# Department of Speech, Hearing and Rehabilitation Services
# Student Handbook

Revised in Fall 2025

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# Communication Sciences and Disorders Program Information

## Our Mission & Vision

**Vision:** Prepare students for successful real world collaborative work, leadership, and life-long learning as professionals in Speech-Language-Hearing Sciences and American Sign Language.

**Mission:** To provide our students with a solid foundation of knowledge in Speech-Language-Hearing Sciences for study in the areas of speech-language pathology, audiology, and American Sign Language, and to inspire and empower them to achieve their career goals.

## Program History

The Minnesota State University, Mankato program in Communication Sciences and Disorders had its beginning in 1953 with the first course offerings through the Department of Special Education. In 1959, the program faculty offices, the Speech and Hearing Clinic, the Speech Laboratory, and the classrooms were moved to Armstrong Hall on the new Highland Campus and became a part of the Speech and Theater Arts Department. The program remained in Armstrong Hall until early 2017. In 1976, the program became the Speech Pathology Department, a separate department within the College of Health and Human Performance. Subsequently, the name of the department was changed to the Department of Communication Disorders and the name of the College was changed to the College of Allied Health and Nursing. In 1998, the Department of Communication Disorders merged with the Department of Rehabilitation Counseling. The merged department was renamed the Department of Speech, Hearing, and Rehabilitation Services (SHRS). In January 2017, the department moved to the new Clinical Sciences Building located at 150 South Road. The audiology and speech-language pathology clinics are now located in the Center for Communication Sciences & Disorders on the first floor of the Clinical Sciences Building. In 2018, the program name changed to Communication Sciences and Disorders to more accurately represent our field and scope of practice as speech and hearing professionals. The department offers two degrees: a B.S. in Communication Sciences and Disorders and an M.S. in Communication Sciences and Disorders. The American Sign Language Certificate program was created in fall 2022.

In 1983, the Speech-Language Pathology and Audiology Clinics became affiliated with the Key City Sertoma Club of Mankato. The affiliation allows access to Sertoma Foundation Programs of Sertoma International. Sertoma is a service organization providing support for individuals with communication and other disabilities. The local Key City Club provides financial support to the clinic service program and Sertoma International sponsors matching grants for service projects and scholarship support for faculty and staff in continuing education.

Many of the program's hundreds of alumni have enjoyed careers in academia, as well as careers in schools, rehabilitation centers, private practice, medical centers, and hospitals. The department is based on a foundation of academic excellence and clinical competence in serving individuals with communication disorders.

## Program Overview

The Communication Sciences and Disorders (CSD) Program at Minnesota State University, Mankato, housed within the Department of Speech, Hearing and Rehabilitation Services in the College of Allied Health and Nursing, offers both B.S. and

M.S. degrees. Accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association (ASHA), the M.S. program in speech-language pathology has been offered since 1970 and prepares students for the Certificate of Clinical Competence (CCC), as well as state licensure to work in educational and healthcare settings. The undergraduate curriculum provides pre-professional training in speech-language pathology and audiology, including foundational and advanced coursework, as well as supervised practicum experiences. The graduate program builds on this foundation with specialized coursework and clinical training. Our department also houses an American Sign Language Certificate program which builds foundational sign language skills while fostering effective communication and cultural awareness for meaningful engagement with the Deaf community.

The Communication Sciences and Disorders Program provides a curriculum for a major in Communication Sciences and Disorders, pre-professional preparation in speech-language pathology or audiology, and supportive coursework for majors from other departments with interests in human communication or its disorders. The beginning courses concern the normal aspects of speech, language, and hearing–its nature and development, as well as introducing the student to the disorders of speech, language, and hearing. Advanced courses are devoted to specific disorders in terms of their nature and treatment. The undergraduate training culminates with supervised practicum experiences in which the student works with people who have communication disorders.

Preparation in Communication Sciences and Disorders entails both undergraduate and graduate coursework and clinical practicum experiences. The program of study at Minnesota State, Mankato is designed to meet all of the requirements for the Certificate of Clinical Competence (CCC) issued by ASHA. Attainment of this certification is intended to assure that the individual is fully prepared as a speech-language pathologist. Such preparation also meets or exceeds the speech pathology requirements for teacher licensure (through the Professional Educator Licensing and Standards Board in the Department of Education) and through the Department of Health licensure in Minnesota.

The undergraduate curriculum in Communication Sciences and Disorders is pre-professional, provides preparation for graduate study in Communication Sciences and Disorders, and leads to the Bachelor of Science degree in Communication Sciences and Disorders. It should be noted that a Master's degree is the entry-level degree for speech-language pathologists. Employment as a speech-language pathologist with a Bachelor's degree is no longer possible. The undergraduate degree in Communication Sciences and Disorders also offers specialized courses and practicums for those pursuing a career in audiology. The entry-level degree for audiologists is either a clinical doctorate (Au.D.) or a Ph.D.

The speech-language pathology graduate course of study begins in the Fall Semester of an academic year. The specific courses students must take are partially a function of their preparation at the undergraduate level of study. Students transferring from other institutions usually have little difficulty in establishing a course of study if they have already earned a B.S. or B.A. degree with a major in Communication Sciences and Disorders or Speech-Language-Hearing Sciences. Students without an undergraduate degree in the discipline can expect to take at least an additional year of study to remove deficiency areas. The graduate program of study, when combined with undergraduate coursework and practicum experiences, meets the academic and practicum requirements for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) issued by ASHA.

The Center for Communication Sciences and Disorders serves as both a training facility and community-based clinic, supporting students and clients with communication disorders. The Center provides professional training for students in the Speech-Language Pathology program and competent clinical services for clients with communication disorders. It is the goal of the CSD Program to provide quality professional experiences for clients and student clinicians.

## Statement on Dismantling Racism and Striving for Equity

As a racially equitable program we have the capability to transform and dismantle inequities and racism in the field of audiology, speech-language pathology and American Sign language (ASL).

We acknowledge that there are institutional issues of racism, audism/ableism, linguicism, implicit bias, and other inequities within the fields of audiology, speech-language pathology and ASL that impact the access and inclusion to CSD programs for historically marginalized populations, such as students of color, nontraditional students, multilingual students, individuals with disabilities, and the LGBTQIA+ community. Therefore, we commit ourselves to advocating for and dismantle equity and inclusion barriers utilizing an intersectional lens. Current actionable goals are as follows.

- We do not require the Graduate Record Examination in graduate applications for our Master's degree program in Speech-Language Pathology due to the barriers and biases associated with standardized testing. Additionally, we incorporate holistic admissions processes.
- Thanks to donors, we have funding for diversity, equity and inclusion work in the department. We continue to seek donations and grants to support our programming.
- We will continue to build programming with an explicit goal to diversify student population.
- We have implemented coursework in graduate and undergraduate programs to address diversity, equity, and inclusion in the fields of speech-language pathology and audiology, ASL, and related settings. We will continue to examine course equity gaps and develop strategic, pedagogical goals and actions to address and eliminate them.
- Faculty and staff have engaged in and will continue to engage in continued education on diversity, equity and inclusion.
- Faculty and students will engage in explicit discussion around the harm of microaggressions and discrimination.
- Faculty, staff, and students work to empower individuals with disabilities and communication difficulties across the lifespan by recognizing the history of disability discrimination and its ongoing, compounded harms, e.g., writing ableist speech goals, prohibition on the use of sign language, and forcing oralism in education and healthcare settings, instead of providing D/d/hh people with Deaf role models.
- Faculty are expected to make a personal commitment to dismantling racism and striving for equity.
- Faculty will learn, use, and teach neurodiversity-affirming and strengths-based language.
- We continue to evaluate and revise the programs' accountability mechanisms to address microaggression and other discrimination behaviors.

# General Information

Length of Programs: Typically, an undergraduate major in Communication Sciences and Disorders can be expected to complete the requirements for the B.S. degree in four academic years, beginning the major coursework in the sophomore year. All courses in the major are offered only once a year; therefore, careful planning is needed. Ordinarily, the student who enters the Graduate Program in Communication Sciences and Disorders without deficiencies may be expected to complete his/her/their studies in five semesters of full-time enrollment.

Class Sizes: Undergraduate courses range in size from approximately 40 to 60 students, with a few exceptions. "Graduate only" course sizes range from 25 to 35.

Facilities: The Clinical Sciences Building facilities include faculty offices, the departmental office, the Center for Communication Sciences & Disorders, the major classrooms, and graduate student lab. The facilities include three sound attenuating booths and both observation suites as well as live video feed of clinic rooms. Off-campus facilities at cooperating clinical sites are varied, including major medical centers, small private offices, and school settings.

Housing: Campus residential housing is available to students on a limited basis. Students interested in campus housing should contact the Residential Life Housing Office at the Carkoski Commons or by calling (507) 389-1011. Off-campus housing is also available nearby. Inquiry for off-campus accommodations may be found at http://www.mnsu.edu/activities/housing/.

Financial Aid and Online Assistance: A variety of application and student financial aid resources are available at the College of Graduate Studies web site: http://grad.mnsu.edu/gradstudies/. These include graduate assistantships and need-based financial aid programs. Students wishing to make further inquiry should contact the College of Graduate Studies office at (507) 389-232 or contact Student Financial Services located in Centennial Student Union at (507) 389-1866. If you wish to apply for a graduate assistantship in the Communication Sciences and Disorders program, contact the CSD graduate coordinator.

Links to MSU Student Handbook & University Policies: The following links provides access to a comprehensive listing of graduate student resources and university policies affecting students (e.g., student rights & responsibilities, grievances, nondiscrimination, etc.):

- University policies and procedures
- Academic Honesty
- Graduate Studies resources

Accessibility Services: Minnesota State University, Mankato provides students with disabilities reasonable accommodation to participate in educational programs, activities or services. Students with disabilities requiring accommodation to participate in class activities or meet course requirements should first register with Accessibility Resources, (Memorial Library 132, telephone 389-2825, TDD 711) to establish an accommodation plan. https://www.mnsu.edu/university-life/campus-services/accessibility-resources/

Further Information: For persons requiring further information, please contact the director of the graduate program by writing to the Graduate Coordinator, Department of Speech, Hearing and Rehabilitation Services, Communication Sciences and Disorders Program, 314 Clinical Sciences Building, Minnesota State University, Mankato, Mankato, MN 56001 or telephone (507) 389-1414.

Department Website: https://ahn.mnsu.edu/academic-programs/communication-sciences-and-disorders/.

Our social media: IG: CenterCSD and FB: MankatoCSD

# MSU/CSD Student Complaint Procedure

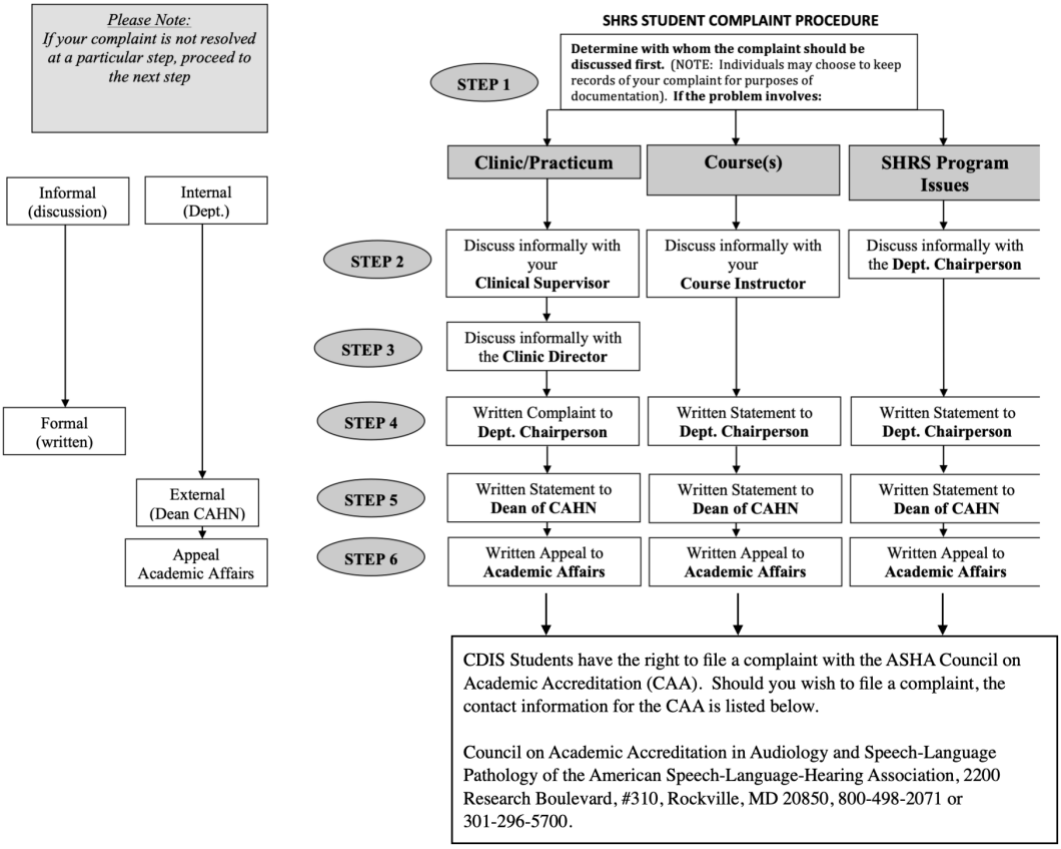
As part of the program's accreditation by the ASHA Council on Academic Accreditation, the Communication Sciences and Disorders program is required to maintain a student complaint process.

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 clinic, an individual course, or whether it is a program-related issue.

Students who wish to resolve a complaint are directed to follow the CSD 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.

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

- First discuss with your clinical instructor, if the concern is not resolved or addressed
- Then discuss with the Center director, if the concern is not resolved or addressed




- Then discuss with the Department Chair, if the concern is not resolved or addressed
- Then the complaint should be brought to the College of Allied Health & Nursing Dean's office, if the concern is not resolved or addressed
- A written appeal should be brought to the Academic Affairs Office.

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.

- First discuss with your course instructor, if the concern is not resolved or addressed
- Then discuss with the Department Chair, if the concern is not resolved or addressed
- Then the complaint should be brought to the College of Allied Health & Nursing Dean's office, if the concern is not resolved or addressed
- A written appeal should be brought to the Academic Affairs Office.

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

- First discuss with the Department Chair, if the concern is not resolved or addressed

- Then the complaint should be brought to the College of Allied Health & Nursing Dean's office, if the concern is not resolved or addressed
- A written appeal should be brought to the Academic Affairs Office.

CSD Students have the right to file a complaint with the ASHA Council on Academic Accreditation (CAA). Should you wish to file a complaint, the contact information for the CAA is listed below. Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association, 2200 Research Boulevard, #310, Rockville, MD 20850, 800-498-2071 or 301-296-5700.

# Minnesota Policy on Equal Opportunity and Nondiscrimination in Employment and Education

## Equal Opportunity and Nondiscrimination in Employment and Education

Minnesota State Colleges and Universities is committed to a policy of nondiscrimination in employment and education opportunity. See full statements: https://www.minnstate.edu/board/policy/1b01.html .

**Subpart A. Equal opportunity for students and employees:** Minnesota State Colleges and Universities has an enduring commitment to enhancing Minnesota's quality of life by developing and fostering understanding and appreciation of a free and diverse society and providing equal opportunity for all its students and employees. Minnesota State is committed to a policy of equal opportunity and nondiscrimination in employment and education.

**Subpart B. Nondiscrimination:** Minnesota State prohibits discrimination and harassment against persons in the terms and conditions of employment, personnel practices, or access to and participation in educational programs, services, and activities on the basis of membership or perceived membership in any of the following protected classes: race, sex (including pregnancy, child birth, and related medical conditions), color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, gender identity, gender expression, veteran status, familial status, and membership or activity in a local human rights commission. Protected class also includes genetic information for employees.

Minnesota State shall maintain and encourage full freedom of expression, inquiry, teaching and research. Academic freedom comes with a responsibility that all members of our education community benefit without intimidation, exploitation, or coercion. This policy is directed at conduct that constitutes discrimination or harassment under this policy and is not directed at the content of speech. In cases in which statements and other forms of expression are involved, Minnesota State must consider an individual's constitutionally protected right to free speech and academic freedom. However, discriminatory or harassing conduct is not within the protections of academic freedom or free speech.

## Reporting Incidents of Discrimination/Harassment

Any student, faculty member or employee who knows of, receives information about or receives a complaint of discrimination/harassment is strongly encouraged to report the information or complaint to the designated officer of the Office of the Chancellor, college, or university.

1. Reporting Incidents of Discrimination/Harassment: Any student, faculty member or employee who knows of, receives information about or receives a complaint of discrimination/harassment is strongly encouraged to report the information or complaint to the designated officer of the Office of the Chancellor, college, or university.

    - Available Reporting Options: Bias Incident Support and Advisory Team https://www.mnsu.edu/university-life/diversity-equity-inclusion/bias-incident-support-and-advisory-team/

2. Submit a report of Discrimination, Harassment And/Or Sexual Violence https://admin.mnsu.edu/equal-opportunity-title-ix/submitting-a-report/

    - Submit a report of Sexual Violence for Review https://cm.maxient.com/reportingform.php?MNStateUniv&layout_id=301

    - Submit a report of Discrimination/Harassment for Review https://cm.maxient.com/reportingform.php?MNStateUniv&layout_id=302

3. Concerns or conduct that are not related to discrimination, harassment and/or sexual violence https://www.mnsu.edu/university-life/campus-services/student-affairs/refer-or-report-a-concern-about-a-person/

    - Contact Equal Opportunity/Title IX office eotitleix@mnsu.edu; 507-389-2986; Morris Hall 112. More information can be found: http://www.mnsu.edu/eotitleix/

# Communication Sciences and Disorders Bachelor of Science

## Program Policies

Students completing course requirements under previous catalogs are advised to consult the department chairperson for appropriate course substitutions.

The minimum level of professional preparation in communication sciences and disorders requires a master's degree. The department does not recommend bachelor's degree graduates for professional employment.

### Progression Standard

Students will complete CDIS312, CDIS322, CDIS392 and CDIS394 with a 3.0 grade point average before they are given permission to take 400 level courses.

### GPA Policy

Permission to register for 400 level courses is granted by the department upon completion of the courses of CDIS 312, CDIS 322, CDIS 392, and CDIS 394, with a 3.0 grade point average. If this minimum is not met, students should discuss with an advisor in the department to plan a course of study.

A minimum GPA of 3.0 is highly recommended to enroll in practicum. This may be waived based on recommendations of the advisor and course instructor.

P/N Grading Policy. All courses must be taken for letter grades by majors except those offered on a P/N only basis.

Students planning to major in an area of study in the College of Allied Health and Nursing have an advisor assigned to them. Questions and concerns pertaining to advising and the assignment of advisors can be answered by the student relations coordinator. Contact the Dean's office for contact information.

Refer to the College advising office regarding required advising for students on academic probation.

Declaration of major can be done through the "major button." It is recommended all students meet with a college advisor and/or an academic advisor prior to declaring the major.

# CSD Undergraduate Program Curriculum

## Core Curriculum

*Foundational Courses with minimum GPA requirement of 3.0 across these courses

| Course | Title of Course | Credits | Semester | Other notes |
|---|---|---|---|---|
| 201 | Observation of Human Communication | 3 | Fall/Spring/Summer | Online |
| 220 | Basic Audiology | 3 | Spring | |
| 290 | Introduction to Communication Disorders | 3 | Fall/Spring/Summer | Online |
| ***312** | **Speech and Language Development** | **3** | **Fall/Summer** | **Summer-online** |
| ***322** | **Speech and Hearing Sciences** | **3** | **Fall/Summer** | **Summer-online** |
| ***392** | **Phonetics** | **3** | **Fall/Summer** | **Summer-online** |
| ***394** | **Applied Anatomy and Physiology** | **3** | **Spring/Summer** | **Summer-online** |
| 346 | Cultural Humility in CSD | 3 | Spring | |
| 350W | Interprofessional Practice & Research | 3 | Spring | |
| 410 | Neurological Bases of Speech | 2 | Fall | |
| 421 | Aural Rehabilitation | 3 | Spring | |
| 445 | Grand Rounds- Foundation | 1 | Fall | |
| 446 | Grand Rounds- Presentation | 2 | Spring | |

## Restricted Electives

Two credits of clinical experiences are required.

| Course | Title of Course | Credits | Semester | Other notes |
|---|---|---|---|---|
| 320 | Audiometrics: Beginning & Intermediate | 2 | Fall | Can be repeated<br>*recommended for audiology |
| 420 | Audiometrics: Advanced | 2 | Spring | Can be repeated<br>*recommended for audiology |
| 495 | Clinical Practicum: Speech/Language Disorders | 2 | Spring | *recommended for speech-language pathology |

Audiology Option: Choose 12-17 credits recommended for audiology

Speech-Language Pathology Option: Choose 12-15 credits recommended for speech-language pathology.

| Course | Title of Course | Credits | Semester | Other notes |
|---|---|---|---|---|
| 402 | Child Language Disorders | 3 | Fall | *recommended for speech-language pathology |
| 434 | Clinical Methods in SLP | 3 | Spring | *recommended for speech-language pathology |
| 438 | Speech Sound Disorders | 3 | Spring | *recommended for speech-language pathology |
| 444 | Appraisal and Diagnosis | 3 | Fall | *recommended for speech-language pathology |
| 320 | Beginning and Intermediate Audiometrics | 2 | Fall | *recommended for audiology |
| 401 | Hearing Disorders | 3 | *Variable | *recommended for audiology |

| | | | | |
|---|---|---|---|---|
| 404 | Deaf Studies: Deaf Culture, History and Social Justice | 3 | Fall | ASL Certificate |
| 408 | Seminars in CAPD | 3 | *Variable | *recommended for audiology |
| 420 | Advanced Audiometric | 2 | Spring | *recommended for audiology |
| 422 | Hearing across the lifespan | 2 | Fall | *recommended for audiology |
| 447 | Counseling in Communication Sciences & Disorders | 3 | Spring | |

## Other Electives in Communication Sciences and Disorders

| Course # | Title of Course | Credits | Semester | Other notes |
|---|---|---|---|---|
| REHB 110W | Sensitivity to Disabilities | 3 | Fall/Spring | Gen Ed categories 1C, 7 Writing Intensive |
| CDIS 205 | Beginning American Sign Language – Level I | 3 | Fall/Spring/Summer | ASL Certificate |
| CDIS 306 | Intermediate American Sign Language – Level II | 3 | Fall/Spring/Summer | ASL Certificate |
| CDIS 307 | Advanced American Sign Language I – Level III | 3 | Fall/Spring | ASL Certificate |
| CDIS 308 | Conversation in American Sign Language | 1 | Fall | ASL Certificate |
| CDIS 407 | Advanced American Sign Language II – Level IV | 3 | Spring | ASL Certificate |
| CDIS 409W | Literacy Foundations and Disorders | 3 | Spring | **not always offered |
| CDIS 457W | Transdisciplinary Research | 3 | Fall | **not always offered |
| CDIS 477 | Interprofessional Practice | 1 | Summer/Spring/Fall | **not always offered |
| CDIS 491 | Inservice/Independent Study | Variable | Summer/Spring/Fall | *Instructor permission Required |

## Field Related General Education Coursework

Students may have the opportunity to complete additional credits outside of the major to fulfill the 120 required credits of an undergraduate degree.

All students are expected to fulfill general education coursework. See the current Minnesota State University, Mankato Undergraduate Bulletin for details. Minnesota State, Mankato Gen. Ed. courses can also be used to fulfill ASHA certification (Standard IV: Knowledge Outcomes IV-A). As an option, they can be taken for P/N if allowed by the department offering the course.

Students who need to fulfill Minnesota State, Mankato, general education requirements may wish to select courses that have some pertinence to the Communication Sciences and Disorders major. The following courses may be considered for Minnesota State, Mankato general education requirements.

| Course # | Title of Course | Credits | Gen. Ed. Category # | Cultural Diversity | Writing Intensive |
|---|---|---|---|---|---|
| CDIS 205 | Beginning American Sign Language | 3 | 11 | | |
| FCS 140 | Introduction to Nutrition | 3 | 3 | | |
| FCS 400 | Culturally Diverse Family System | 3 | | Purple | |
| GERO 200W | Family Dynamics of Aging | 3 | 2, 7 | Purple | x |
| GERO 200W | Family Dynamics of Aging | 3 | 2, 7 | purple/gold | X |
| GWS 230 | Gender, Race, and Popular Culture | 4 | 2, 6 | Purple | |
| ETHN 204 W | Perspectives on Latinos/Hispanics | 3 | 5, 7 | Purple | |

| | | | | | |
|---|---|---|---|---|---|
| HLTH 210 | Emergency Medical Responder First Aid and CPR | 3 | 11 | | |
| HLTH 240 | Drug Education | 3 | 5 | | |
| PHIL 110 | Logic and Critical Thinking | 3 | 2, 4 | | |
| PHIL 115W | Philosophy for Race, Class, and Gender | 3 | 6, 7 | purple | X |
| PHIL 120W | Introduction to Ethics | 3 | 6, 9 | | X |
| PHIL 205W | Culture, Identity, and Diversity | 3 | 6, 8 | | X |
| PHIL 222W | Medical Ethics | 3 | 6, 9 | | X |
| REHB 110W | Sensitivity to Disability | 3 | 7 | gold | X |
| COMM 100 | Fundamentals of Communication | 3 | 1B | | |
| COMM 102 | Public Speaking | 3 | 1B | | |
| COMM 203 | Intercultural Communication | 4 | 7, 8 | purple | |
| SOWK 215W | Introduction to Social Welfare Services | 4 | 5, 9 | Purple | X |
| SOWK 255 | Global Responses to Human Need | 3 | 5, 8 | purple | |
| SOC 404 | Sociology of Aging | 4 | | Purple | |
| SOC 446 | Race, Culture & Ethnicity (pre req. SOC 101) | 4 | | Purple | |
| CIS 100 | Introduction to Computing & Applications | 4 | 9 | | |

Additional Field Related Courses

| Course # | Title of Course | Credits |
|---|---|---|
| BIOL 324 | Neurobiology (pre req. BIOL 220) | 3 |
| CSP 471 | Interpersonal Helping Skills | 3 |
| CSP 473 | Counseling the Chemically Dependent Family | 3 |
| COMM 215 | Effective Listening | 2 |
| ENG 482 | Teaching Listening and Speaking to English Learners | 4 |
| ENG 484 | Teaching Grammar and Vocabulary to English Learners | 4 |
| FCS 303 | Working with Families | 3 |
| FCS 402 | Play & Child Development | 3 |
| HLTH 321 | Medical Terminology | 4 |
| HLTH 455 | Health and Aging | 3 |
| PSYC 230 | Child Care Psychology | 3 |
| PSYC 466 | Psychology of Aging (pre req. PSYC 101) | 4 |
| SOC 402 | Medical Sociology | 4 |

# ASHA Certification Standards to be Met at Undergraduate Level

In the process of earning General Education credits, students should note that **at least one** college level course is needed for ASHA certification (Standard IV-A) in each of the following areas. If unsure if the course you select meets these criteria, please consult with the graduate coordinator. A substitution/waiver form may be needed to be completed to assure that this has been met:

- Statistics
- Biological Science

- Physical Science
- Social/Behavioral Science

Statistics- Choose one course from the following statistic courses.

| Course # | Title of Course | Credits | Gen. Ed. Category # |
|---|---|---|---|
| PSYC 201 | Statistics for Psychology (pre req Math 112) | 4 | |
| SOC 202 | Introductory Social Statistics (spring) | 3 | 4 |
| STAT 154 | Elementary Statistics | 4 | 4 |
| HLTH 475 | Biostatistics (pre req MA 110) | 3 | |

Biological Sciences- Choose one from the following biological science courses.

| Course # | Title of Course | Credits | Gen. Ed. Category # |
|---|---|---|---|
| BIOL 100 | Our Natural World | 4 | 3 |
| BIOL 102 | Biology of Women | 3 | 3 |
| BIOL 103W | Introduction to Biotechnology | 3 | 1C, 3 |
| BIOL 105/105W | General Biology 1 | 4 | 1C, 3 |
| BIOL 220 | Human Anatomy | 4 | |

Physical Sciences- Choose one from the following physical science courses.

| Course # | Title of Course | Credits | Gen. Ed. Category # |
|---|---|---|---|
| CHEM 100 | Chemistry in Society | 4 | 3 |
| CHEM 104 | Introduction to Chemistry | 3 | 3 |
| CHEM 106 | Chemistry of Life Processes Part 1 | 3 | 3 |
| CHEM 111 | Chemistry of Life Processes (pre req H.S. Chem or CHEM 106) | 5 | 2,3 |
| CHEM 131 | Forensic Science | 3 | 3,9 |
| CHEM 134 | Mind Altering Substances | 3 | 3 |
| PHYS 100 | Cultural Physics | 3 | 3 |
| PHYS 101 | Introductory Physics | 3 | 3 |
| PHYS 102 | Physics in the World Around Us | 3 | 3 |
| PHYS 105 | Time, Atomic Clocks, and Relativity | 3 | 3 |

Social/Behavioral Sciences- Choose one from the following social/behavioral science courses.

| Course # | Title of Course | Credits | Gen. Ed. Category # | Cultural Diversity | Writing Intensive |
|---|---|---|---|---|---|
| ANTH 250W | Portraits of Culture | 4 | 1C, 5 | purple | X |
| PSYC 103W | Psychology Today | 3 | 1C, 2 | | X |
| ANTH 101 | Introduction to Anthropology | 3 | 5, 8 | purple/gold | |
| ANTH 240 | Language and Culture | 3 | 5, 8 | gold | |
| PSYC 101 | Introduction to Psychological Sciences | 4 | 5 | | |
| PSYC 206 | The Human Mind | 4 | 5 | | |

| | | | | | |
|---|---|---|---|---|---|
| PSYC 230 | Child Care Psychology | 3 | | gold | |
| PSYC 240 | Personal Adjustment | 3 | | | X |
| SOC 101/101W | Introduction to Sociology | 3 | 5, 8 | purple | X |
| SOC 150 | Social Problems | 3 | 5,7 | purple | |
| SOC 402 | Medical Sociology | 3 | | | |
| SOC 403 | Sociology of Mental Health | 3 | | | |

# Communication Sciences and Disorders Minor

Students who wish to complete a minor in Communication Sciences and Disorders (CSD) complete a total of **16 credits.** There is one required course – CDIS 290 (**3 credits**). The remaining **13 credits** may be chosen from the undergraduate courses listed below. It is recommended that you work with an advisor in CSD to make decisions on which courses would be helpful for your minor. Students may email the department administrative assistant or department chair for an advising appointment. Students can declare the minor through the "major button".

