Western Illinois University

Speech-Language-Hearing Clinic

Western Illinois University

DEPARTMENT OF SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic Policies & Procedures Handbook

Please Note:
The material contained herein is subject to change from time to time without notice and this publication cannot be considered an agreement or contract between individual student clinicians and the school. The Speech-Language Pathology Program reserves the right to alter or amend the terms, conditions, and requirements contained herein, and to eliminate programs or courses as necessary.

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The Department of Speech Pathology & Audiology Strategic Plan

MISSION STATEMENT:

The Department of Speech Pathology and Audiology (SPA) at Western Illinois University (WIU) aims to develop students' professional and academic skills to a level which will ensure well-rounded speech language pathologists. These individuals will be capable of high quality service provision to diverse populations over the lifespan and across a range of practice settings as well as being prepared for eligibility for relevant state and national accreditations for professional practice.

Department Goals:

In accordance with the core values of the University, social responsibility and personal growth will be nurtured for the purpose of achieving academic excellence. The SPA Department recognizes the strength in developing lifelong learning skills among faculty, supervisors, staff, and students alike and the contribution that this allows each individual to make in support of the ongoing development of both the program and the profession.

- ***Bachelor of Science:***

  The goal of the undergraduate program is to provide students with a basic foundation of knowledge of human communication development and disorders across the lifespan. It also promotes student awareness of the knowledge and skills required to interact with typical and atypical populations. Students will be successfully prepared to enter graduate school for the field of speech pathology and/or audiology. Students who do not pursue becoming a speech-language pathologist or audiologist will be prepared to be successful in related fields.

- ***Master of Science:***

  The goal of the MS program is to further develop and expand on foundational knowledge and skills gained at the undergraduate level. Students will be prepared to enter the profession as critical thinking and problem solving practitioners who are prepared for advanced clinical practice.

The Speech Pathology and Audiology Department (SPA) of Western Illinois University devised an updated strategic plan during the 2023-2024 academic year to address the changing needs of the students, the department, and the University. These include the advances in technology that are directly linked to education and changing clinical practice, meeting the professional standards that continue to develop thus requiring progressive educational models. Additionally, the financial constraints that continually impact resources available to educators and practitioners are addressed. Therefore, the goals set by the SPA Department for the next four

years intend to develop optimal conditions which will effectively support the recruitment, retention, and high-quality education of our students at the undergraduate and graduate levels. Effective stewardship of our resources, and strong links with the local community, our professional organization, and clinical practitioners regionally and nationally will ensure that we continue to expand upon the diverse academic and clinical education we are proud to deliver to our students.

Western Illinois University Department of Speech Pathology and Audiology serves approximately 75-100 students. Most currently we average between 30-40 graduate students and 40-50 undergraduates. Our campus clinic, Western Illinois University Speech-Language Hearing Clinic, serves more than 4,500 individuals on- and off-campus each year. In addition to our full service on-campus Speech-Language Hearing Clinic, we have three current off-campus contracts where our students are providing speech-language services in five educational buildings. We also take students to a day program for adults with disabilities as well as to a local nursing home. These student clinicians are attaining real-world experience under the supervision of one of our own ASHA certified speech-language pathologists.

For the purpose of accomplishing our mission and goals, the department believes in integration of the following:

- Dedication to open communication and a collaborative work environment,
- Shared governance to ensure best practice for the education and supervision of students,
- Life-long learning and adaptability to change,
- Persistent attention to excellence in teaching,
- High-quality clinic practices and services to our community that will include involvement of clients, families, and significant others
- Continuous updating of technology and support for staff, faculty, supervisors, and students,
- Cultural sensitivity and diversity, and most importantly
- Putting the needs of our clients first to set the highest level of professionalism for our students.

The following objectives identify the most relevant values of the department and how we intend on meeting the needs of faculty, staff, students, clients, families, and community:

OBJECTIVE #1:

Providing Students with the Education and Clinic Experiences that Prepare Them for Becoming Outstanding Service Providers and Advocates for Clients and Families

- Hire faculty to teach and supervise in the undergraduate and graduate programs who have real-world clinical experiences.

- Clinical faculty with terminal degrees are crucial to increasing evidence-based clinical practice

- Increase the percentage of the graduate program curriculum being delivered by doctoral faculty to >70%:
  - Transition a Unit B faculty member into a Unit A tenure-track faculty position in 2025-2026 (current Unit B receiving doctoral degree)
    - Meet the requirements set by CAA for doctoral faculty to provide instruction for the majority of the graduate curriculum
  - Fill and replace the Unit B non tenure track position with a faculty supervisor
    - Necessary to continue increasing the number of clients in our clinics to meet the needs of increasing number of students
- Continue to survey our recent grads and our alumni to know where there are gaps in their knowledge and skills when leaving our program
  - Issues during their program that we could improve

KEY PERFORMANCE FACTORS:

- % of doctoral faculty teaching graduate program
- Number of clients will increase with added Unit B and clinical Unit A
- Increased faculty leading to increased clients will allow for increased number of students in the graduate program
- Satisfaction surveys of clients and students
- Alumni surveys

<u>OBJECTIVE #2:</u>

Enhancement of Our Leadership in Community Outreach

- We will continue to serve as a source of knowledge, education, clinical expertise, and advocacy for the community in the area of speech and language disabilities, feeding/swallowing, and hearing
  - Providing outstanding services in the Speech, Language and Hearing Clinic,
  - Expanding clinical offerings to include a wider diversity of clients, especially those from underrepresented and underserved groups,
  - Continuous surveillance of client satisfaction,
  - Collection of outcome measures for clients served by our clinics to assess effectiveness of these services,
  - Conduct additional speech and language screening opportunities in the local community
  - Conduct additional hearing screening opportunities in the local community
  - Increase the number of comprehensive autism evaluations to reduce the number of individuals on the waiting list.
  - **Providing Education and Opportunities in Our Community Outreach**

- Attend job fairs and school career fairs to educate people about the fields and careers of speech pathology and audiology,
- Increase the number of student organized events including fundraising, parent support, nursing home visits and support, university activity involvement, and community education
- Improve involvement of undergraduate students and graduate students (retention) in our student organization
- Increase diversity in the department, at the university, and in the field of communication, sciences, and disorders.

KEY PERFORMANCE INDICATORS:

- Monitor clinic numbers on- and off-campus as reported in EMR data (number of new clients and existing clients, types of services, screenings completed)
- Number of partnerships with community agencies (e.g., school districts, healthcare organizations, community centers, etc.)
- Increased number of undergraduate students and graduate students involved in our student organizations, and
- Increase in the number of student organized events in the community to provide education about communication disorders, neurodiversity, and social issues that need more awareness in our community
- Participation of community members at these events

OBJECTIVE #3:

Recruitment and Retention of Academically Sound, Diverse, and Highly Motivated Students

- Through recruitment efforts our team will reach students who are motivated and are looking for a learning environment that will cater to their learning styles and needs:
- Recruitment of strong undergraduate students who will then be accepted to our graduate program
    - Increase the number of undergraduate majors in speech pathology and audiology
    - Increase number of students in the incoming graduate cohort
- Increase the number of ASL minors
    - This minor facilitates in the increase in awareness of the Deaf and hard of hearing communities. Students at WIU who are majoring in LEJA, Health and Medical Sciences, Biology, nursing, Special Ed, education, and many others are feeding into this minor. This is such an important opportunity for our faculty and students to impact these individuals who may never have another opportunity to learn basic concepts regarding communication disorders and communication differences. We will capitalize on this opportunity to provide them important elements of basic foundational knowledge and skills
- RECRUITMENT.

- Offer students opportunities to have individual visits that are centered around a day-in-the-life of our students
- Information specific to the prospective student's interests will help us prepare a specialized visit for them and their family
- Perspective students receive invitations to attend Discover Western events and SPA Days
    - SPA Day is a two hour academic breakout session that occurs during the Discover Western event. Students come to the WIU Speech-Language Hearing Clinic and attend a mini-class that allows them to do a hands-on activity in class with other students, they get a tour of the workrooms, computer labs, speech and hearing clinics including the Sensory Room, they get to observe clients in the hearing and speech clinics, sensory room, be involved in a hearing screening activity, a laryngoscope demonstration, and many other things.
    - Graduate students are invited to our fall and spring open houses
        - Mini courses, tours of the facility, observing clinics, meeting with faculty, including the graduate coordinator, and discussing the layout of the program
- Enhance recruitment efforts for diversifying our student body in our undergraduate and graduate programs
    - Increase marketing and messaging to target a more culturally diverse and/or international student population
    - Work with international contacts to increase recruitment (i.e., Canada)
- Increase involvement of our minority students in the recruitment process
    - Meet with our minority students to determine what we are doing right and what we could be improving on to help them succeed

- RETENTION.
    - Increase student success.
        - Open door policy for students to meet with instructors about courses and clinic
        - Graduate assistants involved in all classes to assist with study sessions, labs, and clinic questions
    - Increased number of group activities that include grads, undergrads, faculty, and staff to encourage a friendly helpful environment for all students
        - Increased involvement in student organizations
    - Increasing the presence of student services available to our students (e.g. counseling, student success center, career center, advising, etc)
    - The department chair and the advisors will reach out when students are struggling and plan accordingly
        - Early warning grades
        - Remediations

KEY PERFORMANCE INDICATORS:

- Admissions data provided to departments each month from the UG Admissions Office
- Registration information provided to departments from Registrar
- Number of students involved in the student organization
- Attendance at Major/Minor Fairs on Campus
- Number of scheduled visits of the counseling center, student success services, and other speakers who can talk with our students about issues that are of interest to them

OBJECTIVE #4:

Provide Outstanding Undergraduate and Graduate Educational and Clinical Opportunities

- Use assessment data from University annual assessments to monitor student progress and their level of foundational knowledge
    - Increase use of Simucase and Master Clinician for bridging the gap between coursework and clinical thinking
- Oral comprehensive exams each semester of graduate program to help determine student and programmatic strengths and weaknesses
    - Determine the areas that need additional attention and determine how that information can either be incorporated differently in the course and/or can be addressed in other courses, clinic, and/or simulations
- PRAXIS scores to evaluate trends across cohorts and between cohorts
- Continue with assessing students using the Learning Checks in classes
- Contact with internship supervisors to determine if there are trends in strengths and weaknesses that we are able to discuss and make changes to address them
- Bombardment Model of Learning/Intensified Hands-On Experiences
    - Evidence from our assessment data at the UG and graduate level as well as our learning checks has shown that we need to continuously provide opportunities for students to learn the foundational skills
        - Students learn for the exam and not for lifelong learning so we need to provide specific information across multiple classes and provide additional hands-on learning opportunities to help solidify the knowledge and skills

Key Performance Indicators:

- Assessment data
- Comprehensive Exam Data
- PRAXIS Scores
- Increased use of Simucase
- Internship Data from off-campus supervisors
- On-campus supervisors reporting on trends across student learning

OBJECTIVE #5:

Generate Additional Resources That Will Supplement Current Resources

- Clinic resources drive everything we do and therefore in order to maximize educational and clinical opportunities to best serve our students and our clients
    - Increase the revenue generated by the WIU Speech-Language Hearing Clinic ○ Increase the number of grants received for Western Illinois University Autism Clinic of Excellence
    - Increase revenue generated to continue making improvements to facilities, purchase necessary equipment, supplies, materials, and providing faculty with educational support
    - Maintain our off-campus clinic contracts to provide real-life experience for our students as well as supplement our appropriated budget. These clinic contracts provide our graduate students with diverse experiences.
        - Partnerships with local school districts, skilled nursing facilities, and cooperatives
        - Rural area schools lacking resources and/or professionals to provide services to the children in their district
            - Facilitates in increasing revenue for the department
                - This revenue provides us the means of purchasing the equipment, materials, and support necessary for serving students and clients

KEY PERFORMANCE INDICATORS:

- Number of signed contracts with local school districts
- Amount of dollars received in grant monies
- Ability to purchase what we need for maximizing student learning and client satisfaction

OBJECTIVE #6

Disseminate Policies, Procedures, and Criteria That Are Set Forth By The Department to Comply With Accreditation and Compliance for Successful Completion of Program Requirements and Conferral of BS and MS Degrees

- Maintain updates to our website with events, clinic calendars, Risk-Management Policies & Procedures
- Improve client and student access of website
    - Increase educational support for parents and caregivers that will help them navigate through early-intervention, schools, long-term care options, and other needs of our families we serve
    - Improve online registration for clients and caregivers
    - Update parent support and student support meeting dates and resources
- Continuous update of clinic manual, graduate handbook, and faculty handbook to communicate changes across the university and department

- Continue to update and report changes to degree plans for graduate students
- Update degree requirements and changes to general education for undergraduates as catalogs change

KEY PERFORMANCE INDICATORS:

- Accurately updated website
- Accurately updated clinic, faculty, and graduate handbook
- Student degree plans
- Undergraduate Catalog
- Graduate Catalog

Chapter 1: Introduction

This manual is designed to acquaint students, faculty, and staff with the policies and procedures of the Western Illinois University Speech-Language-Hearing Clinic, as a reference to be followed during your clinical practicum.

The Western Illinois University Speech-Language-Hearing Clinic is an integral part of the educational program for speech-language pathologists within the Department of Communication Sciences and Disorders at Western Illinois University. It is monitored by the Council of Academic Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA). The policies and procedures contained in this manual are designed to carry out the policies of the CAA. These policies are representative of the necessary standard for all training programs to assure quality control in the educational experiences involved in professional development of a speech-language pathologist or audiologist. Since the WIU Department of Communication Science and Disorders' educational program is CAA accredited, students completing this program are eligible to apply for the ASHA Certification of Clinical Competence upon satisfactory completion of their Master's degree and an application form with payment of dues and/or certification fees.

All student clinicians and supervisors are responsible for reading and understanding the full content of this manual prior to beginning clinic.

ASHA
American
Speech-Language-Hearing
Association

CODE OF ETHICS

Reference this material as: American Speech-Language-Hearing Association. (2023). Code of Ethics [Ethics].

Available from www.asha.org/policy/.

PREAMBLE

ASHA Code of Ethics

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, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is applicable to the following individuals:

- a member of 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 supervisory responsibility.

G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified 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 supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.

F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.

G. Individuals shall 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 supervisory 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.

TERMINOLOGY

The purpose of the following Terminology section is to provide additional clarification for terms not defined within the Principles of Ethics and Rules of Ethics sections.

ASHA Ethics Office

The ASHA Ethics Office assists the Board of Ethics with the confidential administration and processing of self-reports from and ethics complaints against individuals (as defined below). All complaints and self-reports should be sent to this office. The mailing address for the ASHA Ethics Office is American Speech-Language-Hearing Association, attn: Ethics Office, 2200 Research Blvd., #309, Rockville, MD 20850. The email address is ethics@asha.org.

advertising

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

diminished decision-making ability

The inability to comprehend, retain, or apply information necessary to determine a reasonable course of action.

individuals

Within the Code of Ethics, this term refers to ASHA members and/or certificate holders and applicants for ASHA certification.

informed consent

An agreement by persons served, those with legal authority for persons served, or research participants that constitutes authorization of a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks. Such an agreement may be verbal or written, as required by applicable law or policy.

may vs. shall

May denotes an allowance for discretion; *shall* denotes something that is required.

misrepresentation

Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false, erroneous, or misleading (i.e., not in accordance with the facts).

Failing to exercise a standard of care toward others that a reasonable or prudent person would use in the circumstances, or taking actions that a reasonable person would not.

nolo contendere

A plea made by a defendant stating that they will not contest a criminal charge.

plagiarism

Representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing.

publicly disciplined

A formal disciplinary action of public record.

reasonable or reasonably

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

self-report

A professional obligation of self-disclosure that requires (a) notifying the ASHA Ethics Office in writing and (b) sending a copy of the required documentation to the ASHA Ethics Office (see definition of "written" below).

shall vs. may

Shall denotes something that is required; *may* denotes an allowance for discretion.

telepractice

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

written

Encompasses both electronic and hard-copy writings or communications.

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) went into effect on January 1, 2020. View the SLP Standards Crosswalk [PDF] for more specific information on how the standards have changed.

Contact certification@asha.org with general questions about certification standards or maintenance.

Revisions

August 2022—Effective January 1, 2023

- **Standard V** was updated to allow up to 125 hours of graduate student supervised clinical practicum to be completed via telepractice.
- **Standard VII** was updated to allow (a) up to 25% of required Clinical Fellowship (CF) experience direct contact hours to be completed via telepractice and (b) up to 3 hours of direct CF supervision per segment to be completed using telesupervision.

March 2022—Updates to Implementation Language

- **Standard IV-A** was reworded to provide better guidance to applicants in meeting the required prerequisite courses.
- **Standard IV-G** now includes cultural competency and diversity, equity, and inclusion.
- **Standard V-B** clarifies acceptable clinical experience for future clinical instructors, supervisors, and mentors.

September 2021—Effective January 1, 2022

- **Standard VIII** was updated to require that at least 2 of the 30 required Professional Development Hours (PDHs)—formerly known as Certification Maintenance Hours or CMHs—be earned each maintenance interval in the areas of cultural competency, cultural humility, culturally responsive practice, and/or diversity, equity, and inclusion.

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

Cultural competence: The knowledge and skill needed to address language and culture; this knowledge and skill evolves over time and spans lifelong learning.

Cultural humility: A lifelong commitment to engaging in self-evaluation and self-critique and to remedying the power imbalance implicit to clinical interactions.

Culturally responsive practice: Responding to and serving individuals within the context of their cultural background—and the ability to learn from and relate respectfully with people of other cultures.

Direct care: Evaluation, treatment, or counseling completed in the presence of an individual and/or their caregivers.

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

Professional interactions: Refers to not only service delivery but to interactions with colleagues, students, audiology externs, interprofessional practice providers, and so forth.

Citation
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 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 that verifies the date on which the graduate degree was awarded. The official graduate transcript 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: Standalone coursework in (a) biological sciences, (b) chemistry or physics, (c) social/behavioral sciences, and (d) statistics that fulfill non-communication-sciences-and-disorders-specific university requirements. Refer to the list of acceptable coursework for further details and to the following for general guidance.

- Biological sciences coursework provides knowledge in areas related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science).
- Chemistry or physics coursework provides foundational knowledge in the areas below.

    - Chemistry: Substances and compounds composed of atoms and molecules, and their structure, properties, behavior, as well as the changes that occur during reactions with other compounds. This knowledge contributes to better acquisition and synthesis of the underlying processes of speech and hearing science.
    - Physics: Matter, energy, motion, and force. This knowledge contributes to better appreciation of the role of physics in everyday experiences and in today's society and technology.
- Social/behavioral sciences coursework provides knowledge in the analysis and investigation of human and animal behavior through controlled and naturalistic observation and disciplined scientific experimentation.
- Statistics coursework focuses on learning from data and measuring, controlling, and communicating uncertainty. It provides the navigation essential for controlling the course of scientific and societal advances.

Coursework in research methodology in the absence of basic statistics is vital to speech-language pathology practices; however, it cannot be used to fulfill this requirement.

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 the CFCC's guidance for acceptable coursework.

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*.

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 may include but are not limited to trends in

professional practice; academic program accreditation standards; ASHA practice policies and guidelines; cultural competency and diversity, equity, and inclusion (DEI); 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 (a) interprofessional education and interprofessional collaborative practice and (b) 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.

A minimum of 9 months of full-time clinical experience with clients/patients, after being awarded the CCC, is required in order for a licensed and certified speech-language pathologist to supervise graduate clinicians for the purposes of ASHA certification. Individuals who have been clinical educators may consider their experience as "clinical" if (a) they are working directly with clients/patients being assessed, treated, or counseled for speech, language, fluency, cognition, voice, or swallowing function/disorder, or providing case management, and (b) they are the client's/patient's or individual's recognized provider and as such are ultimately responsible for their care management. Individuals whose experience includes only classroom teaching, research/lab work, CS debriefing, or teaching only clinical methods cannot count such experience as "clinical" unless it meets the criteria in (a) and (b).

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.

For Graduate Students Initiating Their Graduate Program On Or After January 1, 2023

Implementation: The guided 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 clinician who holds current ASHA certification in the appropriate profession and who, after earning the CCC-SLP, has completed (a) a minimum of 9 months of post-certification, full-time experience (or its part-time equivalent) and (b) a minimum of 2 hours of professional development in the area of clinical instruction/supervision.

Applicants should be assigned practicum only after they have acquired a knowledge base 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.

Guided Clinical Observations

Twenty-five (25) hours of guided clinical observation hours must be completed in the undergraduate or graduate program and generally precede direct contact with clients/patients. Guided clinical observations 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. Examples of guided clinical observations with a clinical educator who holds the CCC-SLP may include but are not limited to the following activities:

- debriefing of a video recording
- discussion of therapy or evaluation procedures that had been observed
- debriefings of observations that meet course requirements
- 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. The student is encouraged to (a) observe live and recorded sessions across settings with individuals receiving services for a variety of disorders and (b) complete debriefing activities as described above. The graduate program will determine how the guided observation experience should be documented. Evidence of guided observations includes signatures from the clinical educator and documentation of hours, dates, and activities observed.

On-Site and In-Person Graduate Supervised Clinical Practicum

A minimum of 250 hours of supervised clinical practicum within the graduate program must be acquired through on-site and in-person direct contact hours.
Although several students may be present in a clinical session at one time, each graduate student clinician may count toward the supervised clinical practicum only the time that they spent in direct contact with the client/patient or family during that session. Time spent in preparation for or in documentation of the clinical session may not be counted toward the supervised clinical practicum. The applicant must maintain documentation of their time spent in supervised clinical practicum, and this documentation must be verified by the program in accordance with Standards III and IV.

Undergraduate Supervised Clinical Practicum

At the discretion of the graduate program, up to 50 hours of on-site and in-person direct contact hours obtained at the undergraduate level may be counted toward the 400-hour supervised clinical practicum requirement.

Clinical Simulations (CS)

At the discretion of the graduate program, up to 75 direct contact hours may be obtained through CS. 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.

Telepractice Graduate Supervised Clinical Practicum

At the discretion of the graduate program and when permitted by the employer/practicum site and by prevailing regulatory body/bodies—and when deemed appropriate for the client/patient/student and the applicant's skill level—the applicant may provide services via telepractice. The clinical educator/supervisor who is responsible for the client/patient/student and graduate student should be comfortable, familiar, and skilled in providing and supervising services that are delivered through telepractice. Provided that these conditions are met, telepractice may be used to acquire up to 125 contact hours, in addition to those earned through guided clinical observations (25 hours) or on-site and in-person direct contact hours (250 hour minimum).

Supervised Clinical Practicum Options	**Required**	**Minimum Toward the 400 Hours**	**Maximum Toward the 400 Hours**
Guided Clinical Observations	Yes	25	25
On-Site and In-Person Direct Contact Hours	Yes	250	No maximum
Undergraduate Hours	No	0	50
Clinical Simulations	No	0	75
Telepractice	No	0	125

Graduate Students Who Initiated Their Graduate Program On Or Before December 31, 2022
Any students who began their graduate program at a CAA-accredited or CAA-candidate program on or before December 31, 2022, can use the guidelines below for the entirety of their graduate academic and clinical practicum experience. The amount of guided clinical observations, undergraduate hours, and CS are the same for all graduate students and are referenced above.

Telepractice with Telesupervision

- Students must complete a minimum of 125 hours of in-person supervised clinical practicum across the graduate program. The remaining hours may be achieved through telepractice deemed clinically appropriate by the graduate program.
- Multiple students may participate in the same telepractice session. Each participating student may count the full session in direct care with the patient/client/student/caregiver toward the completion of their clinical practicum. Program and clinic directors have the authority to determine how many students can appropriately take part in an online teletherapy session with one client, keeping quality patient care, safety, and optimal clinical education in mind.
- Clinical educators may supervise more than one telepractice session concurrently, provided they (a) are available to assist the graduate clinicial 100% of the time for each session and (b) provide a minimum of 25% direct supervision of the total contact time with each client/patient similar to in-person supervision requirements.
- Programs must carefully consider which clients/patients are appropriate for telepractice. As always, programs must adhere to all local, state, and federal policies.
- In-person therapy visits: If there are two speech-language pathology graduate student clinicians who are actively engaged with one client/patient during a session, each student clinician may count the entire time spent with the client/patient toward their minimum supervised clinical practicum hours.

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 and who, after earning the CCC-A or CCC-SLP,

has completed (1) a minimum of 9 months of full-time clinical experience (or its part-time equivalent), and (2) a minimum of 2 hours of professional development in clinical instruction/supervision.

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

Implementation: Beginning January 1, 2020, clinical educators and clinicians who are involved in the preparation of student clinicians, and who provide guided observation and supervision of clinical practicum hours, must (a) hold the CCC-A or CCC-SLP, (b) have completed a minimum of 9 months of full-time (or its part-time equivalent) clinical experience while ASHA certified, and (c) 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 can be initiated only after completing 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 application process has been initiated, it must be completed within 48 months of the initiation date. Applicants completing multiple CFs experiences must complete the CF experiences related to the application within 48 months of the date on which the first CF was initiated. Applications will be closed if CF experiences are not completed within the 48-month timeframe or are not submitted to ASHA within 90 days after the 48-month deadline. If an application is closed, then the Clinical Fellow may reapply for certification and must meet the standards that are 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 has met the qualifications described in Standard VII-B before serving as the CF mentor. It is the Clinical Fellow's responsibility to identify a CF mentor who meets ASHA's certification standards. Should the mentoring SLP not meet the qualifications described in Standard VII-B before the start of the CF experience, the Clinical Fellow will be awarded credit only for that portion of time during which the mentoring SLP met all qualifications. Therefore, it is incumbent upon the Clinical Fellow to verify the mentoring SLP's status before and periodically throughout the CF experience. Family members or individuals who are 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 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 cannot 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.

For CF experiences beginning on or after January 1, 2023: When permitted by the employer and prevailing regulatory body/bodies and deemed appropriate for the client/patient/student and Clinical Fellow's skill level, up to 25% of the direct client/patient contact hours may be earned through telepractice. (See Standard VII-B for guidelines for use of telesupervision.)

For CF experiences beginning on or before December 31, 2022: When permitted by the employer and prevailing regulatory body/bodies and deemed appropriate for the Clinical Fellow's skill level and the recipients of care, up to 100% of the direct client/patient contact hours may be earned through telepractice. (See Standard VII-B for guidelines for use of telesupervision.)

Similar to on-site, in-person care, the CF mentor must be available to assist as needed to meet the needs of the students/clients/patients/caregivers and to support the Clinical Fellow in providing safe and ethical care.

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 and who, after earning the CCC-SLP, has completed (1) a minimum of 9 months of full-time clinical experience (or its part-time equivalent), and (2) a minimum of 2 hours of professional development/continuing education in clinical instruction/supervision.

Implementation: CF mentors for ASHA certification must (a) hold the CCC-A or CCC-SLP, (b) have completed a minimum of 9 months of full-time (or its part-time equivalent) clinical experience while ASHA certified, and (c) complete 2 hours of professional development/continuing education in clinical instruction/supervision. The Clinical Fellow may not count any hours earned toward the CF experience until their mentor has met all supervisory requirements.

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 completed 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. (See below for guidelines on the use of telesupervision.) 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 = one (1) on-site observation; a maximum of six (6) on-site observations may be accrued in 1 day). At least six (6) on-site observations must be conducted during each third of the CF experience. Direct observations must consist of the Clinical Fellow engaging in screening, evaluation, assessment, and/or habilitation/rehabilitation activities.

Additionally, supervision must include 18 other monitoring activities. *Other monitoring activities* include but are not limited to review of documentation 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 completed by correspondence, telephone, or review of video and/or audio tapes. At least six (6) other monitoring activities must be conducted during each third of the CF experience.

