions were taken when serving me.  SA  A  N  D  SD  NA
   B. The environment was clean and pleasant.  SA  A  N  D  SD  NA
   C. The environment was quiet and free of distraction.  SA  A  N  D  SD  NA
   D. The building and speech-language pathology services were easy to get to.  SA  A  N  D  SD  NA

6. It is important that we provide efficient and comprehensive services.
   A. The number of therapy sessions was appropriate.  SA  A  N  D  SD  NA
   B. My clinician planned for me to retain my skills after my program ended.  SA  A  N  D  SD  NA
   C. My therapy was well-managed and involved other services when needed (audiologist, support group, teachers, dentist, doctor.).  SA  A  N  D  SD  NA

7. We respect and value your comments.
   A. Overall, the clinical services I received were satisfactory.  SA  A  N  D  SD  NA
   B. I would seek your services again, if needed.  SA  A  N  D  SD  NA
   C. I would recommend your services to others.  SA  A  N  D  SD  NA

Comments:
CLINICIAN SELF-ASSESSMENT OF CLINICAL EVALUATION

Rate your own performance this semester on a 1 to 5 scale: 5 = strongly agree; 4 = agree; 3 = neither agree nor disagree; 2 = disagree; 1 = strongly disagree; NA = not applicable.

1. I am well prepared. 1 2 3 4 5 NA
2. I am willing to accept suggestions and constructive criticism. 1 2 3 4 5 NA
3. I can relate effectively to other professionals. 1 2 3 4 5 NA
4. I put forth initiative and effort. 1 2 3 4 5 NA
5. I have a positive attitude toward my clients. 1 2 3 4 5 NA
6. I am flexible and can adapt my materials to meet the needs of each client. 1 2 3 4 5 NA
7. My language usage is appropriate for the level of my clients. 1 2 3 4 5 NA
8. My nonverbal behavior matches my verbal behavior. 1 2 3 4 5 NA
9. I am in control of diagnostic situations even when inappropriate behaviors of my clients occur. 1 2 3 4 5 NA
10. I am able to observe client behaviors effectively. 1 2 3 4 5 NA
11. I can record client behaviors effectively. 1 2 3 4 5 NA
12. I can record clinical data accurately. 1 2 3 4 5 NA
13. I am punctual for diagnostic appointments. 1 2 3 4 5 NA
14. I keep all of my logs up to date. 1 2 3 4 5 NA
15. My written language on therapy plans, reports and evaluations is appropriate and in keeping with the language used in my performance. 1 2 3 4 5 NA
16. My reports are turned in on time. 1 2 3 4 5 NA

Scale: 5=excellent; 4=good enough; 3=average; 2=below average; 1=disappointing

I judge the extent of contribution and quality of my work to be _______.

I judge the extent of contribution and quality of my co-clinician as follows _______.

Name ________________________________ Client’s Initials _____________.

Constructive Comments:
## CLINICIAN SELF-EVALUATION OF THERAPY FORM

Rate your own performance this semester on a 1 to 5 scale: 5 = strongly agree; 4 = agree; 3 = neither agree nor disagree; 2 = disagree; 1 = strongly disagree; NA = not applicable.

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1. I am well prepared.
2. My clients have made positive changes.
3. I am willing to accept suggestions and constructive criticism.
4. I can formulate appropriate long term behavioral objectives and goals for my clients.
5. I can formulate appropriate daily lesson plans.
6. I can effectively execute lesson plans.
7. I can relate effectively to other professionals.
8. I can put forth initiative and effort.
9. I have a positive attitude toward my clients and therapy in general.
10. I am flexible and can adapt my therapy and materials to meet the needs of my clients.
11. I can appropriately use therapy materials.
12. My language usage is appropriate for the level of my clients.
13. My nonverbal behavior matches my verbal behavior.
14. I am in control of therapy situations even when inappropriate behaviors of my clients occur.
15. I use appropriate reinforcements for my clients.
16. I am able to observe client behaviors effectively.
17. I can record client behaviors effectively.
18. I can record clinical data accurately.
19. I am punctual for therapy sessions.
20. I keep all of my lesson plans, evaluations, and logs up to date.
21. My written language on lesson plans, reports and evaluations is appropriate and in keeping with the language used in my profession.
22. My reports are turned in on time.
SUPERVISOR EVALUATION FORM

Speech-Language Pathology Clinic
Minnesota State University, Mankato

Please rate your supervisor’s performance this semester on a 1 to 5 scale: 5 = strongly agree; 4 = agree; 3 = neither agree nor disagree; 2 = disagree; 1 = strongly disagree; NA = not applicable.