## Required Courses

| Course # | Title of Course | Credits | Semester |
|---|---|---|---|
| 290 | Introduction to Communication Disorders | 3 | Fall/Spring Summer |

## Select a Minimum of 13 Credits From Below

| Course # | Title of Course | Credits | Semester |
|---|---|---|---|
| 201 | Observation of Human Communication | 3 | Fall/Spring Summer |
| 220 | Basic Audiology | 3 | Spring |
| 312 | Speech and Language Development | 3 | Fall/Summer |
| 322 | Speech and Hearing Sciences | 3 | Fall/Summer |
| 392 | Phonetics | 3 | Fall/Summer |
| 394 | Applied Anatomy and Physiology | 3 | Spring/Summer |
| 346 | Cultural Humility in Communication Sciences and Disorders | 3 | Spring |
| 350W | Interprofessional Practice and Research | 3 | Spring |
| 401 | Hearing Disorders | 3 | Fall |
| 402 | Child Language Disorders | 3 | Fall |
| 404 | Deaf Studies: Deaf Culture, History and Social Justice | 3 | Fall |
| 408 | Seminars in Auditory Processing | 3 | *variable |
| 409W | Literacy Foundation and Disorders | 3 | *variable |
| 445 | Grand Rounds – Foundations | 1 | Fall |
| 446 | Grand Rounds – Presentation | 2 | Spring |
| 477 | Interprofessional Practices | 1 | *variable |
| 205 | Beginning American Sign Language – Level I | 3 | Fall/Spring/Summer |
| 306 | Intermediate American Sign Language – Level II | 3 | Fall/Spring/Summer |
| 307 | Advanced I American Sign Language – Level III | 3 | Fall/Spring |

# American Sign Language Certificate

The American Sign Language Certificate is a 16-credit certificate comprising one course in Deaf Studies and five courses in American Sign Language. The certificate will provide students with the foundational sign language skills necessary to achieve minimum proficiency levels, improve interpersonal communication, and develop a deeper awareness of the language, culture, and historical context of the Deaf community. This is to be better prepared for meaningful interactions and to appreciate the richness of diversity within the Deaf community.

There are no admission criteria. Students are required to maintain 3.0 GPA across CDIS 205, 306, 307, 308, 404 and 407 in order to receive the certificate. This certificate does not give professional interpreter certification.

Students are required to take the courses in the following sequence: CDIS 205, CDIS 306, CDIS 307, CDIS 407. Students take CDIS 308 after successfully completing CDIS 306. Students can complete CDIS 404 at any point in the sequence.

Students can enroll in the Certificate Completion program through the "major button".

Advising is offered by Professor Kari Sween kari.sween@mnsu.edu.

| Course # | Title of Course | Credits | Semester |
|---|---|---|---|
| CDIS 205 | Beginning American Sign Language – Level I | 3 | Fall/Spring/Summer |
| CDIS 306 | Intermediate American Sign Language – Level II | 3 | Fall/Spring/Summer |
| CDIS 307 | Advanced I American Sign Language – Level III | 3 | Fall/Spring |
| CDIS 407 | Advanced II American Sign Language – Level IV | 3 | Spring |
| CDIS 404 | Deaf Studies: Deaf Culture, History and Social Justice | 3 | Fall |
| CDIS 308 | Conversations in American Sign Language | 1 | Fall |

**ASL Placement Assessment**: The purpose of the American Sign Language (ASL) placement assessment is to determine an appropriate ASL course level for students to enroll by assessing your ASL skills receptively (watching) and expressively (signing). If you haven't received ASL instruction in an educational setting, it is strongly recommended that you enroll in CDIS 205 (Beginning ASL – Level I). Students with little or no experience in ASL will automatically be placed in CDIS 205 and are not required to take an ASL placement assessment.

Who Should Complete an ASL Placement Assessment

- A student has taken ASL courses in high school or from another university or college institution.
- A student wishes to be exempt from CDIS 205 or be placed into CDIS 306 (Intermediate ASL – Level II), CDIS 307 (Advanced I ASL - Level III) or CDIS 407 (Advanced II ASL - Level IV).
- You are a child of a Deaf Adult who uses ASL at home.

Steps:

1. The student completes this ASL Placement Assessment Form
2. The ASL Coordinator will schedule a placement assessment with the student.
3. The placement assessment is held in-person with the ASL Coordinator. The assessment includes a discussion about the student's previous and current ASL curriculum, a conversation Q & A, and an in-person or video assessment from the ASL curriculum.
4. An appropriate ASL course will be identified for the student.

**Credit for Prior Learning:** Academic credit awarded for demonstrated college and university-level learning gained through learning experiences outside of the college or university classroom, assessed by academically sound and rigorous processes.

Who Should Complete Credit for Prior Learning: Students who desire to be in a more advanced ASL course AND need to earn credit for a current or previous course. It is a common procedure after the ASL Placement Assessment Process is complete.

Steps:

1. Students make a request with ASL Coordinator. Credit will be awarded based on a method of prior learning demonstrated by the student.

2. Exam will be considered final exam of intended course. The student is required to receive a B or a higher grade in order to earn credit for the previous course. Students need to pay for the exam ($50/credit. For example, a 3-credit course = $150)
3. ASL Coordinator/ASL instructor will assist the student to complete a Credit for Prior Learning Form.

# Post Baccalaureate Certificate in Communication Sciences and Disorders

The post-baccalaureate program in Communication Sciences & Disorders is a series of courses that are required prior to applying for graduate school in speech-language pathology or audiology (if admitted). These courses consist of foundational knowledge in the field of speech-language pathology and audiology.

Students can enroll in the Certificate Completion program through the major button. There are no requirements for enrolling in the post-baccalaureate certificate program in Communication Sciences & Disorders. Please be advised that most graduate programs (Master's degree programs in speech-language pathology and Doctor of Audiology programs) require an undergraduate grade point average above 3.0.

A Communication Sciences & Disorders post-baccalaureate advisor will be assigned to help you determine the appropriateness of this certificate for your future goals. Contact either the graduate coordinator or administrative assistant to be assigned an advisor or for more information.

Successful completion of the certificate: A 3.0 grade point average across the series of courses is required to earn the certificate of Post-Baccalaureate in Communication Sciences and Disorders.

Offerings vary - see online course schedule: https://secure2.mnsu.edu/courses/

**Schedule Planner:** The following coursework must be completed or scheduled prior to consideration for graduate admission. Courses are listed according to semester offered & *format. A summer start is recommended, but you can start any semester. See instructions in blue highlighted sections.

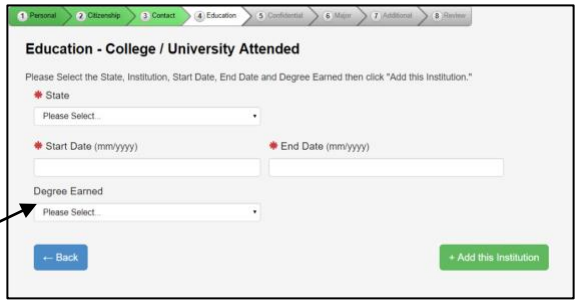
| Course: | Cr. | Topic: | Semester & *Course Delivery Formats | | | |
|---|---|---|---|---|---|---|
| | | | Summer | Fall | Spring | Previous |
| **General Education Requirements:** Enter courses under the semester when you plan to take them. If you have already taken an equivalent course during your previous undergraduate degree, check the "previous" column. | | | | | | |
| Statistics | | Basic stats, educational stats, or behavioral sciences stats | | | | |
| Biology | | Biology, human anat. & phys, neuroanatomy/ phys, human genetics, or animal biology | | | | |
| Physical Sci. | | Physics or chemistry | | | | |
| Soc./Behav | | Psychology, sociology, anthropology, or public health | | | | |
| **Required Core:** Circle an offering in the semester column to mark when you plan to take each course | | | | | | |
| CDIS 201 | 3 | Observation of Human Comm. | Online Asynchronous | Online Asynchronous | Online Asynchronous | |
| CDIS 220 | 3 | Basic Audiology | Online Asynchronous | | In-Person or Online Synchronous | |
| CDIS 290 | 3 | Intro to Communication Disorders | Online Asynchronous | Online Asynchronous | Online Asynchronous | |
| CDIS 312 | 3 | Speech & Language Development | Online Asynchronous | In-Person or Online Synchronous | | |
| CDIS 322 | 3 | Speech & Hearing Science | Online Asynchronous | In-Person or Online Synchronous | | |
| CDIS 392 | 3 | Phonetics | Online Synchronous | Online Synchronous | | |
| CDIS 394 | 3 | Applied Anatomy & Physiology | Online Asynchronous | | In-Person or Online Synchronous | |
| CDIS 421 | 3 | Aural Rehabilitation | | | In-Person or Online Synchronous | |
| The following courses will be required ***only if you are admitted to the graduate program.*** You may defer taking them until your admission status is known (notices are sent in March), however, deferring requires a commitment to completing the courses during the summer term just prior to beginning graduate school. The courses can be taken earlier along with the core courses listed above, but this would occur before your admission status is known. | | | | | | |
| CDIS 444 | 3 | Appraisal & Diagnosis | Online Synchronous | In-Person or Online Synchronous | | |
| CDIS 410 | 2 | Neurological Bases of Speech | Online Asynchronous | In-Person or Online Synchronous | | |
| CDIS 434 | 3 | Clinical Methods in Speech-Language Pathology | Online Synchronous | | In-Person or Online Synchronous | |
| | | | | | | |

| *Course Format: | Description: |
|---|---|
| In-person | Traditional meeting in the classroom |
| Online | Class is completely online; may be synchronous or asynchronous (check registration system for details about the course delivery format). |
| Hybrid | Class is offered partly online and partly face-to-face (contact Instructor for specifics). |

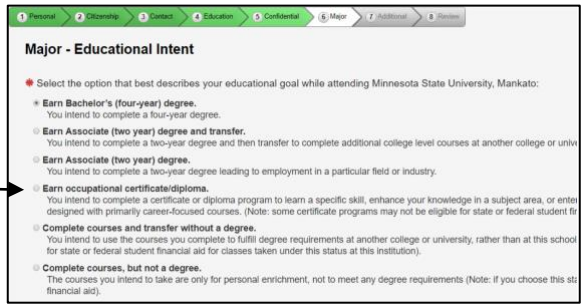
# Applying to MSU for the Post-Baccalaureate Certificate

To complete the Post-baccalaureate certificate in Communication Sciences and Disorders, apply to MSU using the online application Below are some tips while completing the online application:

After completing sections about your personal information, citizenship, and contact information, you will complete a section on your education history. Although it is not a required field, be sure to select your **Degree Earned** (or will be earned) under 'Education-College/University Attended.'



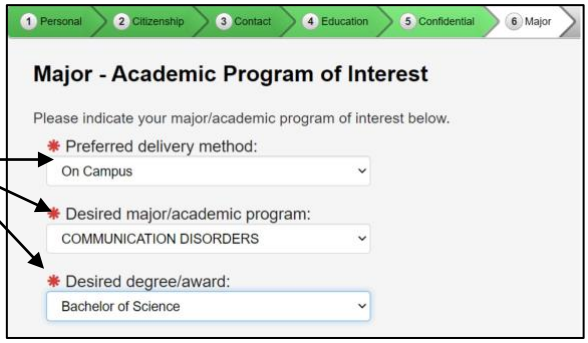

In a later section requesting information regarding your intended major, you will be asked to indicate your educational intent. Select "**Earn occupational certificate/ diploma.**"




Next, click the green **Add Major/Program button**.


Under "preferred delivery method," choose "**on Campus**" - even if you plan to take some or all of your courses online. Next, select **Communication Disorders** under desired major/academic program. Finally, select **Bachelor of Science** under desired degree/award. NOTE:

the software does not provide a choice for certificate here, but your application will be properly processed based on your earlier choice of "Earn occupational certificate/diploma").



**Academic Advising:** If you are admitted to MSU and decide to enroll in the CSD Post-baccalaureate program, please follow these steps

1. Follow this link to the webpage showing the "major button".
   After logging in, select "I want to modify my major(s)" and remove Communication Sciences & Disorders - B.S.
   Then go to "I want to modify my certificate(s)" and add the certificate, Communication Sciences & Disorders (Post-Bacc) which is found in the drop-down menu.
   Remember to scroll all the way to the bottom to sign and submit the changes by clicking on the blue box "Click Here to Sign Form."
   Having the correct information in your student record is helpful for us if we need to run reports or contact students with pertinent information related to your program. If you have any problems changing your major, please contact Administrative Assistant at 507-389-1414 or SHRS@mnsu.edu
2. Request an academic advisor for the post-baccalaureate program. Call 507-389-1414 or SHRS@mnsu.edu

**Financial Aid:** Students who enroll in the post-baccalaureate certificate program may be eligible for financial aid up to 36 credits if all courses are taken through MSU, Mankato. Courses taken outside of MSU may not be eligible for financial aid. Because each students' situation and eligibility for financial aid is unique, please contact the Campus Hub to inquire about your financial aid eligibility for the Communication Sciences and Disorders Post-Baccalaureate Certificate.

Campus Hub: 117 Centennial Student Union Phone: 507-389-1866. Email: campushub@mnsu.edu

Out-of State or Non-reciprocity Students: Out-of-state tuition rates may apply. Please refer to **Tuition and Fees** on the MSU website.

International Students: Please contact the **Kearney International Center** for information regarding regulations such as full time status, access to online courses, and initial semester of enrollment.

# Communication Sciences & Disorders

# Master of Science Graduate Program

## Accreditation Statement

The Master of Science (M.S.) education program (residential) at Minnesota State University, Mankato is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association, 2200 Research Boulevard, #310, Rockville, MD 20850, 800-498-2071 or 301-296-5700.

## Graduate Admission

Apply to the Communication Sciences and Disorders graduate program using the Communication Sciences and Disorders Centralized Application Service CSDCAS. More information about CSDCAS:

1. **CSDCAS Customer Service information**
   Customer Service is available Monday thru Friday from 9:00AM to 5:00PM EST Phone – (617) 612-2030
   E-Mail –csdcasinfo@csdcas.org
2. **CSDCAS Address**
   All official transcripts MUST be sent to CSDCAS at the address below:
   CSDCAS Verification Department
   P.O. Box 9113
   Watertown, MA 02471
3. **CSDCAS Application Deadline**
   February 1

## Graduate Program Policies

### Application and Admission Process

Apply to the program via Communication Sciences and Disorders Centralized Application Service (CSDCAS). The application deadline is February 1st. each year. Applicants must have a bachelor's degree in Communication Sciences and Disorders. If applicant's undergraduate degree is in another field, completion of a post-baccalaureate program is required (see details below). Per College of Graduate Studies admission policy, the minimal requirement for application is a cumulative GPA of 3.00 or better on a 4.0 scale, however, successful applicants typically far exceed the minimal admission qualifications.

### Post-baccalaureate Certificate

Applications without an undergraduate degree in Communication Sciences and Disorders must first complete a sequence of post-baccalaureate leveling courses. Upon enrollment in the leveling courses, applicants are eligible to apply for admission to the graduate program. The post-baccalaureate program is comprised of all of the courses listed in the prerequisites section of the application on CSDCAS or can be found on the program web site. These include courses in Communication Sciences and Disorders as well as general education courses in Biology, Physical

Science, Social/Behavioral Science, and Statistics. The general education courses can be transferred if they were already completed as part of another degree. Application to the graduate program may be initiated while the post-baccalaureate sequence is in process, but courses must be finished prior to the first semester of graduate enrollment.

## Program Progression/Retention

Students must complete a 52-credit program consisting of didactic and clinical coursework. All coursework must be completed within the academic policies set forth by the College of Graduate Studies and the University. Program requirements also include knowledge and skills outcomes required for eventual clinical certification by the American Speech-Language-Hearing Association. Students are also subject to certain core functions that are deemed essential to professional practice in Speech-Language Pathology and Audiology. Details are outlined in a matriculation agreement that is presented to students upon enrollment. Reasonable accommodations will be provided to any student upon request to facilitate achievement of all academic, clinical, and core functions.

Applications for admission are competitive and must be received by February 1 for admission for the following fall semester. Approximately 30 new admissions are accepted each year. The minimal requirement for GPA is 3.00 or better on a 4.0 scale.

Applicants who have not attained the minimum requirements may be admitted provisionally on the basis of other unique qualifications.

## Financial Assistance/Graduate Assistantship

A limited number of graduate assistantships (GA) in Communication Sciences and Disorders are available. GA applications can be obtained from the department or from the College of Graduate Studies and Research and should be submitted with your graduate admissions application.

## Checklist of Requirements for Degree Completion

Use the following checklist to monitor your progress through the graduate program. The list is arranged according to a typical matriculation through the program.

| √ | **Pre-matriculation** | Appendix: |
|---|---|---|
| | If you earned observation or clinical hours at a different school, provide documentation of hour to the clinic director. | |
| | Sign the Student Matriculation Agreement/Program Requirements form and return it to the Graduate Coordinator | I |

| **Year 1** | | |
|---|---|---|
| **Fall** | | Appendix: |
| | Attend the new student graduate orientation meeting | |
| | Attend group advising meetings as scheduled/announced | |

| | | |
|---|---|---|
| | Complete graduate plan of study (completed at first group advising meeting) | C |
| | Review your knowledge & skills acquisition (KASA) document (group advising mtg.) | D |
| | Review the department's options and policies for optional thesis or Alt. Plan Papers | E |
| | Review this student handbook & familiarize yourself with the appendices | ALL |
| | Review program expectations for online learning | J |
| **Spring** | | |
| | Attend group advising meetings as scheduled/announced | |
| | If necessitated by research, thesis, or APP, obtain IRB approval & approval of methods before data collection begins. | E |

| **Year 2** | | |
|---|---|---|
| **Fall** | | Appendix: |
| | Attend online group advising meetings as scheduled/announced. | |
| | Establish your plan for taking the PRAXIS examination or a separate comprehensive examination | |
| **Spring** | | |
| | Attend group advising meetings as scheduled. This meeting will include a final check on all program requirements including KASA outcomes to date. | |
| | Complete the Application for Graduation form & submit to Program Director | |
| | Submit Recommendation for Awarding of Degree form to Program Director | |
| | Complete all necessary arrangements for participation in graduation ceremonies. | |
| | Finalize your optional Thesis or APP project & obtain all approvals/signatures from your advisor and/or committee. | E |
| | Arrange to take your comprehensive exam (PRAXIS or written comprehensive). | F |
| | Verify that you passed the PRAXIS or written comprehensive exam. If you took the PRAXIS, confirm that the program has obtained your PRAXIS score. | |
| | Turn in all clock hours from your final internship. | |
| | Download a final print-out of your KASA form & clock hours showing all outcomes as being completed. Keep these for your records. | |

# **Appendix A:** 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology
# Effective Date: January 1, 2020

## Introduction

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) is a semi-autonomous credentialing body of the American Speech-Language-Hearing Association (ASHA). The charges to the CFCC are to

define the standards for clinical certification; to apply those standards in granting certification to individuals; to have final authority to withdraw certification in cases where certification has been granted on the basis of inaccurate information; and to administer the certification maintenance program.

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

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

## Terminology

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

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

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

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

**Standard I: Degree**

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

**Standard II: Education Program**

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

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

Applicants educated outside the United States or its territories must submit documentation that coursework was completed in an institution of higher education that is regionally accredited or recognized by the appropriate

regulatory authority for that country. In addition, applicants outside the United States or its territories must meet each of the standards that follow.

**Standard III: Program of Study**

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

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

**Standard IV: Knowledge Outcomes**

**Standard IV-A**

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

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

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

**Standard IV-B**

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

**Standard IV-C**

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

Speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification

Fluency and fluency disorders

Voice and resonance, including respiration and phonation

Receptive and expressive language, including phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing

Hearing, including the impact on speech and language

Swallowing/feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span

Cognitive aspects of communication, including attention, memory, sequencing, problem solving, and executive functioning

Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities

Augmentative and alternative communication modalities

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

**Standard IV-D**

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

**Standard IV-E**

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

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

**Standard IV-F**

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

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

**Standard IV-G**

The applicant must have demonstrated knowledge of contemporary professional issues.

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

**Standard IV-H**

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

**Standard V: Skills Outcomes**

**Standard V-A**

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

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

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

**Standard V-B**

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

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

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

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

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

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

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

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

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

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

**Standard V-C**

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

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

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

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

Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through CS methods. Only the time spent in active engagement with CS may be counted. CS may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included as clinical clock hours.

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

**Standard V-D**

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

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

**Standard V-E**

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

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

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

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

**Standard V-F**

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

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

**Standard VI: Assessment**

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

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

**Standard VII: Speech-Language Pathology Clinical Fellowship**

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

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

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

**Standard VII-A: Clinical Fellowship Experience**

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

Implementation: At least 80% of the Clinical Fellow's major responsibilities during the CF experience must be in direct, in-person client/patient contact (e.g., assessment, diagnosis, evaluation, screening, treatment, clinical

research activities, family/client consultations, recordkeeping, report writing, and/or counseling) related to the management process for individuals who exhibit communication and/or swallowing disabilities.

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

**Standard VII-B: Clinical Fellowship Mentorship**

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

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

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

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

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

The mentoring SLP must engage in no fewer than 36 supervisory activities during the CF experience and must include 18 on-site observations of direct client contact at the Clinical Fellow's work site (1 hour = 1 on-site observation; a maximum of six on-site observations may be accrued in 1 day). At least six on-site observations must be conducted during each third of the CF experience. On-site observations must consist of the Clinical Fellow engaging in screening, evaluation, assessment, and/or habilitation/rehabilitation activities. Mentoring must include on-site, in-person observations; however, the use of real-time, interactive video and audio conferencing technology may be permitted as a form of observation, for which pre-approval must be obtained

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

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

**Standard VII-C: Clinical Fellowship Outcomes**

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

Implementation: At the completion of the CF experience, the applicant must have acquired and demonstrated the ability to: integrate and apply theoretical knowledge; evaluate their strengths and identify their limitations; refine clinical skills within the Scope of Practice in Speech-Language Pathology; and apply the ASHA Code of Ethics to independent professional practice.