Use of Telesupervision for Mentorship

For mentorship of CF experiences beginning on or after January 1, 2023: At least six (6) direct care observations are required per segment. Of those, mentoring must include at least three (3) on-site and in-person. Of the remaining three (3) direct observations, optional use of real-time, interactive video and audio-conferencing technology (telesupervision) are permitted.
If the Clinical Fellow began their CF experience on or before December 31, 2022: Although the CFCC prefers that the six (6) direct observations per segment be completed on site and in person, use of virtual observation may be used in place of on-site, and in-person observations of Clinical Fellows by CF mentors. The use of real-time telesupervision may be used when the CF is providing teletherapy with remote students/clients/patients/caregivers or with in-person care.

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 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 PDHs, 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.

Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology

Approved February 2016 | Last Updated January 2023
Effective January 2023

Introduction

The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association (ASHA) accredits graduate programs that prepare individuals to enter professional practice in audiology or speech-language pathology. The CAA and its predecessors were established by ASHA, which authorized the CAA to function autonomously in setting and implementing standards and awarding accreditation. The CAA is recognized by the Council for Higher Education Accreditation (CHEA) and by the U.S. Secretary of Education as the accrediting body for the accreditation and pre-accreditation (accreditation candidate) of education programs leading to the first professional or clinical degree at the master's or doctoral level and for the accreditation of these programs offered via distance education, throughout the United States.

To maintain recognition by the U.S Secretary of Education and the CHEA, the CAA continues to meet the Department of Education (ED) Criteria for Recognition and the CHEA Recognition Standards, provides periodic reports on its success in meeting those standards, and undergoes periodic reviews to demonstrate continued compliance.

The CAA operates within a set of core values that are used to guide decisions to ensure excellence in graduate education. Because the CAA has been entrusted to act on behalf of the professions of audiology and speech-language pathology, the Council's actions and decisions must be credible and trustworthy. Members of the CAA, in conducting the business of accreditation of academic programs, act with:

- honesty and integrity,
- accountability,
- fairness and validity,
- clarity and consistency,
- recognition of the role of creativity and innovation in meeting the established accreditation standards.

The Council is committed to using a peer-review process that is facilitative and transparent and supports programs in delivering a high quality educational experience. Graduates of CAA-

accredited programs enter the workforce prepared to meet the expectations of the public and the professions and to achieve the credentials required to practice. The CAA is responsible for evaluating the adequacy of an applicant program's efforts to satisfy each standard. Compliance August 2017, rev. January 2023 Standards for Accreditation Page 1 of 41

with all standards indicates that the program meets the expectations of the CAA for accreditation, regardless of mode of delivery, including distance education. The CAA evaluates programs to ensure that there is equivalence across all modes of delivery, that students enrolled in distance education or other modes of education delivery are held to the same standards as students in residential programs, and that students enrolled in all modes of education are afforded equal access to all aspects of the education program, including courses, clinical practicum opportunities, supervision, advising, student support services, and program resources.

Accreditation by the CAA indicates that a program is committed to excellence and ongoing quality improvement so that students and the public are assured that graduates are prepared to meet the challenges they will face when entering the workforce.

Preamble

The CAA recognizes that programs are responding to a range of pressures from within their institutions (e.g., to increase enrollment) and outside the institutions (e.g., to provide more employment-ready, highly educated professionals to fill the vast need for practitioners). Not only is there a demand for more professionals, but—in the changing health care and educational arenas—
these new professionals are expected to be able to function in complex, interdisciplinary, and collaborative models of service delivery. They also must be prepared to meet the need to provide efficacious service based on a strong base of evidence to all individuals who seek the services of audiologists and speech-language pathologists. Further, they must have at least introductory preparation to provide clinical education to future professionals.

The Council recognizes the diversity of models of educational delivery, institutions providing these programs, and missions of the education programs. At the same time, the CAA is committed to excellence in educational preparation, while assuring the public that graduates of accredited programs possess a core set of knowledge and skills necessary to qualify for state and national credentials for independent professional practice. Further, the CAA acknowledges that there are distinct sets of knowledge and skills and methods of service delivery required of individuals who will become audiologists or speech-language pathologists and, thus, has different expectations with regard to the curricular elements of the programs that educate future audiologists and speech language pathologists.

Understanding the impact of these many challenges, the CAA designed the accreditation standards to ensure the provision of high quality educational experiences. These standards are not prescriptive because the CAA values the variety of ways that high quality education can be achieved. The standards and each program's implementation of them should allow for consistency in the quality of graduates from the accredited programs. At the same time, each program should be innovative, flexible, and creative in meeting the standards, in congruence with its individual mission and goals.

To that end, the accreditation standards have been written to address six essential components. The standards are designed to ensure that, when programs are in full compliance, their graduate students are prepared to function in the complex and ever-changing service provision (or delivery) arenas. The components are: August 2017, rev. January 2023 Standards for Accreditation Page 2 of 41

- Standard 1.0: Administrative Structure and Governance
- Standard 2.0: Faculty
- Standard 3.0A: Curriculum (Academic and Clinical Education) in Audiology
- Standard 3.0B: Curriculum (Academic and Clinical Education) in Speech-Language Pathology
- Standard 4:0 Students
- Standard 5:0 Assessment
- Standard 6:0 Program Resources

Standards for accreditation appear in **bold**. Following each standard, the Requirement for Review provides interpretations or explanations of the standard.

A Glossary is provided following the standards with definitions to assist in interpreting the accreditation standards.

Citation

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Standard 1.0 Administrative Structure and Governance

1.1 The sponsoring institution of higher education holds current institutional accreditation.

Requirement for Review:

- The institution of higher education within which the audiology and/or speech-language pathology program is housed must hold institutional accreditation from one of the following institutional accrediting bodies:
  - o Middle States Commission on Higher Education;
  - o New England Commission of Higher Education;
  - o North Central Association of Colleges and Schools, The Higher Learning Commission;
  - o Northwest Commission on Colleges and Universities;
  - o Southern Association of Colleges and Schools, Commission on Colleges; o Western Association of Schools and Colleges, Accrediting Commission for Senior Colleges and Universities.

1.2 The sponsoring institution of higher education must be authorized to provide the program of study in audiology and/or speech-language pathology.

Requirement for Review:

- The sponsoring institution of higher education must be authorized under applicable laws or other acceptable authority to provide the program of post-secondary education.
- The sponsoring institution of higher education must have appropriate graduate degree granting authority.

1.3 The program has a mission and goals that are consistent with preparation of students for professional practice.

Requirement for Review:

- The mission statement and the goals of the program (including religious mission, if relevant) must be presented.
- The program must describe how the mission statement and program goals are used to guide decision making to prepare students for entry level into professional practice in audiology or speech-language pathology.

1.4 The program faculty must regularly evaluate the congruence of program and institutional missions and the extent to which the goals are achieved.

Requirement for Review:

- The program monitors its mission and goals to ensure that they remain congruent with those of the institution.
- The program periodically reviews and revises its mission and goals.

• The program systematically evaluates its progress toward fulfillment of its mission and goals.

1.5 The program develops and implements a long-term strategic plan.

Requirement for Review:

• The plan must be congruent with the mission and goals of the program and the sponsoring institution, have the support of the administration, and reflect the role of the program within its community.

• The plan identifies long-term goals, specific measurable objectives, strategies for attainment of the goals and objectives, and a schedule for analysis of the plan. • The plan must include a mechanism for regular evaluation of the plan itself and of progress in meeting the plan's objectives.

• An executive summary of the strategic plan or the strategic plan must be shared with faculty, students, staff, alumni, and other interested parties.

1.6 The program's faculty has authority and responsibility for the program.

Requirement for Review:

• The institution's administrative structure demonstrates that the program's faculty is recognized as the body that can initiate, implement, and evaluate decisions affecting all aspects of the professional education program, including the curriculum. • The program faculty has reasonable access to higher levels of administration.

1.7 The individual responsible for the program of professional education seeking accreditation holds a graduate degree with a major emphasis in speech-language pathology, in audiology, or in speech, language, and hearing science and holds a full time appointment in the institution.

Requirement for Review:

• The individual designated as program director holds a graduate degree with a major emphasis in speech-language pathology, in audiology, or in speech, language, and hearing science

• The individual designated as program director holds a full-time appointment in the institution.

1.8 The institution and program must comply with all applicable laws, regulations, and executive orders prohibiting discrimination towards students, faculty, staff, and persons served in the program's clinics. This includes prohibitions on discrimination based on any category prohibited by applicable law but not limited to age, citizenship, disability, ethnicity, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, and veteran status.

Requirement for Review:

- The institution and program must comply with all applicable federal, state, and local laws, regulations, and executive orders prohibiting discrimination, including laws that prohibit discrimination based on age, citizenship, disability, ethnicity, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, and veteran status.
- The program must adhere to its institutional policies and procedures—including non-- harassment policies, internal complaint procedures, and appropriate educational programs—to ensure that the program complies with all applicable nondiscrimination statutes and that all staff, faculty, and students are made aware of the policies and the conduct they prohibit.
- The program must maintain, as relevant, a record of internal and external complaints, charges, and litigation alleging violations of such policies and procedures and ensure that appropriate action has been taken.

1.9 The program provides information about the program and the institution to students and to the public that is current, accurate, and readily available.

Requirement for Review:

- The program must publish to the general public on its website the program's CAA accreditation status, in accordance with the language specified in the Public Notice of Accreditation Status in the CAA *Accreditation Handbook,* as required under federal regulations. This must be displayed in a clearly visible and readily accessible location. Additional references to the program's accreditation status must be accurate but need not include all components of the accreditation statement.
- Websites, catalogs, advertisements, and other publications/electronic media must be accurate regarding standards and policies regarding recruiting and admission practices, academic offerings, matriculation expectations, academic calendars, grading policies and requirements, and fees and other charges.
- The program must make student outcome measures available to the general public by posting the results on the program's website via a clearly visible and readily accessible link.
- The program must make public the number of expected terms for program completion for full-time and part-time students.
- At a minimum, the following results of student outcome measures for the most recently completed 3 academic years must be provided:

o number and percentage of students completing the program within the program's published time frame for each of the 3 most recently completed academic years, o number and percentage of program test-takers who pass the *Praxis*® Subject Assessment examination for each of the 3 most recently

completed academic years (programs need report only the results once for test-takers who take the test more than one time in the reporting period),

- Student outcome measures must be labeled "Student Achievement Data" or "Student Outcome Data."
  - If both the audiology and the speech-language programs are accredited, separate data tables must be provided for each program.
  - If the program has a distance education component or a satellite campus, the student outcome data must be presented for each modality.

Standard 2.0 Faculty

2.1 The number and composition of the program faculty (academic doctoral, clinical doctoral, other) are sufficient to deliver a program of study that: 2.1.1 allows students to acquire the knowledge and skills required in Standard 3,

2.1.2 allows students to acquire the scientific and research fundamentals of the discipline,

2.1.3 allows students to meet the program's established goals and objectives, 2.1.4 meets the expectations set forth in the program's mission and goals, 2.1.5 is offered on a regular basis so that it will allow the students to complete the program within the published time frame.

Requirement for Review:

- The program must document
  - the number of individuals in and composition of the group that delivers the program of study;
  - the distribution of faculty in terms of the number of full-time and part-time individuals who hold academic doctoral degrees, clinical doctoral degrees, and master's degrees;
  - how the faculty composition is sufficient to allow students to acquire the knowledge and skills required in Standard 3;
  - how the faculty composition is sufficient to allow students to acquire the scientific and research fundamentals of the profession;
  - how the faculty composition is sufficient to allow students to meet the program's established learning goals and objectives;
  - how the faculty composition is sufficient to allow students to meet the expectations set forth in the program's mission and goals;
  - how the faculty composition ensures that the elements (classes and clinical practica) of the program are offered on a regular basis so that students can complete the program within the published time frame.

2.2 The number, composition, and workload of all full-time faculty who have responsibility in the graduate program are sufficient to allow them to meet expectations with regard to teaching, research, and service of the sponsoring institution.

Requirement for Review:

- The program must demonstrate that all faculty who have responsibility in the graduate program and have obligations to provide teaching, research, and service as part of their workload
    - o are accessible to students,
    - o have sufficient time for scholarly and creative activities,
    - o have sufficient time to advise students,
    - o have sufficient time to participate in faculty governance,
    - o have sufficient time to participate in other activities that are consistent with the expectations of the sponsoring institution.
- The program must demonstrate that all faculty who have responsibility in the graduate program and have obligations to provide clinical education and service as part of their workload
    - o are accessible to students,
    - o have sufficient time for scholarly and creative activities,
    - o have sufficient time to advise students,
    - o have sufficient time to participate in faculty governance,
    - o have sufficient time to participate in other activities that are consistent with the expectations of the sponsoring institution.
- The program must demonstrate that faculty who are tenure eligible have the opportunity to meet the criteria for tenure of the sponsoring institution.
- The program must demonstrate that faculty who are eligible for promotion have the opportunity to meet the criteria for promotion of the sponsoring institution. • The program must demonstrate that faculty who are eligible for continuing employment have the opportunity to meet the expectations for continued employment of the sponsoring institution.

2.3 All faculty members (full-time, part-time, adjuncts), including all individuals providing clinical education, are qualified and competent by virtue of their education, experience, and professional credentials to provide academic and clinical education as assigned by the program leadership.

Requirement for Review:

- The program must demonstrate that the qualifications and competence to teach graduate-level courses and to provide clinical education are evident in terms of appropriateness of degree level, practical or educational experiences specific to responsibilities in the program, and other indicators of competence to offer graduate education.

- The program must demonstrate that all individuals providing didactic and clinical education, both on-site and off-site, have appropriate experience and qualifications for the professional area in which education is provided.
- The program must demonstrate that the faculty possess appropriate qualifications and expertise to provide the depth and breadth of instruction for the curriculum as specified in Standard 3.
- The program must demonstrate that the majority of academic content is taught by doctoral faculty who hold the appropriate terminal academic degree (PhD, EdD).

2.4 All faculty members maintain continuing competence and demonstrate pursuit of lifelong learning.

Requirement for Review:

- The program must demonstrate that all individuals who have responsibility to deliver academic and clinical components of the graduate program maintain continuing competence.
- The program must demonstrate that all individuals who have responsibility to deliver the graduate program pursue lifelong learning.

Standard 3.0A Curriculum (Academic and Clinical Education) in Audiology

3.1A An effective entry-level professional audiology program allows each student to acquire knowledge and skills in sufficient breadth and depth to enable the student to function as an effective, well-educated, and competent clinical audiologist (i.e., one who can practice within the full scope of practice of audiology). The education program is designed to afford each student with opportunities to meet the expectations of the program that are consistent with the program's mission and goals and that prepare each student for independent professional practice as an audiologist.

Requirement for Review:

The doctoral program in audiology must meet the following requirements. • Provide evidence of a curriculum that allows students to achieve the knowledge and skills listed below. Typically, the achievement of these outcomes requires the completion of 4 years of graduate education or the equivalent.

- Include a minimum of 12 months' full-time equivalent of supervised clinical experiences. These include short-term rotations and longer term externships and should be distributed throughout the program of study.
- Establish a clear set of program goals and objectives that must be met for students to acquire the knowledge and skills needed for entry into independent professional practice.

• Establish a clear process to evaluate student achievement of the program's established objectives.
• Offer opportunities for each student to acquire the knowledge and skills needed for entry into independent professional practice, consistent with the scope of practice for audiology, and across the range of practice settings.
• Offer a plan of study that encompasses the following domains:
  o professional practice competencies;
  o foundations of audiology practice;
  o identification and prevention of hearing loss, tinnitus, and vestibular disorders; o assessment of the structure and function of the auditory and vestibular systems as well as the impact of any changes to such systems;
  o intervention to minimize the effects of changes in the structure and function of the auditory and vestibular systems on an individual's ability to participate in his or her environment.
• Offer high quality learning environments that are learner centered, knowledge and skill centered, and assessment centered.
• Offer the academic and clinical program on a regular basis so that students are able to satisfy degree and other requirements within the published time frame.
• Offer opportunities to qualify for state and national credentials that are required for entry into independent professional practice that are consistent with the program mission and goals.

3.1.1A Professional Practice Competencies

The program must provide content and opportunities for students to learn so that each student can demonstrate the following attributes and abilities in the manners identified.

<u>Accountability</u>

• Adhere to the professional codes of ethics, the audiology scope of practice documents, professional fiduciary responsibility for each client/patient/student served, and federal, state, and institutional regulations and policies related to the profession of audiology and its services, including compliance with confidentiality issues related to the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).
• Differentiate service delivery models based on practice sites (e.g., hospital, school, private practice).
• Demonstrate an understanding of the effects of their actions and make appropriate changes as needed.
• Explain the health care and education landscapes and how to facilitate access to services in both sectors.

Effective Communication Skills

- Demonstrate the ability to communicate in a responsive and responsible manner with patients/clients/students, families, communities, and interprofessional team colleagues and other professionals.

Evidence-Based Practice

- Access and critically evaluate information sources, apply information to appropriate populations, and integrate evidence in provision of audiology services.

Professional Duty

- Demonstrate knowledge of one's own role and those of other professions to appropriately assess and address the needs of the individuals and populations served.
- Demonstrate knowledge of the roles and importance of interdisciplinary/ interprofessional assessment and intervention and be able to interact and coordinate care effectively with other disciplines and community resources.
- Demonstrate knowledge of the roles and importance of individual and collective (e.g., local, national organizations) advocacy for patients/clients/students' rights to care.
- Demonstrate knowledge of the role of clinical teaching and clinical modeling as well as supervision of students and other support personnel.

3.1.2A Foundations of Audiology Practice

The program includes content and opportunities to learn so that each student can demonstrate knowledge of the

- embryology, anatomy, and physiology of the auditory, vestibular, and related body systems;
- normal aspects of auditory and vestibular function across the lifespan;
- normal aspects of speech production and language function across the lifespan; • normal aspects of speech perception across the lifespan;
- effects and role of genetics in auditory function, diagnosis, and management of hearing loss;
- effects and role of genetics in vestibular function, diagnosis, and management of vestibular disorders;
- effects of chemicals and other noxious elements on auditory and vestibular function;
- effects of pathophysiology on the auditory, vestibular, and related body systems;

• medical and surgical interventions that may be used to treat the results of pathophysiology in these systems;
• interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders;
• effects of hearing loss on the speech and language characteristics of individuals across the life span and the continuum of care;
• effects of hearing impairment on educational, vocational, social, and psychological function and, consequently, on full and active participation in life activities;
• physical characteristics and measurement of simple and complex acoustic stimuli; • physical characteristics and measurement of non-acoustic stimuli (e.g., EEG, tactile, electrical signals);
• methods of biologic, acoustic, and electroacoustic calibration of clinical equipment to ensure compliance with current American National Standards Institute (ANSI) standards (where available) and other recommendations regarding equipment function;
• principles of psychoacoustics as related to auditory perception in individuals with normal hearing and those with hearing loss;
• principles and practices of research, including experimental design, evidence-based practice, statistical methods, and application of research to clinical populations.

3.1.3A Identification and prevention of hearing loss, tinnitus, and vestibular disorders

The program provides academic content and clinical education experiences so that each student can learn and demonstrate knowledge and skills in

• the prevention of the onset of loss of auditory system function, loss of vestibular system function, development of tinnitus, and development of communication disorders;
• the use of protocols to minimize the impact of the loss of hearing, tinnitus, loss of vestibular system function, and development of communication disorders;
• the use of screening protocols, including clinically appropriate and culturally sensitive screening measures, to assess individuals who may be at risk for hearing impairment and activity limitation or participation restriction;
• the screening of individuals for speech and language impairments and other factors affecting communication function using clinically appropriate and culturally sensitive screening measures;
• the use of screening tools for functional assessment;
• administering programs designed to reduce the effects of noise exposure, tinnitus, and agents that are toxic to the auditory and vestibular systems;
• applying psychometrics and principles of screening;
• applying the principles of evidence-based practice;
• selection and use of outcomes measures that are valid and reliable indicators of success of prevention programs.

3.1.4A Assessment of the structure and function of the auditory and vestibular systems as well as the impact of any changes to such systems

The program provides academic content and clinical education experiences so that each student can learn and demonstrate knowledge and skills in order to

- evaluate information from appropriate sources to facilitate assessment planning;
- obtain a case history;
- perform an otoscopic examination;
- remove cerumen, when appropriate;
- administer clinically appropriate and culturally sensitive assessment measures;
- perform audiologic assessment using behavioral, physiological (e.g., immittance, wideband reflectance, evoked potentials), psychophysical, and self-assessment tools;
- perform audiologic assessment using techniques that are representative of the challenges listeners may face in everyday communication situations;
- perform assessment to plan for rehabilitation;
- perform assessment to characterize tinnitus;
- perform balance system assessment and determine the need for balance rehabilitation;
- document evaluation procedures and results;
- interpret results of the evaluation to establish type and severity of disorder;
- generate recommendations and referrals resulting from the evaluation processes;
- provide counseling in a culturally sensitive manner to facilitate understanding of the hearing loss, tinnitus, or balance disorder of the individual being served;
- maintain records in a manner consistent with legal and professional standards;
- communicate results and recommendations orally and in writing to the individual being served and other appropriate individual(s);
- engage in interprofessional practice to facilitate optimal assessment of the individual being served;
- assign the correct Common Procedural Terminology (CPT) code(s) and the correct International Classification of Diseases (ICD) code(s);
- apply the principles of evidence-based practice;
- select and use outcomes measures that are valid and reliable indicators of success in assessment protocols and in determining the impact of changes in structure and function of the auditory and vestibular systems
- administer clinically appropriate and culturally sensitive self-assessment measures of communication function and functional assessment tools for individuals across the lifespan and the continuum of care,
- administer clinically appropriate and culturally sensitive scales of communication function to communication partners of the individual being served,
- determine contextual factors that may facilitate or impede an individual's participation in everyday life.

3.1.5A Intervention to minimize the effects of changes in the auditory and vestibular systems on an individual's ability to participate in his or her environment

The program's curriculum provides academic content and clinical education experiences so that each student can learn and demonstrate knowledge and skills in order to

- perform assessment for aural (re)habilitation;
- perform assessment for tinnitus intervention;
- perform assessment for vestibular rehabilitation;
- develop and implement treatment plans using appropriate data;
- counsel individuals served, families, and other appropriate individuals regarding prognosis and treatment options;
- develop culturally sensitive and age-appropriate management strategies;
- perform hearing aid, assistive listening device, and sensory aid assessment;
- recommend, dispense, and service prosthetic and assistive devices;
- provide hearing aid, assistive listening device, and sensory aid orientation;
- conduct audiologic (re)habilitation and engage in interprofessional practice to maximize outcomes for individuals served;
- serve as an advocate for individuals served, their families, and other appropriate individuals;
- monitor and summarize treatment progress and outcomes;
- assess efficacy of interventions for auditory, tinnitus, and balance disorders;
- apply the principles of evidence-based practice;
- document treatment procedures and results;
- maintain records in a manner consistent with legal and professional standards;
- communicate results, recommendations, and progress in a culturally sensitive and age appropriate manner to appropriate individual(s);
- select and use outcomes measures that are valid and reliable indicators of success in determining the impact of the interventions used to minimize the effects of changes in structure and function of the auditory and vestibular systems.

3.1.6A General Knowledge and Skills Applicable to Professional Practice

The program must include content and opportunities to learn so that each student acquires knowledge and skills in working with individuals with hearing and vestibular disorders across the lifespan by demonstration of:

- ethical conduct;
- integration and application of the interdependence of speech-language, and hearing;
- engagement in contemporary professional issues and advocacy;
- engagement in self-assessment over the duration of the program to improve effectiveness in the delivery of clinical services;
- clinical education and supervision skills;

• clinical counseling skills appropriate to the individual, family members, caregivers, and others involved in care;
• professionalism and professional behavior that is reflective of cultural and linguistic differences;
• interaction skills and interpersonal qualities, including counseling and collaboration;
• ability to work effectively as a member of an interprofessional team.

3.2A An effective audiology program is characterized by planning and organization, is reviewed systematically and on a regular basis, and is consistent with current knowledge and practice guidelines of the profession.

Requirement for Review:

- The program must demonstrate that the
  - curriculum is planned and based on current standards of audiology practice;
  - curriculum is based on current literature and other current documents related to professional practice and education in audiology;
  - curriculum is delivered using sound pedagogical methods;
  - curriculum is reviewed systematically and on a regular basis;
  - review of the curriculum is conducted by comparing existing plans to current standards of audiology practice, current literature, and other documents related to professional practice and education in audiology.

3.3A An effective audiology program is planned and delivered in an organized, sequential, and integrated manner to allow each student to meet the program's established learning goals and objectives and develop into an independent, competent audiologist.

Requirement for Review:

- The program must demonstrate how the courses and clinical experiences are organized and sequenced and allow for integration across all elements of the program.

3.4A An effective audiology program is organized and delivered in such a manner that the diversity, equity, and inclusion are reflected in the program and throughout academic and clinical education.

Requirement for Review:

- The program must provide evidence that diversity, equity, and inclusion are incorporated throughout the academic and clinical program, in theory and practice.
- The program must provide evidence that students are given opportunities to identify and acknowledge approaches to addressing culture and language that include cultural humility, cultural responsiveness, and cultural competence in service delivery.

- The program must provide evidence that students are given opportunities to identify and acknowledge the impact of both implicit and explicit bias on clinical service delivery and actively explore individual biases and how they relate to clinical services.
- The program must provide evidence that students are given opportunities to identify and acknowledge:
    - The impact of how their own set of cultural and linguistic variables affects patients/clients/students care. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identify, national origin, race, religion, sex, sexual orientation, or veteran status.
    - The impact of cultural and linguistic variables of the individual served may have on delivery of effective care. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status.
    - The interaction of cultural and linguistic variables between the caregivers and the individual served. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status.
    - The social determinants of health and environmental factors for individuals served. These variables include, but are not limited to, health and healthcare, education, economic stability, social and community context, and neighborhood and built environment, and how these determinants relate to clinical services.
    - The impact of multiple languages and ability to explore approaches to addressing bilingual/ multilingual individuals requiring services, including understanding the difference between audiological and cultural perspectives of being d/Deaf and acknowledge Deaf cultural identities.
- The program must provide evidence that students are given opportunities to recognize that cultural and linguistic diversity exists among various groups, including among d/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.

3.5A An effective audiology program is organized so that the scientific and research foundations of the profession are evident.

Requirement for Review:

- The program must demonstrate the procedures used to verify that students obtain knowledge in
    - the basic sciences;
    - basic science skills (e.g., scientific methods, critical thinking);
    - the basics of communication sciences (e.g., acoustics, psychoacoustics and neurological processes of speech, language, and hearing).

- The program must demonstrate how the curriculum provides opportunities for students to
    - o understand and apply the scientific bases of the profession,
    - o understand and apply research methodology,
    - o become knowledgeable consumers of research literature,
    - o become knowledgeable about the fundamentals of evidence-based practice
    - o apply the scientific bases and research principles to clinical populations.
- The program must include research and scholarship participation opportunities that are consistent with the mission and goals of the program.

3.6A The clinical education component of an effective entry-level audiology program is planned for each student so that there is access to a base of individuals who may be served that is sufficient to achieve the program's stated mission and goals. That base includes a variety of clinical settings, populations, and age groups. The comprehensive clinical experiences must include direct contact with individuals seeking services, consultation, recordkeeping, and administrative duties relevant to professional service delivery in audiology.

Requirement for Review:

- The program must demonstrate that it has mechanisms to develop comprehensive plans of clinical educational experiences so that each student has an opportunity to
    - o experience the breadth and depth of clinical practice,
    - o obtain experiences with different populations,
    - o obtain a variety of clinical experiences in different work settings,
    - o obtain experiences with appropriate equipment and resources,
    - o learn from experienced audiologists who will serve as effective clinical educators.

3.7A An effective audiology program ensures that clinical education is provided in a manner that supports student development so that each student is prepared to enter independent professional practice. The type and structure of the clinical education are commensurate with the development of knowledge and skills of each student.

Requirement for Review:

- The program must demonstrate that the procedures used in clinical education ensure that student development is supported and that each student acquires the independence needed to enter professional practice.
- The program must demonstrate that the clinical education component of the program is structured to be consistent with the knowledge and skill levels of each student.

