

# **SPEECH-LANGUAGE PATHOLOGY CLINIC PROCEDURES MANUAL 2023-2024**

## **OHIO UNIVERSITY THERAPY ASSOCIATES HEARING, SPEECH AND LANGUAGE CLINIC**

**Information for Hearing, Speech and Language (HSL) Speech-Language Pathology (SLP) Graduate Student Clinicians and Clinical Supervisors  
Modified 6-2023**

**Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. The current accreditation cycle Sept. 1, 2019 to Aug. 31, 2027.  
Next Review Year: 2026**

**The master's (Master of Arts [M.A.]) education program in speech-language pathology at Ohio University 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.**

# Table of Contents

## Diagnostic Procedures

- Supervisor Assignment
- Clinician Preparation
- Diagnostic Materials
- Room Assignment
- Scheduling
- Punctuality

## Treatment Procedures

- Clinic Assignments
- Clinic Assignments – Medicare/Medicaid
- Scheduling of Clients
- Therapy Rooms
- Punctuality
- Observation Rooms
- Clinical Materials Room
- Attendance Policy – Clients
- Attendance Policy - Clinicians
- Documentation/Communication Files
- End-of-Semester Requirements
- File Organization
- Chart Audits

## Standard Precautions

## Clinical Clock Hours

- Observation Hours
- ASHA Hours

## Externship Information

## Clinical Skill Assessment

- Assessment of Clinical Competence in Speech-Language Pathology
- Assessment of Clinical Competence in Speech-Language Pathology – Rubric
- Student At-Risk for Inadequate Clinical Performance Policy and Guiding Principles

## **Introduction**

Welcome to the Master's SLP program. This is a companion manual to the General Practices Manual of the Ohio University Hearing, Speech and Language Clinic (HSL Clinic). All information and protocols in the General Practices Manual apply to any individual who provides services in the clinic. **These two manuals are your references and guide for clinical training.**

Remember that you are starting your clinical career by participating in clinical services within the clinic and are expected to display professional behavior, exhibit motivation to learn, and be responsible for yourself. You are expected to treat your clinical assignments with the same effort that is applied to your academic coursework and work assignments.

Developing **appropriate professional behaviors** is one of the key elements to becoming a successful clinician. Through practicum assignments, opportunities are available to develop clinical skills at the Ohio University HSL Clinic and offsite clinical placements. In addition to learning about patient backgrounds and evaluation/therapy procedures, clinicians will learn to manage themselves as professionals.

## **Diagnostic Procedures**

Each student clinician will be considered a professional in training and be given respect as such. With this comes the expectation of professional behavior in the HSL Clinic. Items such as professional ethics, attire, and confidentiality are covered in introductory practicum and in the General Practices Manual. Specific expectations are as follows.

### **Supervisor Assignment**

Each student clinician will be assigned a clinical supervisor for the diagnostic procedure. The supervisor will assist in the planning and development of the diagnostic session. The supervisor will observe at least 50% of the diagnostic session. Students are scheduled for diagnostics based on student availability and client's needs. Supervisors are scheduled for diagnostics based on their schedule and area of expertise.

### **Clinician Preparation**

It is the responsibility of the clinician or clinician team assigned to the diagnostic to review the client's file, schedule an appointment with the assigned supervisor, and submit a plan for the diagnostic to the supervisor at least 48 hours prior to the session. All paperwork, completed test protocols, and reports must be submitted to the supervisor for approval according to the individual supervisor's guidelines.

### **Diagnostic Materials**

The Ohio University Hearing, Speech and Language Clinic (HSLC), maintains a wide variety of formal tests and assessment materials designed to be used as part of speech/language evaluations. These materials are in either room W166, W176, or in supervisors' offices. All test booklets, manuals, and necessary manipulatives are filed alphabetically in room W176. Test protocols can be found in the metal horizontal file cabinets; also arranged alphabetically. Please **DO NOT** use the last remaining test protocol for a given test. If you notice that the supply is low, let the supervisor know in writing and new forms will be ordered. **Do NOT** make copies of the test protocols. This is a copyright violation.

- It is expected that all diagnostic materials be returned following use

- See individual supervisors for check-out procedure for any specific materials housed in their offices.

Various toys and materials are in W166. Electronic devices are stored in supervisor offices. Augmentative communication devices are stored in the clinic and are available upon request. Please return the materials to the areas you originally found them.

### **Scheduling**

The Clinic office staff schedules clients' appointments. Intake information is obtained when the client calls to schedule the appointment. Clinicians are informed of assignments in writing.

A Case History form, a parking permit and a campus map are sent to the client prior to the diagnostic. Clients are asked to return a completed Case History form prior to the diagnostic session, if possible, otherwise they are asked to bring the form with them on the day of the session.

### **Punctuality**

Speech language pathology students conducting diagnostics are expected to arrive at least 30 minutes prior to the session to set up the rooms and equipment. An exception to this is if the clinician has a class prior to the session ending less than 30 minutes before the session. In this case, clinicians are still expected to have prepared prior to seeing clients.

## **Treatment Procedures**

### **Clinic Assignments**

Clinicians are required to have 25 observations hours complete prior to orientation. Clients will not be assigned until all 25 hours are completed.

Clinical assignments are based on experience and didactic coursework. The number of clients assigned varies depending on several factors including student schedule, student skill set, client needs, and supervisor schedule. The number of clients assigned does not correspond to the number of practicum credit hours. Assignments are conveyed in writing.

Clinicians are expected to do the following after receiving HSLC assignments:

- Review Client's entire file.
- Meet with clinical supervisors within one business day of assignment to discuss client(s) diagnostic information and to review previous treatment (if applicable).
- Front office staff with verify that the *Consent for Services, Billing and Information* forms are still valid on the day of the first appointment and update them as necessary. These forms are valid for one year. They assure that the client is in possession of a parking permit.

### **Clinic Assignments – Medicare/Medicaid**

The HSLC admits individuals with original Medicare Part B funding. In these cases, the supervisor must be present and participating in the evaluation/treatment session. The student assigned to the supervisor, may assist in treatment planning, and assist during treatment, but will not be the primary treatment provider.

The HSLC admits individuals with Medicaid and managed care Medicaid plans. In these cases, the supervisor will be present and have face-to-face contact with the client during a portion of each diagnostic/treatment session.

### **Scheduling of Clients**

The office staff manages scheduling of the clients and contacts clients one day prior to the initial therapy session to remind clients of their appointments. Clinicians will verify with families that they would like to continue services for the next semester at the end of each semester.

### **Therapy Rooms**

All therapy rooms are to be left clean and orderly for the next student. *If furniture has been removed, return it to the room.* Tables must be cleaned as defined in "Standard Precautions." If removed, replace all safety caps in electrical outlets. Headphones, if used by family for observation are also to be cleaned as defined in "Standard Precautions."

### **Punctuality**

Therapy sessions are 45 minutes long. Therapy must begin promptly on the hour and end promptly at 15 minutes before the hour for the next clinician to have time to prepare the room for his/her session. The exiting clinician is allowed 7.5 minutes to collect materials, clean and exit the room, while the entering clinician is allowed the same amount of time to prepare the room for treatment. Parent conferences are part of the treatment session and should be incorporated within the 45-minute session. No conferences must ever occur in the observation rooms, hallways, or lobby – per HIPAA confidentiality protocol.

### **Observation Rooms**

Observation rooms are intended for family members to observe treatment sessions.

Student clinicians may observe sessions in the video room W151D.

Supervisors observe therapy sessions via closed circuit monitors in their offices. Cameras are located on the ceiling in each treatment room.

### **Clinic Materials**

All clinic owned treatment materials are kept in the materials room in W166. Augmentative communication devices are available from supervisors. Please return the materials to the areas you originally found them.

Standard precautions: gloves, first aid kits, tongue depressors, alcohol prep pads, EZ Clean kits, are stored in W170 (Kitchen).

Students must clean and sanitize all materials per protocol and return them to their location in the materials room after each session.

### **Attendance Policy- Clients**

- Therapy begins on the hour.
- If a client is 15 minutes late the session is cancelled.
- After three missed sessions, the clinician prepares a reminder letter.
- If a client has missed four sessions in one semester for any reason, a discontinuation of service letter is sent to the client. A copy of the letter is loaded into the client's file.
- If a client calls to cancel a scheduled appointment, the information is documented on the SOAP note.