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

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

## Standard VIII: Maintenance of Certification

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

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

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

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

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

## **Appendix B**: Graduate Student Intake Form & Procedure

Upon enrolling in the graduate program, the Graduate Coordinator completes a check of CDIS/ASHA general education requirements that were completed during the student's undergraduate program. Information from the intake form is used to populate selected sections of the Knowledge and Skills Acquisition (KASA) form.

| NAME: LAST, FIRST | Institution(s): | MSU |
|---|---|---|
| **GENERAL EDUCATION (Standard IV-A)** | √See Transcript | Comments: |
| Biological Science (Human or animal) | | |
| Physical Science (Chemistry or Physics) | | |
| Statistics (Gen, Psych, Soc, or Ed. statistics) | | |
| Social and Behavioral Sciences (psychology, sociology, anthropology, or public health). | | |
| **BASIC HUMAN COMMUNICATION & SWALLOWING PROCESSES (Standard IV-B)** | √See Transcript | Comments: |
| Biological Basis (anatomy & phys of speech/lang. mechanism, etc.). | | |
| Neurological Basis (anat/phys., neuro. bases of comm., etc.). | | |
| Acoustic Basis (speech/hearing science, acoustics of speech, etc.). | | |
| Psychologic Basis (interpersonal comm, obs. of human comm., etc.). | | |
| Developmental/Lifespan (speech/lang development, intro. CDIS, geriatrics, etc.). | | |
| Linguistic Basis (phonetics, normal lang dev., intro., etc.). | | |
| Cultural Basis (normal lang dev., phonetics, cultural issues in CDIS., etc.). | | |
| **OTHER REQUIREMENTS** | √See Transcript | Comments: |
| Hearing (including effects on speech & language) / Aural Rehabilitation | | |
| Clinical Methods & observation hours. | | Non-MSU Students: Please send official/signed documentation any undergraduate clinical hours to: kristin.berndt@mnsu.edu |
| **DEFICIENCIES (TAKE ONLY IF CHECKED)** | | Comments: |
| CDIS 201 Observation of Human Communication | | |
| CDIS 431 (1 cr.) Observation of Clinical Methods | | |
| CDIS 434 (2 cr.) Clinical Methods in SLP | | |
| CDIS 444 Appraisal and Diagnosis | | |
| | | |
| | | |
| | | |
| | | |
| **WAIVED COURSES (LISTED BELOW)** | | |
| | | |
| | | |
| | | |
| | | |
| **ADVISING NOTES:** | | |
| Please send any documented clinical/observation hours to kristin.berndt@mnsu.edu | | |
| | | |
| Color Key | | OK/ requirement met |
| | | Deficiency-see advising notes section |

1

## **Appendix C:** Graduate Plan of Study

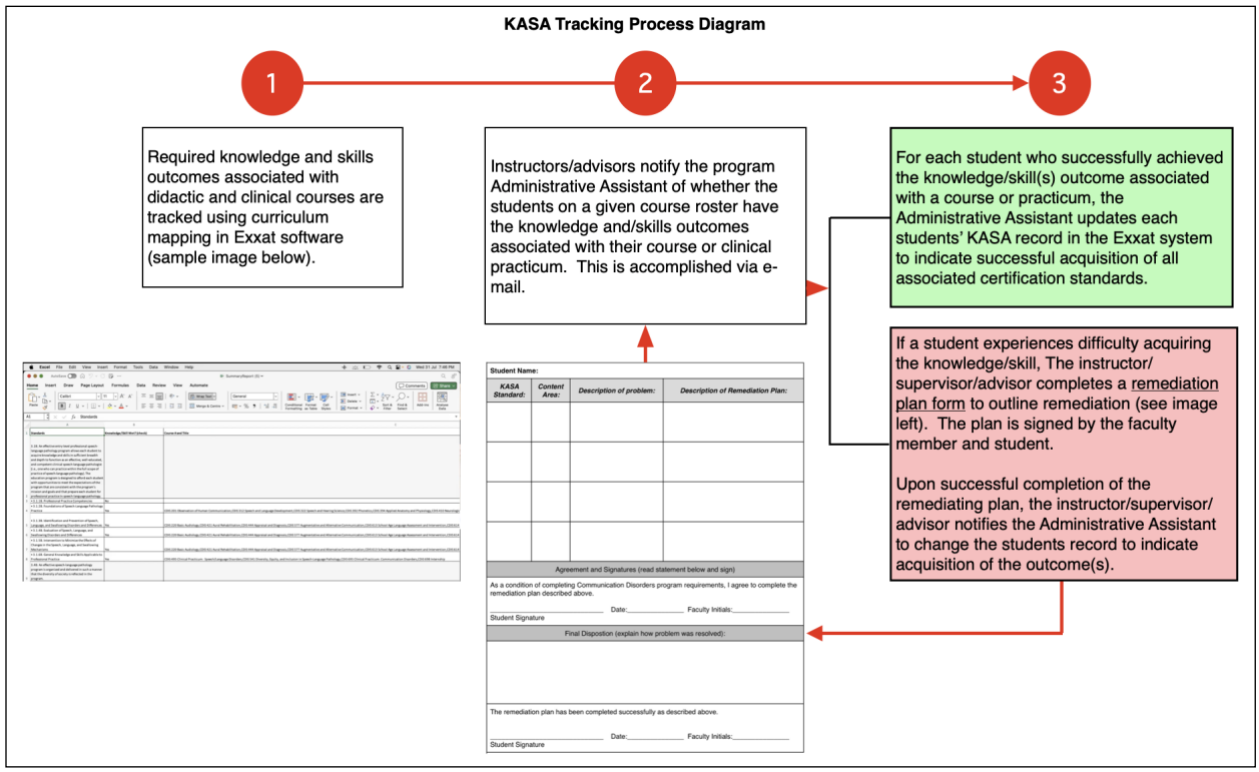
Each student will complete the Graduate Plan of Study form at the first group advising meeting (fall). This is a listing of all courses, including deficiencies and electives that must be completed to obtain the Master's degree in CDIS. Plans of study vary between students due to slight differences in courses taken during the undergraduate program and or courses taken at other universities. An image of the Plan of Study form follows.

| Communication Sciences and Disorders Graduate Plan of Study | | | |
|---|---|---|---|
| Name: | Advisor: | | |
| Has student completed a minimum of 24 credits of related credits of related coursework (i.e., Basic CDIS and Core CDIS coursework)? Enter Yes or No in box to the right. → | YES | | |
| **Section 1 Core Courses** (if any courses were waived on your intake form, delete them below. Replacements for them are added in section 2). | | | |
| **Fall Term - Year 1** | Course Number | Credits | Optional Notes: |
| Seminar: Speech Sound Disorders | 615 | 2 | |
| Adult Language and Cognitive Disorders | 619 | 4 | |
| Motor Speech Disorders | 621 | 3 | |
| Culturally Responsive Practices in Speech-Language Pathology | 688 | 2 | |
| On Campus Speech-Language Pathology Clinical Practicum | 695 | 1 | |
| **Spring Term - Year 1** | Course Number | Credits | |
| School Age Language Assessment & Intervention | 613 | 2 | |
| Early Childhood Language Assessment & Intervention | 614 | 2 | |
| Voice and Upper Airway Disorders | 616 | 3 | |
| Stuttering | 617 | 3 | |
| Culturally Responsiveness: Global Experiences | 689 | 1 | |
| On Campus Speech-Language Pathology Clinical Practicum | 695 | 1 | |
| **Summer Term - Year 1** | Course Number | Credits | |
| Diversity, Equity and Inclusion in Speech-Language Pathology | 641 | 3 | |
| Augmentative and Alternative Communication | 677 | 2 | |
| Dysphagia | 692 | 3 | |
| Research in Communication Sciences and Disorders | 610 | 2 | |
| On Campus Speech-Language Pathology Clinical Practicum | 695 | 1 | |
| Comprehensive Assessment Clinical Practicum | 696 | 1 | <-- This practicum will be assigned for one semester during year 1 |
| **Fall Term - Year 2** | Course Number | Credits | |
| *Selected Topics-Medical Issues in CDIS (enter 0 OR 3 credits) | 675 | 0 | <-- Choose either CDIS 675 **OR** CDIS 676 (spring semester). Only one of these courses is required. Enter credits only for the course you plan to take. |
| *Professional Prep. in Speech-Language Pathology (enter 1 credit) | 697 | 0 | <-- This course can be taken either fall **OR** spring semester of year 2. Enter credits only for the semester you plan to enroll. |
| CAPSTONE Internship | 698 | 6 | |
| **Spring Term - Year 2** | Course Number | Credits | |
| *Selected Topics in Diversity, Equity & Inclusion (enter 0 OR 3 credits) | 676 | 0 | <-- Choose either CDIS 675 **OR** CDIS 676 (spring semester). Only one of these courses is required. Enter credits only for the course you plan to take. |
| *Professional Prep. in Speech-Language Pathology (enter 1 credit) | 697 | 0 | <-- This course can be taken either fall **OR** spring semester of year 2. Enter credits only for the semester you plan to enroll. |
| CAPSTONE Internship | 698 | 6 | |
| **Section 2 Graduate Electives & Replacements** | | | |
| Interprofessional Practice | 578 | | |
| Optional APP (if yes, enter 2 credits) | 694 | | |
| Optional Thesis (if yes, enter 3 credits) | 699 | | |
| Other (enter course name, number, and credits): | | | |
| Other (enter course name, number, and credits): | | | |
| TOTAL ELECTIVES/REPLACEMENTS | | 0 | |
| TOTAL GRADUATE CREDITS | | 48 | <-- This number should be a minimum of 52 |
| **Section 3: Comprehensive (Choose one option below)** | | | |
| Requirement 1: Comprehensive Examination | | | |
| Option A: PRAXIS examination (enter X) | | | |
| Option B: Written Comprehensive (enter X) | | | |
| **Section 4:** Undergraduate Courses (e.g., deficiencies) if any | | | |
| Other (enter course name, number, and credits): | | 0 | |
| Other (enter course name, number, and credits): | | 0 | |
| Other (enter course name, number, and credits): | | 0 | |
| TOTAL UNDERGRADUATE CREDITS (if any) | | 0 | |
| Approved? (Advisor enters initials after review) → | Advisor's Initials | | |
| * Online differential tuition applies. For current rates: http://www.nnau.edu/campushub/tuition_fees/rates/current/grad/other programs/index.html | | | |

## **Appendix D:** Tracking & Fulfillment of Knowledge & Skills Acquisition (KASA) Outcomes

Requirements for the Certificate of Clinical Competence (CCC) include knowledge and skills acquisition (KASA) of a number of outcomes that transcend the entire profession. The outcomes are attained through successful completion of coursework, clinical practicum, internship, and advising. Accordingly, the Communication Disorders program keeps a record of all knowledge and skills outcomes for each student. Students can access a summary of their KASA progress to date using Exxat software.

Course syllabi and clinic/internship handbooks include a listing of selected KASA knowledge/skills outcomes that are associated with the course. The program's KASA tracking process is illustrated below.




## **Appendix E:** Department Guidelines, Policies, & Formats for Optional Thesis and Alternative Plan Papers

Optionally, students in Communication Disorders may complete either a thesis or alternate plan paper (APP). These options allow advanced study of a topic chosen by the student. Students should begin the process by discussing this option with their academic advisor. The academic advisor will provide a document with detailed information about required content, format, and other information about completing APP or thesis.

Additionally, use the following link to the College of Graduate Studies and Research for the latest information regarding the following topics:

- Content and format for thesis, alternate plan paper, others

- Format and style guidelines (e.g., APA)
- Institutional Review Board (IRB) guidelines for research involving human participants or animals

## **Appendix F**: Required Written Comprehensive Examination

Students my submit a passing PRAXIS score in lieu of writing a comprehensive exam. For students who wish to take a comprehensive examination, the following process will be used:

1. The student will choose three topics on which to be tested from the content areas listed below:
   - Adult Language and Cognition
   - Augmentative and Alternative Communication
   - Child Language Disorders
   - Dysphagia
   - Fluency Disorders
   - Hearing
   - Motor Speech Disorders
   - Professional Practices
   - Speech Sound Disorders
   - Voice and Upper Airway Disorders
2. Testing will be completed using the quiz feature in Desire to Learn (D2L) Brightspace. Question formats will vary (multiple choice, multi-select, true/false, etc.). Exams in each content area will be worth 33 possible points.
3. The student's advisor or program director will help coordinate the planning of the examination and will verify with the student of the outcome of the examination.
4. Pass/Fail Criteria: Students will demonstrate a passing score of 80% or better on each of three exam topics. If a passing score is not obtained, the student will be allowed to retake the same topic(s) or choose a different exam topic. On any retakes, the student will retake previously incorrect questions only.

## **Appendix G**: Hiatus Guidelines

Students may not interrupt their graduate education in Communication Disorders for more than one semester. A dispensation is possible if a student applies for and is granted a leave of absence (see Dept. Chair or academic advisor). Students who otherwise interrupt their graduate education must apply to the Department for readmission and their applications will be evaluated with all new applicants in competition for existing openings in the graduate program.

## **Appendix H:** Policy for Implementing and Documenting All Forms of Intervention to Facilitate Student Success in Meeting Program Requirements and Expectations

Program requirements and expectations are met primarily through didactic coursework, clinical education experiences, and a capstone project. Resources that specify the expectations include course syllabi, Knowledge and Skills Acquisition (KASA) outcomes, course assignment rubrics, clinical performance rubrics, and the Matriculated Student Agreement on Program Requirements and Expectations (Appendix I below). The matriculated student agreement is provided to each student & signed upon enrollment. In the event that a student requires intervention to meet any of the program requirements and expectations, a strategy for intervention will be formulated by

appropriate personnel who may also seek input from other faculty or other department personnel. Depending on the nature of issue, intervention may be coordinated by course instructors, clinical instructors, academic advisors, or the department chairperson. The primary mechanism for providing such intervention is the Knowledge and Skills Acquisition (KASA) system that is described and illustrated in Appendix D. The KASA system specifies that an intervention plan is formulated to resolve the specific issue. Examples of intervention include, but are not limited to revising an assignment, completing supplemental assignments, extending or repeating a clinical practicum/internship, and formative advising. When deemed appropriate, intervention may involve less formal measures (e.g., problem can be addressed with simple advice, etc).

## **Appendix I:** Matriculated Student Agreement on Program Requirements and Expectations

*Note: A separate document containing the following information will be provided for students to review, sign, and submit to the program.*

**Minnesota State University, Mankato**

**Communication Sciences and Disorders**

**Student Matriculation Agreement**

This information was prepared for use in the Communication Sciences and Disorders (CSD) program at Minnesota State University, Mankato. It includes some language and other information taken directly from *A guide for future practitioners in audiology and speech-language pathology: Core functions.* https://www.capcsd.org/academic-and-clinical-resources/ (Council of Academic Programs in Communication Sciences and Disorders [CAPCSD], 2023). CAPCSD prepared the document as a guide for educational programs in speech-language pathology or audiology and individuals seeking a career in these professions.

It identifies the core functions that individuals of such programs typically are expected to employ in didactic and clinical experiences to acquire the knowledge and demonstrate the competencies that will lead to graduation and successful entry into professional practice. For the sake of this document, the term "core functions" refers to behavioral or cognitive functions that an individual must be able to perform with or without accommodations necessary to ensure equitable access.

*The CSD program will not use the core functions or other information contained in the CAPCSD document as an exclusive means of dismissing a student from the program.* Such a decision would be based on a more comprehensive array of considerations that also include didactic coursework, clinical education experiences, and successful completion of the capstone project.

The core functions that are outlined in the CAPCSD document appear below.

**Communication :** Statements in this section acknowledge that audiologists and speech-language pathologists must communicate in a way that is understood by their clients/patients and others. It is recognized that linguistic, paralinguistic, stylistic, and pragmatic variations are part of every culture, and accent, dialects, idiolects, and communication styles can differ from general American English expectations. Communication may occur in different modalities depending on the joint needs of involved parties and may be supported through various accommodations as deemed reasonable and appropriate to client/patient needs. Some examples of these accommodations include augmentative and alternative communication (AAC) devices, written displays, voice amplification, attendant-

supported communication, oral translators, assistive listening devices, sign interpreters, and other non-verbal communication modes.

- Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies
- Adapt communication style and mode to effectively interact with colleagues, clients, patients, and caregivers

**Motor:** Statements in this section acknowledge that clinical practice by audiologists and speech-language pathologists involves a variety of tasks that require manipulation of items and environments. It is recognized that this may be accomplished through a variety of means, including, but not limited to, independent motor movement, assistive technology, attendant support, or other accommodations/modifications as deemed reasonable to offer and appropriate to client/patient needs.

- Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (e.g., manipulating testing and therapeutic equipment and technology, client/patient equipment, and practice management technology) while retaining the integrity of the process
- Respond in a manner that ensures the safety of clients and others

**Sensory:** Statements in this section acknowledge that audiologists and speech-language pathologists use auditory, visual, tactile, and olfactory information to guide clinical practice. It is recognized that such information may be accessed through a variety of means, including direct sensory perception and /or adaptive strategies. Some examples of these strategies include visual translation displays, text readers, assistive listening devices, and perceptual descriptions by clinical assistants.

- Access sensory information to differentiate functional and disordered auditory, oral, written, and visual communication
- Access sensory information to correctly differentiate anatomical structures and diagnostic imaging findings
- Access sensory information to correctly differentiate and discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests

**Intellectual/Cognitive:** Statements in this section acknowledge that audiologists and speech-language pathologists must engage in critical thinking, reasoning, and comprehension and retention of information required in clinical practice. It is recognized that such skills may be fostered through a variety of means, including assistive technology and /or accommodations/modifications as deemed reasonable and appropriate to client/patient needs.

- Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level sufficient to meet curricular and clinical competencies

  Employ informed critical thinking and ethical reasoning to formulate a differential diagnosis and create, implement, and adjust evaluation and treatment plans as appropriate for the client/patient's needs
- Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills and critically self-reflect on bias, such as ableism, to avoid cognitive referencing.
- Critically examine and apply evidence-based judgment in keeping with best practices for client/patient care, including neurodiversity-affirming practice.

**Interpersonal:** Statements in this section acknowledge that audiologists and speech-language pathologists must interact with a diverse community of individuals in a safe, ethical, and supportive manner. It is recognized that personal interaction styles may vary by individuals and cultures and that good clinical practice honors such diversity while meeting this obligation.

- Display compassion, respect, and concern for others during all academic and clinical interactions
- Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies
- Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities

**Cultural Responsiveness:** Statements in this section acknowledge that audiologists and speech-language pathologists have an obligation to practice in a manner responsive to individuals from various cultures, linguistic communities, intersecting identities, beliefs, values, and worldviews. This includes people representing a variety of abilities, ages, cultures, dialects, disabilities, ethnicities, genders, gender identities or expressions, languages, national/regional origins, races, religions, sexes, sexual orientations, socioeconomic statuses, and lived experiences.

- Engage in the practice of cultural humility, to include lifelong learning about one's own cultural identity, cultures, values and belief systems different from one's own, critical self-reflection on bias and privilege, building mutually beneficial partnerships, and holding institutions accountable, considering the impact on healthcare and educational inequity, for the purpose of fostering equitable provision of services.

## Glossary

- **Cultural responsivity** involves "understanding and respecting the unique cultural and linguistic differences that clients bring to the clinical interaction" (ASHA, 2017) and involves "appreciating, embracing, responding to, and centering one's culture to assess, treat, and build partnerships with clients, families, and communities" (Hyter & Salas-Provance, 2021)
- **Cultural humility**. The concept of cultural humility goes beyond the concept of cultural competence to include: a personal lifelong commitment to self-evaluation and self-critique, recognition of power dynamics and imbalances, a desire to fix those power imbalances and to develop partnerships with people and groups who advocate for others, and institutional accountability (Tervalon & Murray-Garcia, 1998)
- **Evidence-based practice** involves "integrating the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (*Evidence-Based Practice in Psychology*, n.d.).

The CSD program has additional requirements and expectations that are not specifically listed in the core functions above. Program requirements and expectations are met primarily through didactic coursework, clinical education experiences, and a capstone project. Resources that specify program requirements and expectations include: course syllabi, the Knowledge and Skills Acquisition (KASA) outcomes listed in the graduate handbook, clinical performance outcomes listed in clinic/internship handbooks, & in clinical performance rubrics.

The CSD program must ensure equitable access for students. Students who require accommodations to meet requirements and expectations must initiate request for accommodation and support with documentation. In the event that a student requires intervention to meet any of the academic or clinical requirements and expectations, a remediation plan is formulated by appropriate personnel who may also seek input from other faculty or other department personnel. Intervention plans may be coordinated by course instructors, clinical instructors, academic advisors, or the department chairperson. The primary mechanism for identifying and documenting such intervention is the Knowledge and Skills Acquisition (KASA) system described and illustrated in the Graduate Student Handbook. Remediation involves completing a remediation plan form that outlines the area of concern and a strategy for

intervention. Examples of intervention include but are not limited to, revising an assignment, completing supplemental assignments, extending or repeating a clinical practicum/internship, and formative advising. When deemed appropriate, intervention may involve less formal measures (e.g., problems can be addressed with simple advice, etc.).

If, despite use of accommodations and interventions, a student remains unable to acquire all program requirements and expectations, the student may still be allowed to obtain the master's degree, but may be subject to one or more of the following limitations:

- The student may not be allowed to complete the clinical education portion of the curriculum
- The student may not be eligible for program approval of the clinical certification application.

As a student enrolled in the Communication Disorders Program at Minnesota State University, Mankato, I verify that I have read this document. I am aware that core functions, program requirements and expectations are outlined in this document, the Knowledge and Skills Acquisition (KASA) outcomes listed in the graduate handbook and clinical performance rubrics that appear in the clinic and internship handbooks, and in course syllabi and assignment rubrics. I understand that I may be advised to discontinue the program if I fail to achieve program requirements and expectations even when reasonable accommodations have been requested and provided.

**X** (Type name here) Date (Type date here)

Return to Graduate Coordinator

## References:


American Speech-Language-Hearing Association. (n.d.). *Cultural responsiveness* [Practice Portal https://www.asha.org/Practice-Portal/Professional-Issues/Cultural-Responsiveness/]

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Hyter, Y. D., & Salas-Provance, M. B. (2021). *Culturally responsive practices in speech, language, and hearing sciences*. Plural Publishing.

Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of health care for the poor and underserved*, *9*(2), 117-125.

## **Appendix J:** Expectations for Online Learning

Currently, the program expects graduate students to attend classes in person. However, if it is necessary to attend online, please follow the guidelines/expectations presented below for structuring your learning environment.

# Online Learning Tip: Establish a Good Workspace

# online.illinois.edu

Taking an online course will offer you a great amount of flexibility because you can do your work from virtually anywhere. However, you will be most productive if you spend some time planning your workspace before getting started with your online course.

### Create Separation

To create an atmosphere that will motivate you to do your best work, one of the first steps you should do is separating your personal space from your workspace. For some, this will mean identifying a space outside of the home. You will want one fairly free from noise and distractions, though, so if you choose to work outside the home, a location like a library is a good choice.

If you like to work from the comfort of your home, you can still create separation. Think of your home in terms of zones: you probably already have a zone for dining, one for sleeping, and one for entertainment. Now you need one for work. It's best not to overlap with a zone typically used for another purpose, as this can introduce distractions. No matter the size of your space, try to set up an area with a desk, good lighting, and a comfortable chair so that you know it's time to work when you are in that area.

### Identifying and Mitigate Distractions

Even if you have painstakingly chosen or set up a workspace, you should next spend some time identifying and coming up with a plan to mitigate distractions.

Think about what is in sight of your workspace. You may not want to be in sight of a television, even if it's off, or a window if you know these may be distractions for you. A cell phone is another common distraction for many students. When it's time to work, it may be best to leave your cell phone in another area if you are at home or away in your bag if you are working somewhere else. If you must have it out, it is a good idea to flip it face down so that you are not constantly distracted by notifications.

Also keep in mind that you computer or laptop itself may post additional distractions. Thus, in planning your workspace, decide ahead of time not have any open tabs in your browser that are for websites or social media not related to your coursework. This will also help you keep your personal space and workspace separate.

One last common distraction is other people. If you find it hard to study around friends, family, or roommates, you may need to reevaluate your workspace and choose a location with fewer distractions. If you cannot change locations, make sure to talk to those who share your space and let them know when you will be working on your online course. If you establish this boundary and help control for those types of distractions, you will have a more effective workspace.

### Gather Needed Technology

Park of having a good workspace is also making sure you have the right tools and that they are set up to maximize your efficiency. Plan out the tools you will need, such as a desktop computer or laptop, webcam, microphone, and printer. Make sure you have all of these tools on hand and properly set up before you begin your online course. You will not only be prepared but also less stressed if you know everything is in proper working order and easily accessible.

# Clinical Education

# in the Center for Communication Sciences and Disorders

## Roles of the Center Participants

Clinical instructors: Clinical instructors 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-clinical instructor conferences, demonstration therapy, video/audio recording review, and evaluation of student clinical performance. It is the intent of clinical instructors 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 treatment by enrolling in CDIS 695, Clinical Practicum: Speech-Language Disorders.

## Clinical Practicum Objectives

In the following skill areas, the student will develop the ability to:

**Additional Clinical Skills**

1. Sequences tasks to meet objectives
2. Provide appropriate introduction/explanation of tasks
3. Use appropriate models, prompts, or cues. Allow time for patient response.
4. Demonstrate effective behavior management skills
5. Practice diversity, equity, and inclusion (CAA 3.4B)
6. Address culture and language in service delivery that includes cultural humility, cultural responsiveness, and cultural competence (CAA 3.4B)
7. Complete administrative and reporting functions necessary to support intervention (CFCC V-B, 2f)
8. Identify and refer patients for services as appropriate (CFCC V-B, 2g)

9. Demonstrate knowledge of basic human communication and swallowing processes. Demonstrate the ability to integrate information pertaining to normal and abnormal human development across the life span (CFCC IV-B; CAA 3.1.6B)

10. Demonstrate knowledge of processes used in research and integrates research principles into evidence-based clinical practice (CFCC IV-F; CAA 3.1.1B Evidenced-Based Practice)

11. Demonstrate knowledge of contemporary professional issues that affect Speech-Language Pathology (CFCC IV-G; CAA 3.1.1B)

12. Demonstrate knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice (CFCC IV-H)

13. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others (CFCC V-B, 3a; CAA 3.1.1B Effective Communication Skills, CAA 3.1.6B)

14. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (CFCC V-B, 3c; CAA 3.1.6B)

15. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice (CFCC V-B, 3b; CAA 3.1.1B)

16. Demonstrate skills in oral and other forms of communication sufficient for entry into professional practice (CFCC V-A)

17. Demonstrate skills in written communication sufficient for entry into professional practice (CFCC V-A)

18. Demonstrate knowledge of standards of ethical conduct, behaves professionally and protects client welfare (CFCC IV-E, V-B, 3d; CAA 3.1.1B-Accountability; 3.8B)

19. Demonstrate an understanding of the effects of own actions and makes appropriate changes as needed (CAA 3.1.1B - Accountability)

20. Demonstrates professionalism (CAA 3.1.1B - Professional Duty, 3.1.6B)

**Other Skills**

1. Demonstrate openness and responsiveness to clinical supervision and suggestions

2. Maintain a personal appearance that is professional and appropriate for the clinical setting

3. Display organization and preparedness for all clinical sessions

4. Practice the principles of universal precautions to prevent the spread of infectious and contagious diseases (CAA 3.8B)

5. Differentiate service delivery models based on practice sites (e.g., hospital, school, private practice) (CAA 3.1.1B - Accountability)

6. Explain healthcare landscape and how to facilitate access to services in the healthcare sector (CAA 3.1.1B - Accountability)

7. Explain educational landscape and how to facilitate access to services in the educational sector (CAA 3.1.1B - Accountability)

8. Identify and acknowledge the impact of both implicit and explicit bias in clinical service delivery and actively explores individual biases and how they relate to clinical services (CAA 3.4B)

9. Identify and acknowledge the impact of how their own set of cultural and linguistic variables affects clients/patients/students' care (CAA 3.4B)

10. Identify and acknowledges the impact cultural and linguistic variables of the individual served may have on delivery of effective care (CAA 3.4B)

11. Identify and acknowledge the interaction of cultural and linguistic variables between caregivers and the individual served (CAA 3.4B)

12. Identify and acknowledge the social determinants of health and environmental factors for individuals served and how these determinants relate to clinical services (CAA 3.4B)

13. Identify and acknowledge the impact of multiple languages. Explore approaches to address bilingual/multilingual individuals requiring services, including understanding the difference in cultural perspectives of being Deaf and acknowledging Deaf cultural identities. (CAA 3.4B)

14. Recognize that cultural and linguistic diversity exists among various groups (including Deaf and hard of hearing individuals) and foster the acquisition and use of all languages (verbal and nonverbal), in accordance with individual priorities and needs (CAA 3.4B)

15. Engage in self-assessment to improve effectiveness in the delivery of clinical services (CAA 3.1.6B)

## Clinical Experience Requirements

All clinical practicum experience is under the direct supervision of the MNSU departmental faculty, who must hold the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP). Three enrollments in 695: Clinical Practicum are required for a master's degree. Each student should have at least 145 clinical clock hours accrued prior to beginning the first internship (40 hours per semester, plus 25 hours of observation).