3.8A Clinical education is provided in a manner that ensures that the welfare of

each person served by a student and clinical educator team is protected and in accordance with recognized standards of ethical practice and relevant federal and state regulations.

Requirement for Review:

- The program must demonstrate that the supervision provided to each student is adjusted to ensure that the specific needs are met for each individual who is receiving services.
- The program must demonstrate that the procedures used in clinical education ensure that the welfare of each person being served by the student and clinical educator team is protected.
- The program must demonstrate that the services provided by the student and clinical educator team is in accordance with recognized standards of ethical practice and relevant federal and state regulations.
- The program must demonstrate that it provides the opportunity for students to understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases.

3.9A Clinical education obtained in external placements is governed by agreements between the program and the external facility and is monitored by program faculty.

Requirement for Review:

- The program must have evidence of valid agreements (written or electronic) with all active external facilities in which students are placed for clinical practicum experiences. • The program must have written policies regarding the role of students in the selection of externship sites and the placement of students in the sites.
- The program must have written policies that describe the processes used by the program to select and place students in external facilities.
- The program must have written policies and procedures that describe the processes used to determine whether a clinical site has the appropriate clinical population and personnel to provide an appropriate clinical education experience for each student.
- The program must have processes to ensure that the clinical education in external facilities is monitored by the program to verify that educational objectives are met.

3.10A An effective entry-level audiology program ensures that its students know the expectations regarding their exercise of the highest level of academic and clinical integrity during all aspects of their education.

Requirement for Review:

- The program must have written policies and procedures that describe its expectations of student behavior with regard to academic and clinical conduct.
- The program must have policies and procedures that describe the processes used to address violations of academic and clinical conduct, including, but not limited, to plagiarism, dishonesty, all aspects of cheating, and violations of ethical practice.

Standard 3.0B Curriculum (Academic and Clinical Education) in Speech-Language Pathology

3.1B An effective entry-level professional speech-language pathology program allows each student to acquire knowledge and skills in sufficient breadth and depth to function as an effective, well-educated, and competent clinical speech-language pathologist (i.e., one who can practice within the full scope of practice of speech-language pathology). The education program is designed to afford each student with opportunities to meet the expectations of the program that are consistent with the program's mission and goals and that prepare each student for professional practice in speech-language pathology.

Requirement for Review:

The master's program in speech-language pathology must perform the following functions.

- Provide the opportunity for students to complete a minimum of 400 supervised clinical practice hours, 25 of which may be in clinical observation; 325 of these hours must be attained at the graduate level. The supervised clinical experiences should be distributed throughout the program of study.
- The program must provide sufficient breadth and depth of opportunities for students to obtain a variety of clinical education experiences in different work settings, with different populations, and with appropriate equipment and resources in order to acquire and demonstrate skills across the scope of practice in speech-language pathology, sufficient to enter professional practice. Typically, the achievement of these outcomes requires the completion of 2 years of graduate education or the equivalent.
- Establish a clear set of program goals and objectives that must be met for students to acquire the knowledge and skills needed for entry into professional practice. • Establish a clear process to evaluate student achievement of the program's established objectives.
- Offer opportunities for each student to acquire the knowledge and skills needed for entry into professional practice, consistent with the scope of practice for speech-language pathology, and across the range of practice settings.
- Offer a plan of study that encompasses the following domains:
    - o professional practice competencies;

o foundations of speech-language pathology practice;
o identification and prevention of speech, language, and swallowing disorders and differences;
o assessment of speech, language, and swallowing disorders and differences;
o intervention to minimize the impact for speech, language, and swallowing disorders and differences.

- Offer high quality learning environments that are learner centered, knowledge and skill centered, and assessment centered.
- Offer the academic and clinical program on a regular basis so that students are able to satisfy degree and other requirements within the program's published time frame.
- Offer opportunities for students to qualify for state and national credentials that are required for entry into professional practice, consistent with the program's mission and goals (e.g., state license, state teacher certification, national credential).

3.1.1B Professional Practice Competencies

The program must provide content and opportunities for students to learn so that each student can demonstrate the following attributes and abilities and demonstrate those attributes and abilities in the manners identified.

Accountability

- Adhere to the professional codes of ethics, the speech-language pathology scope of practice documents, professional fiduciary responsibility for each client/patient/student served, and federal state, and institutional regulations and policies related to the profession of speech-language pathology and its services, including compliance with confidentiality issues related to the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).
- Differentiate service delivery models based on practice sties (e.g., hospital, school, private practice).
- Demonstrate an understanding of the effects of their actions and make appropriate changes as needed.
- Explain the health care and education landscapes and how to facilitate access to services in both sectors.

Effective Communication Skills

- Demonstrate the ability to communicate in a responsive and responsible manner with clients/patients/students, communities, and interprofessional team colleagues and other professionals.

Evidence-Based Practice

- Access and critically evaluate information sources, apply information to appropriate populations, and integrate evidence in provision of speech-language pathology services. August 2017, rev. January 2023 Standards for Accreditation Page 20 of 41

Professional Duty

- Demonstrate knowledge of one's own role and those of other professions to appropriately assess and address the needs of the individuals and populations served.
- Demonstrate knowledge of the roles and importance of interdisciplinary/ interprofessional assessment and intervention and be able to interact and coordinate care effectively with other disciplines and community resources.
- Demonstrate knowledge of the roles and importance of individual and collective (e.g., local, national organizations) advocacy for clients/patients/students' right to care.
- Demonstrate knowledge of the role of clinical teaching and clinical modeling as well as supervision of students and other support personnel.

3.1.2B Foundations of Speech-Language Pathology Practice

The program must include content and opportunities to learn so that each student can demonstrate knowledge of the

- discipline of human communication sciences and disorders;
- basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases;
- ability to integrate information pertaining to normal and abnormal human development across the life span;
- nature of communication and swallowing processes
    - elements
        - articulation;
        - fluency;
        - voice and resonance, including respiration and phonation;
        - receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities;
        - hearing, including the impact on speech and language;
        - swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology);
        - cognitive aspects of communication (e.g., attention, memory,
        - sequencing, problem solving, executive functioning);
        - social aspects of communication (e.g., behavioral and social skills affecting communication);
        - augmentative and alternative communication.
    - knowledge of the above elements includes each of the following:
        - etiology of the disorders or differences,
        - characteristics of the disorders or differences,

- underlying anatomical and physiological characteristics of the disorders or differences,
- acoustic characteristics of the disorders or differences (where applicable),
- psychological characteristics associated with the disorders or differences,
- developmental nature of the disorders or differences,
- linguistic characteristics of the disorders or differences (where applicable),
- cultural characteristics of the disorders or differences.

3.1.3B Identification and Prevention of Speech, Language, and Swallowing Disorders and Differences

The program must include content and opportunities to learn so that each student can demonstrate knowledge of

- principles and methods of identification of communication and swallowing disorders and differences,
- principles and methods of prevention of communication and swallowing disorders.

3.1.4B Evaluation of Speech, Language, and Swallowing Disorders and Differences

The program must include content and opportunities to learn so that each student can demonstrate knowledge and skills in assessment across the lifespan for disorders and differences associated with

- articulation;
- fluency;
- voice and resonance, including respiration and phonation;
- receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities;
- hearing, including the impact on speech and language;
- swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology);
- cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning);
- social aspects of communication (e.g., behavioral and social skills affecting communication); and
- augmentative and alternative communication needs.

3.1.5B Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms

The program must include content and opportunities to learn so that each student can demonstrate knowledge and skills in

- intervention for communication and swallowing differences with individuals across the lifespan to minimize the effect of those disorders and differences on the ability

to participate as fully as possible in the environment.

- intervention for disorders and differences of
  - o articulation;
  - o fluency;
  - o voice and resonance, including respiration and phonation;
  - o receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities;
  - o hearing, including the impact on speech and language;
  - o swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology);
  - o cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning);
  - o social aspects of communication (e.g., behavioral and social skills affecting communication);
  - o augmentative and alternative communication needs.

3.1.6B General Knowledge and Skills Applicable to Professional Practice The program must include content and opportunities to learn so that each student acquires knowledge and skills in working with individuals with communication and swallowing disorders across the lifespan and by demonstration of

- ethical conduct;
- integration and application of knowledge of the interdependence of speech, language, and hearing;
- engagement in contemporary professional issues and advocacy;
- engagement in self-assessment over the duration of the program to improve effectiveness in the delivery of clinical services;
- clinical education and supervision;
- clinical counseling skills appropriate to the individual, family members, caregivers, and others involved in care;
- professionalism and professional behavior that is reflective of cultural and linguistic differences;
- interaction skills and interpersonal qualities, including counseling and collaboration;
- ability to work effectively as a member of an interprofessional team.

3.2B An effective speech-language pathology program is characterized by planning and organization, is reviewed systematically and on a regular basis, and is consistent with current knowledge and practice guidelines of the profession.

Requirement for Review:

- The program must demonstrate that the
  - curriculum is planned and based on current standards of speech language pathology practice;
  - curriculum is based on current literature and other current documents related to professional practice and education in speech-language pathology;
  - curriculum is delivered using sound pedagogical methods;
  - curriculum is reviewed systematically and on a regular basis;
  - review of the curriculum is conducted by comparing existing plans with current standards of speech-language pathology practice, current literature, and other documents related to professional practice and education in speech-language pathology.

3.3B An effective speech-language pathology program is planned and delivered in an organized, sequential, and integrated manner to allow each student to meet the program's established learning goals and objectives and develop into a competent speech-language pathologist.

Requirement for Review:

- The program must demonstrate how the courses and clinical experiences are organized and sequenced and allow for integration across all elements of the program.

3.4B An effective speech-language pathology program is organized and delivered in such a manner that diversity, equity, and inclusion are reflected in the program and throughout academic and clinical education.

Requirement for Review:

- The program must provide evidence that diversity, equity, and inclusion are incorporated throughout the academic and clinical program, in theory and practice.
- The program must provide evidence that students are given opportunities to identify and acknowledge approaches to addressing culture and language that include cultural humility, cultural responsiveness, and cultural competence in service delivery.
- The program must provide evidence that students are given opportunities to identify and acknowledge the impact of both implicit and explicit bias on clinical service delivery and actively explore individual biases and how they relate to clinical services.
- The program must provide evidence that students are given opportunities to identify and acknowledge:
  - The impact of how their own set of cultural and linguistic variables

affects patients/clients/students care. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identify, national origin, race, religion, sex, sexual orientation, or veteran status.

- o The impact of cultural and linguistic variables of the individual served may have on delivery of effective care. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status.
- o The interaction of cultural and linguistic variables between the caregivers and the individual served. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status.
- o The social determinants of health and environmental factors for individuals served. These variables include, but are not limited to, health and healthcare, education, economic stability, social and community context, and neighborhood and built environment, and how these determinants relate to clinical services.
- o The impact of multiple languages and ability to explore approaches to addressing bilingual/ multilingual individuals requiring services, including understanding the difference in cultural perspectives of being d/Deaf and acknowledge Deaf cultural identities.

- The program must provide evidence that students are given opportunities to recognize that cultural and linguistic diversity exists among various groups, including among d/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.

3.5B An effective speech-language pathology program is organized so that the scientific and research foundations of the profession are evident.

Requirement for Review:

- The program must demonstrate the procedures used to verify that students obtain knowledge in
  - o the basic sciences and statistics;
  - o basic science skills (e.g., scientific methods, critical thinking);
  - o the basics of communication sciences (e.g., acoustics, linguistics, and neurological processes of speech, language, and hearing).
- The program must demonstrate how the curriculum provides opportunities for students to
  - o understand and apply the scientific bases of the profession,
  - o understand and apply research methodology,

o become knowledgeable consumers of research literature,
o become knowledgeable about the fundamentals of evidence-based practice, o apply the scientific bases and research principles to clinical populations.

- The program must include research and scholarship participation opportunities that are consistent with the mission and goals of the program.

3.6B The clinical education component of an effective entry-level speech-language pathology program is planned for each student so that there is access to a base of individuals who may be served that is sufficient to achieve the program's stated mission and goals and includes a variety of clinical settings, populations, and age groups. The comprehensive clinical experiences must include direct contact with individuals seeking service, consultation, recordkeeping, and administrative duties relevant to professional service delivery in speech-language pathology.

Requirement for Review:

- The program must demonstrate that it has mechanisms to develop comprehensive plans of clinical educational experiences so that each student has an opportunity to
  o experience the breadth and depth of clinical practice,
  o obtain experiences with diverse populations,
  o obtain a variety of clinical experiences in different work settings,
  o obtain experiences with appropriate equipment and resources,
  o learn from experienced speech-language pathologists who will serve as effective clinical educators.

3.7B An effective speech-language pathology program ensures that clinical education is provided in a manner that supports student development so that each student is prepared to enter professional practice. The type and structure of the clinical education is commensurate with the development of knowledge and skills of each student.

Requirement for Review:

- The program must demonstrate that the procedures used in clinical education ensure that student development is supported and that each student acquires the independence needed to enter professional practice.
- The program must demonstrate that the clinical education component of the program is structured to be consistent with the knowledge and skills levels of each student.

3.8B Clinical education is provided in a manner that ensures that the welfare of each person served by a student and clinical educator team is protected and in accordance with recognized standards of ethical practice and relevant federal and state regulations.

Requirement for Review:

• The program must demonstrate that the supervision provided to each student is adjusted to ensure that the specific needs are met for each individual who is receiving services. • The program must demonstrate that the procedures used in clinical education ensure that the welfare of each person being served by the student and clinical educator team is protected.

- The program must demonstrate that the services provided by the student and clinical educator team are in accordance with recognized standards of ethical practice and relevant federal and state regulations.
- The program must demonstrate that it provides the opportunity for students to understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases.

3.9B Clinical education obtained in external placements is governed by agreements between the program and the external facility and is monitored by program faculty.

Requirement for Review:

- The program must have evidence of valid agreements (written or electronic) with all active external facilities in which students are placed for clinical practicum experiences.
- The program must have written policies regarding the role of students in the selection of externship sites and the placement of students in the sites.
- The program must have written policies that describe the processes used by the program to select and place students in external facilities.

• The program must have written policies and procedures that describe the processes used to determine whether a clinical site has the appropriate clinical population and personnel to provide an appropriate clinical education experience for each student.

• The program must have processes to ensure that the clinical education in external facilities is monitored by the program to verify that educational objectives are met.

3.10B An effective entry-level speech-language pathology program ensures that its students know the expectations regarding their exercise of the highest level of academic and clinical integrity during all aspects of their education.

Requirement for Review:

• The program must have written policies and procedures that describe program expectations of student behavior with regard to academic and clinical conduct. • The program must have policies and procedures that describe the processes used to address violations of academic and clinical conduct, including, but not limited to, plagiarism, dishonesty, and all aspects of cheating, and violations of ethical practice.

Standard 4.0 Students

4.1 The program criteria for accepting students for graduate study in audiology or speech-language pathology meet or exceed the institutional policy for admission to graduate study.

Requirement for Review:

- The admission criteria must meet or exceed those of the institution and be appropriate for the degree being offered.
- Policies regarding any exceptions to the criteria (such as "conditional" status) must be clearly explained and consistently followed.

4.2 The program makes reasonable adaptations in curriculum, policies, and procedures to accommodate differences among individual students.

Requirement for Review:

- The program must provide evidence that its curriculum and program policies and procedures for admission, internal and external clinical placements, and retention of students reflect a respect for and understanding of cultural, linguistic, and individual diversity.
- The program must have a policy regarding proficiency in spoken and written English and other languages of instruction and service delivery and all other performance expectations.
- The program must demonstrate that its language proficiency policy is applied consistently.
- The program must have a policy regarding the use of accommodations for students with reported disabilities.

4.3 The program has policies and procedures for identifying the need to provide intervention for each student who does not meet program expectations for the acquisition of knowledge and skills in the academic and clinical components of the program.

Requirement for Review:

- The program has policies and procedures for identifying students who need intervention to meet program expectations for the acquisition of knowledge and skills in the academic component of the curriculum.
- The program has policies and procedures for identifying students who need intervention to meet program expectations for the acquisition of knowledge and skills in the clinical component of the curriculum.
- The program has policies and procedures for implementing and documenting all forms of intervention used to facilitate each student's success in meeting the program's expectations.
- The program must demonstrate that the policies and procedures are applied consistently across all students who are identified as needing intervention.

4.4 Students are informed about the program's policies and procedures, expectations regarding academic integrity and honesty, ethical practice, degree requirements, and requirements for professional credentialing.

Requirement for Review:

- The program must provide information regarding
  - o program policies and procedures,
  - o program expectations regarding academic integrity and honesty,
  - o program expectations for ethical practice,
  - o the degree requirements,
  - o the requirements for professional credentialing.

4.5 Students are informed about the processes that are available to them for filing a complaint against the program.

Requirement for Review:

- The program must provide information regarding the process and mechanism to file a complaint against the program within the sponsoring institution.
- The program must maintain a record of student complaints filed against the program within the sponsoring institution.
- The program must maintain a record of student complaints regarding any of the program's policies and procedures or regarding unlawful conduct and make these available to the CAA upon request.
- Students must be made aware of the process and mechanism, including contact information for the CAA, to file a complaint related to the program's compliance with standards for accreditation.

4.6 Students receive advising on a regular basis that pertains to both academic and clinical performance and progress.

Requirement for Review:

- The program must maintain records of advisement for each of its students. • The program must maintain records demonstrating that students are advised on a timely and continuing basis regarding their academic and clinical progress.
- The program must maintain records demonstrating that any concerns about a student's performance in meeting the program requirements, including language proficiency, are addressed with the student.

4.7 The program documents student progress toward completion of the graduate degree and professional credentialing requirements.

Requirement for Review:

- The program must maintain complete and accurate records of all students' progress during the entire time of their matriculation in the program.
- The records for each student must include documentation that can demonstrate that the student has met all the academic, clinical, and other requirements for the degree and the credential(s) that are identified by the program in its mission and goals.

4.8 The program makes the documentation of student progress toward completing the graduate degree and meeting professional credentialing requirements available to its students to assist them in qualifying for the credential(s).

Requirement for Review:

- The program must provide each student access to his or her own records upon request. • The program must make records available to program graduates and those who attended the program, but did not graduate.
- The availability of records for program graduates and those who attended the program, but did not graduate, must be consistent with the institution's and the program's policies regarding retention of student records.

4.9 Students are provided information about student support services available within the program and institution.

Requirement for Review:

- The program must have a mechanism to inform students about the full range of student support services (beyond accommodations for disabilities addressed in Standard 4.2) available at the sponsoring institution.

4.10 The program must adhere to its institutional policies and procedures to verify that a student who registers for a distance education course or program is the same student who participates in and completes the program and receives the academic credit.

Requirement for Review:

- The program must document that the institutional policies regarding verification of a student's identity are followed and implemented and applied consistently. • The program must make clear that the identities of students enrolled in a distance education course or program are protected.
- If there are fees associated with learning within a distance modality, the program must document how that information is provided to students.
- If the institution does not have specific policies, the program must develop and implement its own policies for this purpose.

Standard 5.0 Assessment

5.1 The program regularly assesses student learning.

Requirement for Review:

- The program must demonstrate that it assesses the achievement of student learning outcomes to determine student success in the acquisition of expected knowledge and skills.
- The program must demonstrate that it provides a learning environment that provides each student with consistent feedback.

5.2 The program conducts ongoing and systematic formative and summative assessments of the performance of its students.

Requirement for Review:

• The program must develop an assessment plan that is used throughout the program for each student. The plan must include the purpose of the assessments and use a variety of assessment techniques, including both formative and summative methods.

• Assessments must be administered by multiple academic and clinical faculty members.
• The program must demonstrate how it uses its assessments to evaluate and enhance student progress and acquisition of knowledge and skills.
• The program must demonstrate that student assessment is applied consistently and systematically.
• For purposes of assessing compliance, the Praxis examination cannot be used to meet this standard as a form of summative assessment.

5.3 The program administers regular and ongoing assessment protocols to evaluate the quality of the program and to facilitate continuous quality improvement.

Requirement for Review:

- The assessment protocols must be used to evaluate the academic and clinical aspects of the entire program.
- The program must collect data from multiple sources (e.g., alumni, faculty, employers, off-site clinical educators, community members, individuals receiving services) and allow evaluation of the program's success in achieving its goals, objectives, and the extent to which student learning outcomes have been met.
- The program must systematically collect evaluations of the academic and clinical aspects of the program from students and use these to assess those aspects of the program.
- The program must use the results of its assessment protocols to improve and refine the program goals and objectives and ensure alignment between the program's stated goals and objectives and the measured student learning outcomes.

5.4 The program uses the results of its ongoing programmatic assessments for continuous quality improvement and evaluates the improvements.

Requirement for Review:

- The program must describe how it uses programmatic assessment data to promote continuous quality improvement of the program.
- The program must describe the processes it uses to evaluate program improvements for congruence with its stated mission and goals.

5.5 The percentage of students who are enrolled on the first census date of the program and complete the program within the program's published academic terms meets or exceeds the CAA's established threshold.

Requirement for Review:

- The CAA's established threshold requires that at least 80% of students must have completed the program within the program's published time frame (number of academic terms), as averaged over the 3 most recently completed academic years.
- If, when averaged over 3 academic years, the program's completion rate does not meet or exceed the CAA's established threshold, the program must provide an explanation and a plan for improving the results.

5.6 The percentage of test-takers who pass the *Praxis*® Subject Assessments in audiology or speech-language pathology meets or exceeds the CAA's established threshold.

Requirement for Review:

- The CAA's established threshold requires that at least 80% of test-takers from the program pass the *Praxis*® Subject Assessment examination, as averaged over the 3 most recently completed academic years; results should be reported only once for test takers who took the exam multiple times in the same examination reporting period.
- If, when averaged over 3 academic years, the program's *Praxis*® Subject Assessment exam pass rate does not meet or exceed the CAA's established threshold, the program must provide an explanation and a plan for improving the results.

5.7 [RESERVED]

5.8 The program demonstrates how it uses the results of its analyses of success in meeting the established CAA thresholds for program completion rate and Praxis® Subject Assessments pass rate for continuous quality improvement at the programmatic level.

Requirement for Review:

- The program must demonstrate its analysis processes to determine whether the program is meeting or exceeding each established CAA threshold.
- The program must demonstrate how it uses the results of these analyses to ensure continuous quality improvement.

5.9 The program regularly evaluates and documents the results of the assessment of all faculty and staff to determine their effectiveness in delivering a thorough and current program.

Requirement for Review:

- The program must demonstrate the mechanisms that it uses to evaluate the effectiveness of the faculty and staff in delivering the program.
- The program must demonstrate that the evaluation takes place in a fair and systematic fashion that is consistent with institutional policy and procedures.
- The program faculty must be actively involved in these evaluations in a manner that is consistent with institutional policy and procedures.

5.10 The faculty and staff involved in delivering the program to students use the results of the evaluation of their performance to guide continuous professional development that facilitates the delivery of a high quality program.

Requirement for Review:

- The program must demonstrate how the faculty and staff use the results of evaluations of performance to guide continuous professional growth and development. • The program must demonstrate how the growth and development of its faculty and staff facilitate the delivery of a high quality program.

5.11 The individual responsible for the program of professional education seeking accreditation effectively leads and administers the program.

Requirement for Review:

- The program must demonstrate how the individual responsible for the program of professional education effectively leads and administers the program.
- The program director's effectiveness in advancing the goals of the program and in leadership and administration of the program must be regularly evaluated.

Standard 6.0 Program Resources

6.1 The institution provides adequate financial support to the program so that it can achieve its stated mission and goals.

Requirement for Review:

- The program must demonstrate
  - o that its budgetary allocation is regular, appropriate, and sufficient to deliver a high quality program that is consistent with its mission and goals;
  - o that there is sufficient support, consistent with the program mission and goals, for personnel, equipment, educational and clinical materials, and research activities; o consistency of sources of funds that are received outside the usual university budgeting processes, if the program is dependent on them.

6.2 The institution provides adequate support to the program so that its faculty and staff have the opportunities to maintain continuing competence.

Requirement for Review:

- The program must demonstrate that support, incentives, and resources are available for the continued professional development of the faculty.

6.3 The program has adequate physical facilities (classrooms, offices, clinical space, research laboratories) that are accessible, appropriate, safe, and sufficient to achieve the program's mission and goals.

Requirement for Review:

- The program must demonstrate that its facilities are adequate to deliver a program that is consistent with its mission and goals.
- The program must demonstrate that the facility has been evaluated and that the program includes access and accommodations for the needs of individuals with disabilities, in accordance with federal regulations.

6.4 The program's equipment and educational and clinical materials are appropriate and sufficient to achieve the program's mission and goals.

Requirement for Review:

- The program must demonstrate that the quantity, quality, currency, and accessibility of materials and equipment are sufficient to meet the mission and goals of the program. • The program must demonstrate that it has a process for reviewing and updating materials and equipment to determine whether the quantity, quality, and currency are sufficient to meet the mission and goals of the program.
- The program must demonstrate that the equipment is maintained in good working order.
- The program must demonstrate that any equipment for which there are ANSI or other standards-setting body requirements meets the expectations of the standard(s).

6.5 The program has access to an adequate technical infrastructure to support the work of the students, faculty, and staff. The technical infrastructure includes access to the Internet, the online and physical resources of the library, and any streaming or videoconferencing facilities needed for the program to meet its mission and goals.

Requirement for Review:

- The program must demonstrate adequate access to a technical infrastructure that supports the work of the students, faculty, and staff.
- The program must demonstrate how access to this infrastructure helps the program meet its mission and goals.

6.6 The program has access to clerical and technical staff that is appropriate and sufficient to support the work of the students, faculty, and staff. The access is appropriate and sufficient for the program to meet its mission and goals.

Requirement for Review:

- The program must demonstrate adequate access to clerical and technical staff to support the work of the students, faculty, and staff.
- The program must demonstrate how access to the clerical and technical staff helps the program meet its mission and goals.

Resources

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GLOSSARY
Last Updated November 2018

For the purpose of interpreting the accreditation standards, the following definitions are provided.

Academic content

Lectures or other pedagogical methods, laboratory experiences, and/or clinically related activities or experiences provided within the context of a credit-earning didactic course or research experience

Academic year

The period of time that is covered from a fall term through the end of the subsequent summer term.

Academic term or term

The period of time used by an institution to capture a portion of an academic year in which it holds classes (e.g., semester, quarter, trimester)

Breadth and depth

Qualities associated with the extent to which a learning experience, or a series of learning experiences, includes: (1) a diversity of subject matter (breadth) and/or (2) a focus on one subject (depth). In the context of prerequisite education, breadth is usually achieved through the general education component of an undergraduate degree program and usually, though not always, through lower division courses, while depth is achieved through the major/minor requirements at the upper division levels. In the context of course content and objectives, breadth is usually demonstrated by objectives that describe the variety of knowledge, behaviors, or skills the student is expected to achieve, while depth is demonstrated by the description of the degree of student achievement expected and (e.g., the taxonomic level within a domain of learning) described in the objectives.

Care

The provision of professional clinical service to students/patients/clients by audiologists or speech-language pathologists. This term is to be interpreted broadly to include delivery of services to individuals across all ages and conditions and in all settings.

Census Date

The official fall reporting date used by the institution of higher education to determine a cohort of students. According to the National Postsecondary Education Cooperative

"Institutions may use a census date of October 15, 20xx, or the end of the institution's drop add period or another official fall reporting date to determine the cohort."[1]1

Clinical Education Experiences

That aspect of the professional curriculum that includes the spectrum of experiential learning and clinical education settings where students practice applying knowledge, skills and professional behaviors under the direction of a qualified clinical educator.

Completion or Graduation Rate

A student outcome measure that is designed to capture the success of students completing their programs of study in the expected time frame. Specifically, it is the number and percentage of students admitted to the professional program who complete the program (e.g., are awarded the appropriate degree) within the expected number of terms published by the program as averaged over the 3 most recently completed academic years.