### **Attendance Policy- Clinicians**

- If a clinician needs to cancel a session because of illness or emergency, he or she must:
  - a. Notify the supervisor immediately by email or phone.
  - b. c. Request a substitute by notifying peers **via Blackboard Clinical Methods class email.**
    - \* **do not mention client name, only time of treatment session and supervisor name**
    - \* **do not use Facebook to communicate Clinic information**
  - d. Notify supervisor when substitute has been found, or notify supervisor that no substitute could be found following email request via Blackboard email.
  - e. If no substitute found, notify the Clinic Office immediately at (740)593-1404.
- If student was unable to secure a substitute following email request, supervisor may choose to find a substitute, or schedule a make-up session when student returns.
- The substituting clinician will have the most recent LP available in the Electronic Medical Record (EMR).

### **Documentation/Communication Files**

1. NO DOCUMENTATION RELATED TO THE CLIENT IS TO LEAVE THE CLINIC.
2. Documentation must always be returned to the file room or the clinician's communication folder. Clinicians must NEVER store files anywhere else in the clinic.
3. Supervisor/clinician communication files located in room W176 are provided for the purpose of storing "in progress" client information as well as correspondence between student clinicians and supervisors.

#### Lesson Plans

Clinicians are required. Write lesson plans (LP) for each therapy session using the *Template* provided. LPs are produced electronically on the EMR, then printed on secure printers. Requirements and deadlines for LPs are determined by individual supervisors.

## **SOAP notes**

All clinicians are required to write progress notes for each therapy session. Our clinic uses the Subjective, Objective, Assessment, Plan (SOAP) progress note format. SOAP notes are to be turned in to the supervisor for approval through the EMR system. Due dates are determined by clinical supervisors, but typically by noon of the day following treatment.

## **Treatment Plans/Plans of Care**

Clinicians are required to prepare plans of care (POC) for all clients. The POC is a contract between the client, the clinician/supervisor, the physician, and the insurance company, if applicable. POCs containing Long Term and Short-Term Goals, are produced electronically on the EMR system, and then implemented according to published deadlines. As soon as the POC is approved and signed by the supervisor a copy is faxed to the referring physician for signature. The office manager should receive a task from the supervisor for monitoring signature returns.

## **Semester Reports**

Progress reports are to be written for each client at the end of the term. These reports are produced electronically on the EMR. After the report is approved by the supervisor, it is faxed or mailed to all persons/agencies listed on the *Release of Information* form, including referring physician.

## **Discharge Reports/Summaries**

Discharge Reports are written for each client upon discharge if the total number of sessions attended is four or more, a family chooses to discontinue services, or a client has met their goals. These reports are produced electronically on the EMR and include information related to the status of each goal at discharge, the reason for discharge, and disposition of client for further treatment if continued to be indicated.

The discharge summary requires the signature of the physician as verification they are aware of the discharge. The office manager should receive a task from the supervisor for monitoring signature returns.

### **Discharge Criteria (ASHA, 2004)**

1. Communication or swallowing disorder is now within normal/functional limits.
2. Goals/objectives have been met.
3. Communication abilities are comparable to others of same age, gender, ethnicity, or cultural and linguistic background.
4. Communication or swallowing skills no longer adversely affect educational, social, emotional, vocational performance or health issues.
5. AAC use is optimal across communication environments and partners.
6. Nutritional and hydration needs are optimally met by alternate means.
7. Desired level of communication skills have been attained.
8. Individual is unwilling to participate in treatment; attendance has been inconsistent or poor, and efforts to address these factors have been unsuccessful.
9. Individual, family, and/or guardian has requested discharge, or service provision from another provider.
10. Individual is transferred to another location; assistance in transition to new service provider was offered.

4. Documentation may be different for off-campus sites. The site supervisor will instruct the clinician on the documentation for each individual site. Site paperwork must never leave the site.
5. Documentation varies for Medicare patients. The supervisor will be responsible for Medicare paperwork.
6. A black pen must be used when filling in information on any of the forms and no white-out is to be used on any mistakes. Otherwise, mistakes should be marked through with a single line, initialed and dated by the clinician.

### **End-of-Semester Requirements**

At the end of each term, clinicians are expected to meet with clinical supervisors to discuss clinician progress and to complete the following:

- Complete all client paperwork in client files
- Complete preliminary chart audits; report missing items to supervisor
- Clean communication folders completely
- Print a hard copy of the next semester Lesson Plans
- Return all therapy materials
- Must have all hours in Typhon to verify by the last day of the semester
  - Hours not entered by the end of the semester will not be approved
- Prepare for first sessions of next semester assigned clients

### **Chart Audits**

Supervisors conduct chart audits on all active clients at the end of each semester or upon patient discharge if it occurs during the semester. Plan of care and final discharge paperwork will be tracked for return of document signed by the physician.

## **Standard Precautions**

### **Standard Precautions during treatment of speech-language clients:**

**Gloves** - Wearing gloves when hands are likely to be exposed to blood, body fluids, non-intact skin, mucous membranes (including eyes), and contaminated articles. Gloves are in room W170 and in each treatment room. Please note that non-latex gloves are available.

- **Therapy tables, toys and other materials** will be washed after each session using disinfectant wipes provided in each therapy room.
- **Headphones** in observation rooms will be disinfected with wipes following each treatment session, by treating clinician. All surfaces of the headphones will be wiped including all sides of the headpiece, all surfaces of the earpiece as well as the ear cushion.



- **Tables, chairs including the highchair, or any other adaptive seating equipment** must be cleaned with antibacterial soap and water or disinfecting wipes. Make sure that the trays for the highchairs and adaptive equipment is cleaned.
- **Water Table:** Clients should wash hands before playing at the water table. If water is used, then it must be drained after every session. If rice or beans or corn meal is used, then they must be removed if another clinician is going to use the table.
- **Oral motor and feeding equipment:** Anyone using any of the oral motor or feeding equipment is responsible for cleaning and storing the equipment in a sanitary manner Any large items such as bowls, plates or cups need to be cleaned with warm soapy water in the sink. Any food left in these items must be scrapped off in the trash can as the sink does not have a garbage disposal. These items are placed in the white mesh bags washed and rinsed and then placed in the drying rack to air dry. Small items such as spoons, bite sticks, z-vibe tips or straw tips should be washed in the sink using warm soapy water, dried and then placed in the sanitizing unit that is on top of the microwave.
- **Food for feeding clients or snack:** Food supplies for clients are in W162. Please do not take the last of any food without letting one of the clinic supervisors know. We will be using single use items.
- **Surfaces contaminated with vomit, feces, urine:** EZCleans self-contained packets are in W170. These packets contain all materials and directions required to manage contaminated surfaces. Once surfaces have been cleaned, treatment may or may not continue at the supervisor's/client's discretion. If carpeting has been contaminated and cleaned with EZCleans, the treatment room is vacated, and door closed. Facilities is alerted for sanitation if carpeting has been contaminated.
- **\*\* Alcohol pad, fresh towelettes, a first aid kit, and blood spill and surface clean up kits are also located in room W170.**

## Clinical Clock Hours

### Observation Hours

A minimum of 25 hours of documented and verified observation is required for completion of a graduate program in speech-language pathology.

The Ohio University Hearing, Speech and Language Clinic, requires that students complete all 25 observation hours prior to orientation on the deadline date supplied in pre-orientation materials. Client assignments are made at orientation and chart reviews begin during orientation. Failure to have documented observation hours will delay clinic assignments.

Observation hours must be obtained under the direction of licensed and state certified speech-language pathologists. These hours must be guided observation hours. Observation hours may be obtained under two different conditions:

(1) Observation hours (in part or all) may be obtained prior to admission to OU, documentation must be submitted on the letterhead of the SLP's place of employment and signed by a licensed, certified SLP. The SLP must include both ASHA Number and State License number on the signed document. Letterhead verifies the

SLP employment status; no observation hours will be accepted without letterhead verification, i.e. school, hospital, nursing home, university, etc. Documents may be handwritten – on letterhead. The letter must state that the observation hours were guided (the clinician must indicate that they discussed the session with the observer).

(2) Observation hours (in part or all) may be obtained once formal admission to OU is verified. Students may establish a Master Clinician Network ([masterclinician.org](http://masterclinician.org)) account – as an Ohio University student - and complete observation hours and documentation on-line **prior to Orientation** in August. Hours obtained through Master Clinician are considered guided because the student must submit written answers to questions provided after each observation.

Information regarding submission of observation hours obtained either prior to admission to OU or through Master Clinician. Documentation will be provided with pre-Orientation materials.

### **ASHA Hours**

#### **Documentation**

Documentation of clinical hours is managed on-line using <https://typhongroup.net>.

Graduate students will be sent an “invitation” to join Typhon during the on-boarding process and will log hours earned weekly while in the clinic. Data Entry must be completed within 7 days of the encounter date. It is the student’s responsibility to ensure that all hours are logged onto Typhon before the end of the semester. Hours added after that will not be “approved” by the supervisor.