MNSU students applying for ASHA certification as a speech-language pathologist (CCC-SLP) must accrue at least 400 clock hours of supervised clinical observation and clinical practicum. This includes 25 hours of clinical observation prior to the first clinical practicum plus 375 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 MNSU requires in the different disorder areas is stated in the chart below. These are hours we hope you can obtain but remember: **you can still graduate even if you don't fill the minimum number of hours in each category.** You just need 400 clock hours by the time you graduate; however clinical competency is not measured solely by the number of clock hours achieved. You must complete all program requirements to be awarded a graduate degree.

| Evaluation | Child | Adult | Either Child or Adult |
|---|---|---|---|
| Speech/Articulation | 5 | 5 | |
| Fluency | | | 2.5 |
| Voice and Resonance | | | 2.5 |
| Language | 10 | 8 | |
| Swallowing/Feeding | | | 10 |
| AAC (Modalities) | | | 5 |

| Treatment | Child | Adult | Either Child or Adult |
|---|---|---|---|
| Speech/Articulation | 5 | 5 | |
| Fluency | | | 2.5 |
| Voice and Resonance | | | 2.5 |
| Language | 20 | 20 | |
| Swallowing/Feeding | | | 10 |
| A/AC (Modalities) | | | 5 |

Supervised Clinical Observation and Clinical Practicum – 400 clock hours:
Clinical Observation – 25 clock hours
Clinical Practicum/Internship – 375 clock hours

## Goals and Expectations for Graduate Clinicians and Instructors

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

| | 1st MSU S/L Practicum | 2nd MSU S/L Practicum | 3rd MSU S/L Practicum |
|---|---|---|---|
| Evaluation | 50-100% Supervision | 50-100% Supervision | 50% Supervision |
| Treatment | 50-100% Supervision | 25-50% Supervision | 25% Supervision |

## 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 coursework in a satisfactory manner. The coursework for Clinical Practicum is completion of all assignments to evaluate and/or treat specific clients. Satisfactory work for each assignment includes many things: achievement of skills objectives (skills ratings on Exxat), attendance and participation at mandatory weekly meetings of CDIS 695 (in-person when required), attendance and participation at scheduled simulations with standardized and virtual patients, all aspects of professionalism, etc.

The Director for the Center for Communication Sciences & Disorders is responsible for making assignments that consider the schedule needs of the client, clinician, and clinical instructor along with several other factors such as providing clinicians with the best possible variety of disorders, clinical formats, clinical instructors, and availability of therapy rooms. Within all 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.

## Clinical Rotations

During your clinical practicum, you will be rotated through a variety of experiences across the lifespan, spanning the scope of practice for speech-language pathology. During each rotation, you may be assigned to work at any of the following locations:

### Adult Rotation

On-Campus Experiences:

- *SPEAK OUT! Therapy Program (telepractice & in-person)*
    - SPEAK OUT! is a program based on principles of motor learning and teachings of Daniel R. Boone, PhD, CCC-SLP. Clients learn to convert speech from an automatic function to an *intentional act*. The program combines education for the patient and family, individual speech therapy, group services, and daily home practice. Students must complete a 10-hour training before implementing the program with clients. Students who are assigned an individual client for the SPEAK OUT! â program will also attend the group session each week
- *MNSU Aphasia Group and individual sessions*
    - Aphasia group therapy focuses on functional, evidence-based Aphasia treatment approaches and is designed to be a catch-all for targeting participating group members' goals. Clients participating in the group vary in severity and Aphasia diagnosis giving student clinicians insight on the differing ways Aphasia presents. Some of our Aphasia group participants attend individual sessions. These sessions are designed to provide a more individualized therapy experience and are a chance for student clinicians to scaffold targets introduced in group and progress any other therapy goals set for the client.
- *Center Adult clients*
    - The Center operates like any other outpatient therapy clinic. We receive referrals from various community sources and provide speech, language and cognitive assessment and treatment for adults of any age.
- *Care Partner Group*
    - The Care Partner Support Group provides a compassionate and inclusive space for individuals caring for loved ones with communication, cognitive, or neurological challenges. The group is designed to help care partners connect with others who share similar experiences, reduce isolation, and build confidence in their caregiving roles. Facilitated by faculty and graduate students from the Center, sessions focus on emotional well-being, practical strategies for communication and daily life, and access to educational and community resources. Participants engage in guided discussions, reflective activities, and peer sharing that foster understanding, resilience, and hope.

Off-Campus Experiences:

- *SPEAK OUT! Therapy Program at Vine Faith in Action*
    - Follows the same format as a standard LOUD Crowd group with the only difference being that group meetings are in person at Vine Faith in Action on 421 E Hickory St. in Mankato.
- *Minnesota Connect Aphasia Now (MnCAN) Group and individual sessions (telepractice)*
    - This is a 12-week group for adults ages 18+ with aphasia. It is designed to create natural conversation and interaction experiences with support in the metro area in Minnesota. The group is based on the Life Participation Approach to Aphasia and supported conversation.
- *Speech N' Scenery*

- This is a month-long summer program in the summer in which graduate students implement therapeutic techniques to enhance communication skills impacted by speech, language & cognitive deficits. Members and their care partners engage in outdoor activities in a safe and supportive environment to enhance their quality of life, social interaction, and build community with others.

- *Garden EngAGEment*
  - The College of Allied Health and Nursing partners with local and state organizations to offer weekly community garden programs for adults with dementia in the summer at Living Earth Center in Mankato. Program leaders and students will lead dementia friendly programming for adults with dementia and their partners.

## Child Rotation

<u>On-Campus Experiences:</u>

- *Center Clients*
  - The CCSD operates like any other outpatient therapy clinic. We receive referrals from various community sources and provide speech, language, fluency, voice, etc. assessment and treatment to children and young adults.
- *CDIS 696 - Comprehensive Assessment Clinic*
  - Graduate students provide comprehensive assessments for children and adults with a variety of disorders, including but not limited to reading and writing or other academic difficulties, including dyslexia, disorders of executive functioning, phonological processing and/or articulation disorders, voice disorders, and/or language-related learning difficulties. Through this course, students also provide screenings to community partners focused on identification/referral of speech, language, cognitive, swallowing and/or hearing, to daycares, schools, nursing homes, assisted living facilities, etc. in Mankato and surrounding areas. Instructions for administering a hearing screen are in Appendix N.
- *Early Childhood Play Group*
  - This program runs one day per week for 60-75 minutes. Families of disabled children under the age of 6 are invited to play in a safe and welcoming environment that is mindful of interests and sensory needs. Parents/guardians leave the room for 15-20 minutes to learn and discuss topics that relate to raising a disabled child. Children receive child-led, play-based speech/language therapy during this time. The session ends with a music time to close out.
- *Camp Silver-Tongue!*
  - This program supports elementary school-age children who stutter through a fun and enriching camp adventure. The mission is to create a safe and supportive environment where children can build friendships, gain confidence, and embrace their unique voices.
- *Rec N' Read*
  - Designed primarily for children who are struggling readers and writers, or children with disabilities, Rec N' Read provides targeted recreation and literacy intervention to increase literacy skills while building social skills and making friends. During the school year, after-school Rec N' Read sessions are 1:1 and typically includes 30 minutes of group recreation and 60 minutes of literacy intervention.
- *Camp Maverick*
  - Camp Maverick runs all day, 5 days per week throughout the summer months. Every day, children have 4-5 hours of recreation activities and 3 hours or literacy intervention. Camp counselors are students in Speech Language Pathology and Recreation, Parks, and Leisure Services. These students are paid and must apply for a position as a counselor.

Off-campus experiences:

- *MY Place*
    - Mankato Youth Place (MY Place) is a non-profit organization that provides a safe and fun place for Mankato area youth to spend time doing positive educational and recreational activities after school and in the summer months. The Communication Sciences and Disorders program partners with MY Place to provide speech-language services at their facility.
- *Madelia Public Schools*
    - The Department of Speech, Hearing, and Rehabilitation Services contracts its speech and language services with Madelia Public School district. This experience immerses graduate students in the provision of speech/language services in a public school setting. Along with providing speech/language evaluations and therapy to children from 3-18 years of age, students will learn about special education due process, writing IEPs, and collaborating with school professionals. This experience runs on Mondays and Wednesdays throughout the semester, from approximately 8:30am – 3:00pm, although meetings with other school staff may require an earlier arrival or later departure.

# Ethical and Professional Practices

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

## Collegiality Statement

In the Center for Communication Sciences and Disorders, we aspire to treat each other well (clients, students, and clinical instructors) by adopting **the 6 Pillars of Professionalism:**

**Respect:** Encourage, include, consider, and work well with others.

**Accountability:** You are accountable for your own conduct: your actions, words, and the work you do.

**Punctuality:** Time is a socio-cultural construct. Everyone views it differently depending on where they are from. Aim to be respectful to the clients/colleagues you are with.

**Initiative:** Be brave, act independently and do research before asking a question. Give yourself space to demonstrate and sharpen your skills.

**Integrity:** Always do the right thing, even when no one is listening.

**Follow Through:** Avoid committing to more than you can handle. Do what you say you will do and speak up when you can't.

Collegiality matters. It is the foundation necessary for shared governance and decision making. By practicing these basic ideals, together we ensure that the CCSD is a welcoming and inclusive environment for all.
All information related to clients is considered confidential and should not be discussed outside the MNSU Clinic. Confidential information should not be revealed to unauthorized persons without the client's written permission.

Client documents containing protected health information (PHI) may not be taken outside the clinic. All client file folders are housed electronically in an EMR program called ClinicNote.


**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 MNSU email account every day. Clinical instructors and clinicians are strongly encouraged to use and check the scheduler on ClinicNote for cancellations and changes.

Social networking websites and applications are a popular form of communication. There is no expectation of privacy on social networking sites. CSD students shall adhere to ASHA's Code of Ethics when interacting in the public domain on social media. It is a HIPAA violation to refer to clients by name or enough information to make the client identifiable.

**Dependability**

The graduate clinician should adequately prepare for all meetings with the clinical instructor. Clinicians should notify clinical instructors 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 clinical instructor 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 clinical instructor 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 45 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 therapy session plans, completing SOAP notes, keeping data on goals/objectives, completing correspondence, filling out all required forms, etc.) and should follow each case clinical instructor's requirements and deadlines.

**Dress Code Policy**

CSD students are expected to wear attire which conforms to a professional image. The Center for Communication Sciences and Disorders is a setting where impressions are formed based on our appearance and conduct. The following Dress Code Policy is expected to be adhered to when working at the front desk or seeing clients.

| **Item of Consideration** | **Acceptable** | **Unacceptable** |
|---|---|---|
| Shirts | CCSD branded polo shirt; solid, long-sleeved t-shirt may be worn underneath; a solid-colored cardigan may be worn on top of the polo shirt. | Any shirt besides the CCSD branded polo shirt. Printed long-sleeved t-shirt underneath or printed cardigan on top of the polo shirt |
| Pants | Solid-colored white, black, gray, or khaki dress pants. Capri pants (mid-calf or lower). | Jeans, shorts, sweats, joggers, leggings, yoga pants |
| Headwear | Any headwear worn due to religious beliefs. | All other headwear |
| Footwear | Clean, closed-toed, closed heel shoes. Solid colored Vans-type sneakers. Dress boots (knee-length or lower). Stockings, socks, or footies are required. | Snow or rain boots; athletic sneakers; high-top sneakers, high heels; sandals; flip flops. |
| Body art and tattoos | Visible forms of body art and/or tattoos that are inappropriate in content. | Tattoos with graphics or wording that may be considered offensive must be covered |
| Body odor | Students must be physically clean (including oral hygiene, hair, and fingernails). Minimal use of perfume or cologne, after shave, heavily scented lotions. | Heavily applied perfume, cologne, aftershave, scented lotion. Pervasive body odors such as sweat or smoke. |
| Facial hair | Neat and trimmed facial hair | |
| Fingernails | Clean, well-groomed. Polish is permitted. | Dirty nails; badly chipped nail polish |
| Hair | Neatly groomed. | |

| Item of Consideration | Acceptable | Unacceptable |
|---|---|---|
| Jewelry | Simple so as not to interfere with client care, clinic performance, or safety. Minimal facial piercing jewelry | Dangling earrings, necklaces, and bracelets. |
| Skin | Skin that is intact and clean | Broken skin or areas that are bleeding or have the potential to bleed must be covered with an appropriate bandage |
| Identification | Name badges must be worn at all times. | |

### Receiving Gifts

Please note that clinical instructors employed by Minnesota State University must 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 https://www.revisor.mn.gov/statutes/cite/15.43. 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.

### Policy for Reporting Suspected Abuse of Clients

- Suspected abuse includes physical, sexual, or other forms of abuse or neglect occurring on or off the MNSU campus.
- Students who suspect their client is being abused will immediately report to their clinical instructor and the Center Director.
- The Center Director and/or clinical instructor will report the matter immediately to Minnesota State University's Title IX coordinator (Office or Equal Opportunity & Title IX: 507-389-2986) or University Security (507-389-2111).

## Infection Control Policies 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 policy's purposes are to prevent infection transmission between clients and clinicians and to maintain health standards set by ASHA.

**Universal Precautions:** The Center for Communication Sciences and Disorders applies Universal Precautions for infection control. Universal Precautions considers all individuals to be potentially infectious. Air and blood borne infections are always considered potential hazards. Training on bloodborne pathogens will be given at the beginning of fall semester to all students working in the CCSD.

**Education:** Universal Precautions will be most effective when implemented by all staff and students who study and work in the MNSU clinic. Accordingly, all clinicians, clinical instructors, 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. Graduate clinicians should sign the form prior to starting the first clinical practicum at MNSU. Students will receive additional education during one of the 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 bandages 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 required for all clinical instructors 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 encountering 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, eyeglasses, or therapy table surfaces. All gloves and tongue depressors can be disposed of in a garbage bin and any items exposed to a client's blood (i.e., if the client has a nosebleed) or body fluid should be placed in a red bio-hazardous waste container. These items will be incinerated or disposed of according to MNSU policies on infectious waste. Tissues, cups, and utensils should be disposed of in regular trash containers.

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. Toys that have been exposed to bodily fluids (saliva, blood, etc.) should be disinfected with spray or placed in the dishwasher, as appropriate.

**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. Clinical instructors should monitor the completion of these procedures 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.

**Illness**: 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.

## Clinic and Office Procedures

**Student Liability Insurance:** All students in clinical practicum must have Student Liability Insurance. This policy covers you for a full year, from July 1 through June 30, for speech-language and audiology practicum experiences and at any internship site. This will be purchased for you.

**Name Badges:** Clinicians should wear a name badge while providing services in the clinic. Name badges will be purchased for you.

**Policy for Use of Clinic Materials**: Clinicians must use check-out forms for client files, assessment packages, computer software, electronic equipment, and therapy materials. When you take an item from its storage place, sign your name on the appropriate check-out form. There are check-out forms on clipboards in the Resource Room. Please use these forms to check out any materials and return them promptly and neatly where the items were found.

**Client Parking:** The CCSD uses FlowBird parking passes for clients/caregivers to use Lot 5 or 5A during clinical sessions in the marked spots. When reception desk workers are present, it is their responsibility to check clients in. If no worker is present, graduate clinicians should wait in the reception area for their client, check them in upon arrival, and give them parking privileges for the duration of the session. Directions are located in Appendix L.

**Exxat**: Exxat is a web-based application that manages key aspects of academic and clinical education designed specifically and exclusively for speech-language pathology and audiology training programs. Exxat can be accessed via the following link: https://login.exxat.com/. The instructions below were sent to you when you registered for Exxat but are in Appendix M for your convenience.

**VALT**: VALT stands for **Video, Audio, Learning Tool.** It is the program that your clinical instructors will use to monitor your clinical sessions with the cameras and microphones in each therapy room. The program also allows instructors to create markers during recording to index key points so you can quickly access them later. You can use VALT to record your sessions for later review of the session – either to review your performance or your client's. Instructions for the use of VALT are in Appendix O.

**CCSD Telephone Calls**: CCSD telephones are intended for clinic business only. If you need to place a call to a client, this is the dialing sequence: client's area code and 7-digit phone number.

**Absence from Clinic**: If you know your client will be absent from clinic, inform your clinical instructor and co-clinician (if appropriate). If a client fails to come for therapy without prior notice, call the client after 10 minutes. If a clinician must be absent due to illness or another valid reason, the absence should be excused by the clinical instructor prior to therapy. Notify the client as soon as possible and be sure the absence is appropriately documented on ClinicNote. Missed therapy sessions may be made up at the discretion of all concerned.

With group-based clinic assignments (SPEAK OUT! Therapy group, MSU aphasia group, MnCAN, etc.), if you are directly assigned a client and they do not show up, you will still stay during that clinical time and help out where needed. This could include pairing up with another student and their client, helping with planning/prep and logistics, etc. but you are expected to be present during the entire group time.

For individual 1:1 sessions with your clients outside of group times, if they do not show up, you are free to leave.

**Weather-Related Cancellations**: The Center for Communication Sciences & Disorders follows the Mankato School District's inclement weather announcements. If the school district is closed or has an early dismissal/ late start due the weather/ road conditions, the Center for Communication Sciences & Disorders will do the same.

**Photocopying**: Photocopies of materials used for therapy are considered the clinician's expense. Please look for and follow copyright requirements. Some therapy materials state that they may be photocopied. Most say they CANNOT be copied. The rule of thumb is to consider most materials covered by copyright law unless otherwise stated.

**Test Record Forms**: Record form used for administration of the instrument are in the gray file cabinet in the Resource Room and are organized alphabetically by the test acronym. If you notice there are 5 or less protocols left, please inform the Center Director that more test protocols are needed, enter the information in the "Clinic Materials Needed" form on the clipboard outside the Center Director's office.

## Clinical Documentations

The Center for Communication Sciences and Disorders uses an electronic medical records program called ClinicNote for all forms of clinical documentation, including scheduling, evaluation reports, progress tracking/reports, billing, etc. You will receive training on use of ClinicNote at the beginning of your first clinical practicum on campus. If you have questions when using ClinicNote, be sure to click on "ClinicNote Help" before contacting your clinical instructor for assistance:


## Therapy/Client Management (Center Clients)

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

The Center Director makes therapy assignments based on student needs, client caseload, and instructor availability. If a therapy date and time has not already been confirmed, within 1-2 days of receiving an assignment, determine potential therapy days and times with your instructor, then contact the client to establish appointments. When you have finalized the client's appointments, make the appropriate notations in ClinicNote.

**Chart Review Form**

Graduate clinicians must complete the Chart Review Form (Appendix P) before meeting with his/her instructor. At the first meeting with your instructor, you should discuss such things as supervision conference times, the Therapy Plan Form (Appendix Q) and Writing S.M.A.R.T. and SMARTER Goals (Appendix R). Initiate therapy sessions within a week of receiving the assignment. You should be in the clinic at least 15 minutes before therapy time to clean the therapy table and set up your materials.

**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. 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 red biohazardous waste containers.

**SOAP Notes**

Write a SOAP note after every session using ClinicNote. Your instructor will revise the note using the tracking function in ClinicNote and resubmit to the student if changes are made or revisions are needed or simply to review the changes made by the instructor. Submit your clock hours to your instructor for approval using Exxat.

**Progress Reports**

To meet requirements for insurance/ billing purposes, you will be required to complete 30-day progress reports on all clients (or after every 10th visit, whichever is soonest for Medicare clients). The first progress report will be completed exactly 30 days from the first session. For example, if your first visit was on 08/31/2024, you would have progress reports due on: 09/30/2024, 10/30/2024, and 11/28/2024. These reports are completed in ClinicNote using Generate a Report and the Progress Report Template.

**Patient Goals List**

The first draft of your patient goals should be submitted on ClinicNote after 1-2 weeks of therapy or when your instructor requests it.

**Clinical Progress Summary**

If a report is sent to the client, include a Cover Letter to Client (Appendix Y) which should be signed by the clinician and the clinical instructor.

**Closing with the Client**

Consult your instructor regarding closure for the semester and discuss your recommendations with the client. Be sure to remind your client to complete the Client Satisfaction Survey that is now available through Qualtrics online. The Center Director will share a link to the survey near the end of the semester. After the last therapy session, determine 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**

Throughout the semester, be sure to submit your clock hours to your instructor on Exxat. It is best to do this daily. In the comments box on the clock hour form, please indicate your client's first and last initial to help your instructor know which hours you are submitting to them.

**Self-Evaluation and Instructor Evaluation**

In Exxat, you should complete a Self-Evaluation and a Instructor Feedback form for each of your therapy instructors. Your Instructor Feedback form will not be released for instructor viewing until *after* your grade for clinical practicum is entered into the MNSU grading system.

## Evaluation and Clinical Performance

Clinical Instructors are responsible for evaluating student performance in evaluation and therapy sessions, using Exxat (see Performance Evaluation below).

**Grading Procedures**

Graduate clinicians will be assigned grades of A, B, C, D, F (or shaded grades) for each clinical experience they are involved in during the semester. These grades are submitted to the Department Chairperson or Center Director 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. Any evaluation score of 2.7 or below will require remediation. Any evaluation score of 2.30 or below results in clinical probation.

**Exxat Evaluator Rating Scale**

Grading Scale: A (3.71 to 4), A - (3.31 to 3.7), B + (3.01 to 3.30), B (2.71 to 3), B- (2.70 to 2.31), C+ (2.01 - 2.30), F (2.0 or below)

- 4.0: Strong performance/independent
- 3.5: Adequate performance – skill is present but not fully independent
- 3.0: Present and developing – Skill is present but needs some support
- 2.5: Inconsistent performance – Demonstrate skills inconsistently with some support
- 2.0: Emerging – Demonstrates skill with direct instruction
- 1.5: Minimal performance – Inconsistently demonstrates skill with direct instruction
- 1.0: Non-existent performance – Does not demonstrate skill.

### Grievance Procedures

The CSD program strives to ensure students are treated equitably. Please refer to the MNSU/CSD student complaint procedures.

## **Appendix K:** Clinical Practicum Checklist

- Attend weekly clinical practicum class (CDIS 695) as scheduled by the Center Director.
- Coordinate schedules with clinical instructor(s).
- After receiving client assignment, contact client at least 7 days before first appointment and confirm appointment.
- Reserve a therapy room using the scheduler in ClinicNote.
- On ClinicNote, complete a Chart Review (Appendix P) form for every assigned client and submit to instructor.
- Meet with your clinical instructor for first session planning.
- First session with Client
    - Hearing screenings and/or evaluation may be administered as needed.
    - Use Flow Bird to enter parking privileges for your client if reception desk workers are not present. Be sure to explain parking procedures to your client prior to their arrival.
    - Submit a Therapy Plan to each assigned instructor. The template will be provided to you by your instructor.
    - Disinfect the usable surfaces of the therapy room before and after each session.

- Arrive 15 minutes prior to each therapy session. The receptionist will inform you when your client arrives. If no receptionist is working or they are completing other duties away from the front desk, you should wait for your client in the reception area.
- After the session, complete a SOAP Note on ClinicNote. **Timeline for submitting SOAP notes to instructor is as follows: fall semester 1 = 48 hours, spring semester 2 = 24 hours; and summer semester 3 = end of day, regardless of what time the client is seen.**
- If a therapy session is cancelled, notify your clinical instructor and co-clinician (if appropriate), and document the absence on ClinicNote.
- Enter your daily clock hours according to Exxat student instructions. Submit clock hours for instructor approval according to instructor instructions.

- Report
  - Progress Report: Complete every 30 days from the date of the first session.
  - Progress Summary Report: Complete a Progress Summary Report on ClinicNote and submit to your instructor for review/approval. This is due by the last day of the semester, or a grade of IP will be assigned.
- Finishing up
  - Meet with your instructor(s) and discuss recommendations for the client(s).
  - Complete a Self-Evaluation on Exxat.
  - Complete a Instructor Feedback Form on Exxat for each assigned instructor.
  - Meet with your clinical instructor to discuss your final performance evaluation.
  - Review your Clinical Performance Evaluation and Cumulative Evaluation on Exxat.
  - Update the scheduling section on ClinicNote, removing all remaining scheduled appointments following the last day of the semester.

## **Appendix L:** Use of FlowBird

**Website:** https://weboffice.us.flowbird.io/cwo2/UserLogin.aspx?ReturnUrl=%2fcwo2%2f

**Username: SHRS**

**Password:** Check the instructions on the wall to the left of the reception computer for the most current password.

***If you attempt the password once and it does not work, please refrain from attempting it multiple times as it will lock us out if the password is entered incorrectly too many times. Instead, ask the reception desk workers or the Center Director for assistance.**

**Duration: Enter # of minutes -** 300 (varies on duration of session/ appointment). This will automatically calculate the duration, start, and end date/ time.

**Start Date:** enter the date that you need the pass for, typically clinic clients are entered the day of the session, but days/times can be pre-entered if there is an event where people are parking in the Center parking. License plate numbers are needed to do this.

**Click on Calculate Duration Button:** This will populate the end date (If you click the calculate button it will create an error message or add in a very large amount of time. This is a known issue within the module that FlowBird is working on fixing, but they cannot remove the calculate button at this time).

**Plate:** Enter license plate #

**Purchase:** Enter $0.00 (this will auto fill when you press the tab after entering in the duration.)

**Description:** Enter client's first and last initial

**Save form for Consequent Additions**- check box (however, you do not need to check this box)

**Click on the disk icon to save entry.**

**Steps in order:**

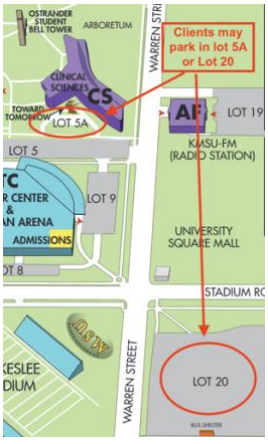
1. Enter duration and then press the tab key (duration depends on length of session).
2. Enter the license plate number.
3. Enter the description.
4. Click the disk icon to save entry.

**If you want to search for prior entries:**

1. Click the Reports and Statistics in the upper left column.
2. That will drop down to the word Purchase with a + sign next to it.
3. Click the word purchase again and it will open the search area.

**Instructions on where to have clients and caregivers park:**

- If caregivers/ parents are staying for the session, check-in at the front desk so their license plates can be entered into the FlowBird parking system- save their LP# on the excel spreadsheet so the client or caregiver does not need to remember it every week
    - If spots are available, they would park in **lot 5A** (directly in front of our building).
    - If there are no spots in 5A, they should then park in **Lot 20**.
    - If a client or caregiver gets a ticket alert the Center Director to get their ticket voided.



## **Appendix M:** Exxat Instructions

The Exxat Student User guide can be found at: https://helpcenter.exxat.com/hc/en-us/articles/15364619264785-Prism-Student-User-Guide

**Registering as a Student User in Exxat**

- Students receive an email with the subject line "[your name]- Here's your invite to Exxat PRISM". This email contains information on registering for the site and a link to activate your account. Once your account is activated, you may begin setting up your profile and uploading required documents.

**Logging in to Exxat**

- To login, go to https://login.exxat.com/ and login to Exxat using your school e-mail and password that you created for yourself during the registration process.

**Creating your Student Profile**

- From your dashboard, click on the "Profile" tile.
- Under Profile, enter your demographic and contact information and create a professional profile detailing your areas of professional interest and work experience, and uploading your resume.

**Viewing and Completing Compliance Requirements**

- Before each semester, click on the "Compliance" tile to view a record of compliance and immunization records.
- Missing or expired records will be labeled "Expired", "Expiring Soon" or "Get Started".
- Due dates for each compliance document are in the column "due dates".
- Click on "Action" to get started uploading your electronic file of the original compliance documents.