1. I have been sufficiently observed this semester. 1 2 3 4 5 NA

2. I have received positive feedback as well as constructive criticism. 1 2 3 4 5 NA

3. I am not afraid to talk to my supervisor. 1 2 3 4 5 NA

4. My supervisor had an appropriate mix of direct supervision and letting me try things on my own. 1 2 3 4 5 NA

5. My supervisor commented on and returned my written work in a timely fashion. 1 2 3 4 5 NA

6. I had an adequate number of conferences with my supervisor this semester. 1 2 3 4 5 NA

7. My supervisor allowed me to develop my own personal clinical skills, and not merely model his or her own. 1 2 3 4 5 NA

8. My supervisor was on time for our meetings. 1 2 3 4 5 NA

9. My supervisor was available for help when needed. 1 2 3 4 5 NA

10. My supervisor provided reference materials and ideas when requested. 1 2 3 4 5 NA

11. My supervisor provided me with the experience of talking to parents and professionals when the occasions arose. 1 2 3 4 5 NA

12. My supervisor observed rules of privacy, courtesy, and tact. 1 2 3 4 5 NA

13. I would choose to work under this supervisor again if given the opportunity. 1 2 3 4 5 NA

Additional Comments:
| Minnesota State University Communication Disorders  
| Evaluation of Clinical Competencies – *DIAGNOSIS*  
<table>
<thead>
<tr>
<th>(ASHA Standards IV-G-1 &amp; 3)</th>
<th>Student’s Self- Rating</th>
<th>Supervisor’s Rating</th>
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</thead>
<tbody>
<tr>
<td>Student’s Name:____________________________</td>
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<tr>
<td>Supervisor:____________________________</td>
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</table>

**A. Conduct screening and prevention procedures (including prevention activities)**

- ★ Administers speech-language screening instruments correctly
- ★ Interprets screening results accurately to determine need for further assessment
- ★ Communicates recommendations for further assessment appropriately
- ★ Identifies prevention issues and shares appropriate information with client/caregivers

**B. Collect Case History information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals.**

- ★ Develops appropriate diagnostic questions based on available information
- ★ Plans appropriate interview questions for client’s disorder area and age
- ★ Adapts the planned interview based on information the client provides
- ★ Conducts the interview efficiently and in a professional manner

**C. Select and administer appropriate evaluation procedures, such as behavioral observations, non-standardized tests, and instrumental procedures**

- ★ Assembles appropriate formal and informal assessments for answering diagnostic questions
- ★ Administers formal tests according to procedures

**D. Adapt evaluation procedures to meet client/patient need**

- ★ Explains test procedures and rationales clearly and accurately
- ★ Demonstrates appropriate flexibility during testing
- ★ Makes use of informal testing procedures including observation

4 = Consistent.  Student/skill/competency is well-developed and consistent; student requires supervisory guidance/consultation only.
3 = Present.  Student/skill/competency is present but still needs refinement; student requires frequent supervisory monitoring.
2 = Emerging.  Student/skill/competency is beginning to develop; student requires supervisory instruction.
1 = Absent.  Student/skill/competency is not evident; student requires constant supervisory modeling and intervention.
NA = Not applicable or not observed.
### Minnesota State University Communication Disorders
Evaluation of Clinical Competencies – **DIAGNOSIS**
(ASHA Standards IV-G-1 & 3)

<table>
<thead>
<tr>
<th></th>
<th>Student’s Self-Rating</th>
<th>Supervisor’s Ratings</th>
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<tbody>
<tr>
<td><strong>Student’s Name:</strong> __________________</td>
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<tr>
<td><strong>Supervisor:</strong></td>
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</table>

**E. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for Intervention**

- ★ Interpret test results accurately
- ★ Integrates all information to form an impression and diagnosis
- ★ Develops appropriate and thorough recommendations

**F. Complete administrative and reporting functions necessary to support evaluation**

- ★ Writes with technical accuracy (i.e., grammar, vocabulary, punctuation)
- ★ Presents information in a logically sequenced, organized manner and in sufficient detail
- ★ Revised version of report reflects supervisory feedback

**G. Refer clients/patients for appropriate services**

**Interaction & Personal Qualities (ASHA Standard IV-G-3)**

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

---

4 = Consistent. Student/skill/competency is well-developed and consistent; student requires supervisory guidance/consultation only.
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**RECOMMENDED GRADE:** _______________
Minnesota State University  Communication Disorders  
Evaluation of Clinical Competencies – TREATMENT  
(ASHA Standards IV-G-2 & 3)  

<table>
<thead>
<tr>
<th>Student’s Name: ______________________________</th>
<th>Supervisor: ____________________________</th>
<th>PRE</th>
<th>POST</th>
<th>MID</th>
<th>FINAL</th>
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</table>