Select Allied Health Programs

Select Data Entry Login

Enter 9197 for Account Number

User=OU email

PW= from “SLAP” mail

Select add a new case log: complete student information section, patient demographics, time with patient, age group, diagnostic or therapy, simulated or regular, and finally enter the minutes you were engaged in the activities based on the category.

#### **ASHA Standards**

The following standards for certification in Speech-Language Pathology were established by ASHA and required by the Ohio Board of Speech-Language Pathology and Audiology and HSLS. These standards are subject to change.

Total supervised clinical observation and clinical practicum = a minimum of 400 clinical hours:

Clinical observation = 25 hours

Direct client/direct patient contact = 375 hours

Of the 375 hours, a minimum of 175 hours need to be direct patient contact, 75 may be in Alternative Clinical Education (ACE) or simulation, and up to 125 hours may be in teletherapy.

If undergraduate clinical hours were obtained while enrolled in an undergraduate program, documentation of those hours can be uploaded to the student’s Typhon page. Fifty (50) undergraduate hours can be counted

towards the 375-hour total if appropriate documentation is available. Documentation should be either a clinical hour's form provided by the undergraduate university and signed by the licensed and certified speech-language pathologist or a statement on letterhead indicating the number of undergraduate hours obtained. Hours from undergraduate programs must be approved by the HSLs Ohio University DCE to be applied to the total.

For additional information refer to the ASHA website. [www.ASHA.org/Certification/slp](http://www.ASHA.org/Certification/slp)

### **Hearing Screening Hours**

At Ohio University, SLP graduate clinicians must complete at least 5 hours of hearing screenings as part of the 375 total hours. Volunteer opportunities will be provided across multiple venues, but it is the student's responsibility to manage accumulation of these hearing screening hours.

### **TeleHealth**

Diagnostic and intervention services may be delivered via telehealth over the course of your clinical practicum. Specific documentation acknowledging that you are aware of the HIPAA constraints, as well as policies and procedures for telehealth service delivery will be made available when services are assigned. See the Telehealth manual.

### **Ohio Board Standards**

The Ohio Board of Speech Language Pathology and Audiology dictates that the person submits to the Board evidence of the completion of appropriate, supervised clinical experience in the professional area, speech-language pathology, or audiology, for which licensure is requested, dealing with a variety of communication disorders. The appropriateness of the experience shall be determined under rules of the Board. This experience shall have been obtained in an accredited college or university, in a cooperating program of an accredited college or university, or in another program approved by the board, Ohio Revised Code 4753.06.

For additional information refer to the Ohio Board of Speech Language Pathology and Audiology website: [www.slpaud.gov](http://www.slpaud.gov)

The Division of HSLs at Ohio University is an ASHA accredited program. The Hearing, Speech and Language Clinic follows both ASHA guidelines and the Ohio law to ensure that our students have the required number of hours and coursework necessary to obtain the ASHA Certificate of Clinical Competence and to be licensed in the state of Ohio.

### **Other State Board Standards**

Students wishing to work outside of Ohio, are responsible for the requirements of that state. Determine those requirements as soon as possible into your program, and plan on obtaining the correct proportion of hours within each disorder, which may be different than those required in Ohio.

## **Externship Information/Guidelines**

The externship portion of the traditional SLP graduate program typically takes place during Spring and Summer Semesters of the 2<sup>nd</sup> year of the master's program. Students opting to do a thesis or who only wish to complete one externship would complete their externship either the 2<sup>nd</sup> Spring or 2<sup>nd</sup> Summer session. Externships are full-time, 14 weeks in duration for the spring semester and 13 weeks for the summer

semester. The spring or summer semester externship may be extended one week at the request of either the supervisor or clinician relative to progress and meeting goals. Beginning and end dates are assigned by the Director of Clinical Education for SLP (DCE SLP) and conveyed to students during the externship orientation process. These dates may not be altered by the student without written permission by the DCE SLP.

Usually, students select a school setting for the spring experience to fulfill public school student teaching requirements, and a medical/adult setting for the summer experience. Students completing the thesis/one externship option must complete an adult externship to achieve ASHA required depth and breadth experience. If a student does not wish to complete an educational experience, then the DOCE will explain what the ramifications are for not completing an educational externship and the student must sign a form indicating that they understand these ramifications. The due date for submitting requests for externship is the 2<sup>nd</sup> week of the spring quarter of the students first year of graduate school. This format allows approximately eight months for the legal agreements to be established with the chosen sites and allows for choosing new externship sites in the event that an original site is no longer viable.

The DCE SLP will orient students to the externship process and provide a checklist of tasks involved in obtaining sites, along with the required paperwork and documentation. The DCE manages the externship process for all students and is the instructor for the externship courses. The DCE also advises and assists students in locating externship sites, although the student is responsible for active participation in contacting possible externship sites and obtaining the necessary information. Throughout the externship, students will maintain contact with each other, with OU, and with the instructor through Blackboard discussion group. Due dates and graduation issues will also be conveyed via Blackboard.

The records manager coordinates the legal aspects of obtaining contracts with sites called Affiliation Agreements (AA) and is involved with the student until the AA is signed by both OU and the affiliating site. The records manager will place the most recent copy of the signed AA on Typhon. The student is responsible for the contents of the Agreement and the specific requirements of the site.

### Clinical Skill Assessment

Students are evaluated twice per semester, at mid-term and at the end of the term. Dates are posted in advance. The Assessment of Clinical Competence in Speech-Language Pathology instrument does not assign a grade, but rather scores skill areas depending upon level of supervision required. To encourage self-reflection, a student is asked to self-evaluate skills and complete the Assessment of Clinical Competence in Speech-Language Pathology prior to meeting with the supervisor. This assessment will be completed on Typhon. Copies of the final document at the end of the term are placed in the student's permanent file. Any student may request a hard copy of the final summative document at the end of the term.

#### **OHIO UNIVERSITY Assessment of Clinical Competence in Speech-Language Pathology Performance Assessment Rubric**

The Ohio University Assessment of Clinical Competence in Speech-Language Pathology (ACCSLP) contains 43 skill statements covering six areas (a) Preparation Skills (b) Intervention Plan of Care (POC) Development (c) Intervention Implementation (d) Assessment (e) Interpretation (f) Interpersonal and Professional Skills. The rating scale for each skill has been designed along a continuum ranging from 8 (representing the most effective performance- *Independent*) to 1 (representing the least effective performance - *Beginning*). The clinical supervisor will match the graduate student's performance to the descriptor for each skill. The rating

for one skill need not be the same as the ratings for other skills. For each skill included on the OU ACCSLP the supervisor will decide which point on the scale best reflects the performance of the graduate student during the semester being rated.

Fall Semester	1 <sup>st</sup> Year
Spring Semester	1 <sup>st</sup> Year
Summer Semester	1 <sup>st</sup> Year
Fall Semester	2 <sup>nd</sup> Year
Spring Externship	2 <sup>nd</sup> Year
Summer Externship	2 <sup>nd</sup> Year

### Supervisee Behavioral Criteria

<b>Independent</b> 7-8	In consultative style with supervisor, supervisee takes initiative, makes changes when appropriate, and is effective.
<b>Competent</b> 5-6	In combination of collaborative and consultative styles, supervisor provides general guidance and validation for supervisee to perform effectively.
<b>Emerging</b> 3-4	In combination of direct/active and collaborative styles, supervisor provides frequent guidance, demonstration, or modeling for supervisee to perform effectively.
<b>Beginning</b> 1-2	In direct/active style, supervisor provides specific direction for the supervisee to alter performance and make changes in clinical behavior.
<b>N/A</b>	Not applicable at this time

**Rating Tips:** To determine the rating for each skill the supervisor and the graduate student will consider the student's effectiveness in work with specific client populations in terms of client's age; type and severity of communication disorder; physical limitations; cultural background; English proficiency/literacy level; alternative communication; and the student's academic coursework to date.