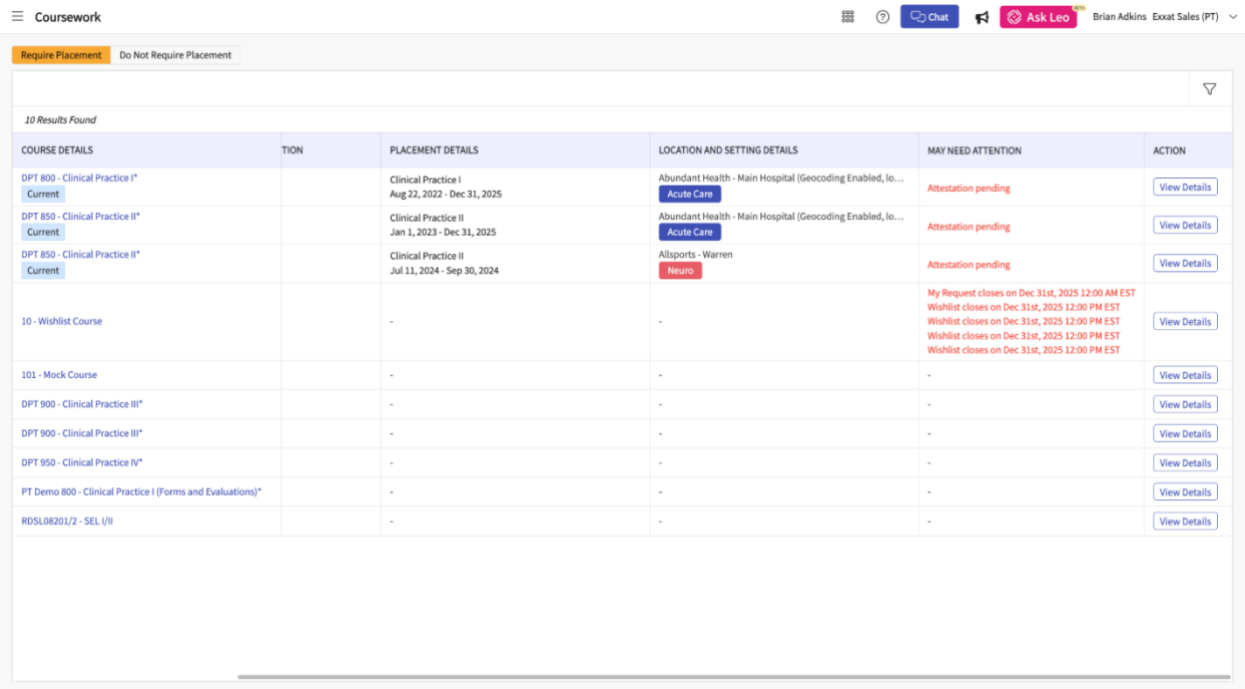
**Coursework**

- The coursework tile includes coursework required for clinic throughout your graduate career. This is where you will find information about when you will register and take CDIS 696, and a place to access your learning objectives for CDIS 695, 696, and 698.

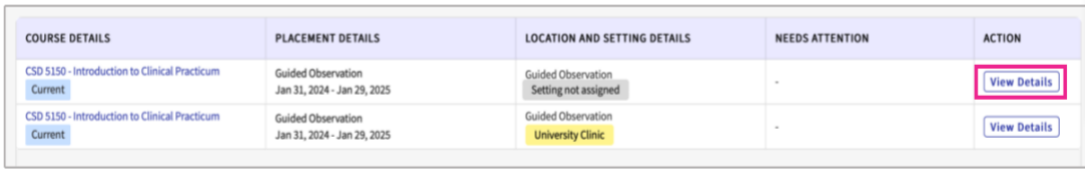
**Learning Activities**

- Click on the "Learning Activities" tab. This is where you will review and complete all learning activities for your clinical education, including clinical clock hours, supervisor evaluations, and site feedback forms.
- Within Prism, you can access this information via the Clinical Coursework page or go to the menu on the top left corner and click Coursework.
    - The system will display all courses you are registered for.
    - If you wish to see the courses that require placement, click on Require placement tab
    - If you wish to see the didactic courses, you can click on Do No Require Placement tab

- The page will always list any current placements at the very top, followed by upcoming placements, and completed placements last.



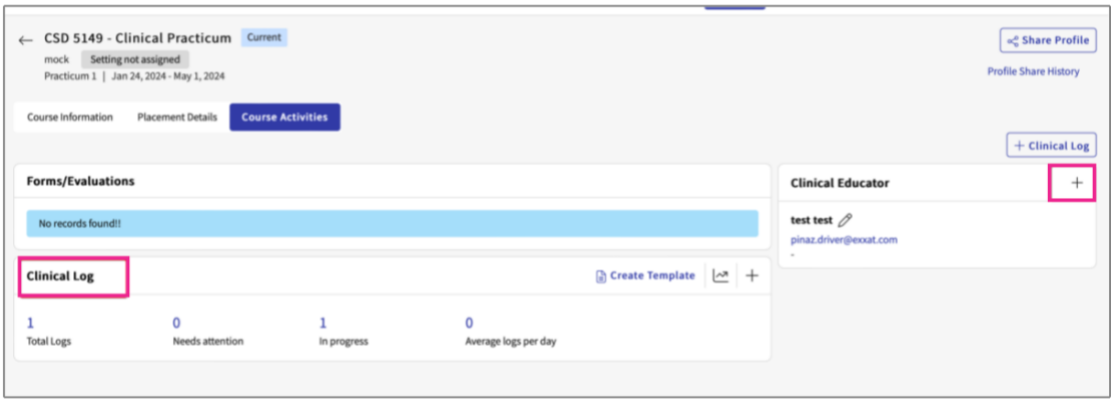

- The page will display all courses you are registered for, and will list ongoing placements first, then future placements, and lastly completed placements.
    - You'll quickly know if something needs your attention (wishlist, pending attestation, etc.) with the help of the Needs Attention column.
    - Click View Details for the desired course.



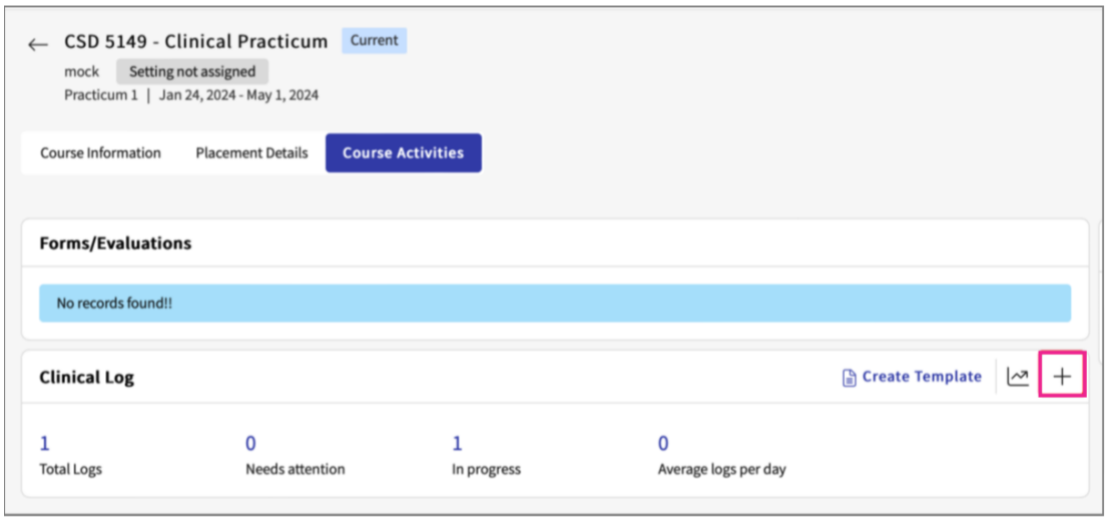

- You'll then have access to the following information:
    - Attestations: any attestations that you program has set-up for you to complete
    - Forms: any forms that your program has set-up for you to complete.

**Adding Clinical hours to your Patient Log**

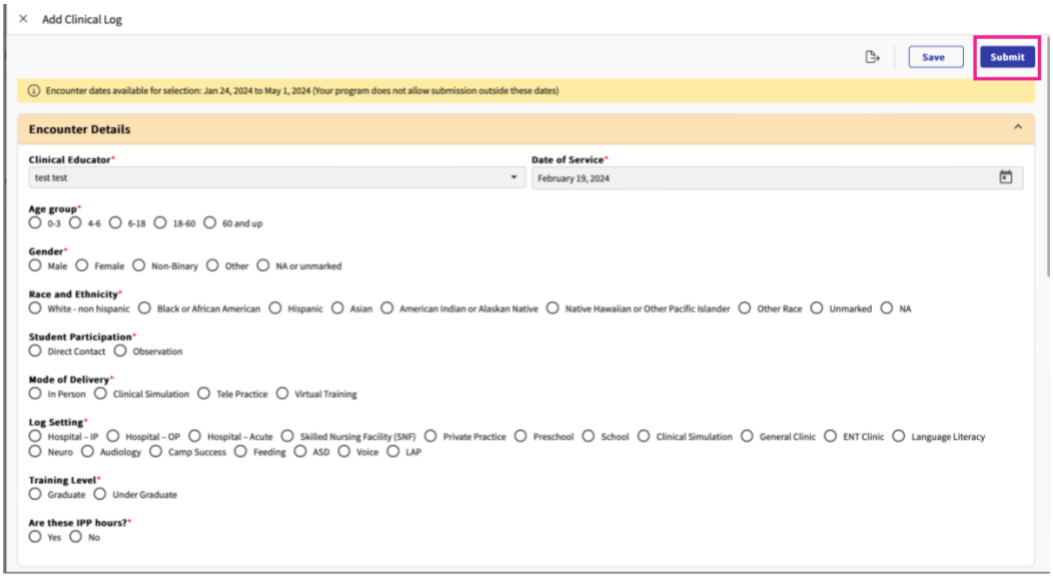
- Each clinical log is specific to this course.



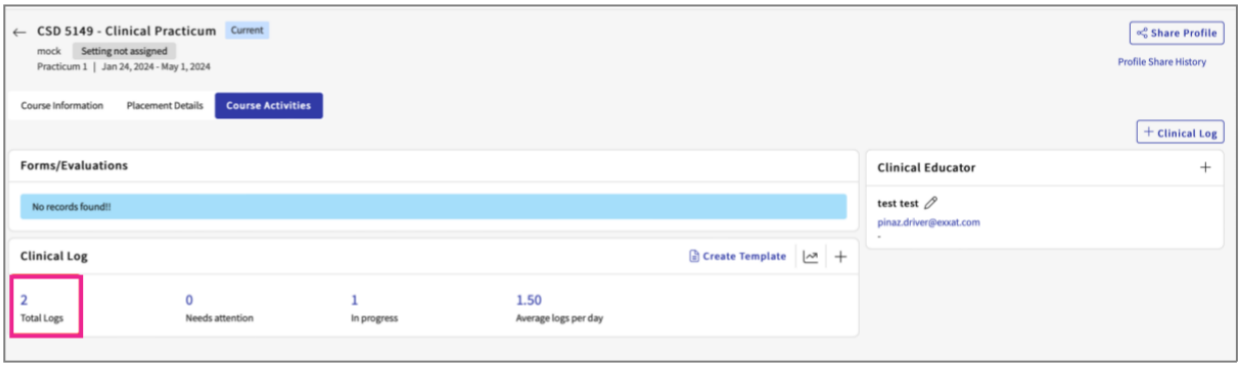

- Click on the + icon to add the Clinical log.



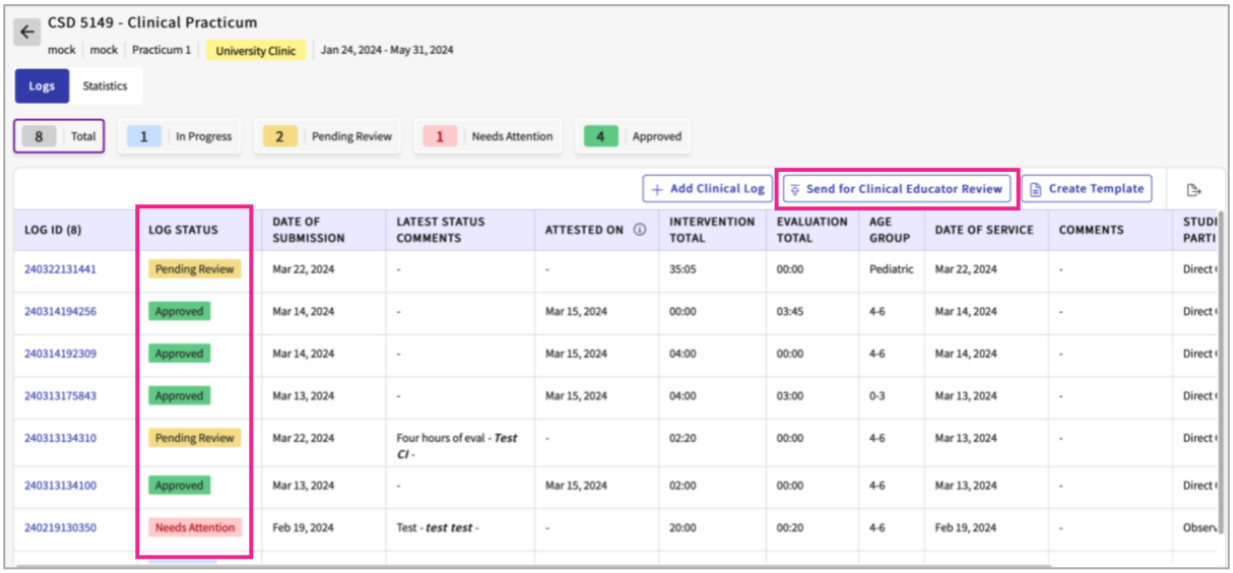

- Fill out the log and complete all the mandatory fields that are marked with the "*" and submit.



- Once you submit the log, you must send this to your Clinical Educator for review. To send the log click on the number of the total logs.

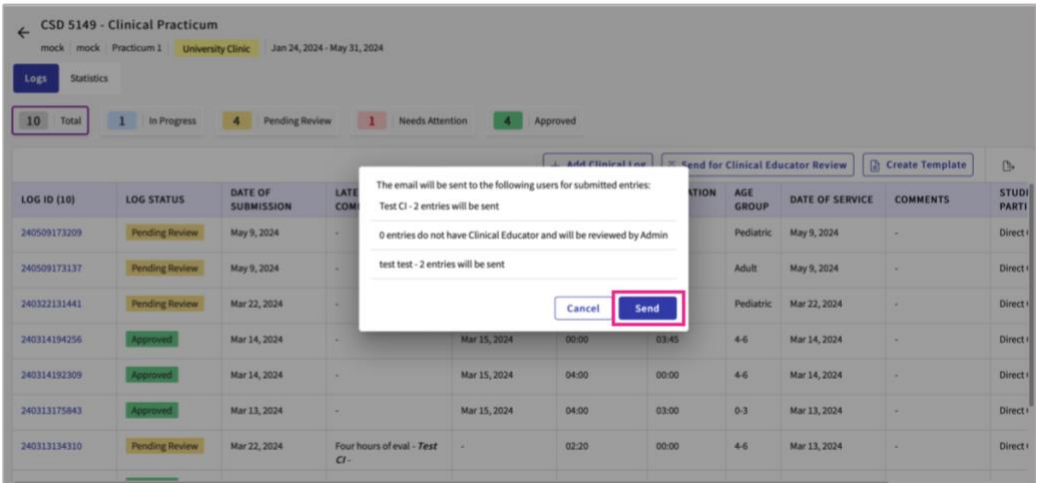



- Here you will be able to see the total number of logs and the statuses of each log.

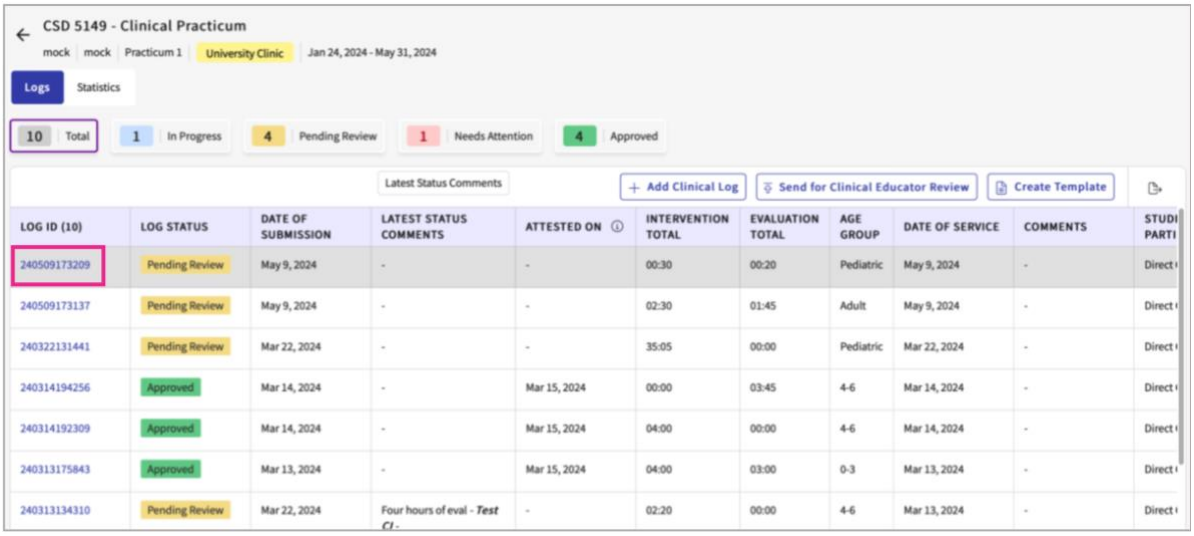



- Click on the “Send for Clinical Educator Review” to send the log to your clinical educator for review, here you will be able to view the number of logs that will be sent for review to each

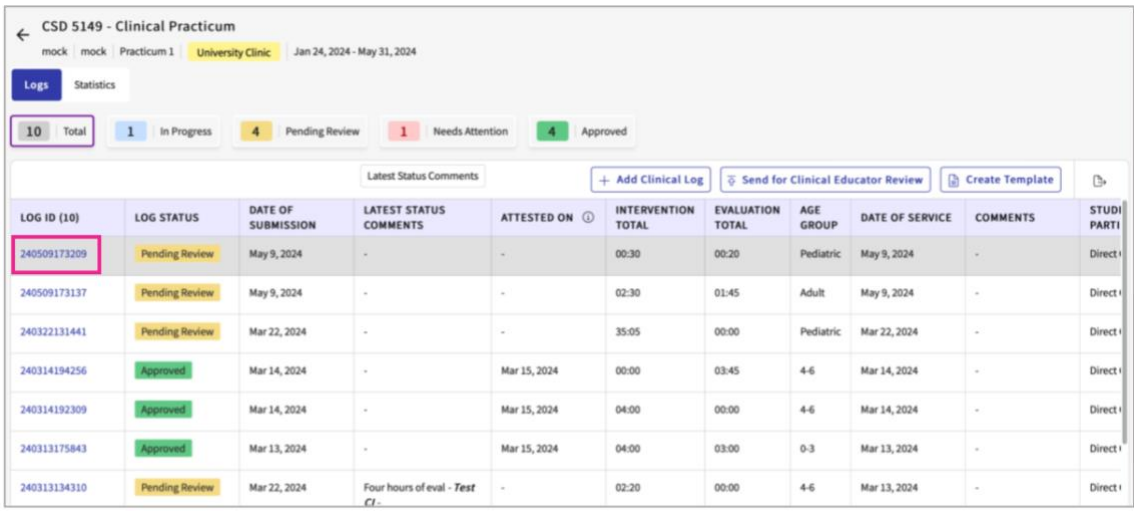
- Clinical Educator and click on send.



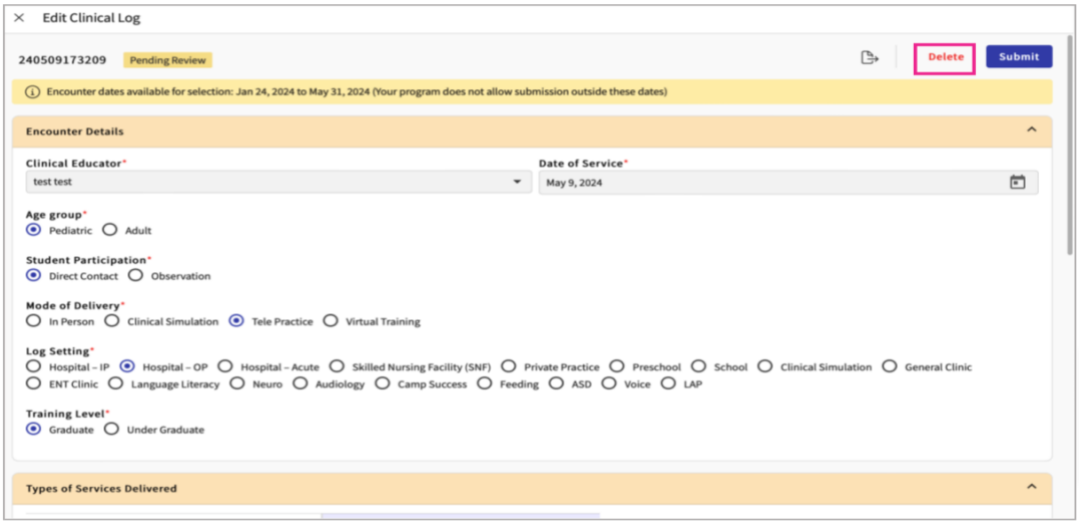

- You can also resend the log to your Clinical Educator using the same option by clicking on “Send for Clinical Educator Review”.




- You can edit a submitted a log and delete a submitted log if it is incorrect by clicking on the log ID to open the log to make changes and resend.

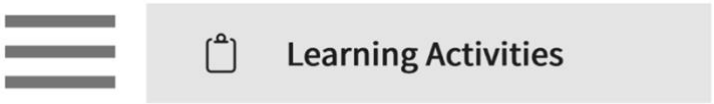



- You can edit the log or delete it by clicking on the delete.

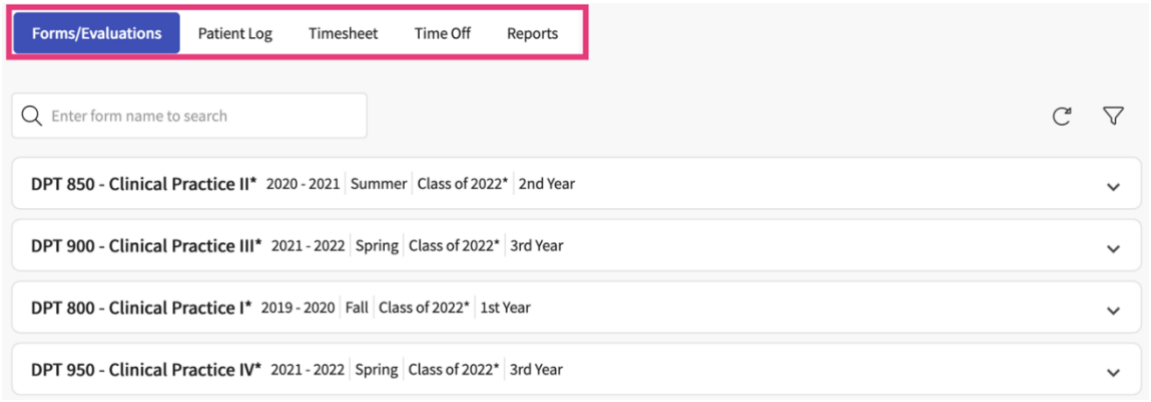



**Viewing Clinical Educator Performance Evaluations & completing Student Feedback forms**

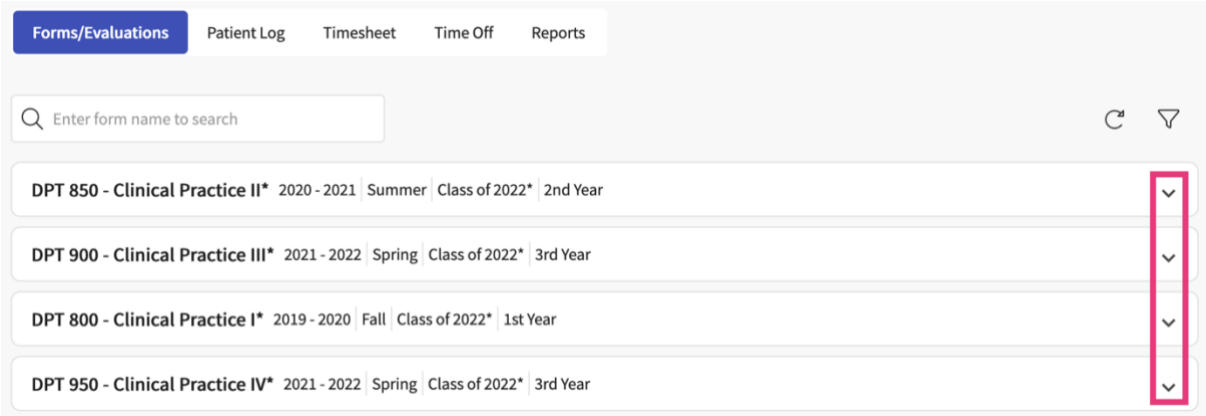
- Select Learning Activities from your dashboard or left menu



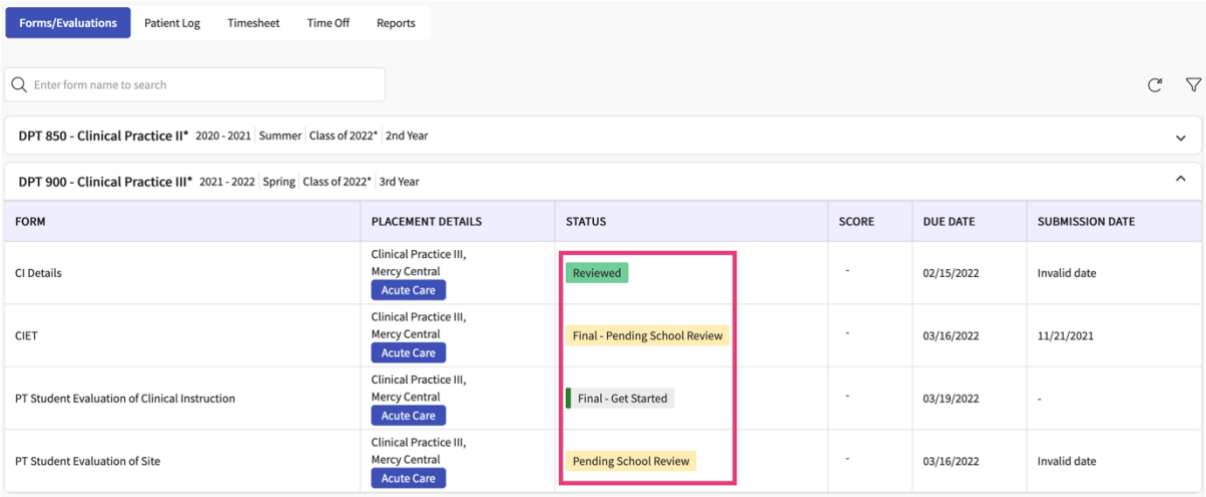

- The page will then display our standard learning activities on the ribbon at the top of the page. Select the Learning Activity you'd like to work on.




- The system will display all placements on the page. Click on the dropdown arrow of the desired placement.




- You can then review or begin any completed learning activities for that given rotation.