Cultural Competence (culturally competent)

"Cultural and linguistic competence is an asset of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thought, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities."[2 2]

Distance Education

Education that uses one or more of the technologies listed below to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include

• the Internet;

• one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;

• audioconferencing; or

• other media used in a course in conjunction with any of the technologies listed in numbers 1-3.

Entry-Level Audiology Program

A graduate program that prepares students for the degree required to qualify for credentials to practice independently in the profession of audiology (e.g., ASHA's Certificate of Clinical Competence, state licensure).

Entry-Level Speech-Language Pathology Program

[1] National Postsecondary Education Cooperative. (2010). Suggestions for improving the IPEDS graduation rate survey data collection and reporting (NPEC 2010–832). Retrieved from http://nces.ed.gov/pubs2010/2010832.pdf

[2] Based on Cross T, Bazron B, Dennis K, Isaacs M. Towards A Culturally Competent System of Care. Volume I. Washington, DC: Georgetown University Child Development Center, CASSP Technical PT Evaluative Criteria Revised January 2014 xi.

A graduate program that prepares students for the degree required to qualify for credentials to practice independently in the profession of speech-language pathology (e.g., ASHA's Certificate of Clinical Competence, state licensure).

Executive Summary of the Program's Strategic Plan

A short document that summarizes the essential elements of the program's strategic plan including a description of the evaluation of the plan. The executive summary should be written so that stakeholders can rapidly grasp the key elements of the plan. Details of the strategic plan are included in the full strategic plan.

Faculty

Only those faculty members who contribute to the accredited program are considered in the review of the program's compliance with the accreditation standards. The CAA recognizes that individual institutions may have different definitions or faculty classifications than those identified below; however, for the purposes of these Standards and related accreditation activities, the following definitions are to be used.

• Adjunct - Persons who are responsible for teaching at least 50% of a course and are part-time, non-tenure-track faculty members who are paid for each class they teach. • Clinical Educator - Individuals engaged in providing the clinical education components of the curriculum.

- Full-Time - Faculty members who hold a full-time appointment, as defined by the institution, and whose job responsibilities include teaching, research, service and contribute to the delivery of the designed curriculum regardless of the position title (e.g., full-time instructional staff, and clinical instructors would be considered faculty).
- Part-Time - Faculty members who hold an appointment that is considered by that institution to constitute less than full-time service and whose job

responsibilities include teaching and/or contributing to the delivery of the designed curriculum regardless of the position title.

- Rank – This is a status that is defined by institutional policy. Typically, faculty who are on a tenure track or are tenured hold the rank of Professor, Associate Professor, or Assistant Professor. In some cases, Instructor and Lecturer are considered ranks. A similar system may be used for individuals whose primary responsibility is in the clinical realm. These positions may or may not have tenure associated with them and are typically Clinical Professor, Clinical Associate Professor, and Clinical Assistant Professor. In some cases, Clinical Instructor is considered a rank.
- Academic Doctoral – Those individuals who hold a terminal academic degree (PhD, EdD) designed to prepare individuals for an academic and research career with the expectation that the degree holder will contribute to the science of the discipline.

FERPA

The acronym for the Family Educational Rights and Privacy Act of 1974. Compliance with this act assures that personally identifiable information (PII) of students is private and secure. All institutions that receive federal funds must abide by this privacy act. For more detailed information see http://www2.ed.gov/policy/gen/reg/ferpa/index.html

Formative Assessment

Ongoing measurement throughout educational preparation for the purpose of monitoring acquisition of knowledge and skills and improving student learning; provides feedback and information during the instructional process while learning is taking place.

Goals

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The ends or desired results toward which program faculty and student efforts are directed. Goals are general statements of what the program must achieve in order to accomplish its mission. Goals are long range and generally provide some structure and stability to the planning process. In the discipline of communication sciences and disorders, goals are typically related to the educational setting, the educational process, the scholarly work of faculty and students, the service activities of faculty and students, etc.

HIPAA

An acronym for the Health Insurance Portability and Accountability Act of 1996. An aspect of this act is the HIPAA Privacy Rule. This Privacy Rule is also known as "Standards for Privacy of Individually Identifiable Health Information. Compliance with this portion of the act assures that clinicians, health plans, healthcare clearinghouses, business associates, and other covered entities assure that private

health information (PHI) is protected and secure. For more detailed information concerning HIPAA see http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/

Interprofessional Education

Interprofessional education occurs when individuals of two or more professions learn about, from, and with each other to enable effective collaboration and improve outcomes for individuals and families whom are served. (Definition adapted by ASHA from the *Framework for Action on Interprofessional Education and Collaborative Practice* [World Health Organization, 2010]).

Interprofessional Collaborative Practice

When multiple service providers from different professional backgrounds provide comprehensive health care or educational services by working with individuals, their families, caregivers, and communities to deliver the highest quality of service across settings. (Definition adapted by ASHA from the *Framework for Action on Interprofessional Education and Collaborative Practice* [World Health Organization, 2010]).

Knowledge and Skills

Subject matter content and abilities within identified domains required to perform a specific task or job, often designated as competencies or outcomes to be achieved associated with a degree or credential. Knowledge and skills are typically developed by a panel of subject matter experts and validated through a peer review process.

Learning Outcomes

Brief statements that identify what a learner will know and be able to do at the end of a course or a program. These include the required knowledge and skills, attributes and abilities including professionalism and professional behaviors that involve the integrated learning needed by a graduate of a program. Learning outcomes are the achieved results of what was learned

Mission Statement

A statement that explains the unique nature of a program or institution and how it helps fulfill or advance the goals of the sponsoring institution, including religious mission. The mission is distinct from the program's goals, which indicate how the mission is to be achieved.

Objectives

Brief, clear statements that describe the desired learning outcomes of instruction that students should exhibit that are reflective of the broader goals

Policy

A general principle by which a program is guided in its management.

Procedure

A description of the methods, activities, or processes used to implement a policy.

Practices

Common actions or activities; customary ways of operation or behavior.

***Praxis*® Subject Assessment Examination Pass Rate**

A student outcome measure that is designed to capture the success of a program's test takers who achieve a passing score on the exam. Specifically, it is the number and percentage of test-takers from the program who passed the Praxis examination as averaged over the 3 most recently completed academic years.

Preceptor/Clinical Educator

Individuals who are clinical educators, preceptors, or mentors who guide students or others who are developing clinical knowledge and skills in the profession of audiology or speech language pathology. The term supervision is used to refer to all of the activities used to guide students and others in developing such skills.

Service

Activities in which faculty may be expected to engage including, but not limited to, institution/program governance and committee work, clinical practice, consultation, involvement in professional organizations, and involvement in community organizations.

Strategic Plan

The strategic plan should be longer than 1 year and identify the program's long-term goals, specific measurable objectives, strategies for attainment, a schedule for analysis, and a mechanism for regular evaluation of the plan itself and of progress in meeting the plan's objectives. (See related: Executive Summary of the Strategic Plan)

Strategic plans include, but are not be limited to,

- evidence that the plan is based on program evaluation and an analysis of external and internal environments,
- long-term goals that address the vision and mission of both the institution and program, as well as specific needs of the program,
- specific measurable action steps with expected timelines by which the program will reach its long-term goals,
- person(s) responsible for action steps, and
- evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change.

Student Outcome Measures

Competencies that the program expects students to have achieved at the completion of the program (e.g., stated expectations for success in relationship to graduation rates and Praxis pass rates).

Summative Assessment

Comprehensive evaluation of learning outcomes, including acquisition of knowledge and skills, at the culmination of course work and at the culmination of the program. The assessment takes place after the learning has been completed and provides information and feedback about both teaching and learning effectiveness.

Teaching

Activities related to developing the knowledge, skills, attitudes, and behaviors of students necessary for entry to the profession. These activities include, but are not limited to: • design, implementation, and evaluation of classroom, laboratory, clinical, and other teaching/learning activities;

• design, implementation, and evaluation of methods to assess student learning; • student advisement; and

• supervision of student-generated research projects.

ASHA
American
Speech-Language-Hearing
Association

SCOPE OF PRACTICE IN SPEECH LANGUAGE PATHOLOGY

AD HOC COMMITTEE ON THE SCOPE OF PRACTICE IN SPEECH-LANGUAGE PATHOLOGY

Reference this material as: American Speech-Language-Hearing Association. (2016). Scope of Practice in Speech Language Pathology [Scope of Practice]. Available from www.asha.org/policy/.

ABOUT THIS DOCUMENT

This scope of practice document is an official policy of the American Speech-Language-Hearing Association (ASHA) defining the breadth of practice within the profession of speech-language pathology. This document was developed by the ASHA Ad Hoc Committee on the Scope of Practice in Speech- Language Pathology. Committee members were Mark DeRuiter (chair), Michael Campbell, Craig Coleman, Charlette Green, Diane Kendall, Judith Montgomery, Bernard Rousseau, Nancy Swigert, Sandra Gillam (board liaison), and Lemmietta McNeilly (ex officio). This document was approved by the ASHA Board of Directors on February 4, 2016 (BOD 01-2016). The BOD approved a revision in the prevention of hearing section of the document on May 9, 2016 (Motion 07-2016).

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INTRODUCTION

The *Scope of Practice in Speech-Language Pathology* of the American Speech-Language Hearing Association (ASHA) includes the following: a statement of purpose, definitions of *speech language pathologist* and *speech-language pathology*, a framework for speech-language pathology practice, a description of the domains of speech-language pathology service delivery, delineation of speech-language pathology service delivery areas, domains of professional practice, references, and resources.

The *speech-language pathologist* (*SLP*) is defined as the professional who engages in professional practice in the areas of communication and swallowing across the life span. *Communication* and *swallowing* are broad terms encompassing many facets of function. *Communication* includes speech production and fluency, language, cognition, voice, resonance,

and hearing. *Swallowing* includes all aspects of swallowing, including related feeding behaviors. Throughout this document, the terms *communication* and *swallowing* are used to reflect all areas. This document is a guide for SLPs across all clinical and educational settings to promote best practice. The term *individuals* is used throughout the document to refer to students, clients, and patients who are served by the SLP.

As part of the review process for updating the *Scope of Practice in Speech-Language Pathology*, the committee revised the previous scope of practice document to reflect recent advances in knowledge and research in the discipline. One of the biggest changes to the document includes the delineation of practice areas in the context of eight domains of speech-language pathology service delivery: collaboration; counseling; prevention and wellness; screening; assessment; treatment; modalities, technology, and instrumentation; and population and systems. In addition, five domains of professional practice are delineated: advocacy and outreach, supervision, education, research and administration/leadership.

Service delivery areas include all aspects of communication and swallowing and related areas that impact communication and swallowing: speech production, fluency, language, cognition, voice, resonance, feeding, swallowing, and hearing. The practice of speech-language pathology continually evolves. SLPs play critical roles in health literacy; screening, diagnosis, and treatment of autism spectrum disorder; and use of the *International Classification of Functioning, Disability and Health* (ICF; World Health Organization [WHO], 2014) to develop functional goals and collaborative practice. As technology and science advance, the areas of assessment and intervention related to communication and swallowing disorders grow accordingly. Clinicians should stay current with advances in speech-language pathology practice by regularly reviewing the research literature, consulting the Practice Management section of the ASHA website, including the Practice Portal, and regularly participating in continuing education to supplement advances in the profession and information in the scope of practice.

STATEMENT OF PURPOSE

The purpose of the *Scope of Practice in Speech-Language Pathology* is to

1. delineate areas of professional practice;
2. inform others (e.g., health care providers, educators, consumers, payers, regulators, and the general public) about professional roles and responsibilities of qualified providers; 3. support SLPs in the provision of high-quality, evidence-based services to individuals with communication, feeding, and/or swallowing concerns;

4. support SLPs in the conduct and dissemination of research; and
5. guide the educational preparation and professional development of SLPs to provide safe and effective services.

The scope of practice outlines the breadth of professional services offered within the profession of speech-language pathology. Levels of education, experience, skill, and proficiency in each practice area identified within this scope will vary among providers. An SLP typically does not practice in all areas of clinical service delivery across the life cycle. As the ASHA Code of Ethics specifies, professionals may practice only in areas in which they are competent, based on their education, training, and experience.

This scope of practice document describes evolving areas of practice. These include interdisciplinary work in both health care and educational settings, collaborative service delivery wherever appropriate, and telehealth/telepractice that are effective for the general public.

Speech-language pathology is a dynamic profession, and the overlapping of scopes of practice is a reality in rapidly changing health care, education, and other environments. Hence, SLPs in various settings work collaboratively with other school or health care professionals to make sound decisions for the benefit of individuals with communication and swallowing disorders. This *interprofessional collaborative practice* is defined as "members or students of two or more professions associated with health or social care, engaged in learning with, from and about each other" (Craddock, O'Halloran, Borthwick, & McPherson, 2006, p. 237. Similarly, "interprofessional education provides an ability to share skills and knowledge between professions and allows for a better understanding, shared values, and respect for the roles of other healthcare professionals" (Bridges et al., 2011, para. 5).

This scope of practice does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. However, it may serve as a model for the development or modification of licensure laws. Finally, in addition to this scope of practice document, other ASHA professional resources outline practice areas and address issues related to public protection (e.g., A guide to disability rights law and the Practice Portal). The highest standards of integrity and ethical conduct are held paramount in this profession.

DEFINITIONS OF SPEECH-LANGUAGE PATHOLOGIST AND SPEECH-LANGUAGE PATHOLOGY

Speech-language pathologists, as defined by ASHA, are professionals who hold the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), which requires a master's, doctoral, or other recognized postbaccalaureate degree. ASHA-certified SLPs complete a supervised postgraduate professional experience and pass a national examination as described in the ASHA certification standards, (2014). Demonstration of continued professional development is mandated for the maintenance of the CCC-SLP. SLPs hold other required credentials where applicable (e.g., state licensure, teaching certification, specialty certification).

Each practitioner evaluates his or her own experiences with preservice education, practice, mentorship and supervision, and continuing professional development. As a whole, these experiences define the scope of competence for each individual. The SLP should engage in only those aspects of the profession that are within her or his professional competence.

SLPs are autonomous professionals who are the primary care providers of speech-language pathology services. Speech-language pathology services are not prescribed or supervised by another professional. Additional requirements may dictate that speech-language pathology services are prescribed and required to meet specific eligibility criteria in certain work settings, or as required by certain payers. SLPs use professional judgment to determine if additional requirements are indicated. Individuals with communication and/or swallowing disorders benefit from services that include collaboration by SLPs with other professionals.

The profession of speech-language pathology contains a broad area of speech-language pathology practice that includes both speech-language pathology service delivery and professional practice domains. These domains are defined in subsequent sections of this document and are represented schematically in **Figure 1**.

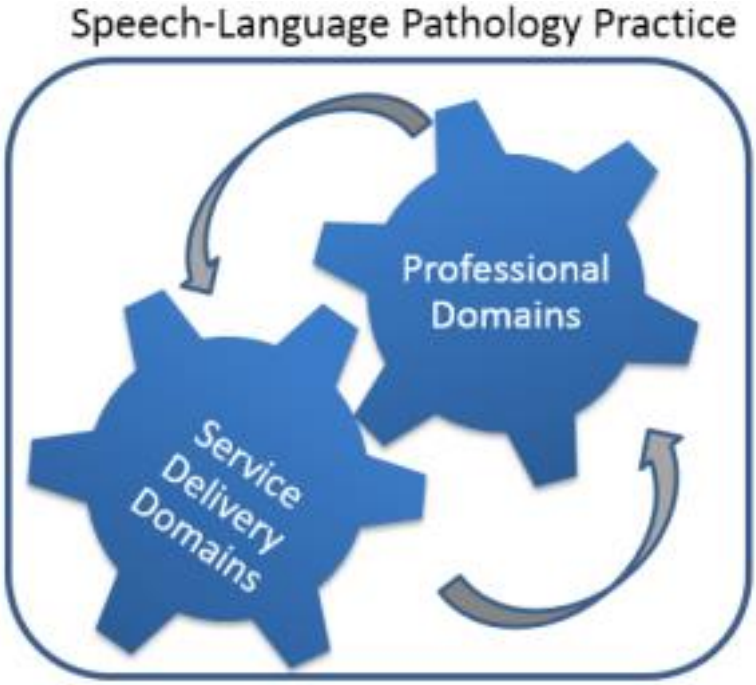

Figure 1. Schematic representation of speech-language pathology practice, including both service delivery and professional domains.

FRAMEWORK FOR SPEECH-LANGUAGE PATHOLOGY PRACTICE

The overall objective of speech-language pathology services is to optimize individuals' abilities to communicate and to swallow, thereby improving quality of life. As the population of the United States continues to become increasingly diverse, SLPs are committed to the provision of culturally and linguistically appropriate services and to the consideration of diversity in scientific investigations of human communication and swallowing.

An important characteristic of the practice of speech-language pathology is that, to the extent possible, decisions are based on best available evidence. ASHA defines evidence-based practice in speech-language pathology as an approach in which current, high-quality research evidence is integrated with practitioner expertise, along with the client's values and preferences (ASHA, 2005). A high-quality basic and applied research base in communication sciences and disorders and related disciplines is essential to providing evidence-based practice and high-quality services. Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders is a means to strengthen

research collaboration and improve services. ASHA has provided a resource for evidence-based research via the Practice Portal.

The scope of practice in speech-language pathology comprises five domains of professional practice and eight domains of service delivery.

Professional practice domains:

- advocacy and outreach
- supervision
- education
- administration/leadership
- research

Service delivery domains

- Collaboration
- Counseling
- Prevention and Wellness
- Screening
- Assessment
- Treatment
- Modalities, Technology, and Instrumentation
- Population and Systems

SLPs provide services to individuals with a wide variety of speech, language, and swallowing differences and disorders within the above-mentioned domains that range in function from completely intact to completely compromised. The diagnostic categories in the speech-language pathology scope of practice are consistent with relevant diagnostic categories under the WHO's (2014) *ICF*, the American Psychiatric Association's (2013) *Diagnostic and Statistical Manual of Mental Disorders*, the categories of disability under the Individuals with Disabilities Education Act of 2004 (see also U.S. Department of Education, 2004), and those defined by two semiautonomous bodies of ASHA: the Council on Academic Accreditation in Audiology and Speech-Language Pathology and the Council for Clinical Certification in Audiology and Speech Language Pathology. The domains of speech-language pathology service delivery complement the *ICF*, the WHO's multipurpose health classification system (WHO, 2014). The classification system provides a

standard language and framework for the description of functioning and health. The ICF framework is useful in describing the breadth of the role of the SLP in the prevention, assessment, and habilitation/rehabilitation of communication and swallowing disorders and the enhancement and scientific investigation of those functions. The framework consists of two components: health conditions and contextual factors.

HEALTH CONDITIONS

Body Functions and Structures: These involve the anatomy and physiology of the human body. Relevant examples in speech-language pathology include craniofacial anomaly, vocal fold paralysis, cerebral palsy, stuttering, and language impairment.

Activity and Participation: *Activity* refers to the execution of a task or action. Participation is the involvement in a life situation. Relevant examples in speech-language pathology include difficulties with swallowing safely for independent feeding, participating actively in class, understanding a medical prescription, and accessing the general education curriculum.

CONTEXTUAL FACTORS

Environmental Factors: These make up the physical, social, and attitudinal environments in which people live and conduct their lives. Relevant examples in speech-language pathology include the role of the communication partner in augmentative and alternative communication (AAC), the influence of classroom acoustics on communication, and the impact of institutional dining environments on individuals' ability to safely maintain nutrition and hydration.

Personal Factors: These are the internal influences on an individual's functioning and disability and are not part of the health condition. Personal factors may include, but are not limited to, age, gender, ethnicity, educational level, social background, and profession. Relevant examples in speech-language pathology might include an individual's background or culture, if one or both influence his or her reaction to communication or swallowing.

The framework in speech-language pathology encompasses these health conditions and contextual factors across individuals and populations. **Figure 2** illustrates the interaction of the various components of the ICF. The health condition component is expressed on a continuum of functioning. On one end of the continuum is intact functioning; at the opposite end of the continuum is completely compromised function. The contextual factors interact with each other and with the health conditions and may serve as facilitators or barriers to functioning. SLPs

influence contextual factors through education and advocacy efforts at local, state, and national levels.

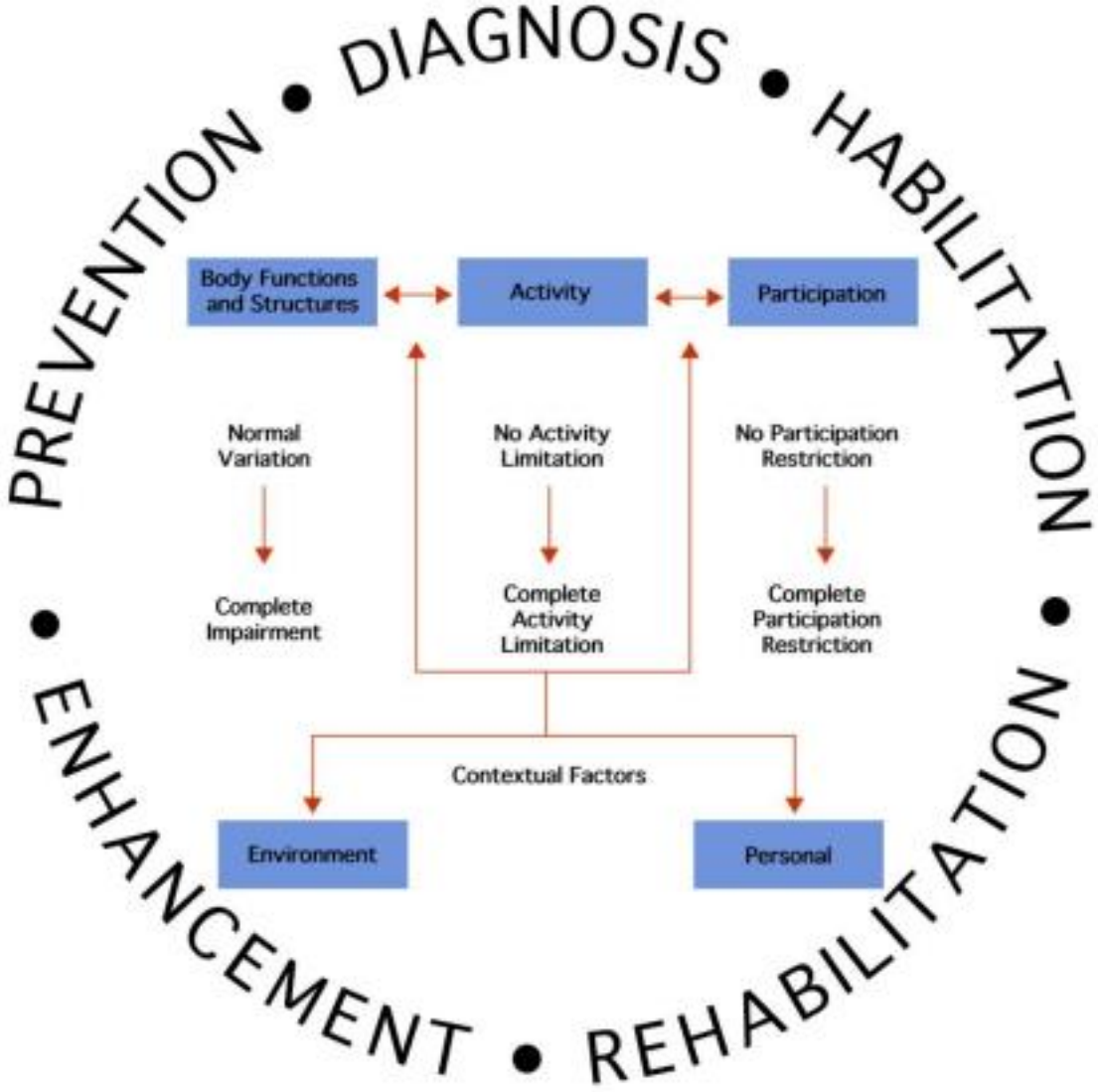

Figure 2. Interaction of the various components of the ICF model. This model applies to individuals or groups.

DOMAINS OF SPEECH-LANGUAGE PATHOLOGY SERVICE DELIVERY

The eight domains of speech-language pathology service delivery are collaboration; counseling; prevention and wellness; screening; assessment; treatment; modalities, technology, and instrumentation; and population and systems.

COLLABORATION

SLPs share responsibility with other professionals for creating a collaborative culture. Collaboration requires joint communication and shared decision making among all members of the team, including the individual and family, to accomplish improved service delivery and functional outcomes for the individuals served. When discussing specific roles of team members, professionals are ethically and legally obligated to determine whether they have the knowledge and skills necessary to perform such services. Collaboration occurs across all speech-language pathology practice domains.

As our global society is becoming more connected, integrated, and interdependent, SLPs have access to a variety of resources, information technology, diverse perspectives and influences (see, e.g., Lipinsky, Lombardo, Dominy, & Feeney, 1997). Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders is a means to strengthen research collaboration and improve services. SLPs

- educate stakeholders regarding interprofessional education (IPE) and interprofessional practice (IPP) (ASHA, 2014) principles and competencies;
- partner with other professions/organizations to enhance the value of speech-language pathology services;
  - share responsibilities to achieve functional outcomes;
- consult with other professionals to meet the needs of individuals with communication and swallowing disorders;
- serve as case managers, service delivery coordinators, members of collaborative and patient care conference teams; and
- serve on early intervention and school pre-referral and intervention teams to assist with the development and implementation of individualized family service plans (IFSPs) and individualized education programs (IEPs).

COUNSELING

SLPs counsel by providing education, guidance, and support. Individuals, their families and their caregivers are counseled regarding acceptance, adaptation, and decision making about communication, feeding and swallowing, and related disorders. The role of the SLP in the counseling process includes interactions related to emotional reactions, thoughts, feelings, and behaviors that result from living with the communication disorder, feeding and swallowing disorder, or related disorders.

SLPs engage in the following activities in counseling persons with communication and feeding and swallowing disorders and their families:

- empower the individual and family to make informed decisions related to communication or feeding and swallowing issues.
- educate the individual, family, and related community members about communication or feeding and swallowing disorders.
- provide support and/or peer-to-peer groups for individuals with disorders and their families.
  - provide individuals and families with skills that enable them to become self-advocates. • discuss, evaluate, and address negative emotions and thoughts related to communication or feeding and swallowing disorders.
- refer individuals with disorders to other professionals when counseling needs fall outside of those related to (a) communication and (b) feeding and swallowing.

PREVENTION AND WELLNESS

SLPs are involved in prevention and wellness activities that are geared toward reducing the incidence of a new disorder or disease, identifying disorders at an early stage, and decreasing the severity or impact of a disability associated with an existing disorder or disease. Involvement is directed toward individuals who are vulnerable or at risk for limited participation in communication, hearing, feeding and swallowing, and related abilities. Activities are directed toward enhancing or improving general well-being and quality of life. Education efforts focus on identifying and increasing awareness of risk behaviors that lead to communication disorders and feeding and swallowing problems. SLPs promote programs to increase public awareness, which are aimed at positively changing behaviors or attitudes.

Effective prevention programs are often community based and enable the SLP to help reduce the incidence of spoken and written communication and swallowing disorders as a public health and public education concern.

Examples of prevention and wellness programs include, but are not limited to, the following:

- **Language impairment:** Educate parents, teachers and other school-based professionals about the clinical markers of language impairment and the ways in which these impairments can impact a student's reading and writing skills to facilitate early referral for evaluation and assessment services.