The supervisor will consider the following four factors, if applicable, in relation to the skill being rated:

**Accuracy** – the degree to which the graduate student performs a skill without error

**Consistency** – the degree to which the graduate student performs a skill at the same level of proficiency across cases

**Independence** – the degree to which the graduate student performs a skill in a self-directed manner

**Supervisory Guidance** – the degree to which the graduate student seeks consultations when needed

#### I. Preparation Skills:

##### A. Prepares Lesson Plan

Rating	Description
7-8	Independently formats weekly lesson plans according to template
5-6	Formats weekly lesson plans according to template with supervisor validation
3-4	Formats weekly lesson plans according to template following supervisor guidance
1-2	Formats weekly lesson plans according to template following specific supervisor suggestions
N/A	Not applicable at this time

**B. Prepares for supervisory conferences**

Rating	Description
7-8	Independently initiates and prepares agenda for supervisor conferences
5-6	Initiates and prepares agenda for supervisor conferences with supervisor validation
3-4	Initiates and prepares agenda for supervisor conferences following supervisor guidance
1-2	Initiates and/or prepares agenda for supervisor conferences following specific supervisor suggestions
N/A	Not applicable at this time

**C. Initiates and takes responsibility for self-learning and acquisition of knowledge**

Rating	Description
7-8	Independently initiates and suggest topics for discussion, identifies resources used in new learning, and discusses application relative to clinical practice
5-6	Initiates and suggests topics for discussion, identifies resources used in new learning, and discusses application relative to clinical practice with supervisor validation
3-4	Initiates and suggests topics for discussion, identifies resources used in new learning and discusses application relative to clinical practice following supervisor guidance
1-2	Initiates and suggests topics for discussion, identifies resources used in new learning and/or discusses application relative to clinical practice following specific supervisor suggestions
N/A	Not applicable at this time

***II. Intervention Plan of Care (POC) Development:*****A. Integrates rationale, theory and evidence for POC goals**

Rating	Description
7-8	Independently develops ideas regarding all goals, gives rationale and cites evidence and sources for modifications
5-6	Develops ideas regarding all goals, gives rationale and cites evidence and sources for modifications with supervisor validation
3-4	Develops ideas regarding all goals, gives rationale and cites evidence and sources for modifications following supervisor guidance
1-2	Develops ideas regarding all goals, gives rationale and/or cites evidence and sources for modifications following specific supervisor suggestions
N/A	Not applicable at this time

**B. Considers client, communication partners, and environment in development of POC**

Rating	Description
7-8	Independently develops POC including information from client, partners, and the communication environment
5-6	Develops POC including information from client, partners, and the communication environment with supervisor validation
3-4	Develops POC including information from client, partners, and the communication environment following supervisor guidance
1-2	Develops POC including information from client, partners, and the communication environment following specific supervisor suggestions

N/A	Not applicable at this time
-----	-----------------------------

**C. Writes behavioral, developmental, LTG/STG goals based on need and learning style**

Rating	Description
7-8	Independently writes all sections of LTG/STG including performance in overt terms, condition, and criteria (PCC); goals are differentiated from lesson plan objectives; goals are developmental, based on need and learning style, and are easily measurable and amenable to data collection
5-6	Writes all sections of LTG/STG including performance in overt terms, condition, and criteria (PCC); goals are differentiated from lesson plan objectives; goals are developmental, based on need and learning style, and are easily measurable and amenable to data collection with supervisor validation
3-4	Writes all sections of LTG/STG including performance in overt terms, condition, and criteria (PCC); goals are differentiated from lesson plan objectives; goals are developmental, based on need and learning style, and are easily measurable and amenable to data collection following supervisor guidance
1-2	Writes all sections of LTG/STG including performance in overt terms, condition, and criteria (PCC); goals are differentiated from lesson plan objectives; goals are developmental, based on need and learning style, and are easily measurable and amenable to data collection following specific supervisor suggestions
N/A	Not applicable at this time

**D. Writes functional, developmental LPOs based on need and learning style**

Rating	Description
7-8	Independently writes LPOs including performance, condition, criteria (PCC), that reflect progress to date and modifications along a hierarchy leading to attainment of the STG
5-6	Writes LPOs including PCC that reflect progress to date and modifications along a hierarchy leading to attainment of the STG with supervisor validation
3-4	Writes LPOs including PCC that reflect progress to date and modifications along a hierarchy leading to attainment of the STG following supervisor guidance
1-2	Writes LPOs including PCC that reflects progress to date and modifications along a hierarchy leading to attainment of the STG following specific supervisor suggestions
N/A	Not applicable at this time

**E. Develops effective correction/prompting LPO levels**

Rating	Description
7-8	Independently identifies and writes accurate prompting levels and modifies LPOs as needed
5-6	Identifies and writes accurate prompting levels and modifies LPOs as needed with supervisory validation
3-4	Identifies and writes accurate prompting levels and modifies LPOs as needed following supervisor guidance
1-2	Identifies and writes accurate prompting levels and/or modifies PLOs following specific supervisor suggestions
N/A	Not applicable at this time

**III. Intervention Implementation:**

**A. Provides clear rationale for activities**

Rating	Description
--------	-------------

7-8	Independently tells client reason “why” for each activity consistently during sessions
5-6	Tells client reason “why” for activities consistently during session with supervisor validation
3-4	Tells client reason “why” for activities consistently during session following supervisor guidance
1-2	Tells client reason “why” for activities following specific supervisor suggestions
N/A	Not applicable at this time

**B. Facilitates “teaching” to promote client success**

Rating	Description
7-8	Independently consistently implements direct teaching strategies throughout sessions
5-6	Implements direct teaching strategies consistently during session with supervisor validation
3-4	Implements direct teaching strategies consistently during session following supervisor guidance
1-2	Implements direct teaching strategies consistently during session following specific supervisor suggestions
N/A	Not applicable at this time

**C. Provides consistent and informative corrective feedback**

Rating	Description
7-8	Independently provides consistent, specific and accurate feedback throughout session
5-6	Provides consistent, specific and accurate feedback throughout session with supervisor validation
3-4	Provides consistent, specific and accurate feedback throughout session following supervisor guidance
1-2	Provides consistent, specific and accurate feedback throughout session following specific supervisor suggestions
N/A	Not applicable at this time

**D. Interprets performance during session and applies strategies to improve outcome**

Rating	Description
7-8	Independently identifies client performance problems as they occur during the tx session and adjusts lesson plan during treatment to meet needs
5-6	Identifies client performance problems as they occur during the tx session and adjusts lesson plan during treatment to meet needs with supervisor validation
3-4	Identifies client performance problems as they occur during the tx session and adjusts lesson plan during treatment to meet needs following supervisor guidance
1-2	Identifies client performance problems as they occur during the tx session and adjusts lesson plan during treatment to meet needs following specific supervisor suggestions
N/A	Not applicable at this time

**E. Maximizes use of on-task time in therapy**

Rating	Description
7-8	Independently addresses all goals during therapy and/or implements diagnostic therapy activities for prospective goals
5-6	Addresses all goals during therapy and/or implements diagnostic therapy activities for prospective goals with supervisor validation



3-4	Addresses all goals during therapy and/or implements diagnostic therapy activities for prospective goals following supervisor guidance
1-2	Addresses all goals during therapy and/or implements diagnostic therapy activities for prospective goals following specific supervisor suggestions
N/A	Not applicable at this time

**F. Discriminates correct vs. incorrect responses**

Rating	Description
7-8	Independently discriminates correct vs. incorrect responses and maintains internal consistency for acceptable responses across all goals
5-6	Discriminates correct vs. incorrect responses and maintains internal consistency for acceptable responses across all goals with supervisor validation
3-4	Discriminates correct vs. incorrect responses and maintains internal consistency for acceptable responses across all goals following supervisor guidance
1-2	Discriminates correct vs. incorrect responses and maintains internal consistency for acceptable responses across all goals following specific supervisor suggestions
N/A	Not applicable at this time

**G. Uses reinforcement at appropriate intervals to maximize learning**

Rating	Description
7-8	Independently uses intrinsic and extrinsic reinforcers
5-6	Uses intrinsic and extrinsic reinforcers with supervisor validation
3-4	Uses intrinsic and extrinsic reinforcers following supervisor guidance
1-2	Uses intrinsic and extrinsic reinforcers following specific supervisor suggestions
N/A	Not applicable at this time

**H. Modifies physical environment to facilitate learning and communication**

Rating	Description
7-8	Independently maintains materials/space to facilitate goal attainment
5-6	Maintains materials/space to facilitate goal attainment with supervisor validation
3-4	Maintains materials/space to facilitate goal attainment following supervisor guidance
1-2	Maintains materials/space to facilitate goal attainment following specific supervisor suggestions
N/A	Not applicable at this time

**I. Manages interfering behaviors effectively and engages in conflict resolution**

Rating	Description
7-8	Independently recognizes behaviors and implements plan for future sessions
5-6	Recognizes behaviors and implements plan for future sessions with supervisor validation
3-4	Recognizes behaviors and implements plan for future sessions following supervisor guidance
1-2	Recognizes behaviors and implements plan for future sessions following specific supervisor suggestions
N/A	Not applicable at this time