## **Appendix N:** Administration of a Hearing Screening

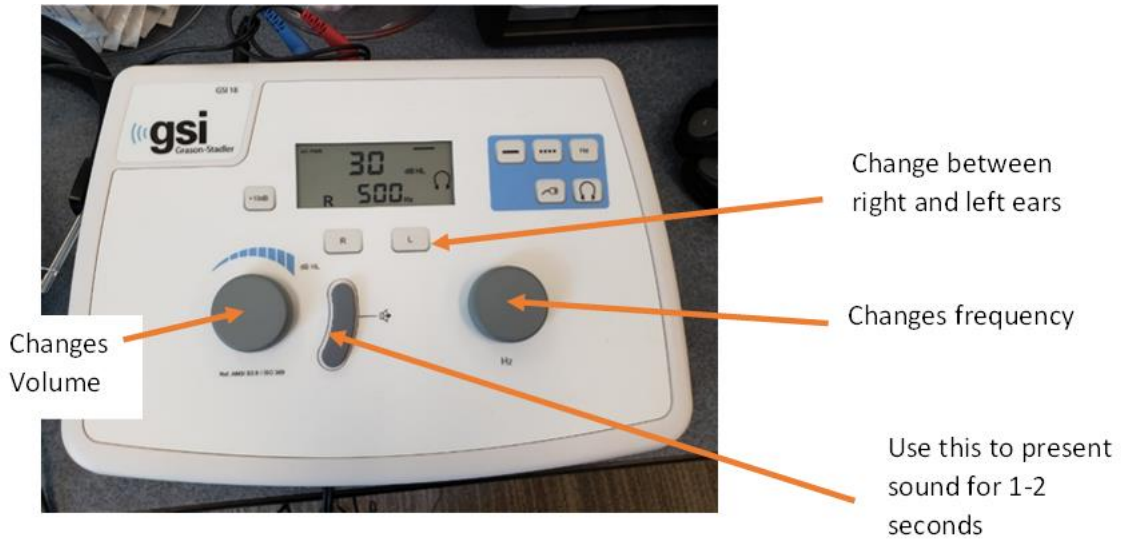
**What is the purpose of a hearing screening?**

- To determine if someone can hear at a certain volume. This level is chosen based on a cutoff for normal hearing versus when hearing loss would start. This level can vary depending on the age of the person you are screening. This information is used to refer someone if a hearing loss is suspected at one or more of the frequencies you test.

**Equipment for hearing screening**

- Audiometer: equipment used to evaluate a person's hearing and is used to control the volume and frequency of the tones you present.
- Headphones: Red is for the right ear and blue is for the left ear
    - One trick to remember this is if you are facing the person you are testing, you put the wrong headphone in your respective hand (right headphone in left hand, etc.) when putting the headphones on. It is okay to pause and make sure they are on the right ears. If you accidentally put the headphones on the wrong ears, just switch your results ☺

**How do I screen someone's hearing (see audiometer diagram below)?**




1. First instruct the patient that they will hear some sounds that will get soft. Have them raise their hand when they hear the sound.
    1. Note: Kids ages 5 and younger will likely need a game to play to keep their interest in the task. There are different ways you can do this such as giving them a puzzle piece, holding the puzzle piece by the ear they will be hearing the sound in, and then place the puzzle piece in the puzzle board when they hear it. Some other games are building a tower, throwing a toy in a

bucket, giving you a high five, or raising their hand faster than you as a race to see who heard it first.

2. During instructions, it can also be helpful to play the sound they will hear, especially for young kids. I usually play 1000 Hz at 80 dB HL and place the headphones near them. Make sure to decrease the volume after this otherwise they will jump out of their chair because it will be loud.

2. Put the headphones on the patient and make sure they are facing away from you so they can't see you press and move the buttons and dials. The headphones have a circular grid inside them, make sure this is directly over the person's ear canal and that the headphones have a tight seal on their head.
3. On the audiometer, change the volume to start at 40 dB HL at 1000 Hz and present a tone for 2 seconds.
4. Go down to the screening level (usually 20 dB HL) and present the tone.
5. If the patient hears the sound, mark it as a pass.
6. If they do not hear the sound, try again. You may also need to ask if they heard the sound and reinstruct them as needed.
    1. Note: the following frequencies will be impacted
        1. 500 Hz: noise in the room can interfere or the headphones not completely sealing the ear canal can interfere and cause hearing loss. If you see a gap, try readjusting the headphones.
        2. 6000 Hz: If the circular grid inside the headphones is not directly over the person's ear canal, it can cause a hearing loss at this frequency. If you see this. Try readjusting the headphones.
7. When you are done with 1000 Hz, repeat this process in this order in the same ear: 2000, 4000, 6000 (if older than age 11), and 500 Hz
8. Switch to the other ear and repeat the steps above 3-6.

Link to video discussing the above: 20220708_082658.mp4

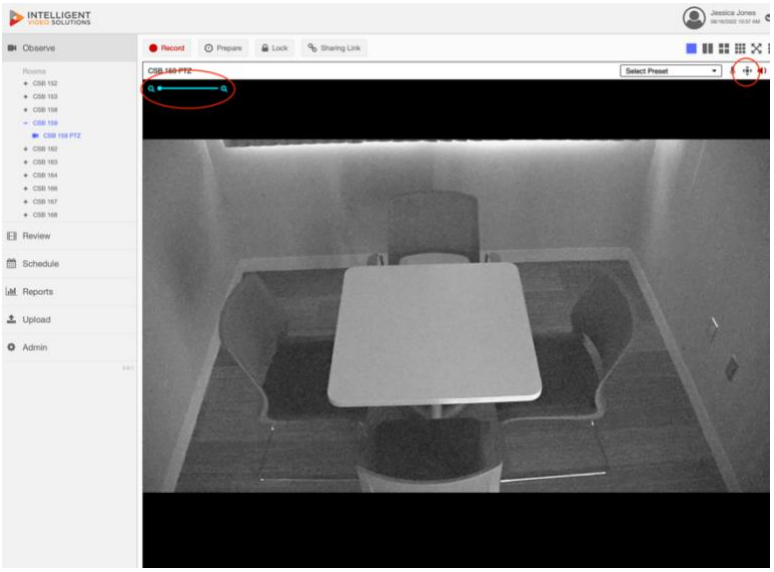
**Interpreting the results**

- If someone heard all of the sounds, it is considered a pass and they are done
- If someone does not pass at one frequency, it is considered a fail and you would check rescreen
- When counseling adults, you can say this is a screening and that it is indicating there may be some hearing loss, but a formal test in a quiet booth will confirm these results. They should have their hearing tested in a booth to check if they do have hearing loss and if they do, the formal test can tell us the severity because the screening does not tell us this.

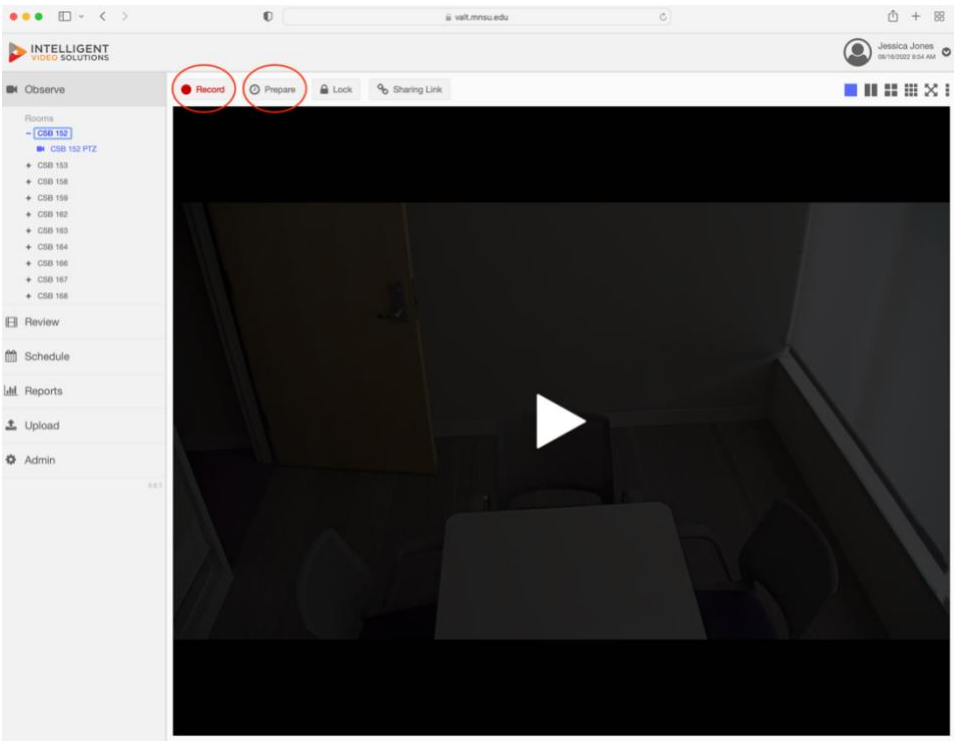
## **Appendix O:** VALT Instructions

1. Go to https://valt.mnsu.edu/login
2. Click on **Log in with SSO**

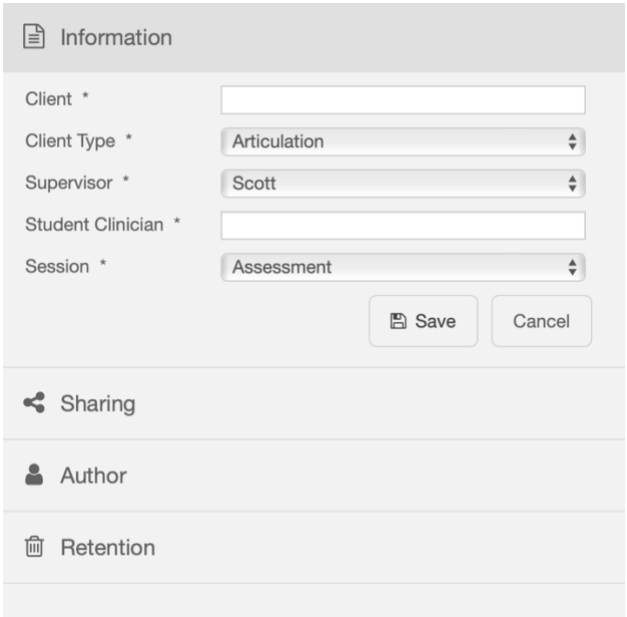

3. To WATCH a session:
    a. Click on any of the room numbers to view. Some rooms have two cameras, some have one.
    b. To move the camera to any part of the room, click on any part of the page to bring up the toolbar at the top of the page. Click on . When you move your cursor on the screen, you should see it appear as a green circle. Click anywhere on the camera view to pan to that spot. You can also use the Zoom feature to zoom in and out.




4. To RECORD a session:
    a. Click on the appropriate room number.
    b. If you want to start recording immediately, click “Record”. If you want to get ready to record, click “Prepare”.

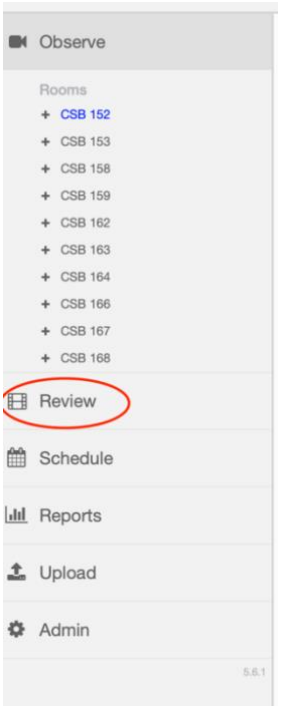



c. Enter the client's initials.
d. On the dropdown menu, enter the disorder type.
e. On the dropdown menu, enter the instructor's name.
f. Enter your name.
g. On the dropdown menu, indicate the type of session.
h. Click "Save".

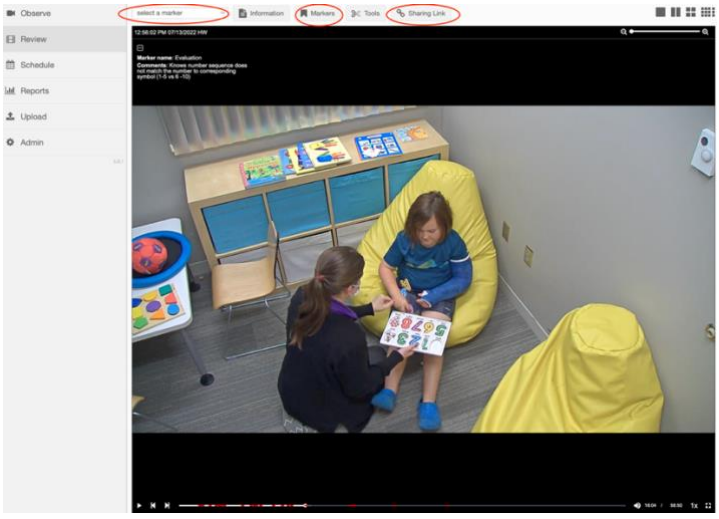



i. If you initially clicked "Record", the session will start being recorded. If you initially clicked "Prepare", you will need to click "Record" again on the Home screen in order to start recording.

5. To REVIEW a session:
    a. Click Review on the Home screen:




    b. Click on the Session Name to watch recording.
    c. Note on the bottom of the next page the recording line. If any red markings exist, click on them to review the notes left by the instructor at that point in the recording. You can also click “select a marker” for a dropdown menu containing all the marker points or click “Markers” for the same information.
    d. Click on “Sharing” to create a link to the session.



## Appendix P: Chart Review

**Chart Review**

| | |
|---|---|
| Client Initials: | Date of Birth: |
| Parent/Caregiver: | Medical Diagnosis (if any): |
| Address: | Educational Diagnosis (if any): |
| Phone: | Communication Diagnosis: |

| |
|---|
| Other Related Medical Conditions: |
| Previous Treatment History (where, when, how often, reason for discharge): |
| Educational History/Services Received: |
| Social History/Family: |
| Previous Long-Range Goal(s): |
| Previous Short-Term Objectives (briefly summarize: |
| Possible Assessments to Administer the First Session: |
| Possible Treatment Materials to Utilize: |

## **Appendix Q:** Therapy Plan Template

Client Initials:
Day/Time seen:

| Goal Being Targeted | Activity Done and Materials used |
|---|---|
| | |
| | |
| | |

3-4 activities should be planned, at least 1 Evidence based approach should be used.

## **Appendix R:** Treatment Goals

### S.M.A.R.T. Goals: Overview, Writing Tips, and Resources

**A *S.M.A.R.T.* Goal is:**

- **S**pecific: Should specifically state what the individual will do.
- **M**easurable: How will it be measured?
- **A**ttainable: Something that is reasonable and expected to be accomplished.
- **R**elevant: Customized to the individual's needs.
- **T**imely: Provides a timeline, including a goal end-date.

When developing S.M.A.R.T. Goals, always:

- Include the amount of assistance that will be required.
- Identify an area of deficit or functional limitation in the evaluation, to support the S.M.A.R.T goal.
- Include baseline and/or current progress measures toward the S.M.A.R.T goal.

S.M.A.R.T. Goal Writing Steps:

- Who? (patient, family, caregivers)
- What? (specific performance/action that will be accomplished)
- Where? (location)
- When? (establish timeframe)
- Why? (relevance/purpose)
- How? (criteria to attainment)

**Examples:**

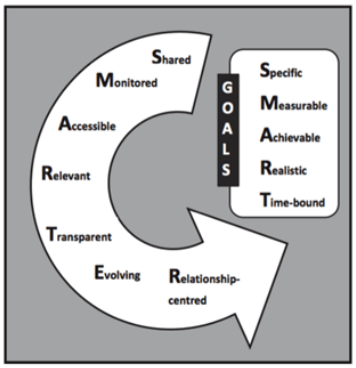
| Not S.M.A.R.T. Goals | S.M.A.R.T. Goal Examples |
|---|---|
| Improve expressive language. | During the therapy session, patient will use 2+ word combinations to request items given a verbal model with 80% accuracy. |
| Improve receptive language. | Patient will independently answer "What" questions with 80% accuracy in a structured 1:1 setting. |
| Improve speech. | Patient will produce /p/ in the initial position of words in 4/5 trials given minimal cues. |
| Improve swallow with liquids. | Patient will safely swallow thin liquids by cup sip using chin-tuck maneuver in 9/10 trials, as evidenced by no cough or change in vocal quality post-swallow. |
| Increase memory skills. | Patient will recall personal biographical information and the names of family members given visual aids with 80% accuracy. |

| Not S.M.A.R.T. Goals | S.M.A.R.T. Goal Examples |
|---|---|
| Improve intelligibility of speech. | Patient will produce short phrases with 90% intelligibility, given verbal cues to exaggerate consonants. |



## "SMARTER" Goal Setting

The SMARTER goals framework was developed from a large multicentre project (Goals in Aphasia Project) investigating client, family and therapist perceptions on goal setting within aphasia. The SMARTER framework intends to be used alongside SMART goals and aims to encourage greater collaboration within the goal setting process and emphasis potential areas of improvement. SMARTER goal setting involves the following notions: Shared, Monitored, Accessible, Relevant, Transparent, Evolving and Relationship-centred (Hersh et al., 2012).




Adapted from the SMARTER goal setting framework (Hersh, Worrall, Howe, Sherratt, & Davidson, 2012) & https://www.aphasiapathway.com.au/?name=SMARTE-framework

**Shared:** Ensuring that each other's perspective is understood, having real choices and negotiation, and some agreement resulting from the discussion. **How it can be done:** Within a shared approach effort is made to prepare clients, including families and significant others, about what is on offer and what choices exist. It is not enough for shared goal setting simply to ask people what they want to work on or to invite them into a meeting. They may be too overwhelmed by everything that has happened to them, and too unfamiliar with the process and expectations of rehabilitation, to answer that question. Clients need to be orientated as if to a new job. They need to understand the context and the setting within which their service is provided, who the different health professionals in the team are, what is expected of them, and what they can expect of the team. If therapy is described in terms of goals, that term may need discussion. People with aphasia and their families need enough information to be partners in the process. There should be regular opportunities to attend meetings, supported as required by aphasia-friendly materials using a range of media (Rose et al., 2009). All results of those meetings should be documented and disseminated in an accessible format. Client preparation (for example, by using a goal-setting folder or arranging a pre-admission interview) provides opportunities for increased client participation (Barnard et al., 2010; Van De Weyer et al., 2010). To cope with service constraints there is also a need for information on the resources that are available in a specific service (Baird, Tempest, & Warland, 2010).

**Monitored:** Monitored denotes continuous evaluation, often as part of therapy itself. The idea is to reduce reliance on discreet periods of assessment to guide goal setting and encourage an iterative approach where small changes in performance, or different requests from clients, lead to a re-evaluation of therapy direction**. How it can be done:** Monitoring highlights the value of regularly discussing improvement or lack of it, updating on progress

towards agreed goals, and making evaluation a part of therapy. The measurement of change on therapy goals does not have to be numerically based. Client self-evaluation and family evaluation are additionally ways of evaluating if goals have been reached. Choices for goals in therapy still need to be evidence-based but not rigid or driven by the results of an assessment that does not reflect client goals. A simple idea is to have a quick set of objects, phrases or maybe a video of the client that comes out every so often to allow for monitoring and checking on changes.

**Accessible:** Goal setting with people with aphasia needs to be in a format that allows 'communication access'. **How it can be done:** Information needs to be in an aphasia-friendly format, whether that involves extra time, a total communication approach, supported conversation, or careful adaptations to goal setting documents or contracts (Rose, Worrall, Hickson, & Hoffmann, 2011). Just as "talking mats" have been used as a strategy to set goals and monitor change (Bornman & Murphy, 2006) so clinicians may need to develop aphasia-friendly materials for negotiating original goals, showing how goals split into steps, monitoring change, or revising goals.

**Relevant:** Therapy should be relevant to people's lives. **How it can be done:** For therapy to feel relevant for clients, the goal-setting process needs to be shared and worked through together. It would be useful to have a supported in-depth interview where possible. Ideally people with aphasia in residential rehabilitation would have an opportunity to do this in their real-life context; that is, we suggest a home visit with a speech pathologist as part of the goal-setting exchange, just as occupational therapists carry out home visits prior to discharge. This would allow both clients and clinicians to judge priorities for therapy from a broader life context rather than only from the results of particular assessments. Clients may also wish their goals to be relevant and set at a challenging or ambitious level (Baird et al., 2010; Playford et al., 2009). Clinicians should not assume the relevance of their therapy but check it regularly, involve family, and find ways to ground both impairment and functional work in the real needs of each individual client.

**Transparent:** There needs to be clear understanding of the goals and how therapy tasks relate to them. **How it can be done:** Through the use of the SMARTER framework there should be clear, accessible records of agreed goals and sub-goals and, ideally, an understanding of the rationale for the therapy approach needed to achieve them. This process may involve time, supported discussion, and a solid understanding of the client's life, needs, and interests. Some speech pathology participants suggested creative ways to achieve this such as using goals lists; visualisation, metaphor and analogy to explain sub-goals (steps, ladders, journey, bite-sized chunks); making sub-goals "outcome oriented"; using hierarchies of everyday activities; encouraging clients to prioritise or rate tasks for importance; and seeking regular feedback.

**Evolving:** Goals should change with time, as recovery occurs, as people become familiar with the realities of rehabilitation, and as they encounter the challenges of living life with aphasia. **How it should be done:** The term evolving emphasises the need to revise and revisit goals regularly but also incorporates a process of explaining to clients, even early on, that they can ask to change therapy direction, that therapy goals are not set in stone, and that recovery is very individual. This is particularly important for people experiencing failure or depression or finding themselves in less-supportive communication environments. Currently professionals tend to discharge clients who are not demonstrating change or positive outcomes in therapy (Hersh, 2003) but it may be that the therapy goals need reviewing and that improvements could still be realised if the process were more sensitive. It may be worth explaining the changing nature of the brain (there are many YouTube videos on neuroplasticity), slogans such as "use it or lose it", or "use it and regain it" can be helpful when linking this to goals.
**Relationship-centered:** The term "relationship-centered care" has been used to highlight the centrality of the relationship in contemporary health care (Hughes, Bamford, & May, 2008) and is the focus of a client-centered

approach to working with people with aphasia (Davidson & Worrall, 2011). **How it can be done:** The relationship, sometimes described by speech pathologists as "rapport", is core to this and takes priority before formal goal setting and prior to formal assessment where possible. A strong, therapeutic relationship may build quickly or may take time but realistically continues to develop over longer periods.

**Shared:**

- Has the person with aphasia and their family been able to prepare for the session?
- Have families and significant others been involved?
- Has information been presented in way that is understood?
- Is the information relevant?
- Is the working relationship a trusting and collaborative one?
- Have all involved understood the purpose of goal setting?
- Have all involved been able to express their needs, values and expectations?

**Relationship-centered:**

- Have the goals been client-centered?
- Has rapport and trust been developed between the person with aphasia and their family and the speech pathologist?

**Relevant:**

- Do the goals take into account the client's broader life context?
- Has the client's family and/or carers been involved in the process?
- If the person is living at home, are you able to develop goals in the client's home?

**Accessible:**

- Are they written in an aphasia-friendly format?
- Does extra time or support need to be provided to ensure understanding of information provided?
- Do they understand that they can change their goals if they think of new ones?

**Transparent:**

- Is the person with aphasia and their family clear about which goals will be worked on initially and how these will be evaluated?
- Has a clear link been established between the goals they selected and the rehabilitation processes used to achieve these goals?
- Have they been able to influence what they will learn about during rehabilitation based on their current needs and goals?

**Monitored:**

- Have the goals been written in a way that allows for continuous evaluation?
- Have the goals been written in a way that allows for small changes to be measured?
- Can these goals be used to regularly discuss improvements or lack of improvements?

**Evolving:**

- Is the person with aphasia and their family aware that they can revisit and revise the goals?
- Are the people with aphasia and their family aware that they can change the focus of rehabilitation if they like?

**References:**

1. Hersh, D., Worrall, L., Howe, T., Sherratt, S., & Davidson, B. (2012). SMARTER goal setting in aphasia rehabilitation. *Aphasiology*, 26(2), 220-233. doi: 10.1080/02687038.2011.640392

## **Appendix S:** Clinical Writing Expectations

- Different settings have different expectations regarding using the client's name in reports/SOAP notes. Medical settings tend to be more formal use "The client…" in reports, rather than the client's name. School settings (and some pediatric settings) tend to be less formal and use the client's name in documentation. When the latter is the case:
    - Always introduce the person in the report by their first and last name, and then refer to them using their first name.
    - For clients who go by a nickname, introduce the client by their full name with the nickname in parenthesis, Robert "Bobby" Smith, and then refer to the client as Bobby in the rest of the report.

- Client age - express a young child's age in months (if under age 2), for 2- to 12-year-olds, express their age in years and months; for individuals 13+, express their age in years only
    - Sally Smith, a 22-month-old female (or a female aged 22 months), was brought to the clinic by her father, Mr. Mark Smith, for intervention targeting expressive and receptive language.
    - Jane Jones, a 7-year, 9-month-old female (or a female aged 7 years 9 months), was seen for an articulation evaluation upon the referral of her pediatrician, Dr. Sam Long.
    - Jacob Wright, a 17-year-old male, participated in…
    - John Doe, a 79-year-old male (or a male aged 79 years), participated in intervention at…

- Hyphens are required when we use a multi-word adjective to describe a noun (e.g., two-year-old male; three-step command; evidence-based practice)

- Do not use shorthand (e.g., gonna, kinda, lots); replace with formal language
    - Gonna → going to, plans to, working towards
    - Kinda → seemingly, a small degree of
    - Lots → a great deal, excessive

- When using acronyms, introduce the full title first and then put the acronym in parentheses.
    - Speech-language pathologist (SLP); then all following references to SLP
    - *Preschool Language Scale, Fifth Edition* (PLS-5); then all following references to PLS-5

- Use past tense; avoid the use of "would" (e.g., instead of "the clinician would have the client point to the target from a field of four choices" use past tense → "the clinician had the client point to the target from a field of four choices" or even better → "the clinician asked the client to…" or "the clinician instructed the client to…"

- Revealed: don't be afraid to use it
    - Tests can *reveal* information, clients don't *reveal* anything (rather, they *demonstrated, exhibited, or were observed to*)

- i.e., vs. e.g., i.e., means "that is" and e.g., means "for example"
    - "The client was observed to circumlocute (i.e., talk around a word)."
    - "The client exhibited gliding of /r/ in the initial position (e.g., "wun" for *run*)

- Define behavior and technical terms; add examples when possible

- Johnny's dysfluencies were characterized by repetitions (e.g., d-d-dog), prolongations (e.g., sssssandy), and the occasional block (e.g., I want a —pancake)
- An assessment of diadochokinetic rate provided insight into the client's ability to repeat rapidly alternating sequences of consonant-vowel syllables.

- If using phonetic symbols, give orthographic examples (initial /j/- e.g., "yesterday"); if using / /, phonetic symbols must be used. If you want to use letters from the alphabet, you can use quotation marks (e.g., "th") or capital letters (e.g., SH)

- Citing test authors in descriptions of the test/subtests is not necessary; however, citing the creators/authors/researchers who developed/investigated/published information on the therapy approach is necessary (in-text citations and a reference list are required; use APA format)

- Reporting Scores: Raw Scores and Age-Equivalents are not scores we report. You should report Standard/Scaled scores and %ile ranks. Descriptive terms are acceptable.
  *In a school setting, do not report any scores if the child is learning multiple languages *unless* the test is normed on multi-lingual children learning those specific languages. Use descriptive terms instead to prove qualification (e.g., "performed significantly below the average range").*

- Use of charts/tables: The use of charts should be primarily for reporting scores. A written summary is still required. Provide examples of subtest tasks and client error patterns for your reader. This process will help you make your recommendations.