- **Language-based literacy disorders:** Educate parents, school personnel, and health care providers about the SLP's role in addressing the semantic, syntactic, morphological, and phonological aspects of literacy disorders across the lifespan.
- **Feeding:** Educate parents of infants at risk for feeding problems about techniques to minimize long-term feeding challenges.
  - **Stroke prevention:** Educate individuals about risk factors associated with stroke • **Serve on teams:** Participate on multitiered systems of support (MTSS)/response to intervention (RTI) teams to help students successfully communicate within academic, classroom, and social settings.
  - **Fluency:** Educate parents about risk factors associated with early stuttering. • **Early childhood:** Encourage parents to participate in early screening and to collaborate with physicians, educators, child care providers, and others to recognize warning signs of developmental disorders during routine wellness checks and to promote healthy communication development practices.
  - **Prenatal care:** Educate parents to decrease the incidence of speech, hearing, feeding and swallowing, and related disorders due to problems during pregnancy. • **Genetic counseling:** Refer individuals to appropriate professionals and professional services if there is a concern or need for genetic counseling.
- **Environmental change:** Modify environments to decrease the risk of occurrence (e.g., decrease noise exposure).
- **Vocal hygiene:** Target prevention of voice disorders (e.g., encourage activities that minimize phonotrauma and the development of benign vocal fold pathology and that curb the use of smoking and smokeless tobacco products).
- **Hearing:** Educate individuals about risk factors associated with noise-induced hearing loss and preventive measures that may help to decrease the risk.
- **Concussion/traumatic brain injury awareness:** Educate parents of children involved in contact sports about the risk of concussion.
- **Accent/dialect modification:** Address sound pronunciation, stress, rhythm, and intonation of speech to enhance effective communication.
- **Transgender (TG) and transsexual (TS) voice and communication:** Educate and treat individuals about appropriate verbal, nonverbal, and voice characteristics (feminization or masculinization) that are congruent with their targeted gender identity.
- **Business communication:** Educate individuals about the importance of effective business communication, including oral, written, and interpersonal communication.

• **Swallowing:** Educate individuals who are at risk for aspiration about oral hygiene techniques.

SCREENING

SLPs are experts at screening individuals for possible communication, hearing, and/or feeding and swallowing disorders. SLPs have the knowledge of—and skills to treat—these disorders; they can design and implement effective screening programs and make appropriate referrals. These screenings facilitate referral for appropriate follow-up in a timely and cost-effective manner. SLPs

- select and use appropriate screening instrumentation;
- develop screening procedures and tools based on existing evidence;
- coordinate and conduct screening programs in a wide variety of educational, community, and health care settings;
- participate in public school MTSS/RTI team meetings to review data and recommend interventions to satisfy federal and state requirements (e.g., Individuals with Disabilities Education Improvement Act of 2004 [IDEIA] and Section 504 of the Rehabilitation Act of 1973);
- review and analyze records (e.g., educational, medical);
- review, analyze, and make appropriate referrals based on results of screenings; • consult with others about the results of screenings conducted by other professionals; and • utilize data to inform decisions about the health of populations.

ASSESSMENT

Speech-language pathologists have expertise in the differential diagnosis of disorders of communication and swallowing. Communication, speech, language, and swallowing disorders can occur developmentally, as part of a medical condition, or in isolation, without an apparent underlying medical condition. Competent SLPs can diagnose communication and swallowing disorders but do not differentially diagnose medical conditions. The assessment process utilizes the ICF framework, which includes evaluation of body function, structure, activity and participation, within the context of environmental and personal factors. The assessment process can include, but is not limited to, culturally and linguistically appropriate behavioral observation and standardized and/or criterion-referenced tools; use of instrumentation; review of records, case history, and prior test results; and interview of the individual and/or family to guide decision making. The assessment process can be carried out in collaboration with other professionals. SLPs

- administer standardized and/or criterion-referenced tools to compare individuals with their peers;
- review medical records to determine relevant health, medical, and pharmacological information;
- interview individuals and/or family to obtain case history to determine specific concerns;
- utilize culturally and linguistically appropriate assessment protocols;
- engage in behavioral observation to determine the individual's skills in a naturalistic setting/context;
- diagnose communication and swallowing disorders;
- use endoscopy, videofluoroscopy, and other instrumentation to assess aspects of voice, resonance, velopharyngeal function and swallowing;
- document assessment and trial results for selecting AAC interventions and technology, including speech-generating devices (SGDs);
- participate in meetings adhering to required federal and state laws and regulations (e.g., IDEIA [2004] and Section 504 of the Rehabilitation Act of 1973).
- document assessment results, including discharge planning;
- formulate impressions to develop a plan of treatment and recommendations; and • discuss eligibility and criteria for dismissal from early intervention and school-based services.

TREATMENT

Speech-language services are designed to optimize individuals' ability to communicate and swallow, thereby improving quality of life. SLPs develop and implement treatment to address the presenting symptoms or concerns of a communication or swallowing problem or related functional issue. Treatment establishes a new skill or ability or remediates or restores an impaired skill or ability. The ultimate goal of therapy is to improve an individual's functional outcomes. To this end, SLPs

- design, implement, and document delivery of service in accordance with best available practice appropriate to the practice setting;
- provide culturally and linguistically appropriate services;
- integrate the highest quality available research evidence with practitioner expertise and individual preferences and values in establishing treatment goals;
- utilize treatment data to guide decisions and determine effectiveness of services; • integrate academic materials and goals into treatment;

• deliver the appropriate frequency and intensity of treatment utilizing best available practice;

• engage in treatment activities that are within the scope of the professional's competence; • utilize AAC performance data to guide clinical decisions and determine the effectiveness of treatment; and

• collaborate with other professionals in the delivery of services.

MODALITIES, TECHNOLOGY, AND INSTRUMENTATION

SLPs use advanced instrumentation and technologies in the evaluation, management, and care of individuals with communication, feeding and swallowing, and related disorders. SLPs are also involved in the research and development of emerging technologies and apply their knowledge in the use of advanced instrumentation and technologies to enhance the quality of the services provided. Some examples of services that SLPs offer in this domain include, but are not limited to, the use of

• the full range of AAC technologies to help individuals who have impaired ability to communicate verbally on a consistent basis—AAC devices make it possible for many individuals to successfully communicate within their environment and community;

• endoscopy, videofluoroscopy, fiber-optic evaluation of swallowing (voice, velopharyngeal function, swallowing) and other instrumentation to assess aspects of voice, resonance, and swallowing;

• telehealth/telepractice to provide individuals with access to services or to provide access to a specialist;

• ultrasound and other biofeedback systems for individuals with speech sound production, voice, or swallowing disorders; and

• other modalities (e.g., American Sign Language), where appropriate.

POPULATION AND SYSTEMS

In addition to direct care responsibilities, SLPs have a role in (a) managing populations to improve overall health and education, (b) improving the experience of the individuals served, and, in some circumstances, (c) reducing the cost of care. SLPs also have a role in improving the efficiency and effectiveness of service delivery. SLPs serve in roles designed to meet the demands and expectations of a changing work environment. SLPs

• use plain language to facilitate clear communication for improved health and educationally relevant outcomes;

- collaborate with other professionals about improving communication with individuals who have communication challenges;
- improve the experience of care by analyzing and improving communication environments;
- reduce the cost of care by designing and implementing case management strategies that focus on function and by helping individuals reach their goals through a combination of direct intervention, supervision of and collaboration with other service providers, and engagement of the individual and family in self-management strategies;
- serve in roles designed to meet the demands and expectations of a changing work environment;
- contribute to the management of specific populations by enhancing communication between professionals and individuals served;
  - coach families and early intervention providers about strategies and supports for facilitating prelinguistic and linguistic communication skills of infants and toddlers; and • support and collaborate with classroom teachers to implement strategies for supporting student access to the curriculum.

SPEECH-LANGUAGE PATHOLOGY SERVICE DELIVERY AREAS

This list of practice areas and the bulleted examples are not comprehensive. Current areas of practice, such as literacy, have continued to evolve, whereas other new areas of practice are emerging. Please refer to the ASHA Practice Portal for a more extensive list of practice areas.

1. Fluency

- Stuttering
- Cluttering

2. Speech Production

- Motor planning and execution
- Articulation
- Phonological

3. Language—Spoken and written language (listening, processing, speaking, reading, writing, pragmatics)

- Phonology
- Morphology
- Syntax
- Semantics
- Pragmatics (language use and social aspects of communication)

• Prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)
• Paralinguistic communication (e.g., gestures, signs, body language)
• Literacy (reading, writing, spelling)

4. Cognition

• Attention
• Memory
• Problem solving
• Executive functioning

5. Voice

• Phonation quality
• Pitch
• Loudness
• Alaryngeal voice

6. Resonance

• Hypernasality
• Hyponasality
• Cul-de-sac resonance
• Forward focus

7. Feeding and Swallowing

• Oral phase
• Pharyngeal phase
• Esophageal phase
• Atypical eating (e.g., food selectivity/refusal, negative physiologic response) **8. Auditory Habilitation/Rehabilitation**
• Speech, language, communication, and listening skills impacted by hearing loss, deafness
• Auditory processing

Potential etiologies of communication and swallowing disorders include

• neonatal problems (e.g., prematurity, low birth weight, substance exposure); • developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention-deficit disorder, intellectual disabilities, unspecified neurodevelopmental disorders);

• disorders of aerodigestive tract function (e.g., irritable larynx, chronic cough, abnormal respiratory patterns or airway protection, paradoxical vocal fold motion, tracheostomy); • oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral motor dysfunction);

- respiratory patterns and compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease);
- pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence);
- laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis);
- neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebrovascular accident, dementia, Parkinson's disease, and amyotrophic lateral sclerosis);
- psychiatric disorder (e.g., psychosis, schizophrenia);
- genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome); and
- Orofacial myofunctional disorders (e.g., habitual open-mouth posture/nasal breathing, orofacial habits, tethered oral tissues, chewing and chewing muscles, lips and tongue resting position).

This list of etiologies is not comprehensive.

Elective services include

• Transgender communication (e.g., voice, verbal and nonverbal communication); • Preventive vocal hygiene;

- Business communication;
- Accent/dialect modification; and
- Professional voice use.

This list of elective services is not comprehensive.

DOMAINS OF PROFESSIONAL PRACTICE

This section delineates the domains of professional practice—that is, a set of skills and knowledge that goes beyond clinical practice. The domains of professional practice include advocacy and outreach, supervision, education, research, and administration and leadership.

ADVOCACY AND OUTREACH

SLPs advocate for the discipline and for individuals through a variety of mechanisms, including community awareness, prevention activities, health literacy, academic literacy, education, political action, and training programs. Advocacy promotes and facilitates access to communication, including the reduction of societal, cultural, and linguistic barriers. SLPs perform a variety of activities, including the following:

- Advise regulatory and legislative agencies about the continuum of care. Examples of service delivery options across the continuum of care include telehealth/telepractice, the use of technology, the use of support personnel, and practicing at the top of the license.
- Engage decision makers at the local, state, and national levels for improved administrative and governmental policies affecting access to services and funding for communication and swallowing issues.
- Advocate at the local, state, and national levels for funding for services, education, and research.
- Participate in associations and organizations to advance the speech-language pathology profession.
- Promote and market professional services.
- Help to recruit and retain SLPs with diverse backgrounds and interests. • Collaborate on advocacy objectives with other professionals/colleagues regarding mutual goals.
- Serve as expert witnesses, when appropriate.
- Educate consumers about communication disorders and speech-language pathology services.
- Advocate for fair and equitable services for all individuals, especially the most vulnerable. • Inform state education agencies and local school districts about the various roles and responsibilities of school-based SLPs, including direct service, IEP development, Medicaid billing, planning and delivery of assessment and therapy, consultation with other team members, and attendance at required meetings.

SUPERVISION

Supervision is a distinct area of practice; is the responsibility of SLPs; and crosses clinical, administrative, and technical spheres. SLPs are responsible for supervising Clinical Fellows, graduate externs, trainees, speech-language pathology assistants, and other personnel (e.g., clerical, technical, and other administrative support staff). SLPs may also supervise colleagues

and peers. SLPs acknowledge that supervision is integral in the delivery of communication and swallowing services and advances the discipline. Supervision involves education, mentorship, encouragement, counseling, and support across all supervisory roles. SLPs

- possess service delivery and professional practice skills necessary to guide the supervisee; • apply the art and science of supervision to all stakeholders (i.e., those supervising and being supervised), recognizing that supervision contributes to efficiency in the workplace; • seek advanced knowledge in the practice of effective supervision;
- establish supervisory relationships that are collegial in nature;
- support supervisees as they learn to handle emotional reactions that may affect the therapeutic process; and
- establish a supervisory relationship that promotes growth and independence while providing support and guidance.

EDUCATION

SLPs serve as educators, teaching students in academic institutions and teaching professionals through continuing education in professional development formats. This more formal teaching is in addition to the education that SLPs provide to individuals, families, caregivers, decision makers, and policy makers, which is described in other domains. SLPs

- serve as faculty at institutions of higher education, teaching courses at the undergraduate, graduate, and postgraduate levels;
- mentor students who are completing academic programs at all levels; • provide academic training to students in related disciplines and students who are training to become speech-language pathology assistants; and
- provide continuing professional education to SLPs and to professionals in related disciplines.

RESEARCH

SLPs conduct and participate in basic and applied/translational research related to cognition, verbal and nonverbal communication, pragmatics, literacy (reading, writing and spelling), and feeding and swallowing. This research may be undertaken as a facility-specific effort or may be
coordinated across multiple settings. SLPs engage in activities to ensure compliance with Institutional Review Boards and international laws pertaining to research. SLPs also collaborate with other researchers and may pursue research funding through grants.

ADMINISTRATION AND LEADERSHIP

SLPs administer programs in education, higher education, schools, health care, private practice, and other settings. In this capacity, they are responsible for making administrative decisions related to fiscal and personnel management; leadership; program design; program growth and innovation; professional development; compliance with laws and regulations; and cooperation with outside agencies in education and healthcare. Their administrative roles are not limited to speech-language pathology, as they may administer programs across departments and at different levels within an institution. In addition, SLPs promote effective and manageable workloads in school settings, provide appropriate services under IDEIA (2004), and engage in program design and development.

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SCOPE OF PRACTICE FOR THE SPEECH LANGUAGE PATHOLOGY ASSISTANT (SLPA)

AD HOC COMMITTEE TO UPDATE THE SCOPE OF PRACTICE FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

Reference this material as: American Speech-Language-Hearing Association. (2022). S*peech-language pathology assistant scope of practice* [Scope of Practice]. Available from www.asha.org/policy.

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ABOUT THIS DOCUMENT

This Scope of Practice for the Speech-Language Pathology Assistant (SLPA) was developed by the American Speech-Language-Hearing Association (ASHA) Ad Hoc Committee to Update the Scope of Practice for Speech-Language Pathology Assistants (hereafter, "the Ad Hoc Committee"). In January 2021, the ASHA Board of Directors approved a resolution for the

development of the ad hoc committee to complete this task. Members of the committee were Jerrold Jackson, MA, CCC-SLP (chair, Texas),

Tyler T. Christopulos, PhD, CCC-SLP (Utah), Erin Judd, C-SLPA (Minnesota), Ashley Northam, CCC-SLP (Oregon), Katie Orzechowski, MS, CCC-SLP (Illinois), Jennifer Schultz, MA, CCC-SLP (South Dakota), Nancy Thul, MS, CCC-SLP (Minnesota), Nicole Wilson-Friend, C-SLPA (California), and Lemmietta McNeilly, PhD, CCC-SLP (ex officio). Linda I. Rosa-Lugo, EdD, CCC-SLP, Vice President for Speech-Language Pathology Practice, served as the Board liaison. The composition of the Ad Hoc committee included ASHA-certified speech-language pathologists (SLPs) and SLPAs with specific knowledge and experience working with/as support personnel in clinical practice in schools, health care, and/or private practice settings.

This document is intended to provide guidance for SLPAs and their SLP supervisors regarding ethical considerations related to the SLPA practice parameters. It addresses how services performed by SLPAs should be utilized and what specific responsibilities are within and outside their roles of clinical practice. This information was developed by analyzing current practice standards, certification requirements, methods of academic and clinical training (from academic program directors, clinical educators, etc.), and feedback from stakeholders in communication sciences and disorders. Given that standards, state credentialing (e.g., licensure, etc.), and practice issues vary from state to state, this document's purpose is to provide information regarding ASHA's guidelines for the use of SLPAs for the treatment of communication disorders across practice settings.

DEDICATION

In loving memory of Steve Ritch, whose dedication, commitment, and perseverance contributed to ensuring integrity and quality in addressing the topic of SLPAs within the ASHA structure.

ACKNOWLEDGEMENTS

We would like to acknowledge others who provided feedback and insights that aided in the development of this document. The Ad Hoc Committee would also like to acknowledge the expertise shared by Marianne Gellert-Jones, MA, CCC-SLP (Pennsylvania), Ianessa Humbert, PhD, CCC-SLP (Washington, D.C.), and Rosemary Montiel, C-SLPA (California).

EXECUTIVE SUMMARY

ASHA has identified critical shortages of speech-language pathologists (SLP) in all regions of the country, particularly in school settings. These shortages impede the ability of individuals with communication and related disorders to reach their full academic, social, and emotional potential. The use of speech language pathologist assistants (SLPAs) is an essential element of aiding those professionals who provide services and individuals who rely on such services. It is

the position of ASHA that the use of any support personnel be done with the explicit purpose of support for the SLP rather than used as an alternative.

This scope of practice presents minimum recommendations for the training, use, and supervision of speech-language pathology assistants. SLPAs perform tasks as prescribed, directed, and supervised by

ASHA-certified and/or state-credentialed SLPs. Support personnel can be used to increase the availability, frequency, and efficiency of services.

Some tasks, procedures, or activities used to treat individuals with communication and related disorders can be successfully performed by individuals other than SLPs if the persons conducting the activity are properly trained and supervised by ASHA-certified and/or state-credentialed SLPs. The use of evidence as well as ethical and professional judgment should be at the heart of the selection, management, training, supervision, and use of SLPAs.

This scope of practice specifies the minimum qualifications and responsibilities for an SLPA and delineates the tasks that are the exclusive responsibilities of the SLP. In addition, the document provides guidance regarding ethical considerations when SLPAs provide clinical services and outlines the supervisory responsibilities of the supervising SLP.

INTRODUCTION

The *Scope of Practice for the SLPA* provides information regarding the training, use, and supervision of assistants in speech-language pathology – a designation that ASHA established to be applicable in a variety of work settings. Training for SLPAs should be based on the type of tasks specified in their scope of responsibility. Specific education and training may be necessary to prepare assistants for unique roles in various professional settings.

ASHA has addressed the topic of support personnel in speech-language pathology since the 1960s. In 1967, the ASHA Executive Board established the Committee on Supportive Personnel and, in 1969, the document ASHA Legislative Council (LC) approved the document *Guidelines on the Role, Training and Supervision of the Communicative Aide*. In the 1990s, several entities—including committees, a task force, and a consensus panel—were established and the LC approved a position statement, technical report, guidelines, and curriculum content for support personnel. In 2002, ASHA developed an approval process for SLPA programs, and in 2003 ASHA established a registration process for SLPAs. Both were discontinued by vote of the LC because of fiscal concerns. In 2004, the LC approved a position statement on the training, use, and supervision of support personnel in speech-language pathology. Since then, the number of SLPAs has increased primarily in schools and private practice settings. ASHA members in many states continue to request specific guidance from ASHA. In 2016, the ASHA Board of Directors (BOD) completed a feasibility study for the standardization of requirements for assistants; that study demonstrated strong support for certifying assistants, across all stakeholders. The ASHA BOD voted to approve the Assistants Certification program in 2017. In

December 2020, the ASHA Assistants Certification Program launched; this program sets standards for the practices and operations for SLPAs as well as for audiology assistants.

This document does not supersede federal legislation and regulation requirements or any existing state credentialing laws, nor does it affect the interpretation or implementation of such laws. The

document may serve, however, as a guide for the development of new laws or, at the appropriate time, for revising existing licensure laws.

STATEMENT OF PURPOSE

The purpose of this document is to define what is within and outside the scope of responsibilities for SLPAs who work under the supervision of properly credentialed SLPs. The following aspects are addressed:

- parameters for education and professional development for SLPAs
- SLPAs' responsibilities within and outside the scope of practice
- varied practice settings
- information for others (e.g., special educators, parents, consumers, health professionals, payers, regulators, members of the general public) regarding services that SLPAs perform • information regarding the ethical and liability considerations for the supervising SLP and the SLPA • supervisory requirements for the SLP and the SLPA.

MINIMUM REQUIREMENTS FOR AN SLPA

An SLPA must complete an approved course of academic study, complete a supervised clinical experience, successfully pass the ASHA Assistants Certification Exam, **meet credentialing requirements for the state in which they practice**, and receive orientation as well as on-the-job training of SLPA responsibilities specific to the setting.

The minimum educational, clinical, and examination requirements for all SLPAs are outlined in the subsections below:

THREE EDUCATIONAL OPTIONS

An SLPA has three educational options:

1. Completion of an SLPA program from a regionally accredited institution (e.g., an associate degree, a technical training program, a certificate program).

OR

2. Receipt of a bachelor's degree in communication sciences and disorders from a regionally accredited institution AND completion of ASHA education modules.

OR

3. Receipt of a bachelor's degree in a field other than communication sciences and disorders AND completion of ASHA education modules AND successful completion of coursework from a regionally or nationally accredited institution in all of the following areas:

- introductory or overview course in communication disorders
- phonetics
- speech sound disorders
- language development

- language disorders
- anatomy and physiology of speech and hearing mechanisms

ADDITIONAL REQUIREMENTS

In addition to having satisfied one of the above three educational options, the SLPA must also meet all the following three requirements:

1. Completion of a supervised clinical experience that consists of a minimum of one hundred (100) hours under the direct supervision of an ASHA certified SLP. The supervising SLP must meet all ASHA certification and supervising requirements and state credentialing requirements. 2. Achieve a passing score on the ASHA Assistants Certification Exam.
3. Meet all state credentialing requirements.

EXPECTATIONS OF AN SLPA

The following list details of the roles and performance expectations of an ASHA-certified SLPA:

- Adhere to all applicable state laws and rules regulating the practice of speech-language pathology.
- Adhere to the responsibilities for SLPAs specified in this scope of practice document and in state requirements.
  - Avoid performing tasks or activities that are the exclusive responsibility of the SLP. • Perform only those tasks approved by the supervising SLP.
- Work only in settings for which the SLPA has been trained and in which state regulations allow for SLPA employment.
- Deliver services only with an ASHA-certified and state licensed SLP providing direct and indirect supervision on a regular and systematic basis. Frequency and type of supervision should be based on the SLPA's competencies, and the caseload need, both of which are determined by the supervising SLP.
- Conduct oneself ethically within the *ASHA Assistant's Code of Conduct* (ASHA, 2020b) and state ethical codes.

• Self-advocate for needed supervision and training and for adherence to this SLPA scope of practice and other requirements.

• Provide culturally responsive services while communicating and collaborating with students, patients, clients, the supervising SLP, colleagues, families, caregivers, and other stakeholders. • Actively pursue continuing education and professional development activities. • Obtain information regarding availability and need for liability insurance.

RESPONSIBILITIES WITHIN THE SCOPE OF PRACTICE FOR SLPAS

The supervising SLP retains full legal and ethical responsibility for students, patients, and clients served but may delegate specific tasks to the SLPA. The SLPA may execute components of services as specified by the SLP in the plan of care. Services performed by the SLPA are only those within the scope of practice and are tasks that the SLPA has the training and skill to perform as verified by the supervising SLP. The SLP must provide appropriate and adequate direct and indirect supervision to ensure quality care for all persons served. The amount of supervision may vary depending on the case's complexity and the SLPA's experience. Under no circumstances should the use of an SLPA's services (a) violate the *ASHA Code of Ethics* (2016a) or the *ASHA Assistants Code of Conduct* (2020b) or (b) negatively impact the quality of services. An SLPA's services are designed to enhance the quality of care provided by the SLP.

Decisions regarding the tasks that are appropriate to assign to the SLPA should be made by the supervising SLP in collaboration with the SLPA. The SLPA is responsible for communicating their knowledge, experience, and self-assessment of competence with specific skills to the supervising SLP. It is the SLP's responsibility to observe the SLPA performing specific tasks; to provide feedback regarding clinical performance; to recommend or provide education and training to develop skills to meet the needs of the students, patients, and clients served; and to validate the SLPA's competence. The SLPA's competence in practice areas can be determined by observations, collaboration between the supervising SLP and the SLPA, as well as other resources deemed significant by the supervisor/supervisee pair.

If the SLPA has demonstrated the necessary competencies and the supervising SLP provides the appropriate amount and type of supervision, the SLPA may engage in or assigned to perform the following tasks:

- service delivery
- culturally responsive practices
- responsibilities for all practitioners
- responsibilities for practitioners who use multiple languages
- administration and support
- prevention and advocacy.

SERVICE DELIVERY

The SLPA should engage in the following activities when performing necessary tasks related to speech language service provision:

- Self-identifying (e.g., verbally, in writing, signage, titles on name badges, etc.) as an SLPA to students, patients, clients, families, staff, and others.
- Exhibiting compliance with federal, state, and local regulations including: The Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA); reimbursement requirements; and state statutes and rules regarding SLPA education, training, and scope of practice.
  - Administering and scoring screenings for clinical interpretation by the SLP.

  - Assisting the SLP during assessment of students, patients, and clients (e.g., setting up the testing environment, gathering and prepping materials, taking notes as advised by the SLP, etc.). • Administering and scoring assessment tools that (a) the SLPA meets the examiner requirements specified in the examiner's manual and (b) the supervising SLP has verified the SLPA's competence in administration, exclusive of clinical interpretation.
- Administering and scoring progress monitoring tools exclusive of clinical interpretation if (a) the SLPA meets the examiner requirements specified in the examiner's manual and (b) the supervisor has verified the SLPA's competence in administration.
- Implementing documented care plans or protocols (e.g., individualized education plan [IEP], individualized family service plan [IFSP], treatment plan) developed and directed by the supervising SLP.
- Providing direct therapy services addressing treatment goals developed by the supervising SLP to meet the needs of the student, patient, client, and family.
- Adjusting and documenting the amount and type of support or scaffolding provided to the student, patient, or client in treatment to facilitate progress.
- Developing and implementing activities and materials for teaching and practice of skills to address the goals of the student, patient, client, and family per the plan of care developed by the supervising SLP.
- Providing treatment through a variety of service delivery models (e.g., individual, group, classroom-based, home-based, co-treatment with other disciplines) as directed by the supervising SLP.
- Providing services via telepractice to students, patients, and clients who are selected by the supervising SLP.
- Documenting student, patient, or client performance (e.g., collecting data and calculating percentages for the SLP to use; preparing charts, records, and graphs) and report this information to the supervising SLP in a timely manner.
  - Providing caregiver coaching (e.g., model and teach communication strategies, provide feedback regarding caregiver-child interactions) for facilitation and carryover of skills. • Sharing objective information (e.g., accuracy in speech and language skills addressed, participation in treatment, response to treatment) regarding student, patient, and client

performance to students, patients, clients, caregivers, families and other service providers without interpretation or recommendations as directed by the SLP.

• Programming augmentative and alternative communication (AAC) devices. • Providing training and technical assistance to students, patients, clients, and families in the use of AAC devices.

• Developing low-tech AAC materials for students, patients, and clients.

- Demonstrating strategies included in the feeding and swallowing plan developed by the SLP and share information with students, patients, clients, families, staff, and caregivers.

- Assisting students, patients, and clients with feeding and swallowing skills developed and directed by the SLP when consuming food textures and liquid consistencies.

CULTURALLY RESPONSIVE PRACTICES

Cultural responsiveness has been described as providing individuals "with a broader perspective from which to view our behaviors as they relate to our actions with individuals across a variety of cultures that are different from our own" (Hyter & Salas-Provance, 2019, p.7).

Engaging in culturally responsive practices refers to the "explicit use of culturally based care and health knowledge in sensitive, creative, and meaningful ways" (Leininger, 2002, p. 84). It is important to remember that cultural and linguistic backgrounds exist on a continuum and not all individuals will exhibit characteristics of one group at any given time. Practitioners must meet the student, patient, client, and their families or caregivers in a space of mutual understanding and respect.