Student’s Self-Ratings  

Supervisor’s Ratings

A. Develop setting-appropriate intervention plans w/measurable & achievable goals that meet client/s needs. Collaborate w/client & relevant others in the planning process

- ★ Uses client record to identify major treatment issues & develops appropriate objectives
- ★ Develops theoretically sound treatment plans and objectives, procedures, targets and criteria for success
- ★ Seeks/utilizes information from client &/or outside sources to support intervention

B. Implement intervention plans. Involve client and relevant others in the process

- ★ Gives clear, concise information about therapeutic goals, tasks, and techniques
- ★ Addresses target behaviors in a hierarchical and systematic fashion

C. Select or develop & use appropriate materials and instrumentation for prevention and intervention

D. Measure & evaluate client’s performance and progress

- ★ Makes accurate judgments of client’s performance relative to target behaviors
- ★ Provides accurate and appropriately timed feedback & reinforcement to client
- ★ Uses results from one session to plan appropriately for the next

E. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients

- ★ Identifies the need to adapt/modify procedures and does so appropriately
- ★ Paces session appropriately for client/s needs and abilities
- ★ Listens actively to client

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2 = Emerging. Student/skill/competency is beginning to develop; student requires supervisory instruction.
1 = Absent. Student/skill/competency is not evident; student requires constant supervisory modeling and intervention.
NA = Not applicable or not observed.
<table>
<thead>
<tr>
<th>F. Complete administrative and reporting functions necessary to support intervention</th>
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</thead>
<tbody>
<tr>
<td>★ Prepares appropriate lesson plans and progress notes</td>
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<tr>
<td>★ Collects client performance data and uses data to plan treatment</td>
</tr>
<tr>
<td>★ Clinical reports (i.e. treatment plans, final progress reports) are of sufficient quality to meet program expectations</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>G. Refer clients/patients for appropriate services</th>
</tr>
</thead>
</table>

**Interaction & Personal Qualities (ASHA Standard IV-G-3)**

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

**Student’s Self-Ratings**

**Supervisor’s Ratings**

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**1 = Absent. Student/skill/competency is not evident; student requires constant supervisory modeling and intervention.**

**NA = Not applicable or not observed.**

**RECOMMENDED GRADE:**

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**Appendix I1 (cont.)**

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<table>
<thead>
<tr>
<th>Client's Initials</th>
<th>Date of Session</th>
<th>Client’s Age (yrs.)</th>
<th><strong>INSTRUCTION</strong>: In the cells below, enter all session times in MINUTES</th>
<th><strong>Key</strong>: AR = Articulation FL = Fluency VO = Voice LA = Language DY = Dysphagia HE = Hearing A/A = Augmentative</th>
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<tr>
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<td><strong>TREATMENT Hours by Disorder Type</strong></td>
<td><strong>DIAGNOSTIC Hours by Disorder Type</strong></td>
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<td>AR FL VO LA DY HE A/A</td>
<td>AR FL VO LA DY HE A/A</td>
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Clinical Clock Hours Instructions

The first time you use the program:

1. Open File

2. Click on the Totals tab at the bottom of the display

3. Enter your name

4. Enter observation hours in the appropriate location (right of arrow)

To enter clock hours for a practicum or internship experience:

Click a practicum tab (e.g., Prac #1, Prac #2, etc.) at the bottom of the display.

1. Enter the hours in the appropriate cells (consider the following: UNDERGRAD or GRAD; EVALUATION or THERAPY; CHILD, ADULT, or GROUP).

2. If you earned group hours, enter the hours under the appropriate age group and re-enter the same amount of hours under GROUP. Note: entering the hours again under group does not double count your hours; the program simply keeps track of group hours separately.

3. If you earned hours working with an accent modification client, document the hours under Language or Speech Sound Disorders as appropriate.

4. Save your document.

5. Print any page by clicking on the printer icon or choosing print from the file menu.
<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Treatment</th>
<th>Evaluation</th>
<th>Treatment</th>
<th>C.Div</th>
<th>Supervisor #</th>
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<tr>
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<td>Fluency</td>
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<td>(\checkmark)</td>
<td>Eval</td>
<td>Treat</td>
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<tr>
<td>Voice</td>
<td>0</td>
<td>5</td>
<td>(\checkmark)</td>
<td>Eval</td>
<td>Treat</td>
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<tr>
<td>Language</td>
<td>0</td>
<td></td>
<td>(\checkmark)</td>
<td>Eval</td>
<td>Treat</td>
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<tr>
<td>Dysphagia</td>
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<td>(\checkmark)</td>
<td>Eval</td>
<td>Treat</td>
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<tr>
<td>Hearing</td>
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<td>(\checkmark)</td>
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<td>A/AC</td>
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<td>(\checkmark)</td>
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<td>Treat</td>
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<tr>
<td><strong>TOTALS</strong></td>
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<tr>
<td><strong>GRAND TOTAL</strong></td>
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(Group hrs. not double counted)
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<th>EVALUATION</th>
<th>TREATMENT</th>
<th>Either</th>
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<td>Adult</td>
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<tr>
<td>Observation</td>
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<tr>
<td>Speech/Articulation</td>
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<td>(5) 0</td>
<td>(5) 0</td>
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<tr>
<td>Fluency</td>
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<td>Voice</td>
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<td>Language</td>
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<td>(20) 0</td>
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<tr>
<td>Dysphagia</td>
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<td>A/AC</td>
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**TOTALS**