**J. Keeps communication goals in focus**

Rating	Description
7-8	Independently conducts treatment with easily identifiable goals throughout session and transition between goals is smooth
5-6	Conducts treatment with easily identifiable goals throughout session and transition between goals is smooth with supervisor validation

3-4	Conducts treatment with easily identifiable goals throughout session and transition between goals is smooth following supervisor guidance
1-2	Conducts treatment with easily identifiable goals throughout session and transition between goals is smooth following specific supervisor suggestions
N/A	Not applicable at this time

**K. Selects and uses materials consistent with functional needs of client**

Rating	Description
7-8	Independently selects materials and varies across sessions as they relate to creativity and motivation
5-6	Selects materials and varies across sessions as they relate to creativity and motivation with supervisor validation
3-4	Selects materials and varies across sessions as they relate to creativity and motivation following supervisor guidance
1-2	Selects materials and varies across sessions as they relate to creativity and motivation following specific supervisor suggestions
N/A	Not applicable at this time

**L. Integrates and uses technology in therapy session**

Rating	Description
7-8	Independently incorporates available technology into tx session, or can explain technology that might be useful had it been available
5-6	Incorporates available technology into tx session, or can explain technology that might be useful had it been available with supervisor validation
3-4	Incorporates available technology into tx session, or can explain technology that might be useful had it been available following supervisor guidance
1-2	Incorporates available technology into dx session, and/or explains technology that might be useful had it been available following specific supervisor suggestions
N/A	Not applicable at this time

**M. Manages data relative to goal**

Rating	Description
7-8	Independently manages data that are accurate, complete and related to goals
5-6	Manages data that are accurate, complete and related to goals with supervisor validation
3-4	Manages data that are accurate, complete and related to goals following supervisor guidance
1-2	Manages data that are accurate, complete and related to goals following specific supervisor suggestions
N/A	Not applicable at this time

**N. Manages SOAP Notes**

Rating	Description
7-8	Independently writes complete, accurate SOAP notes in format requested
5-6	Writes SOAP notes that are complete, accurate, and in the requested format with supervisor validation
3-4	Writes SOAP notes that are complete, accurate, and in the requested format following supervisor guidance
1-2	Writes SOAP notes that are complete, accurate and in requested format following specific supervisor suggestions
N/A	Not applicable at this time

**O. Modifies lesson plan and strategies following session to reflect client performance**

Rating	Description
7-8	Independently analyzes client performance and modifies lesson plan and strategies following the session in order to meet client needs during the next session and/or suggests referrals for additional and/or alternative services as appropriate
5-6	Analyzes client performance and modifies lesson plan and strategies following the session in order to meet client needs during the next session and/or suggests referrals for additional and/or alternative services as appropriate with supervisor validation
3-4	Analyzes client performance and modifies lesson plan and strategies following the session in order to meet client needs during the next session and/or suggests referrals for additional and/or alternative services as appropriate following supervisor guidance
1-2	Analyzes client performance and modifies lesson plan and strategies following the session in order to meet client needs during the next session and/or suggests referrals for additional and/or alternative services as appropriate following specific supervisor suggestions
N/A	Not applicable at this time

***IV. Assessment*****A. Prepares for diagnostic conference**

Rating	Description
7-8	Independently completes chart reviews, researches assessment tool options, researches diagnoses and ICD codes, prepares and completes supervisor specific protocol, and generates specific diagnostic plan
5-6	Completes chart reviews, researches assessment tool options, researches diagnoses and ICD codes, prepares and completes supervisor specific protocol, and generates specific diagnostic plan with supervisor validation
3-4	Completes chart reviews, researches assessment tool options, researches diagnoses and ICD codes, prepares and completes supervisor specific protocol, generates specific diagnostic plan with supervisor guidance
1-2	Completes chart reviews, researches assessment tool options, researches diagnoses and ICD codes, prepares and completes supervisor specific protocol, and generates specific diagnostic plan following specific supervisor suggestions
N/A	Not applicable at this time

**B. Plans for and conducts screening/prevention**

Rating	Description
7-8	Independently identifies need and conducts screening and prevention activities across all communication modalities including hearing screening
5-6	Identifies need and conducts screening and prevention activities across all communication modalities including hearing screening with supervisor validation
3-4	Identifies need and conducts screening and prevention activities across all communication modalities including hearing screening following supervisor guidance
1-2	Identifies need and conducts screening and prevention activities across all communication modalities including hearing screening following specific supervisor suggestions
N/A	Not applicable at this time

**C. Prepares for and completes case history**

Rating	Description
7-8	Independently identifies and produces questions/questionnaire, reviews, and probes for additional information
5-6	Identifies and produces questions/questionnaire, reviews, and probes for additional information with supervisor validation
3-4	Identifies and produces questions/questionnaire, reviews, and probes for additional information following supervisor guidance
1-2	Identifies and produces questions/questionnaire, and probes for additional information following specific supervisor suggestions
N/A	Not applicable at this time

**D. Selects appropriate tools based on client need**

Rating	Description
7-8	Independently selects formal and/or informal tools, gives theory/rationale for each, and prepares options if necessitated during session
5-6	Selects formal and/or informal tools, gives theory/rationale for each, and prepares options if necessitated during session with supervisor validation
3-4	Selects formal and/or informal tools, gives theory/rationale for each, and prepares options if necessitated during session following supervisor guidance
1-2	Selects formal and/or informal tools, gives theory/rationale for each, and prepares options if necessitated during session following specific supervisor suggestions
N/A	Not applicable at this time

**E. Integrates and uses technology based on assessment tool**

Rating	Description
7-8	Independently incorporates available technology into dx session, or can explain technology that might be useful had it been available
5-6	Incorporates available technology into dx session, or can explain technology that might be useful had it been available with supervisor validation
3-4	Incorporates available technology into dx session, or can explain technology that might be useful had it been available following supervisor guidance
1-2	Incorporates available technology into dx session, and/or explains technology that might be useful had it been available following specific supervisor suggestions
N/A	Not applicable at this time

**F. Administers assessment protocols**

Rating	Description
7-8	Independently administers protocol per manual and/or professional guidelines
5-6	Administers protocol per manual and/or professional guidelines with supervisor validation
3-4	Administers protocol per manual and/or professional guidelines following supervisor guidance
1-2	Administers protocol per manual and/or professional guidelines following specific supervisor suggestions
N/A	Not applicable at this time

**G. Adapts procedures to meet needs of client**

Rating	Description
--------	-------------

7-8	Independently begins dx session with prioritized plan, and modifies plan based on client performance in order to determine communication status
5-6	Begins dx session with prioritized plan, and modifies plan based on client performance in order to determine communication status with supervisor validation
3-4	Begins dx session with prioritized plan, and modifies plan based on client performance in order to determine communication status following supervisor guidance
1-2	Begins dx session with prioritized plan, and modifies plan based on client performance in order to determine communication status following specific supervisor suggestions
N/A	Not applicable at this time

## V. Interpretation

### **A. Scores and interprets data accurately**

Rating	Description
7-8	Independently accurately scores standardized assessment and/or interprets criterion referenced or informally developed assessments
5-6	Accurately scores standardized assessment and/or interprets criterion referenced or informally developed assessments with supervisor validation
3-4	Accurately scores standardized assessment and/or interprets criterion referenced or informally developed assessments following supervisor guidance
1-2	Accurately scores standardized assessment and/or interprets criterion referenced or informally developed assessments following specific supervisor suggestions
N/A	Not applicable at this time

### **B. States diagnosis, severity, and recommendations**

Rating	Description
7-8	Independently assimilates all assessment results and client stated outcomes into a diagnosis including relative severity, recommendations, and/or prognosis for meeting outcomes
5-6	Assimilates all assessment results and client stated outcomes into a diagnosis including relative severity, recommendations, and/or prognosis for meeting outcomes with supervisor validation
3-4	Assimilates all assessment results and client stated outcomes into a diagnosis including relative severity, recommendations, and/or prognosis for meeting outcomes following supervisor guidance
1-2	Assimilates all assessment results and client stated outcomes into a diagnosis including relative severity, recommendations, and/or prognosis for meeting outcomes following specific supervisor suggestions
N/A	Not applicable at this time

### **C. Explains professional jargon in user-friendly terms**

Rating	Description
7-8	Independently eliminates, substitutes or defines all jargon relative to listener needs in effort to support client health literacy

5-6	Eliminates, substitutes or defines all jargon relative to listener needs in effort to support client health literacy with supervisor validation
3-4	Eliminates, substitutes or defines all jargon relative to listener needs in effort to support client health literacy following supervisor guidance
1-2	Eliminates, substitutes or defines all jargon relative to listener needs in effort to support client health literacy following specific supervisor suggestions
N/A	Not applicable at this time