Not only is the supervising SLP responsible for engaging in these practices, but they should also train and provide support for the SLPA to develop these skills

RESPONSIBILITIES FOR SLPS AND SLPAS

All practitioners have the following responsibilities related to cultural and linguistic supports:

- Adjust communication style and expectations to meet the needs of clients, patients, and students from different cultural groups and to provide services in a culturally responsive manner. For more information, see the ASHA Practice Portal on *Cultural Competence* [ASHA, n.d.-b].
- Provide information to families and staff regarding the influence of first language on the development of communication and related skills in a second language (under the direction of the supervising SLP).
    - Develop an understanding of the family dynamic from a cultural perspective to effectively engage in meetings surrounding intake, discussions of the therapy plan of care and other communication scenarios surrounding practices for addressing communication concerns

- Engage in continuing education and training opportunities focusing on the assessment and intervention process when working with individuals from culturally and linguistically diverse backgrounds.

RESPONSIBILITIES FOR PRACTITIONERS WHO USE MULTIPLE LANGUAGES

Based on prior training and experiences in working with multilingual students, patients or clients and their families, the SLPA may engage in the following tasks:

- Assist the SLP with interpretation and translation in the student's, patient's, or client's first language during screening and assessment activities exclusive of clinical interpretation of results. For more information, see *Issues in Ethics: Cultural and Linguistic Competence* (ASHA 2017) and the ASHA Practice Portal Page on *Bilingual Service Delivery* (ASHA, n.d.-a)

- Interpret for students, patients, clients, and families who communicate using a language other than English, when the provider has received specialized training with interpreting skills in the student's, patient's, or client's first language. For more information, see *Issues in Ethics: Cultural and Linguistic Competence* (ASHA 2017) and the ASHA Practice Portal Page on *Bilingual Service Delivery* (ASHA, n.d.-a)
- Provide services in another language for individuals who communicate using a language other than English or for those who are developing English language skills. Such services are based on the provider's skills and knowledge of the language spoken by the student, patient, or client. For more information, see *Issues in Ethics: Cultural and Linguistic Competence* (ASHA 2017) and the ASHA Practice Portal Page on *Bilingual Service Delivery* (ASHA, n.d.-a).

ADMINISTRATIVE SUPPORT

Depending on the setting, adequate training, and guidance from the supervising SLP, the SLPA may:

- assist with clerical duties and site operations (e.g., scheduling, recordkeeping, maintaining inventory of supplies and equipment);
  - perform safety checks and maintenance of equipment, and
  - prepare materials for screening, assessment, and treatment services.

PREVENTION AND ADVOCACY

Depending on the setting, adequate training, and guidance from the supervising SLP, the SLPA may

- present primary prevention information to individuals and groups known to be at risk for communication and swallowing disorders;

• promote early identification and early intervention activities;

- advocate for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication— including addressing the social determinants of health and health disparities;
- provide information to emergency response agencies for individuals who have communication, swallowing, and/or related disorders;
- advocate at the local, state, and national levels for improved public policies affecting access to services and research funding;
- support the supervising SLP in research projects, in-service training, marketing, and public relations programs; and

• participate actively in professional organizations.

RESPONSIBILITIES OUTSIDE THE SCOPE OF PRACTICE FOR SPEECH LANGUAGE PATHOLOGY ASSISTANTS

There is potential for misuse of an SLPA's services, particularly when responsibilities are delegated by other staff members (e.g., administrators, nursing staff, physical therapists, occupational therapists, psychologists, etc.) without the approval of the supervising SLP. It is highly recommended that this *ASHA SLPA Scope of Practice* as well as the *ASHA Code of Ethics* (ASHA, 2016a) and the *ASHA Assistants Code of Conduct* (ASHA, 2020b) be reviewed with all personnel involved when employing an SLPA. It should be emphasized that an individual's communication and/or related disorders and/or other factors may preclude the use of services from anyone other than an ASHA-certified and/or licensed SLP. The SLPA should not perform any task without the approval of the supervising SLP. The student, patient, or client should be informed that they are receiving services from an SLPA under the supervision of an SLP.

The SLPA should *NOT* engage in any of the following activities:

• representing themselves as the SLP;

- interpreting assessment tools for the purpose of diagnosing disability, determining eligibility or qualification for services;

• administering or interpreting feeding and/or swallowing screenings, checklists, and assessments; • diagnosing communication and feeding/swallowing disorders;

- developing or determining the feeding and/or swallowing strategies or precautions for students, patients, and clients;
- disclosing clinical or confidential information (e.g., diagnosis, services provided, response to treatment) either orally or in writing to individuals who have not been approved by the SLP to receive information unless mandated by law;

• writing, developing, or modifying a student's, patient's, or client's plan of care in any way; • making referrals for additional services;

- assisting students, patients, and clients without following the individualized plan of care prepared by the ASHA certified SLP;
- assisting students, patients, and clients without access to supervision;
- selecting AAC systems or devices;
- treating medically fragile students, patients, and clients without 100% direct supervision; • performing procedures that require specialized knowledge and training (e.g., vocal tract prosthesis shaping or fitting, vocal tract imaging);
- providing input in care conferences, case conferences, or any interdisciplinary team meeting without the presence or prior approval of the supervising SLP or other designated SLP; • providing interpretative information to the student, patient, client, family, or others regarding the student's, patient's, or client's status or service;
- signing or initialing any formal documents (e.g., plans of care, reimbursement forms, reports) without the supervising SLP's co-signature;
- discharging a student, patient, or client from services.

PRACTICE SETTINGS

Under the specified guidance and supervision of an ASHA-certified and/or state-credentialed SLP, SLPAs may provide services in a wide variety of settings, which may include, but are not limited to, the following:

- public, private, and charter elementary and secondary schools
- early intervention settings (e.g., homes, preschools, daycare settings)
- hospitals (inpatient and outpatient)
- residential health care settings (e.g., long-term care and skilled nursing facilities)
- nonresidential health care settings (e.g., adult daycare, home health services, and clinics) • private practice settings
- university/college clinics
- research facilities
- corporate and industrial settings
- student's, patient's, or client's residences

ETHICAL CONSIDERATIONS

ASHA strives to ensure that its members and certificate holders preserve the highest standards of integrity and ethical practice. ASHA maintains two separate documents that set forth the fundamentals of ethical conduct in the professions. The *ASHA Code of Ethics* (2016a) sets forth the fundamental principles and rules deemed essential for SLPs. This code applies to every individual who is (a) an ASHA member, whether certified or not, (b) a nonmember holding the ASHA Certificate of Clinical Competence, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification.

The *ASHA Assistants Code of Conduct* (2020b) sets forth the principles and fundamentals of ethical practice for SLPAs. The Assistants Code of Conduct applies to all ASHA-certified audiology and speech language pathology assistants, as well as applicants for assistant certification. It defines the SLPA's role in the provision of services under the SLP's supervision and provides a framework to support decision making related to the SLPA's actions. The Assistants Code of Conduct holds assistants to the same level of ethical conduct as the supervising SLP with respect to responsibilities to people served professionally, the public, and other professionals; however, it does not address ethics in supervision and other duties that are outside the SLPA Scope of Practice.

It is imperative that the supervising SLP and the SLPA are knowledgeable about the provisions of both codes and that they behave in a manner consistent with the principles and rules outlined in the ASHA Code of Ethics and the ASHA Assistants Code of Conduct. Because the ethical responsibility for students, patients, and clients--or for subjects in research studies--cannot be delegated, the supervising SLP takes overall responsibility for the actions of any SLPA when that SLPA is performing their assigned duties. If the SLPA engages in activities that violate the Assistants Code of Conduct, then the supervising SLP may be found in violation of the Code of Ethics--if it is found that adequate oversight has not been provided.

The following principles and rules of the Code of Ethics specifically address issues that are pertinent when an SLP supervises SLPAs in the provision of services or when conducting research. Failure to comply with principles and rules related to supervisory activities in the Code of Ethics or failure to ensure that the SLPA complies with the Assistants Code of Conduct could result in a violation of the Code of Ethics by the supervisor.

Principle of Ethics I, Rule of Ethics A: Individuals shall provide all clinical services and scientific activities competently.

Guidance:

The supervising SLP must ensure that all services, including those provided directly by the SLPA, meet practice standards, and are administered competently. The supervising SLP is responsible for providing training as needed or requested by the SLPA, identifying the services that the SLPA is competent to perform, monitoring the provision of those services to ensure quality of care, and intervening to correct the actions of the SLPA as needed.

Principle of Ethics I, Rule of Ethics D: Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.

Guidance:

The supervising SLP must ensure that students, patients, clients, caregivers, and research subjects are informed of the title and qualifications of the SLPA. This is not a passive responsibility; that is, the supervisor must make this information easily available and understandable to the students, patients, clients, caregivers, and research subjects and not rely on the individual to inquire about or ask directly for this information.

Principle of Ethics I, Rule of Ethics E: Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

Guidance:

The supervising SLP is responsible for providing appropriate and adequate direct and indirect supervision to ensure that the services provided are appropriate and meet practice standards. The SLP must consider student, patient, or client needs and the SLPA's knowledge and skills to determine what constitutes appropriate supervision, which may be more than the minimum required in state regulations. The SLP must document supervisory activities and adjust the amount and type of supervision to ensure that the Code of Ethics and Assistants Code of Conduct are followed.

Principle of Ethics I, Rule of Ethics F: Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

Guidance:

The supervising SLP is responsible for monitoring the professional activities performed by the SLPA and ensuring that they remain within the guidelines set forth in the ASHA SLPA Scope of Practice and applicable state and facility guidelines. In some cases, ASHA requirements may differ from state regulations. ASHA requirements do not supersede state licensure laws or affect the interpretation or implementation of such laws. The supervising SLP should ensure that the highest standards of ethical conduct are maintained.

Principle of Ethics II, Rule 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.

Guidance:

The supervising SLP is responsible for ensuring that they have the skills and competencies needed to provide appropriate supervision. This includes completion of required continuing

education in supervision and may include seeking additional continuing education in supervision to remain current in this area.

Principle of Ethics II, Rule of Ethics E: Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.

Guidance:

The supervising SLP must ensure that the SLPA only performs those activities that are defined as appropriate for the level of training and experience and in accordance with applicable state regulations and facility guidelines. If the SLPA exceeds the practice role that has been defined for them, the SLP must intervene to correct the actions of the SLPA as needed.

Principle of Ethics III, Rule of Ethics D: Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.

Guidance:

States and third-party payers (e.g., insurance, Medicaid) vary in their policies regarding recognition of SLPAs as approved service providers, rate of reimbursement for assistant-level services, and other

policies. The supervising SLP and SLPA are jointly responsible for knowing and understanding federal and state regulations and individual payer policies, billing for services at the appropriate level, and providing the amount and type of supervision required by the payer when billing for SLPA services.

Principle of Ethics IV, Rule of Ethics I: Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.

Guidance:

Because the SLPA provides services as an extension of those provided by the certified SLP, the SLP is responsible for ensuring the SLPA adheres to the Assistants Code of Conduct and monitoring the performance of the SLPA.

LIABILITY ISSUES

Individuals who engage in the delivery of services to persons with communication and swallowing disorders are potentially vulnerable to accusations of engaging in unprofessional practices. Therefore, ASHA recommends that SLPAs secure liability insurance as a protection for malpractice. SLPAs should consider the need for liability coverage. Some employers

provide it for all employees. Other employers defer to the employee to independently acquire liability insurance. Some universities provide coverage for students involved in practicum and fieldwork. Obtaining or verifying liability insurance coverage is the SLPA's responsibility and needs to be done prior to providing services.

GUIDELINES FOR SLP SUPERVISION OF SLPAS

For SLPAs to practice, a supervising SLP must be identified. The following indicates considerations for the supervising SLP:

- qualifications for the supervising SLP
- expectations of the supervising SLP
- considerations for the ratio of SLPs to SLPAs
- requirements for frequency and duration of supervision.

MINIMUM QUALIFICATIONS FOR A SUPERVISING SLP

The minimum qualifications for an SLP to supervise the SLPA include the following:

- Hold the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) from ASHA and/or possess the necessary state-credentials
  - Completion of a minimum of 9 months of experience after being awarded ASHA certification (i.e., completion of the 9-month Clinical Fellowship followed by 9 months of experience) • Completion of a minimum of 2 hours of professional development in clinical instruction/supervision
  - Adherence to state guidelines for supervision of the SLPA

- It is recommended that the professional development course taken in clinical instruction or supervision include content related to the supervision of SLPAs

EXPECTATIONS FOR THE SUPERVISING SLP

In addition to the minimum qualifications listed above, the following are additional roles and behavior that are expected of the supervising SLP:

  - Adhere to the principles and rules of the ASHA Code of Ethics (ASHA, 2016a) • Adhere to applicable licensure laws and rules regulating the practice of speech-language pathology
  - Conduct ongoing competency evaluations of the SLPAs
- Provide and encourage ongoing education and training opportunities for the SLPA consistent with competency and skills required to meet the needs of the students, patients, and clients served
- Develop, review, and modify treatment plans for students, patients, and clients that the SLPA implements under the supervision of the SLP

- Make all case management decisions
- Adhere to the supervisory responsibilities for SLPs
- Retain legal and ethical responsibility for all students, patients, and clients served • Maintain an active interest in collaborating with SLPAs

SUPERVISION OF SLPAS

The relationship between the supervising SLP and the SLPA is paramount to the welfare of the student, patient, or client. Because the clinical supervision process is a close, interpersonal experience, the supervising SLP should participate in the selection of the SLPA when possible. It is the SLP's responsibility to design and implement a supervision system that protects the students', patients', and clients' care and that maintains the highest possible standards of quality. The amount and type of supervision must meet (a) minimum requirements as specified in this document and (b) state requirements. Supervision must be based on (a) the needs, competencies, skills, expectations, philosophies, and experience of the SLPA and the supervisor; (b) the needs of students, patients, and clients served; (c) the service setting; (d) the tasks assigned; and (e) other factors. More intense supervision, for example, would be required in such instances as the orientation of a new SLPA; initiation of a new program, equipment, or task; or a change in student, patient, or client status (e.g., medical complications). Functional assessment of the SLPA's skills with assigned tasks should be an ongoing, regular, and integral element of supervision. SLPs and SLPAs should treat each other with respect and should interact in a manner that will provide the best possible outcomes for student, patient, and client care. It is also critical that the SLP and SLPA understand that their language, culture, and experiences will be different within the dyad and across the triad (SLP, SLPA, and patient, client, and student). It is expected that the practitioners stay grounded in cultural responsiveness and culturally responsive practices when engaged in all aspects of interactions.

As the SLP’s supervisory responsibility increases, overall responsibilities will change because the SLP is responsible for the students, patients, and clients as well as supervision of the SLPA. Therefore, adequate time for direct and indirect supervision of the SLPA(s) and caseload management must be allotted as a critical part of the SLP's workload. The purpose of the assistant level position is not to significantly increase the caseload size for SLPs. The specialized skills should be utilized to support the SLP with the care of individuals on the SLP's caseload. Under no circumstances should an assistant have their own caseload.

Diagnosis, treatment, and support of the students, patients, and clients served remains the legal and ethical responsibility of the supervisor. Therefore, the level of supervision required is considered the minimum level necessary for the supervisor to retain direct contact with the students, patients, and
clients. The supervising SLP is responsible for designing and implementing a supervisory plan that protects consumer care, maintains the highest quality of practice, and documents the supervisory activities.

SLP-TO-SLPA RATIO

The supervising SLP should determine the appropriate number of assistants whose practice can be supervised within their workload. Although more than one SLP may provide supervision of an SLPA, it is recommended that the SLP not supervise or be listed as a supervisor for more than three full-time equivalent (FTE) SLPAs in any setting. The number of SLPAs who can be appropriately supervised by a single SLP will depend on a variety of factors including caseload characteristics, SLPA experience, and SLP experience. The SLP is responsible for determining how many SLPAs can be supervised while maintaining the highest level of quality for services provided. When multiple SLPs supervise a single SLPA, it is critical that the supervisors coordinate and communicate with each other so that they collectively meet minimum supervisory requirements and ensure that they maintain the highest quality of services.

REQUIREMENTS FOR THE FREQUENCY AND AMOUNT OF SUPERVISION

Supervision requirements may vary based on a variety of factors. The amount and type of supervision required must be consistent with (a) the SLPA's skills and experience; the needs of the students, patients, and clients; (c) the service setting; (d) the tasks assigned; and (e) the laws and regulations that govern SLPAs. To ensure adequate and appropriate supervision, the supervising SLP should outline their expectations in collaboration with the SLPA. As the relationship continues to develop over time, the SLP/SLPA team can decide how and to what extent supervision is needed.

Before the SLPA begins to provide support independently, the supervising SLP must have first contact with all individuals on the caseload. "First contact" includes establishing rapport, gathering baseline data, and securing other necessary documentation to begin (or continue) the plan of care for the student, patient, or client. As the SLP/SLPA team dynamic continues to develop beyond the initial onboarding, minimum ongoing supervision must always include documentation of direct supervision provided by the SLP for each student, patient, or client **at least every 30–60 days (depending on frequency of visits/sessions and setting).**

The SLP can adjust the amount of supervision if they determine that the SLPA has met appropriate competencies and skill levels in treating students, patients, and clients who have a variety of communication disorders. Data on every student, patient, and client serviced by the SLPA should be reviewed by the supervisor in regular intervals and can be considered "indirect supervision." Supervisors should arrange designated days and times of day (morning or afternoon) in such a way that all students, patients, and clients receive direct contact with the supervising SLP.

The supervising SLP must accurately document and regularly record all supervisory activities, both direct and indirect. Further, 100% direct supervision (synchronous or "live" telesupervision is acceptable) of SLPAs for medically fragile students, patients, or clients is required.

The supervising SLP is responsible for designing and implementing a supervisory plan, which ensures that the SLP maintains the highest standard of quality care for students, patients, and clients. A written supervisory plan is a tangible way to document progress and outline the practices of the supervising SLP and the SLPA. Care of the student, patient, or client remains the supervisor's responsibility.

Direct supervision means in-view observation and guidance while the SLPA is performing a clinical activity. This can include the supervising SLP viewing and communicating with the SLPA via telecommunication technology as the SLPA provides clinical services, this scenario allows the SLP to provide ongoing immediate feedback. Direct supervision does not include reviewing an audio or video recorded session later.

Supervision feedback should provide information about the quality of the SLPA's performance of assigned tasks and should verify that clinical activity is limited to tasks specified in the list of an SLPA's ASHA-approved responsibilities. Information obtained during direct supervision may include, but is not limited to, data relative to (a) agreement (reliability) between the SLPA and the supervisor on correct or incorrect recording of target behavior, (b) accuracy implementing assigned treatment procedures, (c) accuracy recording data, and (d) ability to interact effectively with the student, patient, or client during presentation and implementation of assigned procedures or activities.

Indirect supervision does not require the SLP to be physically present or available via telecommunication while the SLPA is providing services. Indirect supervisory activities may include (a) reviewing demonstration videos; (b) reviewing student, client, or patient files; (c) reviewing and evaluating audio or video recorded sessions; and/or (d) conducting supervisory conferences either in person or via telephone and/or live, secure virtual meetings. The SLP will review each care plan as needed for timely implementation of modifications.

An SLPA may not perform tasks when a supervising SLP cannot be reached by personal contact, that is, phone, pager, or other immediate or electronic means. If, for any reason (i.e., maternity leave, illness, change of jobs) the supervisor is no longer available to provide the level of supervision stipulated, then
the SLPA may not perform assigned tasks until an ASHA-certified and/or state-licensed SLP with experience and training in supervision has been designated as the new supervising SLP.

Any supervising SLP who will not be able to supervise an SLPA for more than 1 week will need to (a) inform the SLPA of the planned absence, (b) notify the employer or site administrator that other arrangements for the SLPA's supervision of services need to be made while the SLP is unavailable, and (c) inform the students, patients, or clients that their speech-language services will be rescheduled.

In some instances, multiple SLPs may supervise the SLPA. Those doing so must give special consideration to, and think carefully about, the impact that this supervisory arrangement may

have on service providers. It is recommended that the SLPA not be supervised by more than three SLPs.

CONCLUSION

This document aims to provide guidance for the use of SLPAs in appropriate settings, thereby increasing access to timely and efficient speech-language services. The supervising SLP or SLPs are responsible for staying abreast of current guidelines (including state credentialing guidelines) and ensuring the quality of services rendered. Given that standards, state credentialing (e.g., licensure, etc.), and practice issues vary from state to state, this document's purpose is to provide information regarding ASHA's guidelines for the use of SLPAs for the treatment of communication disorders across practice settings.

DEFINITIONS

accountability—refers to being legally responsible and answerable for actions and inactions of self or others during the performance of a task by the SLPA.

aide/technician—individual who has completed on-the-job training, workshops, and other related tasks and who works under the direct supervision of an ASHA-certified SLP. See also *speech-language pathology aide/technician*.

assessment—procedures implemented by the SLP for the differential diagnosis of communication and swallowing disorders, which may include, per the *ASHA Speech-Language Pathology Scope of Practice* [PDF], "culturally and linguistically appropriate behavioral observation and standardized and/or criterion-referenced tools; use of instrumentation; review of records, case history, and prior test results; and interview of the individual and/or family to guide decision making" (ASHA, 2016b, p. 11). *Assessments* may also be referred to as *evaluations*, *tests*, and so forth.

cultural responsiveness—provides individuals with "a broader perspective from which to view our behaviors as they relate to our actions with individuals across a variety of cultures that are different from our own". (Hyter and Salas-Provance, 2019, p. 7)

culturally responsive practices—Care that takes the client's cultural perspectives, beliefs, and values into consideration in all aspects of education and/or service provision. Leininger (2002) defines this term as "the explicit use of culturally based care and health knowledge in sensitive, creative, and meaningful ways".

direct supervision—in-view observation and guidance by an SLP while the SLPA performs an assigned activity. Direct supervision activities performed by the supervising SLP may include, but are not limited to, the following: observing a portion of the screening or treatment procedures performed by the SLPA, coaching the SLPA, and modeling for the SLPA. The supervising SLP must be present during all services provided to a medically fragile client by the SLPA (e.g., on-site or via synchronous telesupervision). The SLP can view and

communicate with the student, patient, or client and SLPA via "real-time" telecommunication technology to supervise the SLPA, giving the SLP the opportunity to provide immediate feedback. This does not include reviewing a recorded session later.

indirect supervision—the monitoring or reviewing of an SLPA's activities outside of observation and guidance during direct services provided to a student, patient, or client. Indirect supervision activities performed by the supervising SLP may include, but are not limited to, demonstration, records review, review and evaluation of audio or video recorded sessions, and interactive conferences that may be conducted by telephone, email, or other forms of telecommunication (e.g., virtual platforms).

interpretation—summarizing, integrating, and using of data for the purpose of clinical decision making, which may only be done by SLPs. SLPAs may summarize objective data from a session to the family or team members.

medically fragile—a term used to describe an individual who is acutely ill and in an unstable health condition. If an SLPA treats such an individual that treatment requires 100% direct supervision by an SLP.

plan of care—a written service plan developed and monitored by the supervising SLP to meet the needs of an individual student, patient, or client. The plan may address needs for screening, observation, monitoring, assessment, treatment, and other services. Examples of care plans include Individualized Education Plans (IEPs), Individualized Family Service Plans (IFSPs), rehabilitation services plans, and so forth.

progress monitoring—a process of collecting, graphing, and reviewing data on an individual's target skills to assess their response to treatment and then comparing their growth to a target trend line or goal to determine whether sufficient progress is being made. Definition adapted from Progress Monitoring webpage. (*National Center on Intensive Intervention*, n.d.)

screening—a pass-fail procedure to identify, without interpretation, students, patients, or clients who may require further assessment following specified screening protocols developed by and/or approved by the supervising SLP.

social determinants of health—the conditions in which people are born, grow, live, work, and age, including the health system. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities-the unfair and avoidable differences in health status seen within and between countries. (World Health Organization, n.d.)

speech-language pathology aides/technician—an individual who has completed on-the-job training, workshops, and other related tasks and who works under the direct supervision of an ASHA-certified SLP; this is another type of support personnel that may not meet the requirements as an ASHA certified SLPA. See also aide/technician

speech-language pathology assistant—an individual who, following academic coursework, clinical practicum, and credentialing can perform tasks prescribed, directed, and supervised by ASHA-certified SLPs.

supervising speech-language pathologist—an SLP who holds a Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) from ASHA and/or a state licensure (where applicable), has an active interest and desire to collaborate with support personnel, has a minimum of 9 months of experience after being awarded ASHA certification, has completed the 2-hour supervision requirement per the *ASHA Certification Standards* (ASHA,2020a) and adheres to state credentialing guidelines for supervision of the SLPA, and who is licensed and/or credentialed by the state (where applicable).

supervision—the provision of direction and evaluation of the tasks assigned to an SLPA. Methods for providing supervision include direct supervision, indirect supervision, and telesupervision.

support personnel—these individuals perform speech-language tasks as prescribed, directed, and supervised by ASHA-certified SLPs. There are different levels of support personnel based on training and scope of responsibilities. The term support personnel includes SLPAs and speech-language pathology aides/technicians. ASHA is operationally defining these terms for ASHA resources. Some states use different terms and definitions for support personnel (e.g., *assistant speech-language pathologist*, *speech-language pathologist paraprofessional*, and *SLP assistant*, among others).

telepractice—applying telecommunications technology to the delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation (ASHA, n.d.).

telesupervision—the SLP can view and communicate with the patient and SLPA in real time via telecommunication software (e.g., virtual platforms), webcam, telephone, and similar devices and services to supervise the SLPA. This enables the SLP to give immediate feedback. Telesupervision does not include reviewing a recorded session later.

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Chapter 2: Responsibilities

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Department of Speech Pathology and Audiology
Speech-Language Clinic Coordinator
Duties & Responsibilities

A. WIU Speech-Language Clinic

- Work together with the office manager to provide communication to clients about parking, dates, times, etc.
- Recruitment for clients
- Organize registration for upcoming semester
- Schedule building of clients/students/supervisors
- Work with Chair to handle issues with parents, students, and supervisors on- and off-campus

B. Student Orientation

- Select a committee to be involved each academic year (i.e, clinic committee)
- Organize an orientation for students to introduce the procedures and protocols (i.e, Bloodborne Pathogen & HIPAA training, cleaning, Axis cameras) for starting in the clinic
- Schedule the CPR for students and faculty
- Provide a list of fees, training, badges, keys, uniform orders, etc. Anything necessary for students to be ready to start clinic

C. Speech-Language Clinical Practicum: SPA 488/588

- Develop syllabi for clinic courses and maintain the WesternOnline for 488/588 b. On- and off-campus student assignments
    - Ensure that students are assigned a variety of supervisors, adults/children, diagnosis, etc.
- Responsible for final grades
- Provide assignments to supervisors and clinicians prior to the end of the semester
- Provide the office manager with anything necessary for updating clients, clinicians, and supervisors in ClinicNote
- Organize weekly clinic meetings for students enrolled in 488/588
- Meet with clinic committee as needed but at least once each semester to overview protocols and procedures
- Update clinic manual
- Manage/notify Boom accounts

D. Diagnostics: SPA 587

- Develop syllabi and maintain WesternOnline

- Work directly with office manager to provide portal access to clients
- Schedule the clients as they complete paperwork and assign them a supervisor and student clinician
- Assign students to complete one to two Simucases of adult patients, low prevalence, etc.
- Responsible for final grades
- Responsible for the first-year experience with graduate students introduced to the process (i.e., observing, reporting, etc.)
- Screenings
    - Initiate and maintain contact with local preschools, daycares, schools and other possible screening and referral sources

E. Clinic Remediations (SPA 587/588/590/522/600)

- Work with supervisor and student to develop a plan for meeting requirements b. Serve as the liaison between student and supervisors if necessary

F. CALIPSO

- Overseeing the use of CALIPSO by students, supervisors (on- and off-campus), and administrators
- Educating and training off-campus supervisors on the CALIPSO system for student evaluations and the approval of clinical hours
- Verifying Certification standards for graduate students in all academic and clinical courses

G. Educational Internship Coordinator (SPA 522)

- Secure internship placements to meet the requirements of SPA 522. b. Secure signatures from students and supervisors on the Educational Internship Agreement Form.
- Ensure students have completed background checks, immunizations, and any other certifications necessary for beginning their internships
- Communicate with internship supervisors at midterms and finals; forward issues to the Program Director

Department of Speech Pathology and Audiology
Graduate Advisor
Responsibilities and Duties

The Graduate Coordinator is primarily responsible for working directly with the Department Chair to maintain and administer the Speech Pathology graduate program. This includes a number of responsibilities and duties that range from daily student and faculty concerns to assisting with university and accreditation reports.