- Take opportunities to report the client's strengths, even if the scores were all in the disordered range. These can be reported as the client's "relative areas of strength." Similarly, the skills/tasks that were most challenging for the client can be reported as "relative areas of difficulty," even if the scores are within normal limits. This information can provide nuanced detail that is helpful for determining individualized recommendations.

- Be clear and concise; eliminate redundancies
  - "...was noted as having a distinct pattern of incorrect use" can be condensed to "was incorrectly produced."
  - "An understanding of the causal factors involved in the client's sensory-seeking behaviors leads to more efficacious treatment" can be condensed to "treatment is most effective when the client's sensory needs are met."

- Avoid use of passive language; replace with active language
  - "was able to produce /s/ with 75% accuracy" is passive and should be revised to "produced /s/ with 75% accuracy".

- Ensure all details in the summary section of the report have been introduced elsewhere in the report and that your recommendations align with the data and facts presented in your report.

- In school settings, keep your audience in mind. Not only will other SLPs be reading your evaluations, progress notes, and IEPs, but so will parents, teachers, administrators, etc. It is important to deliver relevant information while keeping jargon to a minimum.

## **Appendix T**: Soap Note "Cheat Sheet"

**Effective SOAP Note Writing:**

- Written as close following therapy session as possible.
  Due times are as follows: 48 hours after session in the 1st semester, 24 hours after session in your 2nd semester, End of Day in your 3rd Semester.
- Should be written in present tense and in active language.
- Should be concise and specific – over wording complicates the decision making unnecessarily for other providers involved in the patient's care.
- Unbiased: in the subjective section, particularly, there is little need for practitioners to use weighty statements either overly positive or negative, or judgmental language.
- Utilize appropriate details such as direct quotes for a more comprehensive document.

** **Remember,** SOAP notes are meant to be thorough and detailed enough that another clinician can treat that client based off only what they read, not by observing or meeting the client. Therefore, it needs to include all relevant data and information, but not overly descriptive to the point that it is taking an excessive amount of time to write, or another clinician to review.

**** Why are good SOAP notes important?**

Outside of the potential of another clinician treating your client, SOAP notes are:

- Frequently reviewed by private insurance companies to justify payment for services.
- In the school setting, this is often used for billing medical assistance for students that qualify.
- Insurance companies are looking for details of what services are being provided, their goal focus areas, client progress towards goals, and the plan for continued treatment.
- If all these details are not provided, payment is often denied, and a lengthy appeal process likely ensues in obtaining payment for services.

**(S) Subjective:** subjective observations that are verbally expressed by the client, such as information about symptoms or feelings. It is considered subjective because there is no way to measure the information.

• Make sure you are including only relevant/useful information, or information that is abnormal. For example, you do not have to write that the client arrived on time for their session if that is normal occurrence.

Example: *"Client seen in therapy room, expressed feeling stressed this session. Needed more cueing and encouragement to complete therapy activities."*

**(O) Objective:** objective data and observations, things you can measure.

• State what activity was completed, how the client responded to that activity in terms of accuracy, and what amount of assistance or cueing you had to provide to allow for that accuracy.

• When describing your activity completed, be sure to describe the activity itself, as well as how it relates or how it was used to focus on your therapy goals.

• Make sure when you are stating cues or assistance provided, you describe what that cueing looks like. For example, *if you state, "minimal cues", what is it about those cues that make them "minimal"? Your idea of minimal cues could be vastly different from someone else's definition.*

**(A) Assessment:** your critical thinking and assessment of the relationship of your data to short- and long-term goals.

• How is your client progressing toward their goals? Were you able to fade cues, or could the client produce more accuracy than previous sessions?

**(P) Plan:** how you are going to progress the client's therapy sessions next time to continue challenging them and continue to progress toward long term goals.

• Do not write "continue toward goals" – describe what you are going to do to continue and progress.

• This is where we differentiate ourselves from anyone else- what are you doing with the client that is different than what an assistant or teacher could do? Or in a medical setting, what is different about what we are doing than what a CNA or nurse could do? What requires the skills of an SLP with their master's degree vs. someone else?

## **Appendix U:** Skilled/Professional Language Guide

| Instead of writing... | Use this skilled terminology |
|---|---|
| Helped | Assisted |
| Noticed | Acknowledged |
| Agreed | Affirmed |
| Disagreed | Challenged |
| Asked a question/ checked accuracy | Clarified |
| Taught/Teach | Instructed, Coached |
| Worked with | Collaborated |
| Calmed client down | De-escalated |
| Showed | Demonstrated |
| Created | Developed |
| Led | Directed |
| Talked about, conversed | Discussed |
| Cheered on; complimented | Encouraged |
| Told | Explained |
| Looked at | Examined, Explored, Evaluated |
| Led | Facilitated |
| Focused on, centered on, concentrated on | Addressed, Emphasized, Targeted, Examined |
| Gave homework | Provided home programming |
| Led | Guided |

| Instead of writing... | Use this skilled terminology |
|---|---|
| Taught; explained | Instructed |
| Converted; analyzed | Interpreted |
| Started, presented, gave to/did for the first time | Introduced |
| Questioned; asked | Inquired |
| Heard out; talked to/with | Listened; discussed |
| Summed up | Paraphrased |
| Did; completed | Performed |
| Worked on | Planned, Practiced |
| Complimented; congratulated; celebrated | Praised |
| Told to; reminded to | Prompted |
| Gave | Provided |
| Changed direction; got focus back on track | Redirected |
| Thinking about/discussed what they did previously | Reflected back |
| Say/do in a different way | Reframed |
| Directed/attended back to | Refocused |
| Built up, boosted, added to, increased. Stressed importance of | Reinforced, Supported, Encouraged |
| Replied | Responded to |
| Looked over/at again | Reviewed |
| Acted out | Role played |
| Established rules | Set boundaries |
| Told, stated | Shared |
| Helped | Supported |
| Showed how to | Trained |
| Confirmed, verify, checked into | Validated |

## **Appendix V:** Letter to Client

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

September 15, 2025

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, 2023. 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 Instructor

Enclosure

## Appendix W: Letter to Referral Source

Sample Cover Letter – Clinicians may use this letter and simply modify the portions in italics as needed. Use department letterhead

September 29, 2025

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

RE: Axelrod Fennington, DOB: 4-5-75

Dear Dr. Meyer:

Your patient, Axelrod Fennington, was evaluated at the Minnesota State University, Mankato, Center for Communication Sciences and Disorders on August 30, 2013.  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 Clinical Instructor

## **Appendix X:** Student Confidentiality Statement

I understand that I will have access to confidential information regarding clients of the Center for Communication Sciences and Disorders at Minnesota State University, Mankato, and other facilities. **Confidentiality** is one of the core duties of clinical practice. It is the responsibility of clinical staff, faculty, and students to preserve and protect the privacy, confidentiality, and security of all protected health information of clients.

Please read and initial each statement below:

_____ I will not discuss any protected health information in public spaces or where I might be overheard.

_____ I will not discuss any protected health information outside of the Center for Communication Sciences and Disorders (CSB) or CDIS classes. For CDIS classes, I will not use names/identifying information of patients served.

_____ I will store all written documentation containing protected health information in the CSB and not in any personal files or devices.

_____ I will obtain appropriate permission to share private health information with outside agencies/entities.

_____ I understand that violations of patient privacy as described above may result in disciplinary action at the program, university, or legal levels.

Printed Name:_____

Student Signature:_____Date:_____

## **Appendix Y:** Graduate Clinic: Understanding Agreement

I have read, thoroughly understand, and agree to abide by the clinical policies, procedures, and requirements outlined in the Student Handbook.

Name_____
(please print)

Signature_____Date_____

# CDIS 698 Speech-Language Pathology Internship

## Introduction

The graduate internship experiences represent the culmination of the master's degree program in Communication Sciences and Disorders. Graduate students who have completed the appropriate coursework are eligible for internship experiences. Graduate students, in collaboration with the internship coordinator, are assigned to internship experiences in a variety of public-school settings as well as a variety of acute and intermediate care facilities, residential rehabilitation facilities, day activity centers, birth to three programs and preschool programs, and private practice. Students may arrange to be in internships within a commuting distance of Mankato or in communities several hours from Mankato. An affiliation agreement with the facility must be in place prior to a graduate student being placed in a facility.

Students are expected to enroll in up to 12 semester credits of Internships, and to complete the full-time equivalent of internships in two separate sites in two separate terms. Typically, a pediatric-focused setting is the first internship and an adult-based setting the second, although this can be modified to meet the student, cooperating facility, or department needs. A typical internship during the academic year is for 14-16 weeks, depending on the needs of the student and the schedule available at the internship site. Students are expected to remain at their site for the entire term regardless of whether they have obtained the minimum clock hour requirements.

Supplemental internship - after completing the equivalent of 2 full time internships (6-12 semester credits), if a student needs 10 or more ASHA clinical clock hours to complete, he/she may register for 1 semester credit. If a student has 10 or fewer hours to complete, he/she may take an incomplete and faculty will work with the student to complete clock hours appropriately. Often, this means extending the full-time internship, with onsite supervisor approval, until the hours are completed.

Graduate Interns follow the calendar of the internship clinical supervisors in the facilities in which they are placed. In some cases, interns may be working with more than one speech-language pathologist; however, one will be designated as the primary internship clinical supervisor. Typically, interns begin the experience with a brief orientation period followed by a gradual accumulation of the caseload of the clinical supervisor. It is assumed that the intern will carry the entire caseload for the final few weeks of the internship. The intern is expected to follow the daily schedule of the internship clinical supervisor and engage in the full range of clinical activities and meetings of the supervisor. In addition, supervisors may require additional responsibilities of the intern in the form of in-service presentations, case presentations, and/or research activities. Examples of these optional student projects are provided in Appendix AD.

## Objectives

The internship program provides graduate students in Communication Sciences and Disorders the opportunity to gain professional, clinical experiences under the supervision of ASHA-certified speech-language pathologists. The primary objective to the internship in Communication Disorders is to provide practical application of theory in the professional clinical setting.
The following course objectives correspond to the Clinical Performance Evaluation tool. The student will develop the ability to:

| Evaluation | Standard |
|---|---|
| 1. conduct screening and prevention procedures. | IV-D, V-B, 1a |
| 2. develop the ability to collect case history information and integrate information from clients/patients and/or relevant others. | V-B, 1a |
| 3. select appropriate evaluation instruments/procedures. | V-B, 1c |
| 4. administer and score diagnostic tests correctly. | V-B, 1c |
| 5. adapt evaluation procedures to meet client/patient needs. | V-B, 1d |
| 6. understand ideologies and characteristics for each communication and swallowing disorder. | IV-C |
| 7. interpret, integrate, and synthesize test results, history, and other behavioral observations to develop diagnoses. | V-B, 1e |
| 8. make appropriate recommendations for intervention. | V-B, 1e |
| 9. complete administrative and reporting functions necessary to support evaluation. | V-B, 1f |
| 10. refer clients/patients for appropriate services. | V-B, 1g |

| Treatment Skills | Standard |
|---|---|
| 1. generate setting appropriate intervention plans with measurable and achievable goals. Collaborate with clients/patients and relevant others in the planning process. | V-B, 2a, 3.1.1B |
| 2. implement intervention plans (involve clients/patients and relevant others in the intervention process). | V-B, 2b, 3.1.1B |
| 3. select and use appropriate materials/instrumentation. | V-B, 2c |
| 4. sequence tasks to meet objectives. | |
| 5. provide appropriate introduction explanation of tasks. | |
| 6. measure and evaluate clients'/ patients' performance and progress. | V-B, 2d |
| 7. use appropriate models, prompts or cues. Allow time for patient response. | |
| 8. modify intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs. | V-B, 2e |
| 9. complete administrative and reporting functions necessary to support intervention. | V-B, 2f |
| 10. identify and refer patients for services as appropriate. | V-B, 2g |

| Professional Practice, Interaction, and Personal Qualities | Standard |
|---|---|
| 1. demonstrate knowledge of and interdependence of communication and swallowing processes. | IV-B, 3.1.6B |
| 2. use clinical reasoning and demonstrate knowledge of and ability to integrate research principles into evidence-based clinical practice. | IV-F, 3.1.1B |
| 3. adhere to federal, state, and institutional regulations and demonstrate knowledge of contemporary professional issues and advocacy (includes trends in best professional practices, privacy policies, models of delivery, and reimbursement procedures fiduciary responsibilities). | IV-G, 3.1.1B, 3.1.6B, 3.8B |
| 4. communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others. | V-B, 3a, 3.1.1B |
| 5. establish rapport and shows care, compassion, and appropriate empathy during interactions with clients/patients and relevant others. | 3.1.1B |
| 6. use appropriate rate, pitch, and volume when interacting with patients or others | |

| Professional Practice, Interaction, and Personal Qualities | Standard |
|---|---|
| 7. provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others. | V-B, 3c, 3.1.6B |
| 8. collaborate with other professionals in case management. | V-B, 3b, 3.1.1B, 3.1.6B |
| 9. display effective oral communication with patient, family, or other professionals | V-A, 3.1.1B |
| 10. display effective written communication for all professional correspondence. | V-A, 3.1.1B |
| 11. adhere to the ASHA Code of Ethics and Scope of Practice documents and contact him or herself in a professional, ethical manner. | IV-E, V-B, 3d, 3.1.1B, 3.1.6B |
| 12. demonstrate professionalism. | 3.1.1B, 3.1.6B |
| 13. demonstrate openness and responsiveness to clinical supervision and suggestions. | |
| 14. personal appearance is professional and appropriate for the clinical setting. | |
| 15. displays organization and preparedness for all clinical sessions. | |

# Internship Coordinator

The Internship Coordinator serves as the primary link between the Communication Disorders Program at MNSU, Mankato, the supervising clinician, and the graduate intern. The internship coordinator is charged with the following responsibilities:

## Clinical Training

- Provides training to new graduate students and supervisors on clock hour input/submission and uploading of documents to Calipso/EXXAT;
- Maintains records of all necessary documentation needed for entrance into clinic (on-campus rotation) including immunizations, CPR/BHS training, universal precautions training, HIPAA training, research/ ethics training, etc.;
- Coordinates the purchase of liability insurance needed for all new cohorts for participation in on-campus clinical training;
- Ensures midterm and final performance evaluations are completed for each student by the supervising clinician, as well as self-evaluations by the student during on-campus clinical training in preparation for internship;
- Ensures completion and compliance with HIPAA and universal precautions/blood-borne pathogens trainings to all graduate clinical students;
- Assigns clinic and internship grades according to recommendation of the supervising clinician as this relates to education.

## Internship Coordination

- Initial consultation with the graduate student to provide guidance and to determine interest and potential for particular site placements;
- Collects site preferences from the graduate student upon entrance to clinic and establishes contact with the preferred site(s);

- Coordinates all internship placements by working with the graduate intern and the internship site;
- Internship coordination includes: phone calls, emails, and maintenance of communication between the graduate student intern and the site internship coordinator;
- Once a site agrees to placement, coordinates exchange and signatures on an affiliation agreement for the site as needed;
- Ensures that students' immunization records are up to date and in accordance with the affiliation agreement established for each internship site;
- Conducts student background checks in accordance with the affiliation agreement established for each internship site;
- Establishes Calipso/EXXAT PINs for off-campus internship supervisors and maintains supervisors' licensure and certification information and records of clinical education in supervision of speech-language pathology students;
- Prepares and maintains the Graduate Internship Handbook and updates it as needed (CDIS 698);
- Is available to each supervising clinician and graduate intern for consultation on any concerns regarding placement including but not limited to: all questions regarding clock hours needed for successful completion of the internship, internship extended timelines, concerns while completing internship experiences, and/or the need for supplemental internships.
- Conducts regular evaluations of internship supervision and sites;
- Moderates an online discussion for continuous contact with graduate interns. The internship coordinator will use this method for monitoring and information sharing of all interns each semester. Graduate interns are expected to attend online discussions and participate in activities as assigned;
- Along with other department faculty as appropriate, shares in the responsibility of visiting internship sites. University faculty members are assigned to have at least one personal contact with the Graduate Intern and Supervising Clinician. This is usually done via Zoom meeting but may be a personal, on-site visit only when necessary if there are concerns.
- Ensures midterm and final performance evaluations are completed for each student by the supervising clinician, as well as self-evaluations by the student;
- Verifies all end-of-semester documentation is completed by the student;
- Releases Supervisor Feedback forms to supervising clinicians at the conclusion of the on-campus and internship experience once grades are submitted;
- Assigns clinic and internship grades according to recommendation of the supervising clinician as this relates to education.

# Policies

## Eligibility for Internships

Graduate Interns must have completed the appropriate coursework, including three successful (grade of B or better) on-campus speech clinics at the graduate level through the Minnesota State University, Mankato Center for Communication Sciences and Disorders. It is anticipated that students will have successfully completed their clinical experiences on campus prior to an internship. It is important to gain as much experience as possible in the on-campus clinic prior to the first internship experience. Any exception to this must be petitioned to the faculty. An internship and an MNSU clinical practicum cannot be taken simultaneously. Generally, a pediatric-focused internship precedes an adult placement in a hospital or rehabilitation setting.

## Professional Liability

Professional liability coverage is required of all Graduate Interns. This coverage protects the intern against claims from third parties for personal injury or property damage caused while performing within the scope of duties as a graduate intern. Professional Liability Insurance is purchased for students as a part of their course fee. The policy is in effect from July 1 to June 30 and will be renewed before the end of the summer internship (if dates extend beyond June 30). Proof of current liability coverage will be maintained on the secured MNSU, Mankato CALIPSO/EXXAT website for our program, and on file in the internship coordinator's office prior to beginning any internship.

## Vaccinations & Background Studies

The CSD program at Minnesota State University, Mankato is required to acquire important documents for your clinical education file. As a condition of your placement at a clinical education site, the department is required to verify that these documents are in your file, and/or to provide copies to the clinical education site to which you have been assigned. In addition, information about your academic and clinical performance, and your professional attributes, will be shared with, and by, the clinical education site for the purposes of assuring an appropriate and satisfactory placement, and for evaluating and documenting your progress.

The documents listed below represent your insurance, training, and related credentials considered essential to placement at a clinical education site, internal or external.

1. Personal professional liability insurance
2. Documentation of Medical insurance
3. HIPAA training
4. Universal precautions/blood-borne pathogens training
5. Ethics in research training
6. Child abuse recognition training
7. CPR training (American Heart Association or Red Cross)
8. Health immunization record, to include:
    - Current 2-step TB screening or TB QuantiFERON
    - Measles/mumps/rubella (MMR) – 2 doses
    - Tetanus – within past 10 years
    - Hepatitis B titer indicating immunity (documentation of booster/vaccination series if non-immune)
    - Varicella (chicken pox) – 2 doses or titer indicating immunity
    - Influenza vaccine
    - COVID-19 vaccine – at the discretion of the internship placement site
9. Letter from physician indicating physical medical clearance for internship
10. Drug and alcohol screening (as required by individual sites)
11. Related documents that the Facility might require.
12. Background Study through MN DHS* or Castle Branch

*The Federal Educational Rights and Privacy Act (FERPA) requires that we obtain your informed consent for release of information pertaining to your educational records that include personally identifiable information. This consent

will be obtained using CALIPSO/EXXAT, a secure web-based application for speech-language pathology training programs.

## Attendance

Graduate Interns are expected to follow the calendar, vacation dates, and building policies of the internship site. Regular attendance is expected. Excessive absences for any reason should be brought to the attention of the internship coordinator at Minnesota State University, Mankato. Graduate interns are expected to function as a regular staff member in terms of arrival and departure times. They are also expected to attend facility and/or organizational functions such as team meetings, staff meetings, in-service sessions, and conferences or staffings. In the event of the supervising clinician being absent due to illness or personal/professional leave, interns are advised to follow the direction of the supervising clinician.

## Interns as Substitute Employees

Graduate Interns require direct supervision. Our guidelines specify that at least 25% of treatment sessions and 50% of evaluation sessions be directly supervised by the supervising clinician. In addition, someone who holds the Certificate of Clinical Competence must be on-site when the graduate intern is engaged in clinical activities. In the event of extended absences of a supervising clinician, arrangements must be made for a change in supervisor. The Communication Sciences and Disorders Program cannot condone the use of graduate interns as substitute employees.

## Labor Disputes

In the event that a work stoppage occurs in a facility where a Graduate Intern is placed, the interns are to be considered non-participants to either party involved. Students should not cross picket lines or participate in any facility-related activities until the issues have been resolved or permission to resume activities has been granted. Notify the internship coordinator as soon as possible. It may be necessary to the graduate intern to complete the Internship experience in another facility.

## Removal of Graduate Student Interns

The Department of Speech, Hearing, and Rehabilitation Services recognizes the right of the cooperating internship facility and the university to terminate a graduate intern's participation in an internship. The Communication Sciences and Disorders Program may remove a graduate intern from an internship placement if participation in the experience is judged by the supervising clinician, the participating facility, or the internship coordinator to adversely affect the students, patients, or clients served in the facility or the graduate intern. When a situation is such that removal or termination is being considered, the following procedures should be followed:

- The Internship Coordinator or Department Chair shall make a preliminary evaluation of the reliability of the information available, making further inquiries as circumstances necessitate.
- Once information is obtained suggesting a need to remove a student from placement, the Internship Coordinator or Department Chair will notify the supervising clinician, the graduate intern, and the facility that removal is imminent. Each individual involved will have an opportunity to respond to concerns.

- If all reasonable efforts to notify the graduate intern are unsuccessful, the student may be removed without notice; however, attempts to notify the graduate intern shall continue, and the intern shall be afforded an opportunity to be heard informally at the earliest opportunity.
- A graduate intern who has been removed from an internship placement by the internship coordinator or Department Chair may appeal that decision to the faculty of the Communication Disorders program through the Student Complaint Policy (MSU/CSD Student Complaint Procedure).

# Getting Started

Graduate interns must have completed appropriate coursework, required on-campus clinical practicum, a background check, required vaccinations, and proof of liability insurance as well as completing the required forms (see checklist in appendix C) prior to registration for CDIS 698.

## The Placement Process

Students must not contact any site without first discussing it with the internship coordinator. Arrangements for the placement of interns are made between the university, the student intern, and the internship site. The internship coordinator will make all initial contacts.

The student must receive prior approval from the department to take part in the internship experience. The first step is to discuss with the internship coordinator preliminary placement locations, interest areas, etc., and to ensure that all required coursework will be completed.

The internship coordinator will review the appropriate forms that must be completed prior to placement. Note: Students need to be flexible regarding site and location. The internship coordinator maintains a list of several sites that have accepted MNSU interns in the past, and may suggest specific sites based on recommendations from the student's faculty advisor and discussions with the student regarding setting/population interests, strengths, etc. However, if a student desires a specific area outside of Minnesota, the student may have to complete a preliminary search on their own. Most students seek placements in Minnesota, but there is a possibility of obtaining placement out of state as well, although these decisions are made on a case-by-case basis and at the discretion of the internship coordinator and department chair. Although there are some placements that are driving distance from Mankato, students may have to relocate for internship.

It is common practice of this CSD program that the first internship be in a child setting, and the second in an adult setting (usually a hospital or rehabilitation company), although this can be modified based on student, facility, or department needs. Some settings require completion of one internship before they will consider an intern.

Graduate interns may need to interview at the sites of interest. An academic resume should be taken to the interview. Graduate interns should discuss with the clinical supervisor in the interview or at the beginning of internship what kind of hours they hope to obtain during this internship.

Before internship begins, graduate interns may need to find and assume financial responsibility for housing and/or transportation to the internship site.

# The Internship Experience

## Workload

The graduate intern is expected to gradually assume more responsibility throughout the internship experience and eventually assume the full caseload and professional obligations of the supervising clinician. The workload of the graduate intern should consist of the full range of activities for which the supervising clinician is responsible. These activities may include:

- screening, identifying, assessing and interpreting, diagnosing, rehabilitating, and preventing disorders of speech (e.g., articulation, fluency, voice), language, cognitive, oral-pharyngeal function (e.g., dysphagia), and related disorders.
- assessing, selecting and developing augmentative and alternative communication systems and providing training in their use.
- screening of hearing and other factors for the purpose of speech-language evaluation and/or the initial identification of individuals with other communication disorders
- providing aural rehabilitation and related counseling services to individuals with hearing impairment and their families.
- documenting services and learning about billing for services.

## Clinical Clock Hours

It is expected that graduate interns will earn a minimum of 125 clock hours in each of two separate sites. Additional hours may be necessary to fulfill disorder type, clinical activity, or age group requirements. Graduate Interns may find it necessary to register for "supplemental internships" after the two required internships are completed in order to acquire the required clock hours.

Only direct contact hours with the client and/or family present may be counted. If the graduate interns participate in a team meeting, only portions where they are contributing may be counted. Diagnostic and therapy planning, report writing, and so forth are part of an intern's responsibility, but cannot be counted toward ASHA clinical clock hours. The following clock hour standards are set by the Communication Disorders program at Minnesota State University, Mankato:

Clock Hour Category: Observation

| | Adult mins | Child mins | Total |
|---|---|---|---|
| Observation | | | 25 |

Clock Hour Category: Evaluation

| | Adult mins | Child mins | Any |
|---|---|---|---|
| Articulation | 5 | 5 | |
| Fluency | | | |
| Voice | | | |
| Language | 5 | 10 | |
| Dysphagia | | | 10 |

| | Adult mins | Child mins | Any |
|---|---|---|---|
| Hearing | | | |
| Modalities | | | |

Clock Hour Category: Treatment

| | Adult mins | Child mins | Any |
|---|---|---|---|
| Articulation | 5 | 5 | |
| Fluency | | | |
| Voice | | | |
| Language | 20 | 20 | |
| Dysphagia | | | 10 |
| Hearing | | | |
| Modalities | | | |

Clock Hour Category: Either Evaluation or Treatment

| | mins |
|---|---|
| Articulation | |
| Fluency | 5 |
| Voice | 5 |
| Language | |
| Dysphagia | |
| Hearing | |
| Modalities | 10 |

Clock Hour Category: Total

| | mins | TOTAL |
|---|---|---|
| Total Child Hours | 80 | 5 |
| Total Adult Hours | 80 | |
| Total Group Hours | 25 | |
| Total Grad Hours | 325 | |
| Grand total (including 25 observation) | 400 | 25 |

## Graduate Intern Responsibilities During the Internship:

The graduate intern is expected to fulfill the following responsibilities during the Internship:

- Report to the internship facility at the designated time each day and remain on site for the workday of the supervising clinician. Each graduate intern completes and signs a travel assumption of risk, waiver of liability, indemnification and release at the beginning of their graduate program and assumes all responsibility for risks while traveling to/from their internship site.
- Prepare for clinical activities as specified by the supervising clinician.
- Participate in clinical activities as specified by the supervising clinician.
- Assist with making entries in logs/charts of individuals with whom the graduate intern in involved.
- Attend and participate in staffing for individuals with whom the graduate intern is involved in providing evaluation or treatment services at the Internship site.