**D. Writes report sufficient for entry into professional practice**

Rating	Description
7-8	Independently produces a comprehensive written report, per template, with accurate sentence formulation, spelling, grammar, and professional terminology, and takes into account clarity for the intended reader by supplying examples
5-6	Produces a comprehensive written report, per template, with accurate sentence formulation, spelling, grammar, and professional terminology, and takes into account clarity for the intended reader by supplying examples with supervisor validation
3-4	Produces a comprehensive written report, per template, with accurate sentence formulation, spelling, grammar, and professional terminology, and takes into account clarity for the intended reader by supplying examples following supervisor guidance
1-2	Produces a comprehensive written report, per template, with accurate sentence formulation, spelling, grammar, and professional terminology, and takes into account clarity for the intended reader by supplying examples following specific supervisor suggestions
N/A	Not applicable at this time

**E. Suggests appropriate referrals as needed**

Rating	Description
6-7	Independently assimilates assessment results and recommendations, scope of practice and available resources, to make referrals for additional and/or alternative services when appropriate and documents referrals in chart
4-5	Assimilates assessment results and recommendations, scope of practice and available resources, to make referrals for additional and/or alternative services when appropriate and documents referrals in chart with supervisor validation
3-4	Assimilates assessment results and recommendations, scope of practice and available resources, to make referrals for additional and/or alternative services when appropriate and documents referrals in chart following supervisor guidance
1-2	Assimilates assessment results and recommendations, scope of practice and available resources, to make referrals for additional and/or alternative services when appropriate and documents referral in chart following specific supervisor suggestions
N/A	Not applicable at this time

*VI. Interpersonal and Professional Skills*

**A. Interacts with clients and family in a culturally appropriate and equitable manner**

Rating	Description
7-8	Independently understands and incorporates implications of cultural differences; communicates with sensitivity considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status;

	provides treatment in a non-judgmental manner; discovers and respects individual differences, preferences, values, economic and cultural influences
5-6	Understands and incorporates implications of cultural differences; communicates with sensitivity considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status; provides treatment in a non-judgmental manner; discovers and respects individual differences, preferences, values, economic and cultural influences with supervisor validation
3-4	Understands and incorporates implications of cultural differences; communicates with sensitivity considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status; provides treatment in a non-judgmental manner; discovers and respects individual differences, preferences, values, economic and cultural influences following supervisor guidance
1-2	Understands and incorporates implications of cultural differences; communicates with sensitivity considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status; provides treatment in a non-judgmental manner; and discovers and respects individual differences, preferences, values, economic and cultural influences following specific supervisor suggestions
N/A	Not applicable at this time

**B. Interacts and/or collaborates with professionals/peers**

Rating	Description
7-8	Independently respects others' opinions and feedback, presents own ideas in the spirit of team membership, initiates requests for input into client care
5-6	Respects others' opinions and feedback, presents own ideas in the spirit of team membership, initiates requests for input into client care with supervisor validation
3-4	Respects others' opinions and feedback, presents own ideas in the spirit of team membership, initiates requests for input into client care following supervisor guidance
1-2	Respects others' opinions and feedback, presents own ideas in the spirit of team membership, initiates requests for input into client care following specific supervisor suggestions
N/A	Not applicable at this time

**C. Conducts client diagnostic conference and/or counseling**

Rating	Description
7-8	Independently explains assessment results, recommendations and applications, and solicits feedback regarding focus of treatment, if recommended
5-6	Explains assessment results, recommendations and applications, and solicits feedback regarding focus of treatment, if recommended, with supervisor validation
3-4	Explains assessment results, recommendations and applications, and solicits feedback regarding focus of treatment, if recommended, following supervisor guidance
1-2	Explains assessment results, recommendations and applications, and solicits feedback regarding focus of treatment, if recommended, following specific supervisor suggestions
N/A	Not applicable at this time

**D. Conducts client therapy conference and/or counseling**

Rating	Description
7-8	Independently requests and incorporates feedback, discusses POC and/or tx session outcomes and applications for each session goal, and educates client/caregiver in home carryover activities
5-6	Requests and incorporates feedback, discusses POC and/or tx session outcomes and applications for each session goal, and educates client/caregiver in home carryover activities with supervisor validation
3-4	Requests and incorporates feedback, discusses POC and/or tx session outcomes and applications for each session goal, and educates client/caregiver in home carryover activities following supervisor guidance
1-2	Requests and incorporates feedback, discusses POC and/or tx session outcomes and applications for each session goal, and educates client/caregiver in home carryover activities following specific supervisor suggestions
N/A	Not applicable at this time

**E. Completes diagnostic administrative responsibility**

Rating	Description
7-8	Independently conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows hygiene procedures, and maintains confidentiality and HIPAA standards
5-6	Conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows hygiene procedures, and maintains confidentiality and HIPAA standards with supervisor validation
3-4	Conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows hygiene procedures, and maintains confidentiality and HIPAA standards following supervisor guidance
1-2	Conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows hygiene procedures, and maintains confidentiality and HIPAA standards following specific supervisor suggestions
N/A	Not applicable at this time

**F. Completes therapy administrative responsibility**

Rating	Description
7-8	Independently follows assigned supervisor protocols, conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows hygiene procedures, and maintains confidentiality and HIPAA standards
5-6	Follows assigned supervisor protocols, conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows hygiene procedures, and maintains confidentiality and HIPAA standards with supervisor validation
3-4	Follows assigned supervisor protocols, conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows hygiene procedures, and maintains confidentiality and HIPAA standards following supervisor guidance
1-2	Follows assigned supervisor protocol, conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows hygiene procedures, and maintains confidentiality and HIPAA standards following specific supervisor suggestions
N/A	Not applicable at this time



### G. Interacts and collaborates with supervisor

Rating	Description
7-8	Independently acknowledges and respects own position within the <i>continuum of supervision</i> styles ranging from direct/active, to collaborative, to consultative; seeks supervisor's review and guidance as necessary, and seeks continuous development of professional knowledge skills and attitudes
5-6	Acknowledges and respects own position within the <i>continuum of supervision</i> styles ranging from direct/active, to collaborative, to consultative; seeks supervisor's review and guidance as necessary, and seeks continuous development of professional knowledge skills and attitudes with supervisor validation
3-4	Acknowledges and respects own position within the <i>continuum of supervision</i> styles ranging from direct/active, to collaborative, to consultative; seeks supervisor's review and guidance as necessary, and seeks continuous development of professional knowledge skills and attitudes following supervisor guidance
1-2	Acknowledges and respects own position within the <i>continuum of supervision</i> styles ranging from direct/active, to collaborative, to consultative; seeks supervisor's review and guidance as necessary, and seeks continuous development of professional knowledge skills and attitudes following specific supervisor suggestions
N/A	Not applicable at this time

### H. Adheres to ASHA Code of Ethics

Rating	Description
7-8	Independently and without violation: maintains welfare of persons being served; honors responsibility to maintain professional competence; promotes understanding of professions and development of services; maintains harmonious intraprofessional and interprofessional relationships
5-6	Without violation: maintains welfare of persons being served; honors responsibility to maintain professional competence; promotes understanding of professions and development of services; maintains harmonious intraprofessional and interprofessional relationships with supervisor validation
3-4	Without violation: maintains welfare of persons being served; honors responsibility to maintain professional competence; promotes understanding of professions and development of services; maintains harmonious intraprofessional and interprofessional relationships following supervisor guidance
1-2	Without violation: Maintains welfare of persons being served; honors responsibility to maintain professional competence; promotes understanding of professions and development of services; maintains harmonious intraprofessional and interprofessional relationships following specific supervisor suggestions
N/A	Not applicable at this time

### Student At-Risk for Inadequate Clinical Performance Policy and Guiding Principles

#### SUPPORT PLAN FOR STUDENTS AT RISK FOR INADEQUATE CLINICAL PERFORMANCE HSL 6920

## POLICY and GUIDING PRINCIPLES

### PURPOSE

1. Identify students with marginal clinical skills in several areas.
2. Ensure that students matriculating through the clinical program demonstrate skills at a level commensurate with entry into the professional experience year.
3. Identify students who are unable to demonstrate skills necessary for matriculation through the clinical program.

### GOAL

Guide student toward clinical independence and autonomy.