Duties include the following:

- Recruiting potential graduate students for the program
- Responding to all written and oral inquiries to the Speech Pathology graduate program from prospective students
- Organizing in-person and virtual Graduate Open Houses for prospective students
- Acting as primary department contact person and administrator of CSDCAS webpage for all graduate admissions
    - Coordinating graduate school applications through the use of CSDCAS
- Organizing transmittals from the School of Graduate Studies at Western Illinois University
- Coordinating the graduate admissions process with the SPA Graduate Committee
    - Meeting for fall admission- to determine students to move forward to interview or deny
        - Communicating admissions decisions to all applicants and appropriate offices
- Organizing course and clinic feedback from faculty and supervisors for conducting midterm and final meetings to discuss student progress and issues if necessary
- Confirming the accuracy of all submitted paperwork for the School of Graduate Studies
    - Degree plans
    - Petitions, when necessary
    - Applications for graduation
- Tracking graduate student progress and ensuring students' matriculation
    - Registration of students in courses and clinic that meets student graduate degree plan/WARD sheets
- Enforcing current graduate college/department policy, including the "C-rule" and maintaining Certification standards
    - Providing students with policies and procedures for filing appeal
- Serving as advisor for second bachelor's candidates
- Addressing proposed policy changes for graduate program, admission standards, and all things specific to the graduate program
- Attending Graduate Council meetings as necessary to represent our department and/or our students

- Assisting with annual accreditation reports and accreditation site visit as it pertains to the graduate program
- Operating as liaison between department and School of Graduate Studies for any issues or concerns related to the graduate program or student progress and/or performance
- Maintaining accuracy of information on graduate website, catalog copy, and flat sheets
- Setting and conducting Graduate Committee department meetings
    - Curriculum, clinic changes, student concerns, etc.
- Overseeing the awarding and disbursement of graduate assistantships, including
    - Application
    - Selection / Non-selection records
    - Notification
- Coordinating the selection of the Marx, Corlett, Monkman, Collins and the two Severinsen Scholarships
- Maintaining appropriate ASHA records, including
    - Monitoring of past and present student clinicians' clinical hours
    - Disbursing copies of clinical hours upon request from students, supervisors, licensing agencies, and/or accreditation purposes

ACEs assigned by number of students.

3 ACEs/year= 25 or less grad students

4.5 ACEs/year= 26-40 students

6 ACEs/year= >40 students

Department of Speech Pathology and Audiology
Medical Internship Coordinator
Responsibilities and Duties

The medical internship coordinator for SPA is responsible for the coordination of medical internships to meet the requirements for SPA 600. The internship coordinator works with the graduate students to identify appropriate settings to meet the requirement.

Duties include the following:

- Development of course syllabus and maintain WesternOnline
- Work with graduate students throughout program to organize placement site and secondary sites as needed;
- Secure affiliation agreements for off-campus medical internship placements for SPA 600
- Confirm the supervisors are ASHA certified and meet ASHA requirements for supervision
- Ensure students have completed background checks, immunizations, and any other certifications necessary for beginning their internships
- Instruct students in preparations for medical internships by outlining expectations for performance
- Communicate with internship supervisors at midterms and finals
- Communicate with students about issues that need to be addressed about issues that need to be addressed during the internship regarding professionalism and/or performance
- Manage ongoing affiliation agreements by corresponding with responsible parties to update/finalize the contracts

Chapter 3: Compliance

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The Western Illinois University Speech-Language-Hearing Clinic will implement and maintain administrative, technical, and physical safeguards to protect the privacy and security of Protected Health Information (PHI). The Clinic will take reasonable steps to safeguard PHI from any intentional or unintentional use or disclosure in violation of or not permitted by the HIPAA Privacy and Security Rules.

POLICY: Uses and Disclosures of Protected Healthcare Information (PHI)

The Western Illinois University (WIU) Speech-Language and Hearing Clinic will use this policy and procedure manual to comply with the laws relating to the use and disclosure of protected health information (PHI).

PROCEDURES:

Definitions:

1. Protected health information (PHI) is considered the identifiable health information that is transmitted or maintained in any format (written, electronic, or oral) that describes an individual's health status or other characteristics that identify or could be used to identify an individual. Covered information includes but is not limited to:
    a. Demographic information
    b. Medical diagnoses
    c. Specific health care provided including the following:
        i. Results of evaluations and/or diagnostics
        ii. Treatment information (e.g., lesson plans, treatment plans, SOAP notes)
    d. Payment and insurance information
        i. Results of evaluations and/or diagnostics
        ii. Treatment information (e.g., lesson plans, treatment plans, SOAP notes)

Permitted uses and disclosures

a. WIU Speech-Language and Hearing Clinic shall be permitted to use and disclose an individual's protected health information to the individual for treatment, payment, and operations as defined within this policy and with written authorization.

b. Patients/clients may examine or obtain copies of their medical records by requesting verbally or in writing.

c. WIU Speech-Language and Hearing Clinic will obtain a signed written authorization from an individual or caregiver before using or disclosing any protected health information.

d. Copies of the signed consent form and release of information form shall be retained in the patient/client file for no less than six years.

e. The consent form and/or release of information form will contain:
    i. Identification of the patient/client
    ii. Identification of the individual who is authorized to agree to the disclosure of information is different than the patient/client such as caregiver/legal guardian
    iii. A description of the information to be used or disclosed

iv. Signature of the client/patient or the signature of a caregiver/legal guardian with authority to act on behalf of the individual
v. Identification of the persons or institution authorized to receive the disclosed information
vi. Expiration date of consent/release form (typically 1-year)
vii. A statement of the right to revoke the authorization

POLICY: Workforce Responsibilities For Faculty, Supervisors, Staff and Students

The WIU Speech-Language and Hearing Clinic shall comply with policies and procedures to safeguard the privacy of patients' PHI.

PROCEDURES:

1. WIU Speech-Language and Hearing Clinic shall use and disclose PHI only as authorized by the patient/client and or the legal guardian.
2. Faculty, supervisors, and staff of the Department of Speech Pathology & Audiology shall conduct oral discussions of PHI in a manner that complies with the "minimum necessary" standard.
    a. Minimum necessary amount of protected health information is defined as the amount of information necessary for accomplishing the intended purpose (i.e., planning therapy, planning diagnostic, ordering hearing aids, discussing referral possibilities, etc.)
3. Faculty, supervisors, student clinicians, students observing clinic sessions, and staff will complete annual training on privacy and security practices, policies, and procedures.
    b. HIPAA Training
        i. Certificate of completion demonstrating understanding of HIPAA policies will be required to work, supervise, provide therapy, and observe in the clinic
    c. Confidentiality Form and Acknowledgement to Policies and Procedures
        i. Faculty, supervisors, student clinicians, students observing clinic sessions, and staff will sign a form *(Confidentiality Agreement)* explaining they have read, understand, and will comply with confidentiality policies and procedures. This form indicates they have been provided access to the policies and procedures.

POLICY: WIU Clinic will limit incidental uses and disclosures of PHI

1. Access to patient/client PHI should be limited to those who have proper authorization to access the information. These faculty, supervisors, staff, and students are those who need the PHI in order to carry out their responsibilities (e.g., supervisory role, student clinician role, student observer, office management responsibilities, clinical instruction).

1. Students who are working with patients/clients at the Clinic and those students who are observing patients/clients in our Clinic are permitted access to PHI under supervision.
2. Anyone who has access to PHI must have completed the HIPAA training as evidenced by the certificate of completion and signed the Clinic's privacy policy and procedures form.

ACCESS TO MEMORIAL HALL 2nd FLOOR

Memorial Hall Building

Administrators, faculty, supervisors, SPA graduate students, and OSS have keys to unlock the building after hours or holidays when the campus is not operating under usual business hours.

Request for keys

The OSS will complete a key request document, have the document signed by the Department Chair and Building Representative and then will forward a request to the Office of Public Safety (OPS) for individuals to receive keys. OPS will contact OSS when request is filled and those who have keys will pick up and sign for keys at OPS in Mowbray Hall.

Classrooms

Administrators, faculty, and office OSS have keys for unlocking the classrooms (Memorial Hall 204 and 208).

Clinic rooms

Administrators, faculty, supervisors, SPA graduate students, and OSS have keys to unlock the therapy/treatment rooms (Memorial Hall 209A/B; 211 A/B; 213A/B; 215A/B; 217 A/B; 219 A/B; 221A/B; 226; 233), Little Learners (342) and the observation hallway and observation rooms.

Additional rooms

Administrators, faculty, supervisors, SPA graduate students, and office support specialist have keys to unlock the Graduate workroom (212), Undergraduate workroom (207), Library/Materials Room (214), Therapy Prep Rooms (216; 220), and Sensory Room (206).

Main office

Administrators, faculty, supervisors, and OSS have keys for unlocking the main office (Memorial Hall 230A).

File room

The file room is located in the main office (Memorial Hall 230B.) Administrators, faculty, supervisors, and OSS have keys to unlock the file room. This door should remain closed during clinic hours, but accessible to clinicians.

Faculty offices

Administrators, faculty, and OSS have keys to unlock faculty offices (Memorial Hall 203; 232; 234; 235; 236; 238; 240; 241; 242; 243; 244; 245).

CLIENT FILES:

1. Patient/client files Speech-Language Clinic Files
    1. Clinic files are held within the electronic medical record (EMR) system, ClinicNote. Speech-language client files (i.e., on-campus, Bridgeway, Elms, Abingdon-Avon Hedding Elementary School, Monmouth-Roseville Central Intermediate School, West-Prairie North School, West-Prairie South School clients) are held within ClinicNote; active or inactive files dependent upon client's current status may be in ClinicNote or in a file room in Memorial Hall. The Program Director, Office Support Specialist (OSS), and Clinic Coordinator have access to all inactive and active speech-language client files. The OSS will grant access to clinic supervisors and student clinicians to their respective clients each semester. All clinical staff require a secure username and password to login to ClinicNote. Clinic supervisors and student clinicians are granted access to their clients at the beginning of each semester and lose access at the end of the semester. All clinical staff follow HIPAA by obtaining access to ClinicNote on a secure computer within a secure environment. Student clinicians can only access ClinicNote on secure computers that have dedicated IP addresses.
    2. OSS receives paperwork from interested speech clients and creates a new patient in ClinicNote. Documents are scanned and uploaded to create an Electronic Medical Record. Once the client is scheduled for diagnostic testing or treatment, the student clinician and supervising therapists are provided access to the EMR.
    3. Physical files that exist will be pulled and scanned into the EMR to ensure all information is in one place and easily accessible.
    4. Reports including but not limited to the Evaluation Reports, Progress Reports, and Teletherapy Documentation. All reports include the client's name, date of service, student clinician's name, and clinical supervisor (s) due to the security of the EMR system. Student clinicians and/or supervisors are to print reports in a secure location on the 2nd Floor of Memorial Hall. Each report is developed with an official WIU letterhead. Therefore, the reports can be printed within the 'View' format after the student clinician and supervisor have officially signed the report electronically.
2. Patient/client hearing clinic files
    1. The OSS schedules appointments for the audiology clinic. Physical files of previous patients are combined with EMR and then shredded. Patients who were seen prior to August, 2017, have physical files stored in the file room. Patients who were first seen after August, 2017, are entered into the ClinicNote system and assigned to their student clinician and supervising audiologist. All paperwork generated during the appointment is scanned and uploaded into the patient's EMR.

CLIENT COMMUNICATION

Cellular phones

Personal cell phones should not be used to contact clients/patients. Phone numbers of clients/patients should not be stored on personal phones or other devices. Text

messaging is also not an acceptable means of communicating with the client/patient. Although best practice is to use office landlines, some caregivers, patients/clients make requests that we use their cell phones and specifically use text messaging for communication. If that is the preferred way of communicating, documentation should be made in the contact notes in the EMR.

Landlines

University landlines should be used to contact clients/patients to schedule appointments and other necessary communication. There are phones located in the main office, faculty offices, conference room, and other designated areas (Memorial Hall). These phones require a code for calling long distance. Each graduate student and undergraduate student who is enrolled in SPA 488, SPA 587, and SPA 588 will be assigned a long-distance code. Long-distance codes are for individual use and are not to be shared. Although best practice is to use office landlines, some caregivers, patients/clients make requests that we use their cell phones and specifically use text messaging for communication. If that is the preferred way of communicating, documentation should be made in the contact notes in the EMR and a signed consent should be uploaded into EMR.

Leaving messages

When leaving a phone message for a client/patient regarding anything related to the Speech-Language and Hearing Clinic, clinicians should leave only their name and the clinic phone number. Clinicians should follow-up with an email to the OSS about the need for reaching the client/patient. The email should only contain the initials of the client and information specific to the message to be relayed to the client/patient.

Email

Names and other identifying information should not be written in emails. Correspondence with supervisors should use initials only and not other identifiable information. When clients/patients request communicating back and forth via email, the clinician should have a waiver completed and signed *(Consent for Email Communication)* and documented in the contact notes. All administrators, faculty, staff, and students should have the confidentiality statement at the bottom of every email as part of their signature.

> *"Confidentiality Notice:*
> *This message is intended only for the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any disclosure, distribution or copying of this communication is strictly prohibited. This communication may also contain protected health information (PHI). Failure to maintain PHI in a secure and confidential manner or unauthorized redistribution of PHI could subject you to penalties under state and federal law. If you have received and/or are viewing this message in error, please immediately notify the sender and delete or shred completely."*

STUDENT/SUPERVISOR COMMUNICATION

Discussing patient/client appointments, results, treatment or therapy should be done in a manner and in an area where the discussions are not likely to be overheard by others. When possible, discuss patient/client information behind closed office doors or where the conversation will most likely be private.

PARKING

Parking hang tags are provided to clients free of charge. Parking hang tags are available in the main office. Clients are provided a hangtag for a one-time appointment (i.e., speech clinic diagnostic or hearing evaluation) or for a semester (i.e., clients scheduled twice a week for speech therapy). The license plate of the car using the hangtag, the last name of the car owner and/or driver, date(s) hangtag is valid (i.e., date it for the day of service or date it for the entirety of the scheduled semester services) should be documented in our Parking Binder. The Parking Binder will be closed at all times when not in use to protect client and family names, as well as vehicle information. Parking hang tags may be issued by any member of administration, faculty, staff, and graduate assistants who have completed the HIPAA training. If the clients receive a hangtag for the semester and they do not drive the same vehicle to therapy each time, they will be required to have a separate hang tag for each car and each license plate per the policies of WIU Parking Services. Reserved parking spaces are available in the faculty parking lot east of Memorial Hall on the southside that are designated as WIU Speech and Hearing Clinic. If these spaces are unavailable, parking in unreserved spaces and displaying a valid hangtag is appropriate.

RECEIPTS

Receipts for services rendered (hearing aids) are provided at the time of payment. The receipt book is stored in the main office in a desk drawer. Receipts should contain the date of service, services rendered, and the amount due, amount paid, and the balance. The receipt should only have the first initial and last name of the patient/client who received the services. The receipt book should remain in the desk drawer at all times except when in use. Supervisors, student clinicians, and staff who have successfully completed HIPAA training and signed confidentiality forms have the authority to receive payments and provide receipts.

CAMERA SYSTEM (AXIS) & SESSION RECORDINGS

1. All speech-language and hearing sessions can be observed remotely by supervisors. When supervisors are watching sessions, their office doors should remain closed so the content of the session cannot be viewed or heard by others in the hallway or neighboring offices.
2. Speech-language and hearing sessions may be recorded by student clinicians or supervisors and viewed at a later time to ensure accuracy of data collection or to be

used as a tool for clinical instruction. Recordings can only be viewed on WIU Speech-Language and Hearing Clinic computers with access to the AXIS system (supervisor office computers and in MH 212). All users will be manually entered by UTech per request by administration at the beginning of each semester. All users must have completed the annual HIPAA training.

COMPUTER LABS

Only student clinicians enrolled in SPA 488, 587, or 588 are to be in the WIU Speech-Language Clinic Computer Labs (Memorial Hall 207, Memorial Hall 212, Audiology Booths A & B). This is where session recordings may be viewed. Student clinicians may also work on clinic documentation in this computer lab, but confidentiality must be maintained. No PHI should be included on documents in this lab. Clinical information should not be left on an active computer screen. Computers should be logged off each time they are left unattended.

Faculty & Staff Copier/Scanner

1. The copy machine located in the copy area of the department is accessible only to administration, faculty, supervisors, and graduate assistants with copy codes. All members of staff should ensure they are not leaving protected information (PHI or student information) in this area - on the copy machine, counter, or table.
2. The KONICA copy machine also has scanning capability. Only those with assigned codes may use this feature. All members of staff can then access the scanned documents in the shared drive (S: drive) of office computers, or the documents can be emailed to specific staff members. All members of staff should delete scanned documents containing PHI or student information from the S: drive once retrieved and safely saved.

Student Copier/Scanner

1. Students enrolled in SPA 488 & 588 pay a fee of $50 per Fall & Spring semesters for unlimited copies. The copier, scanner, and printer are made on the RICOH copy machine in the Graduate workroom (Memorial Hall 212). Following payment of fees, codes will be assigned and programmed by the OSS.
2. Students have the capability to scan using the RICOH copy machine in the Graduate workroom (Memorial Hall 212). All scans are sent to the student's email address.

DESTROYING OF PERSONAL DOCUMENTS

Documents containing PHI or student information will be disposed of by shredding when they no longer require storing. Micro-cut shredders are available in the Main Clinic Office (Memorial Hall 230A), Graduate workroom (MH 212) and in the shared copy machine area. Graduate Assistants shred PHI papers biweekly in a secure location.

Chapter 4: Therapy Policies

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GENERAL INFORMATION AND REQUIREMENTS FOR THERAPY

1. Clinicians are required to purchase access to multiple programs and follow clinic protocols before they begin SPA 488/588/587. To obtain national certification, one must accumulate 375 clinic contact hours, 325 being at the graduate level. It is advisable to earn hours in a variety of disorders across the age span in treatment and evaluation. *See required materials below*
2. The WIU Speech and Hearing clinic is a fee-free clinic for speech and language therapy and diagnostic evaluations. We currently offer 30-minute and 50-minute on-campus sessions and 30-minute teletherapy sessions through the WIU Speech and Hearing Clinic. The Program Director and/or clinic coordinator assigns clients to student clinicians randomly or based on the student's need of hours. Clients are assigned prior to each semester. Students may also be assigned new clients throughout the semester based on SPA 587 evaluations.
3. Clinicians are required to develop a plan for each session, implement appropriate services to each client and document each therapy session. Supervisors are available during any time that a clinician may need assistance.
4. After the session is completed, clinicians will complete the appropriate documentation in ClinicNote and submit direct therapy time to supervisors in CALIPSO. The supervisor will approve hours on a regular basis throughout the semester.
5. All initial evaluations and progress reports will be completed electronically using our EMR system, ClinicNote, in addition to all teletherapy documentation. Training will be provided at a clinic meeting each semester to acquaint students with the format.
6. Access to ClinicNote is **only** allowed on designated on-campus computers. EMR computers will be located in Rm 212 (*11 computers)* and Rm 207 *(3 computers)* Monday-Friday, Booth A and Booth B each have one computer that can be accessed on Mondays & Wednesdays only.
7. Video recording of each session via Axis cameras, located in Rm 212, is highly recommended for accuracy of data and observations. Clinicians must have the Video Consent on file and follow all HIPAA policies.
8. Therapy sessions must not be canceled by the clinician without permission of the faculty supervisor. Clinicians are responsible for contacting the client if a session is to be canceled only after attempting to find a substitute clinician, if that is appropriate. (See *Clinic Cancellation Policy*.) Clinicians will be notified of client cancellations via email from the Office Support Specialist and/or supervisor.

STUDENT OBSERVATIONS

Students are allowed to observe therapy sessions for on-campus clients only that have video releases signed. Student observers will obtain their required observation hours by observing in the observation rooms. A binder will be located in the graduate workroom with the client's names, age and diagnosis. Student observers will locate the lesson plan for that session in the manila envelope in the observation room to refer to while observing the session. All student observers will follow HIPAA guidelines.

REQUIRED MATERIALS

Clinic Materials Fee- $50.00 each semester to cover clinic materials. This can be paid in the main office by check or cash. Clinicians will not have access to these materials until the fee is paid.

1. Clinic Manual which is accessible via WesternOnline under SPA 488/588

http://www.wiu.edu/cofac/spa/pdf/grad_student_manual.pdf

2. Photo ID Badge- $10.00 purchase in Seal Hall.
3. Calipso Account- $125.00 one-time fee.
4. ClinicNote-
    a. Undergraduate: $30 for one semester
    b. Graduate: $55 for one semester
5. SimuCase - $99.00 per year.
6. 1 hour HIPAA training: $15.00 https://courseforhipaa.com/
7. 1 hour Bloodborne Pathogen Training: $15.00 https://courseforbbp.com/
8. CPR Training: $61.00
9. Transportation may be necessary if you are assigned off-campus.

Initiating Therapy

1. Each clinician will be assigned a mailbox. Mailboxes for students enrolled in SPA 488 and 588 are located in the main office (MH 230A). Clinicians must check their mailboxes on a daily basis at a minimum.
2. Each clinician will receive an observation envelope packet for on-campus clients. The outside of the envelope will include the following information only:
    a. Your name
    b. Semester & year
    c. Time and days of therapy
    d. Room number
    e. The clinician will add their lesson plans to the observation envelope packet. These packets will be used to support student observers by placing them in the plastic holder by the observation door prior to each session and retrieved by the clinician at the end of each session. Leaving the observation envelope in the room will be considered a HIPAA violation as clinic rooms are used by clients/families throughout each day.
3. Before meeting with the supervisor to begin planning for the semester, clinicians are to read the client's information in their ClinicNote files. It is important at this time to define the problems and develop a plan for the initial evaluation. Any notes taken about the client are to be de-identified. When the clinician sets up an initial meeting with the supervisor to discuss the client, the supervisor will expect to hear the clinician's impressions and some recommendations for beginning treatment during their initial meeting. The supervisor will also share suggestions and impressions with the clinician. The supervisor will tell the clinician when lesson plans for weekly sessions are due.

4. It is also the clinician's responsibility to call the client and notify him/her of the starting date using only University phones (see *Clinician Cancellation Policy*). This is also a great time to complete an updated case history on the client. The client will already have been called and told to expect the student clinician to call notifying him/her of the beginning therapy date. Clinicians should clarify any questions regarding teletherapy and ensure the client has the Zoom link. Being prompt in contacting the supervisor and calling the client with the starting date/time is important. Clinicians should only leave a message stating their name and clinic number if the client does not answer. Notify your supervisor of any scheduling conflicts or changes immediately.
5. Initial Forms to be Signed: All clients must sign Confidentiality Agreements (Client/Parent/Guardian) and (Clinician/Supervisor/Staff), Video/Audio Release, and Updated Communication Form (if applicable) prior to the first session for on-campus clients. It is the clinician's responsibility, prior to clinic, to make sure these forms are up to date for their clients. All teletherapy clients must sign the teletherapy waiver form. It is the clinician's responsibility to have this form completed prior to the first session.
6. Teletherapy Sessions: Clinicians and clients will receive an individualized link with an embedded password for the teletherapy sessions in the email provided. Supervisors will assign clinicians and clients to a breakout room for the therapy. Clients will need to click 'join' when clients see *"The host is inviting you to join Breakout Room: (Clinician Name/Client Initials)".* When your session is finished, click "Leave meeting". Please note that clinicians/clients should NOT click on the "Leave meeting" button until your session is completely done.

PROFESSIONALISM

It is expected for clinicians to demonstrate professionalism while in the University Clinic. This includes, but is not limited to:

1. **Appropriate dress**- Clinicians will wear WIU polos or pullovers with khakis, black, navy, or gray pants. Clinicians will not wear leggings, blue jeans, long earrings, or strong scented perfume. Undergarments and tattoos should not be visible. Off-campus placements may require clinicians to wear closed toe and full back shoes. (*See COVID-19 Protocols for safety guidelines)*
2. **Attendance**- See full Attendance section.
3. **Communication**- While in the clinic, clinicians are expected to communicate with staff, patrons and other clinicians with professionalism. Disrespectful language and/or tone of voice will not be tolerated, and will reflect poorly on your clinic grades. *First impressions are often made in the first thirty seconds or less, but their impact is substantial and lasting!

ATTENDANCE

Clinic Meeting

1. There is a weekly meeting on Fridays at 8:00AM, in MH 204 and/or MH 208, and this meeting is mandatory. The clinic meeting calendar will be posted on WesternOnline SPA 488/588 and will list topics and required materials. **Each student is allowed two**

EXCUSED absences before his/her grade is lowered. All excused absences need to be reported to Katie Hamilton (ks-hamilton@wiu.edu) via email prior to the missed clinic meeting. If Katie Hamilton is not notified prior to the missed meeting, the absence will be documented as unexcused. Any unexcused absence is grounds for lowering your clinic grade, as it reflects poorly on your professionalism. Excused absences include illness, hospitalization, car accidents, family emergencies, etc. You may be required to submit documentation for your excused absence.

Clinic Session Attendance

1. **Clinician Cancellation Policy**

   Clinicians should always do their best to miss as few days of clinic as possible.
   In the event that a clinician cannot attend his/her assigned sessions for the day:

   a. Notify the supervisor and ask him/her if it is more appropriate for you to stay home or if you should attempt to make it through your clinical assignment/placement.

   b. If your supervisor agrees that you should not report for your placement, find a replacement.

   c. Call client/family and ask if they want to continue with session (with other clinician)

   d. Voice contact is preferred, but if the clinician must leave a message, the following. script should be followed:

   "Hello _____. This is _____. I cannot be at the WIU Speech-Language clinic today, but another clinician, (INSERT NAME), will be there to cover for me. The session will occur as planned with the substitute clinician unless we hear from you. Please call the clinic phone at 309-298-1955 with any questions. Thanks." Please note: In the event that a clinician must cancel his/her session, it is the clinician's responsibility to find coverage. The assigned clinician will also need to let the supervisor know who will be covering AND get the lesson plan to the person covering treatment.

2. **Client Attendance**

   Clinicians should provide EACH client with an Attendance Policy the first week of clinic. If clients miss a session due to illness/appointments/etc. please refer to attendance policy. Clinicians should wait a minimum of 20 minutes if their client is late to a therapy session, and 30 minutes for a diagnostic evaluation, in the front lobby. After allotted wait time, the clinician should call the client to ensure 'everything is alright' then document the session as a **Missed Visit** via ClinicNote. *All sessions are required to be logged by the clinician via ClinicNote*. Clients may be eligible to have make-up sessions based on supervisor availability and hours obtained across the course of the semester.

3. **CALIPSO**

   Record clinic hours for teletherapy and on-campus clients on designated forms in CALIPSO. Clinic hours should be recorded individually each day. Fifteen hours are required for every credit hour enrolled. To obtain national certification, one must accumulate 375 clinic contact hours, 325 being at the graduate level. It is advisable to earn hours in a variety of disorders across the age span in treatment and evaluation.

SUPERVISOR-CLINICIAN COMMUNICATION

1. Supervisor-clinician communication is individual to each supervisor (e.g., journals, CERTIFICATION STANDARDS rating forms, weekly meetings, etc.).
2. Clinicians are required to reach out to their supervisor 1 week before the clinic begins to schedule a one-on-one meeting. Clinicians should be prepared to discuss the client's case history, a plan for the client's evaluation, and specific questions to show they are prepared for the initial evaluation.
3. While in the clinic, clinicians are expected to communicate with staff, patrons and other clinicians with professionalism in accordance with HIPAA. It is up to each supervisor when SOAP note/lesson plans are due and how often clinicians will be required to meet with their supervisor. Disrespectful language and/or tone of voice will not be tolerated, and will reflect poorly on clinic grades.