- Maintain client confidentiality in all matters.
- Establish and maintain an effective working relationship with the supervising clinician.
- Attend and participate in the in-service and other continuing education programs that are made available for the professional staff members of the Internship site.
- Actively participate in the Minnesota State University, Mankato online discussions held via Zoom twice monthly.
- Keep accurate clock hour records in Calipso/EXXAT.
- Participate in a mid-term and final evaluation with the supervising clinician.
- Fulfill any additional responsibilities as required by the supervising clinician.

# Clinical Performance Evaluation

Supervisors are responsible for evaluating student performance in evaluation and treatment sessions, using Exxat. Exxat Evaluator Rating Scale: Grading Scale: Pass (2.5 to 4), No Credit/Fail (0 to 2.25)

- 4.0: Strong performance/independent
- 3.5: Adequate performance – skill is present but not fully independent
- 3.0: Present and developing – Skill is present but needs some support
- 2.5: Inconsistent performance – Demonstrate skills inconsistently with some support
- 2.0: Emerging – Demonstrates skill with direct instruction
- 1.5: Minimal performance – Inconsistently demonstrates skill with direct instruction
- 1.0: Non-existent performance – Does not demonstrate skill.

## Checklist for Internships (Graduate Program of Study)

| Communication Sciences and Disorders Graduate Plan of Study | | | |
|---|---|---|---|
| Name: | Advisor: | | |
| Has student completed a minimum of 24 credits of related credits of related coursework (i.e., Basic CDIS and Core CDIS coursework)? Enter Yes or No in box to the right. → | YES | | |
| **Section 1 Core Courses** (if any courses were waived on your intake form, delete them below. Replacements for them are added in section 2). | | | |
| **Fall Term - Year 1** | Course Number | Credits | Optional Notes: |
| Seminar: Speech Sound Disorders | 615 | 2 | |
| Adult Language and Cognitive Disorders | 619 | 4 | |
| Motor Speech Disorders | 621 | 3 | |
| Culturally Responsive Practices in Speech-Language Pathology | 688 | 2 | |
| On Campus Speech-Language Pathology Clinical Practicum | 695 | 1 | |
| **Spring Term - Year 1** | Course Number | Credits | |
| School Age Language Assessment & Intervention | 613 | 2 | |
| Early Childhood Language Assessment & Intervention | 614 | 2 | |
| Voice and Upper Airway Disorders | 616 | 3 | |
| Stuttering | 617 | 3 | |
| Culturally Responsiveness: Global Experiences | 689 | 1 | |
| On Campus Speech-Language Pathology Clinical Practicum | 695 | 1 | |
| **Summer Term - Year 1** | Course Number | Credits | |
| Diversity, Equity and Inclusion in Speech-Language Pathology | 641 | 3 | |
| Augmentative and Alternative Communication | 677 | 2 | |
| Dysphagia | 692 | 3 | |
| Research in Communication Sciences and Disorders | 610 | 2 | |
| On Campus Speech-Language Pathology Clinical Practicum | 695 | 1 | |
| Comprehensive Assessment Clinical Practicum | 696 | 1 | ← This practicum will be assigned for one semester during year 1 |
| **Fall Term - Year 2** | Course Number | Credits | |
| *Selected Topics-Medical Issues in CDIS (enter 0 OR 3 credits) | 675 | 0 | ← Choose either CDIS 675 **OR** CDIS 676 (spring semester). Only one of these courses is required. Enter credits only for the course you plan to take. |
| *Professional Prep. in Speech-Language Pathology (enter 1 credit) | 697 | 0 | ← This course can be taken either fall **OR** spring semester of year 2. Enter credits only for the semester you plan to enroll. |
| CAPSTONE Internship | 698 | 6 | |
| **Spring Term - Year 2** | Course Number | Credits | |
| *Selected Topics in Diversity, Equity & Inclusion (enter 0 OR 3 credits) | 676 | 0 | ← Choose either CDIS 675 **OR** CDIS 676 (spring semester). Only one of these courses is required. Enter credits only for the course you plan to take. |
| *Professional Prep. in Speech-Language Pathology (enter 1 credit) | 697 | 0 | ← This course can be taken either fall **OR** spring semester of year 2. Enter credits only for the semester you plan to enroll. |
| CAPSTONE Internship | 698 | 6 | |
| **Section 2 Graduate Electives & Replacements** | | | |
| Interprofessional Practice | 578 | | |
| Optional: APP (if yes, enter 2 credits) | 694 | | |
| Optional: Thesis (if yes, enter 3 credits) | 699 | | |
| Other (enter course name, number, and credits): | | | |
| Other (enter course name, number, and credits): | | | |
| TOTAL ELECTIVES/REPLACEMENTS | | 0 | |
| TOTAL GRADUATE CREDITS | | 48 | ← This number should be a minimum of 52 |
| **Section 3: Comprehensive (Choose one option below)** | | | |
| Requirement 1: Comprehensive Examination | | | |
| Option A: PRAXIS examination (enter X) | | | |
| Option B: Written Comprehensive (enter X) | | | |
| **Section 4:** Undergraduate Courses (e.g., deficiencies) if any | | | |
| Other (enter course name, number, and credits): | | 0 | |
| Other (enter course name, number, and credits): | | 0 | |
| Other (enter course name, number, and credits): | | 0 | |
| TOTAL UNDERGRADUATE CREDITS (if any) | | 0 | |
| Approved? (Advisor enters initials after review) → | Advisor's Initials | | |
| * Online differential tuition applies. For current rates: http://www.mnsu.edu/campushub/tuition_fees/rates/current/grad/other programs/index.html | | | |

Other requirements:

- Meet with the Internship Coordinator review necessary forms and possible sites. This should be done three semesters prior to beginning an internship.

- Complete the Health Documentation Checklist (appendix AB) and complete any missing vaccinations. Complete the 2-step Mantoux (TB skin test) less than one year prior to the beginning of the second internship. Upload immunization records to Calipso/EXXAT. WARNING: The Hepatitis B vaccination takes 1-6 months to complete. If you are currently not vaccinated, begin now.
- Upload resume, cover letter, and most current academic record to Calipso/EXXAT (under "Files"). Update all documents each semester.
- When internship is secured, upon approval from the internship coordinator, contact and interview with proposed site supervisor as appropriate. The site supervisor must hold ASHA Certification.
- Read the ASHA Supervision Requirements (Appendix AC)
- Via email, provide the internship coordinator with the dates you are beginning and ending your internship and the days you will be on site. If you are not enrolled in class, clinical hours will not be credited. A typical internship during the academic year is for 12-16 weeks, depending on the schedule available at the internship site.
- Supplemental Internship: After completing the equivalent of 2 full-time internships (12 semester credits), if you have more than 10 ASHA hours to complete, you may sign up for 1 semester credit.
- Optional: Set up a time to observe/shadow at your future internship.

You are now ready to begin your internship experience. If any of the above is NOT completed prior to beginning your internship, any hours accrued will not be allowable until all the paperwork is in and in some cases, you may be prohibited from continuing the internship.

- At the midpoint of your internship, your supervisor should complete a mid-term evaluation of your performance using the clinical evaluation tool available on CALIPSO/EXXAT
- At the end of the internship, have the site supervisor complete a final evaluation of your clinical performance using the clinical evaluation tool available on CALIPSO/EXXAT
- Complete a Self-Evaluation on CALIPSO/EXXAT.
- Complete a Supervisor Feedback Form on CALIPSO/EXXAT for each assigned supervisor.
- Make sure all clock hours have been entered and submitted for supervisor approval on CALIPSO/EXXAT.
- Review your Clinical Performance Evaluation on CALIPSO/EXXAT.
- Review your Cumulative Evaluation and Performance summary on CALIPSO/EXXAT.

No grade will be assigned until all documentation is complete. After everything is completed, the materials will be placed in your graduate student file.

## **Appendix Z:** Providing Feedback to Students: Guidelines for Supervisors

(Adapted from form used by Loma Linda University)

The following information pertains to feedback given to students during the evaluation process:

Positive feedback with specific observations, i.e., not simply saying that the student did a nice job. A common characteristic of students, especially beginning clinicians is that they are not sure of when they are doing something right. They need to be told specifically what they are doing well.

Constructive feedback that includes rationale. Telling students to do or not do something without rationale leaves them unable to know how to carryover to other situations.

Use of general positive statements that would build a student's self-confidence.

Use of underlining to impress a student that a point needs to be given attention, and the change needs to occur soon. Overuse of underlining may serve to reduce the effectiveness.

Provide cues in the feedback (see "Pix" in example 3) so that student immediately knows the portion of the session to which the comment pertains.

Provide feedback on how the patient is responding, both during the session and when compared to the last session since students may not be skilled enough to identify clinically significant changes in behaviors.

Outline specific procedures to be followed that will serve as a good reference to help the student remember the steps for late sessions.

Ask questions that will require students to review course content and use the observation form for follow-up discussion.

Provide rationale for your suggestions that will help the student develop a more comprehensive understanding of the reasons for therapeutic/diagnostic decisions.

Comment on what the student needs to do to be more prepared for a session. Supervisors should let students know that the differences between a planned session and one that is created along the way are easily identified. Scheduling problems may demand spontaneity at times; however, the expectation is that careful thinking and preparation be done before the session, not during.

EXAMPLES OF SUPERVISOR COMMENTS

The following examples were collected from previous observation reports written to several students assigned at the Loma Linda University Medical Center. Although some terms are unique to that setting, the types of feedback provided to the student are appropriate for any site. In the examples, look for the types of feedback discussed on the previous page.

<u>Example 1</u>

You established rapport nicely and incorporated patient's interests that were good. Nice prompting and consistent reminders to monitor rate. Glad you re-explained rationales. Be careful to say, "I can't understand you" only when you truly don't. I think sometimes you were saying this when you just wanted him to be clearer. Very nicely done today! It certainly didn't look like it was your first day.

<u>Example 2</u>

This was a little trickier having family here. You did well. Response delays increased compared to last week. Because of delays, you need to be patient and wait for his response. You are seeing significant cognitive deficits. Be careful to keep your tallying discreet.

Example 3

Pix – good explanation of rationale. You might have just reminded him to concentrate on "clear speech" as well. I might have had him describe the pix, w/o you seeing it so you can provide more naturalistic feedback. It's hard to know whether it's true word finding or decreased vocabulary secondary to ESL. He seems to have problems with logical reasoning, i.e., determining consequences of an action or what caused a problem. It was good you had him doing some "predicting" of "why." You did well at cueing him to provide more information after he said "a lot of times."

Example 4 (note: a/c = auditory comprehension; v/e = verbal expression)

Body parts – OK after imitation. Did well with trying cues. You can also provide function cues, as appropriate. You had done 2 a/c tasks in a row. Vary between v/e and a/c usually. Good, you were consistently using rhythm. Sometimes reinforcing in between messes her up. I would do:

Say phrase simultaneously with rhythm (2-3x) with "again" in between
Fade out your voice as she says it
Shadow as she says it
Then, "what do you?" patient says phrase.

You should have a list of approximately 10 phrases ready to go, rather than making up as you go, and then repeating. You might have made use of pix/ or words.

A/C – you could also use description cues to assist with increasing a/c.

Example 5 (Note: ADLs = activities of daily living)

Yes/no – make sure you know the answer. I don't think it's worth pushing specifics with him at least about T.V. Good you gave him choices with ADLs. You did better at waiting for a response. Except he was quite off the mark most of the time. Do you think using objects would have been any different?

Example 6

Let me show you how I "score" intelligibility. You did well at modeling during your turn. Categories – he was doing well with these, but you might need to provide more structure. Retelling - +++++/+++--/+++++/+- 14/17 Nice pacing of reading. Help him recall if he's omitting some major points. Did you notice how he was self-correcting at times?

Example 7

Slow processing, do you think? What did you notice about her performance level? I don't know if you were stalling or providing decreased amount of information on purpose. Sometimes it seemed you were holding out a little too long. Were you challenging her enough do you think? You did better at explaining rationale.

Example 8

Remember to provide periodic reminder to increase intelligibility. Hearing about her "life" make you appreciate what you have, right? Writing – I was intending to have her construct complete sentences. Notice this is R hemisphere damage, different form L, right? In what ways?

Example 9

Y/N – Good that you said her name to alert her prior to asking questions. Focusing inconsistently. Good interaction of first time doing this. Remembering to provide direct instructions/rationale prior to task, even for this level of patient.

Example 10

A/C – Good explanation of task, also provide rationale (increase your understanding/listening ability). Glad you read paragraph again to assist him with recall. When you are picking material for a/c tasks, you have to remember to find material that is novel, not relying so much on long-term memory.

V/E – 45% accuracy. Nice job with providing model and picking up on the "rate" aspect. Remember the goal is for shorter sentences and trying to keep them about the same length. You were definitely trying to keep these more consistent at end. You provided good and appropriate feedback.

## **Appendix AA:** Clinical Certification Board Interpretations

I. Persons who hold the CCC-SLP may supervise:
   A. Assessment, rehabilitation, and prevention of disorders of speech (e.g., articulation, fluency, voice) and language;
   B. Assessment and rehabilitation of cognitive/communication disorder;
   C. Assessment and rehabilitation of disorders of oral-pharyngeal function and related disorder;
   D. Assessment, selection, and development of augmentative and alternative communication systems and the provision of training for their use;
   E. Aural habilitative/rehabilitative services and related counseling services;
   F. Enhancement of speech-language proficiency and communication effectiveness (e.g., accent reduction); and.
   G. Pure tone air conduction hearing screening.

II. Clinical Practicum Hours
   A. Direct supervised clinical practicum involves direct time spent in actual evaluation or treatment of clients who present communication disorders.
   B. Time spent with the client or caretaker giving information, counseling or training for a home program may be counted as direct contact time if the activities are directly related to evaluation and treatment.
   C. Ancillary activities such as writing lesson plans, scoring tests, transcribing language samples, and preparing treatment activities and materials may not be counted.
   D. Meetings with practicum supervisors may not be counted under the 25 clock hours for staff meetings.
   E. If a client presents communication disorders in two or more of the disorder categories, accumulated clock hours should be distributed among these categories according to the amount of treatment tie spent on each

III. Evaluation Clock Hours

A. Evaluation refers to those hours in screening, assessment, and diagnosis that are accomplished prior to the initiation of a treatment program.
B. Evaluation shall include collection of relevant information regarding case history (past and present status, function), selection and administration of reliable evaluation procedures, interpretation of results and appropriate referrals for additional evaluation and/or treatment based on the evaluation.
C. Clock hours devoted to counseling associated with the evaluation/diagnostic process may be counted in these categories.
D. Hours to be counted in the evaluation category may also include a formal reevaluation. Periodic assessments during treatment are to be considered in the treatment category.

Refer to https://www.asha.org/slp/supervisionFAQs/ for specific questions.

## **Appendix AB:** Health Documentation Checklist for CDIS 698

Minnesota Law (M.S. 135A.14) requires that all students born after 1956 and enrolled in a public or private post-secondary school in Minnesota be immunized against diphtheria, tetanus, measles, mumps, and rubella, allowing for certain specified exemptions. Students who have graduated from a Minnesota High School in 1997 or after are in compliance with the state law and do not need to submit the immunization information to MSU. This for is designed to provide the school with the information required by the law and will be review by the Minnesota Department of Health and local community health board.

*A physical examination by a medical doctor must be completed no more than one year prior to the start of the internship experience. Documentation of this exam must be uploaded to Calipso/EXXAT.
*Student must provide proof of current basic life support training (AHA recommended).

| √ | Vaccine |
|---|---|
| | MMR: measles, mumps, rubella (must be at least 12 months after birth or be repeated) – **2 doses on record** |
| | Diphtheria & Tetanus (Td) (must be **within last 10 years** of current month/year or be repeated) |
| | Pertussis vaccination (one-time vaccination after age 19) |
| | Varicella (chicken pox) or documentation of having had chicken pox – **2 doses on record** |
| | Hepatitis B vaccination series administered after 18 yrs of age – **titer indicating immunity or series of two-to-three injections.** |
| | **Two-step** Mantoux tuberculosis (TB) skin test or QuantiFERON- TB Gold |
| | Flu shot |
| | COVID-19 vaccine – at the discretion of the internship placement site |

*Provide documentation of all vaccinations listed

Student Name D.O.B.

Students wishing to file an exemption to any or all the required immunization must complete the following:

**Medical Exemptions** (print & complete if used)

The student named above does not have one or more of the required immunizations because he/she/they have/has (check all that apply):

(must have a physician's signature)

- ( ) a medical problem that precludes the _____ vaccines(s)
- ( ) not been immunized because of a history of _____ disease(s)
- ( ) shown laboratory evidence of immunity against _____.

_____

Student Signature Date

_____

Physician's Signature Date

**Conscientious Exemption** (print & complete if used)

I hereby certify by notarization that immunization against _____ is contrary to my conscientiously held beliefs.

_____

Student Signature Date

Subscribed and sworn before me on the _____ day of _____ 20_____

_____

Signature of Notary Date

Student's signature for exemption(s):

_____

Student Name Date

## **Appendix AC:** ASHA Supervision Requirements for Speech-Language Pathology

The following guidelines must be used for supervision and for the counting of clock hours:

Individuals who hold a current CCC in the area in which the practicum hours are being obtained must supervise all observation and clinical practicum hours. Only the supervisor who actually observes the student in a clinical session is permitted to verify the credit given to the student for the clinical practicum hours.

Persons holding a CCC in speech-language pathology may supervise all speech-language pathology evaluation and treatment services, nondiagnostic audiologic screening for the purpose of performing a speech and/or language evaluation or for the purpose of initial identification of individuals with other communicative disorders, and aural habilitative and rehabilitative services.

To meet ASHA's Standards for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), student clinicians must be supervised by an individual who 1) holds ASHA certification in the appropriate profession, 2) has completed a minimum of 9 months (or the part-time equivalent) after earning the CCC-SLP, and 3) has completed a minimum of 2 hours of professional development in the area of clinical instruction/supervision.

The welfare of the client served by the Graduate intern must be protected. A person holding the appropriate ASHA CCCs must be available on site for consultation at all times when the student is providing clinical services. (Current means the clinical supervisor must hold certification at the time the supervision is provided.) Supervision of the clinical practicum must include direct observation, guidance, and feedback by the currently certified supervisor to facilitate development of the student's clinical competence.

Persons who hold the CCC and appropriate state-level credentials in speech-language pathology may supervise:

Assessment, rehabilitation, and prevention of disorders of speech (e.g., articulation, fluency, voice) and language; assessment and rehabilitation of cognitive/communication disorders; assessment and rehabilitation of disorders of oral-pharyngeal function (dysphagia) and related disorders; assessment, selection, and development of augmentative and alternative communication systems and the provision of training for their use; aural habilitative/rehabilitative services and related counseling services; enhancement of speech-language proficiency and communication effectiveness (e.g., accent reduction); and pure tone air conduction hearing screening.

Clock hours may be obtained from participation in staffing in which evaluation, treatment, and/or recommendations are discussed or formulated, but only with the client or family present.

Direct supervised clinical practicum involves direct time spent in actual evaluation or treatment of clients who present communication disorders. Time spent with the client or caretaker giving information, counseling, or training for a home program may be counted as direct contact time if the activities are directly related to evaluation and treatment. Ancillary activities such as writing lesson plans, scoring tests, transcribing language samples, and preparing treatment activities and materials may not be counted. Meetings with practicum supervisors may not be counted under the 25 clock hours for staff meetings.

Major decisions by the Graduate intern regarding evaluation and management of a client must be implemented or communicated to the client only after approval by the supervisor holding ASHA certification. (Major decisions

refer to such activities as feedback to the clients and their families with respect to diagnostic conclusions, referrals to allied professionals for additional evaluation, recommendations for trial use or purchase of a prosthetic device such as a hearing aid, termination of treatment, etc.)

Evaluation Hours – Refers to those hours in screening, assessment, and diagnosis of language and speech disorders (articulation, fluency, voice, dysphagia) that are accomplished before the initiation of a treatment program. Hours to be counted in the evaluation category may also include a formal reevaluation. Clock hours devoted to counseling associated with the evaluation/diagnostic process may be counted in these categories. Periodic assessments during treatment are to be considered in the treatment category. The majority of evaluation hours in each category must be in areas other than in screening activities.

At least 50% of each student's time in each diagnostic evaluation, including screening and identification, must be observed directly by a supervisor.

Observations may take place on site or by closed-circuit television. In addition to observations, it is recommended that other means of evaluating performance--such as conferences, audio and video recordings, written evaluations, rating instruments, inspection of lesson plans, and written reports--be used in the supervisory process.

Treatment Hours – For language and speech disorders (articulation, fluency, voice, dysphagia) refers to clinical management (including direct and indirect services), progress in monitoring activities, and counseling. Clock hours devoted to counseling associated with the treatment process may be counted in these categories.

At least 25% of each student's total contact time with each client in clinical treatment must be observed directly by a supervisor. These are minimum requirements and should be adjusted upward if the student's level of competence and experience warrants.

Observations may take place on site or by closed-circuit television. In addition to observations, it is recommended that other means of evaluating performance such as conferences, audio and video recordings, written evaluations, rating instruments, inspection of lesson plans and written reports be used in the supervisory process.

If a client presents communication disorders in two or more of the disorder categories, accumulated clock hours should be distributed among these categories according to the amount of treatment time spent on each. For example, if a client with both articulation and language problems received 20 hours of treatment and approximately 75% of each treatment session was spent on articulation, the clinician should record credit for 15 hours of treatment for speech disorders and 5 hours of treatment for language disorders. Up to 20 clock hours in the major professional area may be in related disorders.

Audiology Hours – Clinical experience may include screening, evaluation and/or treatment of children and adults with a variety of types and severities of hearing disorders. Treatment for hearing disorders refers to clinical management and counseling, including auditory training and speech reading, as well as speech and language services for those with hearing impairment. During the course of training, at the university and at internship sites, the student must accumulate a total of at least 20 clock hours must be in audiology.
Please refer to https://www.asha.org/slp/supervisionFAQs/#requirements for questions specific to student supervision.

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

## **Appendix AD:** Suggestions for Student Projects

Description:

A student project, completed during the internship assignment, is presented to the disciplinary team at the end of the internship. During the student internship students develop or expand on a diagnostic method or treatment technique. The project is designed to be a learning experience that will enable the student to problem solve and, thus, to improve their clinical skills.

The final project is duplicated for staff and the student to keep. The student has access to all hospital material and may be reimbursed for material that needs to be purchased. The internship coordinator approves all purchases.

Project Examples:

- Analysis of new diagnostic procedures/test material and adaptation to facility needs.
- Development of a home program with handout for patients and families.
- Teaching material for patients.
- Hierarchy of material for a specific deficit or diagnosis.
- Screening tools to be used for inpatients.

## **Appendix AE:** ASHA Code of Ethics

### ASHA Code of Ethics

#### Preamble

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as "the Association") has been committed to a framework of common principles and standards of practice since ASHA's inception in 1925. This

commitment was formalized in 1952 as the Association's first Code of Ethics. This code has been modified and adapted to reflect the current state of practice and to address evolving issues within the professions.

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

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

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

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

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

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

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

**Principle of Ethics I:** Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities.

**Rules of Ethics**

A. Individuals shall provide all clinical services and scientific activities competently.
B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; or veteran status.
D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, students, research assistants, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified audiologist or speech-language pathologist.
F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, or any nonprofessionals over whom they have instructory responsibility.
G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified audiologist or speech-language pathologist.
H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a legally authorized/appointed representative.
I. Individuals shall enroll and include persons as participants in research or teaching demonstrations/simulations only if participation is voluntary, without coercion, and with informed consent.
J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research, including humane treatment of animals involved in research.
K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
L. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.

M. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
N. Individuals who hold the Certificate of Clinical Competence may provide services via telepractice consistent with professional standards and state and federal regulations, but they shall not provide clinical services solely by written communication.
O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is legally authorized or required by law.
P. Individuals shall protect the confidentiality of information about persons served professionally or participants involved in research and scholarly activities. Disclosure of confidential information shall be allowed only when doing so is legally authorized or required by law.
Q. Individuals shall maintain timely records; shall accurately record and bill for services provided and products dispensed; and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
R. Individuals shall not allow personal hardships, psychosocial distress, substance use/misuse, or physical or mental health conditions to interfere with their duty to provide professional services with reasonable skill and safety. Individuals whose professional practice is adversely affected by any of the above-listed factors should seek professional assistance regarding whether their professional responsibilities should be limited or suspended.
S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if such a mechanism exists and, when appropriate, externally to the applicable professional licensing authority or board, other professional regulatory body, or professional association.
T. Individuals shall give reasonable notice to ensure continuity of care and shall provide information about alternatives for care in the event that they can no longer provide professional services.

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

**Rules of Ethics**

A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
B. ASHA members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may provide clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
C. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
D. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research.

E. Individuals in administrative or instructory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
F. Individuals in administrative or instructory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
G. Individuals shall use technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is warranted but not available, an appropriate referral should be made.
H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

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

**Rules of Ethics**

A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly contributions.
B. Individuals shall avoid engaging in conflicts of interest whereby a personal, professional, financial, or other interest or relationship could influence their objectivity, competence, or effectiveness in performing professional responsibilities. If such conflicts of interest cannot be avoided, proper disclosure and management is required.
C. Individuals shall not misrepresent diagnostic information, services provided, results of services provided, products dispensed, effects of products dispensed, or research and scholarly activities.
D. Individuals shall not defraud, scheme to defraud, or engage in any illegal or negligent conduct related to obtaining payment or reimbursement for services, products, research, or grants.
E. Individuals' statements to the public shall provide accurate information regarding the professions, professional services and products, and research and scholarly activities.
F. Individuals' statements to the public shall adhere to prevailing professional standards and shall not contain misrepresentations when advertising, announcing, or promoting their professional services, products, or research.
G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

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

**Rules of Ethics**

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

B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative directive, referral source, or prescription prevents them from keeping the welfare of persons served paramount.
C. Individuals' statements to colleagues about professional services, products, or research results shall adhere to prevailing professional standards and shall contain no misrepresentations.
D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
E. Individuals shall not engage in dishonesty, negligence, deceit, or misrepresentation.
F. Individuals who mentor Clinical Fellows, act as a preceptor to audiology externs, or supervise undergraduate or graduate students, assistants, or other staff shall provide appropriate supervision and shall comply—fully and in a timely manner—with all ASHA certification and instructory requirements.
G. Applicants for certification or membership, and individuals making disclosures, shall not make false statements and shall complete all application and disclosure materials honestly and without omission.
H. Individuals shall not engage in any form of harassment or power abuse.
I. Individuals shall not engage in sexual activities with persons over whom they exercise professional authority or power, including persons receiving services, other than those with whom an ongoing consensual relationship existed prior to the date on which the professional relationship began.
J. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
K. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
L. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
M. Individuals shall not discriminate in their relationships with colleagues, members of other professions, or individuals under their supervision on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; socioeconomic status; or veteran status.
N. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to either work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
O. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
P. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
Q. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
R. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
S. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice and to the responsible conduct of research.

T. Individuals who have been convicted of, been found guilty of, or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another or (2) any felony shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the conviction, plea, or finding of guilt. Individuals shall also provide a copy of the conviction, plea, or nolo contendere record with their self-report notification, and any other court documents as reasonably requested by the ASHA Ethics Office.

U. Individuals who have (1) been publicly disciplined or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body; or (2) voluntarily relinquished or surrendered their license, certification, or registration with any such body while under investigation for alleged unprofessional or improper conduct shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the final action or disposition. Individuals shall also provide a copy of the final action, sanction, or disposition—with their self-report notification—to the ASHA Ethics Office.