### AT-RISK STUDENT CHARACTERISTICS

1. Substantial difficulty with:
  - a. acquiring and demonstrating measurable progression of skills, across multiple clinical areas,
  - b. no later than mid-term of the second semester,
  - c. as assessed by:
    - \* **Total** score of 3 or lower on the SLP ACCS (average across all clinical settings)and either
2. Substantial difficulty with acquiring and demonstrating at least 8 of the 10 Professional Behaviors, using the behavioral criteria related specifically to the student's stage in the program. (Appendix C)  
or
3. Substantial difficulty with acquiring and demonstrating any of the Essential Functions necessary for practice in the field of Communication Sciences and Disorders.

### IMPLEMENTATION

1. Staffing
  - a. one clinical supervisor and the Director of Clinical Education are assigned throughout the process;
  - b. one must be the supervisor originating the at-risk request.
2. Student-supervisor conferences
  - a. supervisors demonstrate progression through the stages and styles of the continuum of supervision with measurable, definable dates and markers:
    - \* evaluation-feedback stage and direct active style;
    - \* transitional stage and collaborative style;

- \* self-supervision stage and consultative style;
- b. conferences are held at regularly defined intervals;
- c. agenda for each conference is initially written by supervisor, then written together, then written independently by student;
- d. agenda will include teaching resources, demonstration of techniques and assessment of the completion of specific responsibilities.

### 3. Documentation

- a. content and outcome data are included;
- b. diagnostic and treatment reports are retained in student clinic file;
- c. student and supervisors sign all documentation;
- d. student receives a copy of all paperwork and documentation.

### 4. Graduation

- a. successful completion of protocol, continue clinical rotations;
- b. unsuccessful completion of protocol discontinues clinical practicum.

## **Support Plan for Students at Risk for Inadequate Clinical Performance HSLs 6920**

### **PROCEDURE**

#### **STATEMENT OF PURPOSE**

To provide an intensive, structured, instructional format for student clinicians who are experiencing difficulty demonstrating satisfactory clinical skills.

#### **IDENTIFICATION- MID-TERM OF SECOND SEMESTER IN CLINICAL PRACTICUM**

Identify a student as “at risk” for inadequate clinical performance during a supervisory meeting no later than mid-term of the second semester in clinical practicum, with supporting documentation that must include at least scores of the respective student evaluation instrument and either deficits in an Essential Function and/or Professional Behaviors.

SLP supervisor presents most recent scores achieved on the Clinic ACCSLP with specific documented behavioral evidence of deficits.

Supervisor presents written documented evidence of failure to acquire or demonstrate an Essential Function.

Supervisor presents written documented evidence of failure to acquire or demonstrate specified Professional Behaviors.

#### **NOTIFICATION**

The supervisor notifies the student, in an email with cc to the Director of Clinical Education, the instructor of record for HSLs 6920, the HSLs assistant director and the HSLs graduate coordinator, that the student has

been identified as “at risk” for inadequate clinical performance which may impact participation in the campus clinic, off-site part-time, and/or full-time off-site rotations, and which **may ultimately delay graduation**. Notification is made within 24 hours of mid-term evaluation.

Upon notification, should the student disagree with the assessment and recommendations, he/she will be advised to consult the HSLG Graduate Handbook for the conflict resolution procedure, and/or contact the University Ombudsman, Baker University Center 501, 740/593/2627 for advice and counsel. Until the conflict has been resolved, the student will not participate in clinical practicum.

The email correspondence should minimally contain:

1. A statement to the effect of “At Risk” performance.
2. The evaluation instruments/scores used to make this determination.
3. The intention to implement the “At Risk” protocol, naming the primary supervisor and the Director of Clinical Education who are to be involved in the protocol.

## **IMPLEMENTATION - RESPONSIBILITIES AND ACTIONS**

### **Primary Clinical Supervisor**

1. **Student Evaluation:** Supervisor assembles evaluation documentation from the respective SLP clinical evaluation protocol, Essential Functions, and/or Professional Behaviors including written commentary.

- a. Student and supervisor sign the respective evaluation documents.
- b. Supervisor notifies the Coordinator of Clinical Services of the student’s at-risk status.
- c. Supervisor notifies the student’s academic advisor of student’s at-risk status.

2. **Observation Plan:** Supervisor assists student in developing an observation plan (Appendices A 1 and/or A2-on Blackboard).

3. **Weekly Meetings:** The primary clinical supervisor conducts weekly scheduled meetings with the student.

- a. Weekly meeting agendas for the remainder of the term will follow a continuum initially to be written by the supervisor, then written together, then written independently by the student to include techniques, resources, and responsibilities.
- b. Weekly meetings will define progression through the stages and styles of the continuum of supervision with measurable, definable dates and markers.

### **Student Clinician**

1. **Self-Evaluation:** Student will complete supervisor assigned self-evaluation pertinent to the identified deficit skill areas using at least one of the following:

- a. SLP ACCS (Appendix B)
- b. Self-analysis of Professional Behaviors (Appendix C)
- c. Self-analysis of Essential Functions (Appendix D)

2. **Observation Plan** Student works with the supervisor to develop an Observation Plan which includes specific clinical skills, expected scores, and behaviors identified on the respective

student evaluation protocol, the student self-evaluation instruments. Essential Functions document, or Professional Behaviors skills list.

- a. The student with the assistance of the clinical supervisor will develop specific SMART goals in order to move clinician from supervisor directed to supervisor guided in specified areas.
- b. Audio and videotaping may be used to verify that these objectives have been met.

3. **Weekly Meetings:** Student meets with supervisor at scheduled meeting times to review progress toward meeting specific objectives stated in the Observation Plan.

### **Second Clinical Supervisor**

1. Reviews and signs the Observation Plan, in addition to the primary supervisor signature.
2. Participates in two weekly meetings per month with primary clinical supervisor and student
3. Observes/evaluates student in at least two clinical sessions per month.

### **Director of Clinical Education**

1. Places copies of signed evaluation documents in the student's clinic file.
2. Provides assistance as requested.
3. Notifies HSLs Associate Director that an "at risk" protocol has been implemented.
4. Reviews and co-signs Observation Plan.

## **ASSESSMENT OF PROGRESS - END OF SECOND SEMESTER IN CLINICAL PRACTICUM**

**Pass\*:** Continue regular campus and off-site clinic rotations:  
SLP final total score on the Clinic ACCSLP is above 4.0  
\*Failure to continue demonstrating progress toward clinical competency at each subsequent assessment using previous metrics, will result in dismissal from the program.

**Conditional\*:** Campus rotation only for the third semester, then continue regular rotation:  
SLP final total score on the Clinic ACCSLP is between 3.1 and 3.9  
\*Failure to continue demonstrating progress toward clinical competency at each subsequent assessment using previous metrics, will result in dismissal from the program.

**Fail:** In Progress "PR" grade for ungraded clinical practicum, will delay graduation:  
○ SLP final total score on the Clinic ACCSLP is 3.0 or lower.  
● No participation in clinical practicum during the third semester.  
● Enroll in **Directed Clinical Study** for the third semester.

## **DIRECTED CLINICAL STUDY**

A committee, comprised of one supervisor who is not the primary supervisor, one academic

faculty member appointed by the HSLs Associate Director, and the DCE who chairs the committee will coordinate the Directed Clinical Study.

The committee meets during the first week of the third semester to review deficit areas identified on the previous term's Observation Plan and student evaluation scores.

The committee meets with the student to discuss goals of the directed study, roles and responsibilities, evaluation procedures, timelines, and possible outcomes. A written summary is provided to all committee members and a copy is placed in the student's clinic file.

At the end of the third semester, the committee reviews for completion of goals and assigns one of the following:

**Pass:** Continue with clinical rotations the following semester, substitute PR grade with CR grade. Graduation will have been delayed.

**Fail:** HSLs Associate Director notifies student, via letter, of dismissal from the program. Upon notification, should the student disagree with the dismissal, he/she will be advised to consult the HSLs Graduate Handbook for the conflict resolution procedure, and/or contact the University Ombudsman, Baker University Center 501, 740/593/2627 for advice and counsel. Until the conflict has been resolved, the student will not participate in clinical practicum.

## **SUPPORT PLAN FOR STUDENTS AT RISK FOR INADEQUATE CLINICAL PERFORMANCE (HSLs 6910) Externship Placements**

### **POLICY and GUIDING PRINCIPLES**

#### **PURPOSE**

1. Identify students who are out on externships who are exhibiting marginal clinical skills in several areas.
2. Ensure that students matriculating through the clinical program demonstrate skills at a level commensurate with entry into the professional experience year.
3. Identify students who are unable to demonstrate skills necessary for matriculation through the clinical program.

#### **GOAL**

Guide student toward clinical independence and autonomy.