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<tbody>
<tr>
<td>Total Child Hours:</td>
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<tr>
<td>Total Adult Hours:</td>
<td>(80)</td>
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<tr>
<td>Total Group Hours:</td>
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<tr>
<td>Total Grad. Hours:</td>
<td>(325)</td>
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<td>Grand Total Hours (MSU)</td>
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</table>
The Communication Disorders program has enjoyed a long history that has been free of student complaints requiring formal resolution. As part of the program’s accreditation by the ASHA Council on Academic Accreditation, the program is required to maintain a student complaint process.

Students who wish to resolve a complaint are directed to follow the CDIS student complaint procedure that is illustrated on the flow chart on the next page. The following information is provided to assist students in the process.

As an initial step, the student should determine with whom the complaint should be discussed first. The student should judge whether the issue is related to clinical practicum, an individual course, or whether it is a program-related issue.

Clinical Issues

These may include, but are not limited to client assignments, supervision problems, clock hour issues, clinic paperwork, etc.

Course Issues

These may include, but are not limited to class assignments, tests, grades, availability of instructor, etc. Please note: If a student complaint involves grades, the student is advised to follow the university procedure for grade appeal which is outlined in each course schedule book.

CDIS Program Issues

These may include, but are not limited to admission decisions, removal from the program, curricular requirements, problems with the physical facilities, etc.

Complaints of another nature may be covered by other university policies including discrimination and harassment which are outlined in the Graduate and Undergraduate Bulletins.

Students have the right to file a complaint with the ASHA Council on Academic Accreditation (CAA). The procedure for issuing complaints with ASHA can be found at: http://www.asha.org/academic/accreditation/accredmanual/section8.htm
Appendix K1

Please Note: If your complaint is not resolved at a particular step, proceed to the next step.

**SHRS Student Complaint Procedure**

Determine with whom the complaint should be discussed first. (NOTE: Individuals may choose to keep records of your complaint for purposes of documentation). **If the problem involves:**

- **Clinic/Practicum**
  - Discuss informally with your Clinical Supervisor
  - Discuss informally with the Clinic Director
  - Written Complaint to Dept. Chairperson
  - Written Statement to Dean of CAHN
  - Written Appeal to Academic Affairs

- **Course(s)**
  - Discuss informally with your Course Instructor
  - Written Statement to Dept. Chairperson
  - Written Statement to Dean of CAHN
  - Written Appeal to Academic Affairs

- **SHRS Program Issues**
  - Discuss informally with the Dept. Chairperson
  - Written Statement to Dept. Chairperson
  - Written Statement to Dean of CAHN
  - Written Appeal to Academic Affairs

**STEP 1**

**STEP 2**

**STEP 3**

**STEP 4**

**STEP 5**

**STEP 6**

**STEP 7**

Informal (discussion) → Internal (Dept.) → Formal (written) → External (Dean CAHN) → Appeal Academic Affairs

Informal (discussion) → Internal (Dept.) → Formal (written) → External (Dean CAHN) → Appeal Academic Affairs
**ASHA Code of Ethics**


**Preamble**

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

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

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

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

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

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

**Principle of Ethics I**

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

1. Individuals shall provide all services competently.
2. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
3. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
4. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.
5. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
6. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.
7. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.
8. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.
9. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
10. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
11. Individuals shall not provide clinical services solely by correspondence.
12. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.
13. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.
14. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.
15. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.
16. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.
17. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

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

Principle of Ethics II

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

Rules of Ethics

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

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

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

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

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

Principle of Ethics III

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

Rules of Ethics

1. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.

2. Individuals shall not participate in professional activities that constitute a conflict of interest.

3. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.
4. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.
5. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.
6. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
7. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

Principle of Ethics IV

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

Rules of Ethics

1. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.
2. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
3. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.
4. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.
5. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
6. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.
7. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
8. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
9. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
10. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
11. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
12. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

13. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.

14. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.