#### **AT-RISK STUDENT CHARACTERISTICS**

1. Substantial difficulty with:

a. acquiring and demonstrating measurable progression of skills, across multiple clinical areas no later than mid-term of the Spring or Summer semester of the externship

c. as assessed by:

\* Total score of 3 or lower on the SLP Clinic ACCSLP (Appendix B)

and either

2. Substantial difficulty with acquiring and demonstrating at least 8 of the 10 Professional Behaviors, using the behavioral criteria related specifically to the student's stage in the program. (Appendix C)

or

3. Substantial difficulty with acquiring and demonstrating any of the Essential Functions necessary for practice in the field of Communication Sciences and Disorders. (Appendix D)

## IMPLEMENTATION

### 1. Staffing

a. Externship preceptor

b. Director of Clinical Education

### 2. Student-Preceptor conferences

a. Preceptor demonstrates progression through the stages and styles of the continuum of supervision with measurable, definable dates and markers:

\* evaluation-feedback stage and direct active style;

\* transitional stage and collaborative style;

\* self-supervision stage and consultative style;

b. conferences are held at regularly defined intervals;

c. agenda for each conference is initially written by preceptor, then written together, then written independently by student;

d. agenda will include teaching resources, demonstration of techniques and assessment of the completion of specific responsibilities.

### 3. Documentation

a. content and outcome data are included;

b. diagnostic and treatment reports are retained in student clinic file;

c. student, preceptor and Director of Clinical Education sign all documentation;

d. student and Director of Clinical Education receives a copy of all paperwork and documentation.

### 4. Graduation

a. successful completion of protocol, continue to second externship or graduation

b. unsuccessful completion of protocol; graduation may be delayed, and externship repeated, or student may be dismissed from the program

## Support Plan for Students at Risk for Inadequate Clinical Performance

HSL 6910

## PROCEDURE

### STATEMENT OF PURPOSE

To provide an intensive, structured, instructional format for student clinicians who are experiencing difficulty demonstrating satisfactory clinical skills.

### IDENTIFICATION- MID-TERM OF THE SPRING OR SUMMER EXTERNSHIP

Identify a student as “at risk” for inadequate clinical performance during a supervisory meeting no later than mid-term of the spring or summer semester of the externship , with supporting documentation that must include at least scores of the respective student evaluation instrument and either deficits in an Essential Function and/or Professional Behaviors.

SLP Preceptor presents most recent scores achieved on the Clinic KASA, to include specific documented behavioral evidence of deficits.

Preceptor presents written documented evidence of failure to acquire or demonstrate an Essential Function.

Preceptor presents written documented evidence of failure to acquire or demonstrate specified Professional Behaviors.

### NOTIFICATION

The preceptor, in an email, notifies the student and the Director of Clinical Education, that the student has been identified as “at risk” for inadequate clinical performance which may impact continuation of spring externship, participation in summer externship graduation, which will subsequently impact graduation. . Notification is made within 24 hours of mid-term evaluation. The Director of Clinical Education will meet individually with the student and the preceptor to review documentation and determine the next course of action.

The email correspondence should minimally contain:

1. A statement to the effect of “At Risk” performance.
2. The evaluation instruments/scores used to make this determination.
3. The intention to meet with the Director of Education to discuss next course of action for the student.

Course of action could include:

1. A specific remediation plan to be implemented during the remaining weeks of the externship to include weekly meetings with student and preceptor that would include the Director of Clinical Education
2. Removal from the externship for the remainder of the semester (withdrawal failing) Removal from the externship would result in removal from the program.

Upon notification, should the student disagree with the assessment and recommendations, he/she will be advised to consult the HSLs Graduate Handbook for the conflict resolution procedure, and/or contact the University Ombudsman, Baker University Center 501, 740/593/2627 for advice and counsel. Until the conflict has been resolved, the student will not participate in clinical practicum.



## IMPLEMENTATION - RESPONSIBILITIES AND ACTIONS

### **If the Externship Preceptor agrees to implement an At-Risk Plan:**

#### **Preceptor:**

1. Preceptor assembles evaluation documentation: clinical evaluation protocol, Essential Functions, and/or Professional Behaviors including written commentary.
  - a. Preceptor, student and Director of Clinical Education review and sign the respective evaluation documents.
2. Observation Plan: Preceptor and Director of Clinical Education assists student in developing a Plan (Appendix A1 or A2).
3. Weekly Meetings: The preceptor conducts weekly scheduled meetings with the student. The Director of Clinical Education will receive a copy of the agenda and will participate in the meetings at least once a month and/or upon request of the student or preceptor.
  - a. Weekly meeting agendas for the remainder of the term will follow a continuum initially to be written by the preceptor, then written together, then written independently by the student to include techniques, resources, and responsibilities.
  - b. Weekly meetings will define progression through the stages and styles of the continuum of supervision with measurable, definable dates and markers.

#### **Student Clinician**

1. Self-Evaluation: Student will complete supervisor assigned self-evaluation pertinent to the identified deficit skill areas using at least one of the following:
  - a. SLP ACCSLP,
  - b. Self-analysis of Professional Behaviors
  - c. Self- analysis of Essential Functions
2. Observation Plan: Student works with the supervisor to develop an Observation Plan which includes specific clinical skills, expected scores, and behaviors identified on the respective student evaluation protocol, the student self-evaluation instruments, the Essential Functions document, or Professional Behaviors skills list.
  - a. Audio and videotaping may be used to verify that these objectives have been met.
3. Weekly Meetings: Student meets with supervisor at scheduled meeting times to review progress toward meeting specific objectives stated in the Observation Plan.

#### **Director of Clinical Education:**

1. Places copies of signed evaluation documents in the student's clinic file.
2. Provides assistance as requested.
3. Notifies HSLs Associate Director that an "at risk" protocol has been implemented.
4. Reviews and signs the Observation Plan, in addition to the primary supervisor signature.
5. Participates in two weekly meetings per month with primary clinical supervisor and student
6. Observes/evaluates student in at least two clinical sessions per month.
7. Reviews and co-signs Observation Plan.

If the Preceptor does not agree to implement an At-Risk Plan:

Preceptor:

1. Collects all documentation including statement that an At- Risk plan will not be implemented for the student.
2. Sends documentation to Director of Clinical Education

Director of Clinical Education:

1. Reviews documentation from preceptor and places documentation in student file
2. Notifies Assistant Director of HSLs Program and HSLs Graduate Coordinator that student will be removed from externship placement and determine if student will be allowed to withdrawal for the semester and reenroll the next semester which will delay graduation or be dismissed from the HSLs program.
3. Meets with student and discusses decision of Director of Clinical Education, the Assistant Director of HSLs program and the HSLs graduate coordinator.

#### ASSESSMENT OF PROGRESS - END OF SECOND SEMESTER IN CLINICAL PRACTICUM

**Pass\*:** Continue regular campus and off-site clinic rotations:

SLP final total score on the Clinic ACCSLP is at or above 6.0

\*Failure to continue demonstrating progress toward clinical competency at each subsequent assessment using previous metrics, will result in dismissal from the program.

**Conditional\*:** Campus rotation only for the third semester, then continue regular rotation:

SLP final total score on the Clinic KASA is between 3.1 and 3.9

\*Failure to continue demonstrating progress toward clinical competency at each subsequent assessment using previous metrics, will result in dismissal from the program.

**Fail \*-** In Progress “PR” grade for ungraded clinical practicum, will delay graduation:

SLP final total score on the Clinic ACCSLP is lower than 6.0.

No participation in clinical practicum during the third semester.

Enroll in Directed Clinical Study for the third semester.

#### DIRECTED CLINICAL STUDY

A committee, comprised of one supervisor who is not the primary supervisor, one academic faculty member appointed by the HSLs Associate Director, and the DCE who chairs the committee will coordinate the Directed Clinical Study.

The committee meets during the first week of the third semester to review deficit areas identified on the previous term’s Observation Plan and student evaluation scores.

The committee meets with the student to discuss goals of the directed study, roles and responsibilities, evaluation procedures, timelines, and possible outcomes. A written summary is provided to all committee members and a copy is placed in the student’s clinic file.

At the end of the third semester, the committee reviews for completion of goals and assigns one of the following:

**Pass:** Continue with clinical rotations the following semester, substitute PR grade with CR grade. Graduation will have been delayed.

**Fail:** HSLs Associate Director notifies student, via letter, of dismissal from the program. Upon notification, should the student disagree with the dismissal, he/she will be advised to consult the HSLs Graduate Handbook for the conflict resolution procedure, and/or contact the University Ombudsman, Baker University Center 501, 740/593/2627 for advice and counsel. Until the conflict has been resolved, the student will not participate in clinical practicum.