CLINICNOTE- EMR SYSTEM

1. After the clinic program director and/or clinic coordinator assign clinician assignments, they will be granted ClinicNote access. Clinicians will need to review the client's case history (see 'files' and 'reports'). All clients must have the following documentation recorded and saved in ClinicNote: Daily Lesson Plans are required prior to the session and daily SOAP notes are required to be completed following each session.
2. **Documentation:** All documentation is completed in our EMR system, ClinicNote, immediately following each session. Access to ClinicNote is **only** allowed on designated on-campus computers. EMR computers will be located in Rm 212 (*11 computers)* and Rm 207 *(3 computers)* Monday-Friday, Booth A and Booth B each have one computer that can be accessed on Mondays & Wednesdays only.
3. All client communication needs to be documented in **Contact Notes.**
4. Clinicians will document client's attendance following each session in Attendance Tracker (see 'Reports')
5. **Speech Clinic Case History Forms** located in Facility Files
    a. Pediatric, School-aged, & Adult forms
    b. Minimum of one case history form should be located in CN, if not the clinician needs to have the client complete one and place it in the Office Support Specialist's mailbox to be scanned into the client's file.

6**. HIPAA & Confidentiality, Audio & Video Release, Updated Communication Form, Teletherapy Waivers & (Release of Information Forms-if appropriate)** need to be completed each semester located in "Forms"

PAPER FILES

The most recent reports, SOAP notes, forms, etc. have been scanned into ClinicNote on all active clients. However, all paper files, prior to ClinicNote, are held in the clinic file room. Student clinicians and supervisors are required to check-out each file and examine the file in the file

room. No files are allowed to leave the file room. After student clinicians and/or supervisors are finished with the file, the file is to be checked back in and returned to the correct file cabinet.

SOCIAL MEDIA POLICY

It is a policy of the WIU Speech-Language-Hearing Clinic that student clinicians and observers are to refrain from participating in social media sites with regards to any clinical information. These sites include, but are not limited to: Facebook, Twitter, Snapchat, LinkedIN, Instagram, etc. Specific policies are outlined below:
Prohibited activities on social media:

a. "Friending" or "following" current clients, caregivers, or family members on any social media site
b. Posting any information about clients, their families, or their disorders or treatment in the clinic or clinical placement
c. Posting any photographs of clients in the clinic or at clinical placements

PROCEDURE FOR PRINTING/EMAILING DOCUMENTS W/ PROTECTED HEALTH INFORMATION (PHI)

Printing Documents

1. All reports include client's name, date of service, student clinician's name and clinical supervisor (s) due to the security of the EMR system (ClinicNote).
2. Each report is developed with an official WIU letterhead within ClinicNote.
3. Once the student clinician and clinic supervisor have finalized and signed the report, student clinician and/or supervisors are able to 'View' the report in a PDF format via ClinicNote.
4. Student Clinicians and/or supervisors are able to print reports in the PDF format in a secure location on the 2nd Floor of Memorial Hall via ClinicNote.
5. The report is then hand-delivered to the client and/or caregivers, placed in the mail or emailed with our confidentiality notice at the bottom of the sender's email.

Emailing Documents

When emailing documents to clients, caregivers, and supervisor(s), it is important that information is protected. Here is how to add a disclaimer to your email:

1. Go to gmail on your internet browser then settings.
2. Under the general tab, scroll down until you see signatures.
3. Select add new signature and name it then select create.
4. Copy and paste the following confidentiality paragraph into the textbox.
    1. *Confidentiality Notice*
    This message is intended only for the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any disclosure, distribution or copying of this communication is strictly prohibited. This communication may also contain protected health information (PHI). Failure to maintain PHI in a secure and confidential manner or unauthorized redistribution of PHI could subject you to penalties under state and federal law. If you have received and/or are viewing this

message in error, please immediately notify the sender and delete or shred completely.

5. Scroll down and select save changes.

THERAPY MATERIALS, SUPPLIES & FORMS

1. Therapy materials are housed in multiple locations throughout the second floor of Memorial Hall for student clinicians to utilize during on-campus and teletherapy (if needed) sessions.
2. SPA Library (MH214)
    1. Standardized assessments are kept in the library on the shelves on the north and west walls.
    2. Testing forms for the standardized assessments are kept in the SPA Library in the file cabinets. **DO NOT USE THE LAST FORM IN A FILE!** If there is only one form remaining, please notify the Graduate Assistant assigned to the clinic.
    3. Therapy programs/games are located on the south wall, along with all of the books on the bookshelf.
    4. iPads are located on the table along the east wall. iPads are to be checked out and checked back in for every use.
3. SPA Toy Room 1

    a. Sensory and large movement toys, Dysphagia, oral mechanism exams, cleaning supplies and games are all located in toy room 1 Student clinicians need to request materials using the Material Request Log located in each of the toy room locations.
4. SPA Toy Room 1
    2. All therapy materials (e.g., dollhouse, early intervention toys, babydolls, trucks, tractors, playdough, craft materials, play food/pots, legos, etc). are kept in toy room one with labeled locations.
5. There is a curriculum library located in Horrabin Hall on Western Illinois University campus. Student clinicians are allowed to check out materials to use for clinic such as large books, books with manipulatives, interactive materials, etc.

CLEANING OF TOYS, MATERIALS, ROOMS, ETC.

All materials used in clinical sessions must be approached using *Universal Precautions*. Student clinicians must wipe down all hard surfaces (tables, chairs, door handles, etc.) before and after their sessions using a bleach wipe. All toys must also be wiped before and after use. Observation rooms should also be wiped down.

TRAINING REGARDING CLINIC POLICIES AND PROCEDURES

Clinic policies and procedures are available on our website http://www.wiu.edu/cofac/spa/pdf/grad_student_manual.pdf and also available to students enrolled in SPA 488/499 and SPA 587/588/599 on the course webpage via WesternOnline. Student clinicians will be required to watch the HIPAA Training video and submit certificates of completion to the OSS. Student observers will be trained by faculty in SPA 100 or by clinical staff prior to visiting the clinic for observation. All faculty, staff, student clinicians, and

observers will sign a form acknowledging reading, understanding and acceptance of the clinic policies and procedures and receipt of training.

HIPAA COMPLIANCE:

Breaching confidentiality by discussing a client/patient, their family, their diagnosis, treatment, and/or anything else that is considered PHI is in violation of HIPAA and will result in a lowering of the SPA 488/588 grade. Leaving documents with PHI in public areas, such as the copy room, printer, scanners, laminating area, hearing clinic, observation rooms, treatment rooms and classrooms is considered a violation of HIPAA. Written correspondence with supervisor(s) using names and other PHI is also a violation of HIPAA. A violation of HIPAA by a student enrolled in SPA 488/588 & SPA 499/599 will result in an intervention and a grade reduction of one full letter grade per incident.

Conditions that are most likely to cause confidentiality problems are the following:

1. Conversations with professionals from outside of the Speech Pathology & Audiology (SPA) program who have a need to know, but the client has not given permission to divulge such information to that individual
2. Promotion and publicity for the clinic
3. Recordings of the client that are taken out of the clinic for analysis
4. Lesson plans, observation reports, or diagnostic information that might be left in notebooks or on desks where others could read them
5. Conversations in the clinic that could be overheard by people in the waiting room or hallways

Techniques used to remind students of confidentiality:

1. All instructors who assign observations, teach orientation classes, or diagnostics will read this statement to the class and discuss any questions.
2. The clinician assumes responsibility for confidentiality when he/she accepts the assignment of a client.
3. All students who have access to client information will read the *Confidentiality & Privacy Policy*, receive training, and sign a *Confidentiality Agreement* (Students/Faculty/Staff) form.
4. Client files are kept secure in ClinicNote under the supervision of the SPA Office Support Specialist.
5. Student EMR use is only permitted on the second floor of Memorial Hall.
6. The Office Support Specialist grants access to clinic supervisors and student clinicians to their respective clients each semester.
7. Clinic supervisors and student clinicians require a secure username and password to login to ClinicNote.
8. Clinic supervisors and student clinicians are granted access to their clients at the beginning of each semester and access is removed at the end of the semester.
9. Clinic Supervisors follow HIPAA by obtaining access to ClinicNote on a secure computer within a secure environment. Student clinicians are restricted to obtaining access to ClinicNote on a secure computer on the 2nd Floor of Memorial Hall.

10. Clinicians are required to sign the *HIPAA Compliance using EMR system form* (Appendix) stating they will follow HIPAA when utilizing ClinicNote.

RELEASE FORMS

The purpose of release forms is to protect the right of privacy of the client and the client's family, and to allow the clinic to send information to agencies who are paying for the services or to exchange information with other professionals who are treating the client. (See *Authorization to Release Information* form in the Appendix).

It is important to remember these purposes when asking clients to sign release forms. Be sure to have a signed release form in the client's file before sending reports or communicating in any way with another party about the client. Be sure to check the type of communication allowed (ex., oral, written, etc.) and current names for contact, (ex. Current teacher, SLP, etc.). Forms need to be signed within the last year or dated and initiated annually. Clients may refuse to sign release of information forms for reasons they prefer not to reveal. If this happens, the clinician should write on the form that the client chose not to sign the form. Notify your supervisor if this occurs.

EQUIPMENT LOANS

Clients are allowed to rent SPA Clinic AAC and/or iPads for a designated time period. Clients are required to sign a student loan form with supervisor signatures.

SUPERVISOR EVALUATIONS

Clinicians will participate in clinic evaluation meetings with supervisors. Clinic grades will be determined by ratings on student evaluation forms. If a student services more than one client with two or more faculty supervisors, grades will be weighted according to the number of clinic hours achieved for each client. Because ASHA standards must be met, any areas that are rated lower than a 3 must be remediated.

STUDENT RESOURCES

Clinic Manual

The clinic manual should be the primary clinic resource regarding all policies, procedures, and guidance regarding all clinic protocols. Clinic Manuals are located throughout the clinic in the main office, file room, graduate room, etc.

SPA Library

The SPA library can be used as a studying location for all SPA students. iPads are also kept in the library and need to be checked out/in for each use.

Graduate Computer Lab

MH 212 has 11 EMR computers for SPA 488/588/587 students to utilize for documentation or other SPA needs. If there are technical issues with computers, printers, cameras, etc., students

need to notify the OSS **AS SOON AS POSSIBLE** of the issue directly to ensure U-TECH is notified.

INTERVENTION POLICIES/PROCEDURES

Any student receiving a rating less than 3 on any CERTIFICATION STANDARDS standard will be required to remediate that standard by completing an intervention. Certification standards are available at Midterm and Final evaluations on the CALIPSO form completed by your supervisor(s).

1. Clinic interventions will be initiated by the student's clinic supervisor and the process determined on an individual basis. Intervention plans are developed by the student's clinic supervisor(s).
2. An informal intervention process may be initiated by the clinical supervisor at any point during the semester to best support student learning and development.
3. A formal intervention process may begin on the date when the midterm or final CALIPSO evaluation is given to the student.
4. The student's supervisor will contact the advisor about the intervention process after notifying the student. The advisor will retain copies of the written documentation including the intervention plan and supplemental material for the student's record.
5. Students involved in the intervention process will contact the advisor within 3 business days to discuss the plan.
6. Successful intervention includes receiving a rating of 3 or higher on the standards and meeting the objectives set forth in the formal intervention plan.
    1. Timeline:
    2. First attempt at intervention will be provided by the supervisor and completed by the student within 2 weeks of being notified the standard was not met.
        1. This is an option if standards are not met early in the semester, at midterm, or shortly after midterm when there is sufficient time to complete remediation.
    c. Final Evaluation or late in semester:

    The student will be expected to complete the first intervention attempt in the first two weeks of the following semester after the commencement of clinic.

WESTERN ILLINOIS UNIVERSITY POLICIES

1. University values, Title IX, and other federal and state laws prohibit sex discrimination, including sexual assault/misconduct, dating/domestic violence, and stalking. If you, or someone you know, has been the victim of any of these offenses, we encourage you to report this to the Title IX Coordinator at 309-298-1977 or anonymously online at: http://www.wiu.edu/equal_opportunity_and_access/request_form/index.php. If you disclose an incident to a faculty member, the faculty member must notify the Title IX Coordinator. The complete Title IX policy is available at: http://www.wiu.edu/vpas/policies/titleIX.php.

2. All students are expected to follow the university policy on academic integrity. This policy may be accessed by going to the WIU website Web address for Academic Integrity Policy: http://www.wiu.edu/policies/acintegrity.php
3. Students with disabilities: In accordance with University values and disability law, students with disabilities may request academic accommodations where there are aspects of a course that result in barriers to inclusion or accurate assessment of achievement. To file an official request for disability-related accommodations, please contact the Disability Resource Center at 309-298-2512, disability@wiu.edu or in 143 Memorial Hall. Please notify the instructor as soon as possible to ensure that this course is accessible to you in a timely manner.
4. Student rights and responsibilities: https://www.wiu.edu/student_success/srrri/

Chapter 5: Evaluations

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STUDENT AND SUPERVISOR EVALUATIONS

Supervisor Evaluations of Student Performance

Students are evaluated by each supervisor they have during the semester. Students will receive a midterm and a final evaluation. These two evaluations will be averaged to determine the final grade for each client. If a student has more than one client or clinical placement, the student's final clinical grade will be determined by averaging and weighing the grades according to the number of clinical hours for each client and/or placement. For example, a student has two clients with two different supervisors. Client A was seen for 20 hours and the student received a grade of 5.0; Client B was seen for 10 hours and the student received a grade of 4.0. The student's final clinical grade would be 4.67. Therefore, the student would receive the letter equivalent of 4.67 as his/her semester grade for clinic. Midterm and final evaluations are completed on CALIPSO. The rating scale and performance evaluation are found in this section.

Student Evaluation of Supervisor

Student clinicians evaluate each of their clinic supervisors. These evaluations typically take place at the last clinic meeting of the semester under the direction of the SPA Office Support Specialist or the Clinic GA. The clinicians will complete an evaluation on each supervisor they had for that semester. The Office Support Specialist sends the numerical ratings to be electronically calculated and types any written comments so supervisors will not see handwriting. Supervisors do not see evaluation results prior to assigning grades. Supervisors review evaluation scores and comments after the university finalizes grades for the semester. A copy of this evaluation can be found in this section.

Clinician Self-Evaluation

Student clinicians should self-evaluate their performance to ensure the best care is provided for the clients and/or patients. Self-evaluation includes increasing insight into one's own performance by identifying when things go right and/or wrong in the session. In addition, the student clinician can learn how to implement changes to improve the services provided. Self-evaluation is a process in allowing the students to develop their clinical skills and understand clinical interactions.

Student clinicians should engage self-reflection in the format instructed by the current supervisor. Forms of reflection may include journals, supervision observations forms and/or weekly meetings. Student clinicians are encouraged to review the recording from the session to evaluate their clinical skills and performance.

PERFORMANCE EVALUATION IN CLINICAL PRACTICUM

The following knowledge and skills areas will be rated on a five point scale. If areas are left blank, they do not apply to that clinical assignment and are not figured in the grade. The following performance rating scale is used to determine your rating for each item:

Performance Evaluation Rating Scale

1. **Not evident:** skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling. (skill is present <25% of the time).

2. **Emerging:** Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services. (skill is present 26-50% of the time).

3. **Present:** Skill is present and needs further development, refinement or consistency. Student is aware of need to modify behavior, but does not do this independently. Supervisor provides on-going monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill. (skill is present 51-75% of the time).

4. **Adequate:** Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is mostly independent. Supervisor acts as a collaborator to plan and suggest possible alternatives (skill is present 76-90% of the time).

5. **Consistent:** Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor serves as consultant in areas where student has less experience; Provides guidance on ideas initiated by student (skill is present >90% of the time).

PERFORMANCE EVALUATION

EVALUATION SKILLS

1. Conducts screening and prevention procedures (std IV-D, std V-B, 1a)
2. Demonstrates current knowledge of the principles and methods of prevention and assessment, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates (CFCC IV-D)
3. Collects case history information and integrates information from clients/patients and/or relevant others (std V-B, 1b)
4. Selects appropriate evaluation instruments/procedures (std V-B, 1c)
5. Administers non-standardized and standardized tests correctly (CFCC V-B, 1c)
6. Adapts evaluation procedures to meet client/patient needs (std V-B, 1d)
7. Demonstrates knowledge of communication and swallowing disorders and differences (CFCC IV-C)

8. Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses (std V-B, 1e)
9. Interprets, integrates, and synthesizes all information to make appropriate recommendations for intervention (CFCC V-B, 1e)
10. Completes administrative and reporting functions necessary to support evaluation (std V-B, 1f)
11. Refers clients/patients for appropriate services (std V-B, 1g)

TREATMENT SKILLS

1. Develops setting-appropriate intervention plans with measurable and achievable goals that meets client/patient needs, demonstrating knowledge of the principles of intervention and including consideration of anatomical/physiological, developmental, and linguistic cultural correlates. Collaborates with clients/patients and relevant others in the planning process (CFCC IV-D, V-B, 2a)
2. Implements intervention plans that involve clients/patients and relevant others in the intervention process (CFCC V-B, 2b)
3. Selects or develops and uses appropriate materials and instrumentation (CFCC V-B, 2c)
4. Measures and evaluates clients'/patients' performance and progress (CFCC V-B, 2d)
5. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (CFCC V-B, 2e)
6. Completes administrative and reporting functions necessary to support intervention (CFCC V-B, 2f)
7. Identifies and refers patients for services as appropriate (CFCC V-B, 2g)

ADDITIONAL CLINICAL SKILLS

1. Sequences tasks to meet objectives
2. Provides appropriate introduction/explanation of tasks
3. Uses appropriate models, prompts or cues. Allows time for patient response.
4. Demonstrates effective behavior management skills
5. Practices diversity, equity and inclusion (CAA 3.4B)
6. Addresses culture and language in service delivery that includes cultural humility, cultural responsiveness, and cultural competence (CAA 3.4B)
7. Demonstrates clinical education and supervision skills. Demonstrates a basic understanding of and receives exposure to the supervision process.

PROFESSIONAL PRACTICE , INTERACTION, & PERSONAL QUALITIES

1. Demonstrates knowledge of basic human communication and swallowing processes. Demonstrates the ability to integrate information pertaining to normal and abnormal human development across the life span (CFCC IV-B; CAA 3.1.6B)
2. Demonstrates 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)
3. Demonstrates knowledge of contemporary professional issues that affect Speech-Language Pathology (CFCC IV-G; CAA 3.1.1B)

4. Demonstrates 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)
5. Communicates 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)
6. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (CFCC V-B, 3c; CAA 3.1.6B)
7. Manages the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice (CFCC V-B, 3b; CAA 3.1.1B)
8. Demonstrates skills in oral and other forms of communication sufficient for entry into professional practice (CFCC V-A)
9. Demonstrates skills in written communication sufficient for entry into professional practice (CFCC V-A)
10. Demonstrates 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)
11. Demonstrates an understanding of the effects of own actions and makes appropriate changes as needed (CAA 3.1.1B - Accountability)
12. Demonstrates professionalism (CAA 3.1.1B - Professional Duty, 3.1.6B)

Clinical Grading Scales

Course: SPA 488 (Undergraduates)
When taken: usually Spring Senior Year

4.00 to 5.00	A
3.66 to 3.99	A-
3.35 to 3.65	B+
3.04 to 3.34	B
2.73 to 3.03	B-
2.42 to 2.72	C+
2.21 to 2.41	C
2.11 to 2.20	C-
2.00 to 2.10	D+
1.90 to 1.99	D
1.80 to 1.89	D-
1.0 o 1.79	F

Graduate Students

Course: SPA 587
CALIPSO Course Number: Diagnostics
When taken: varies based on assignment

A 4.20 to 5.00	
B 3.70 to 4.19	
C 3.20 to 3.69	

Course: SPA 588 CALIPSO Course Number: Treatment 1
When taken: usually Fall Year 1

A 3.90 to 5.00	
B 3.40 to 3.89	
C 2.90 to 3.39	
D 2.00 to 2.89	

Course: SPA 588 CALIPSO Course Number: Treatment 2
When taken: usually Spring Year 1

A 4.20 to 5.00	A
B 3.70 to 4.19	B
C 3.20 to 3.69	C

Course: SPA 588 CALIPSO Course Number: Treatment 3
When taken: usually Summer Year 1

4.20 to 5.00	
3.70 to 4.19	
3.20 to 3.69	

D 2.00 to 3.19 F 0.00 to 1.99	F 0.00 to 1.99	D 2.00 to 3.19 E .00 to 1.99	D F	2.00 to 3.19 0.00 to 1.99

Course: SPA 588 CALIPSO Course Number: Treatment 4 When taken: usually Fall Year 2 A 4.50 to 5.00 B 4.00 to 4.49 C 3.50 to 3.99 D 3.00 to 3.49 F 0.00 to 2.99	Course: SPA 522 CALIPSO Course Number: School Internship When taken: usually Spring Year 2 All items on evaluation rated over 3.00 S Any item on evaluation rated under 3.00 U	Course: SPA 600 CALIPSO Course Number: Non-School Internship When taken: usually Spring Year 2 All items on evaluation rated over 3.00 S Any item on evaluation rated under 3.00 U

PROCEDURES FOR DEALING WITH INADEQUATE STUDENT PERFORMANCE

IN CLINICAL EXPERIENCES

1. Certain problems with student clinicians should be handled by individual supervisors; e.g., tardiness, inadequate lesson plans, inappropriate dress, poor planning, inadequate application of clinical methodologies, etc. Normally these problems will be reflected in the grade earned by the student at the end of the semester. If there is a consistent pattern of one or more of these behaviors, with little or no improvement as the semester progresses, the supervisor should inform the Graduate Advisor. The Graduate Advisor, along with the supervisor will then meet with the student to discuss the problem area/s. A plan to remediate the problem/s will be established and agreed upon during this meeting. The student may be told that if specific goals are not met, the student may be removed from all clinical activities and given an 'incomplete' (I) or the grade earned during that semester**. For graduate students, it is important to note by the end of the semester, all criteria on the Supervisor Evaluation of Student Clinical Practicum form must be rated 3 or above. Any criteria rated below a 3 requires a student intervention. Student intervention procedures will be decided upon by the faculty supervisor and the Graduate Advisor.**

2. All lesson plans, progress reports, audiological reports and diagnostic reports must be turned in by the specified time, as determined by the faculty in charge of that area. Failure to comply with these requirements, without permission, will result in an "I" in practicum and no further clinical assignment being made until the written work is completed to the faculty member's satisfaction. When the written work is completed, the student may be assigned to clinical activities as he/she is available.

3. Whenever an "I" is removed, the final grade will reflect the student's clinical performance during the entire period of the time which resulted in the "I" and its removal.

4. No internship will be undertaken until any and all "I" grades have been removed.

5. Clinical performance must be maintained at a "B" average prior to being assigned to an off-campus supervisor. This includes 2-day-a-week practicum placements, hospital internships, and public school internships.

CLINIC INTERVENTION PROCESS

Intervention Policies and Procedures: Any student receiving a rating of less than 3 on any CERTIFICATION STANDARDS standard will be required to complete a student intervention for that standard. Certification standards are available at Midterm and Final evaluations on the CALIPSO form completed by your supervisor/s.

- Clinic interventions will be initiated by the student's Clinic Supervisor/s and the process determined on an individual basis. The clinic intervention will be developed by the student's clinic supervisor/s.
- Depending on the standard that is not being met by the Certification standards, if the student has more than one supervisor, the supervisors will collaborate to determine the most appropriate intervention plan, which may involve one or more supervisors.
- An informal intervention process may be initiated by the clinic supervisor at any point in the clinic schedule to best support student learning and development.
- A formal intervention process may begin on the date when the midterm or final CALIPSO evaluation is given to the student.
- The student's supervisor will contact the Graduate Advisor about the intervention process after notifying the student. The Graduate Advisor will retain copies of the written documentation including the intervention plan and supplemental material for the student's record.
- Successful intervention includes receiving a rating of 3 or higher on the Certification standards and meeting the objectives set in the remediation plan.

TIMELINE:

- First attempt at the intervention process will be provided by the supervisor and completed by the student at a time that is set by the supervisor.
- This is an option if standards are not met early in the semester, at midterm, or shortly after midterm when there is sufficient time to complete the clinic intervention.

Final evaluation or late in the semester:

- If clinic intervention is required at the end of the semester, a committee will be formed of 3 faculty members to establish an intervention plan that includes responsibilities and a time-line for completion.

If student requires additional intervention:

- If the first attempt is not successful, a second attempt must be provided to the student. The student will be notified of the intervention plan and the time it is to be completed by the supervisor/s.
- If the student is not successful following the second intervention attempt, he or she will receive a C or lower in the clinic course.

STUDENT COMPLAINT PROCESS

Procedures for Complaints

A chain of command for reporting complaints or problems within the SPA Department is outlined below:

1. If a student has a complaint about a clinical supervisor, the first step is to talk directly to the clinical supervisor or instructor with whom the problem exists.
2. If a student has already spoken with the supervisor and resolution is not met, the next person to contact is the Graduate Advisor to mediate concerns between the student clinicians and supervisors.
3. If the Graduate Advisor is unable to resolve and mediate the issue, the student should then contact the Program Director/Department Chairperson.
4. If students have complaints about the WIU SPA graduate program as a whole, or if students do not feel their concerns have been addressed on campus, students may file a complaint with the CAA (Council for Academic Accreditation) at:

   Chair, Council On Academic Accreditation in Audiology and Speech-Language Pathology
   American Speech-Language-Hearing Association
   2200 Research Boulevard, #310
   Rockville, MD 20850

Please note that in order for complaints at any level in the chain of command to be handled appropriately, it may not be possible for the complaint to remain anonymous.

CLINICAL GRADING SCALE

Course: SPA 488

4.00 to 5.00	A
3.66 to 3.99	A-
3.35 to 3.65	B+
3.04 to 3.34	B
2.73 to 3.03	B-
2.42 to 2.72	C+
2.21 to 2.41	C
2.11 to 2.20	C-
2.00 to 2.10	D+
1.90 to 1.99	D
1.80 to 1.89	D-
1.00 to 1.79	F

Course: SPA 587
CALIPSO Course Number: Diagnostics

4.20 to 5.00	A
3.70 to 4.19	B
3.20 to 3.69	C
2.00 to 3.19	D
0.00 to 1.99	F

Course: SPA 588
CALIPSO Course Number: Treatment 1
When taken: usually Fall Year 1

3.90 to 5.00	A
3.40 to 3.89	B
2.90 to 3.39	C
2.00 to 2.89	D
0.00 to 1.99	F

Course: SPA 588
CALIPSO Course Number: Treatment 2
When taken: usually Spring Year 1

4.20 to 5.00	A
3.70 to 4.19	B
3.20 to 3.69	C
2.00 to 3.19	D
0.00 to 1.99	F

Course: SPA 588
CALIPSO Course Number: Treatment 3
When taken: usually Summer Year 1

4.35 to 5.00	A
3.85 to 4.34	B
3.35 to 3.84	C
2.15 to 3.34	D
0.00 to 2.14	F

Course: SPA 588
CALIPSO Course Number: Treatment 4
When taken: usually Fall Year 2

4.50 to 5.00	A
4.00 to 4.49	B
3.50 to 3.99	C
3.00 to 3.49	D
0.00 to 2.99	F

Course: SPA 522
CALIPSO Course Number: School Internship
When taken: usually Spring Year 2

4.50 to 5.00	A
4.00 to 4.49	B
3.50 to 3.99	C
3.00 to 3.49	D
0.00 to 2.99	F

Course: SPA 600
CALIPSO Course Number: Non-School Internship
When taken: usually Spring Year 2

4.50 to 5.00	A
4.00 to 4.49	B
3.50 to 3.99	C
3.00 to 3.49	D
0.00 to 2.99	F

Chapter 6: Clinical Documentation

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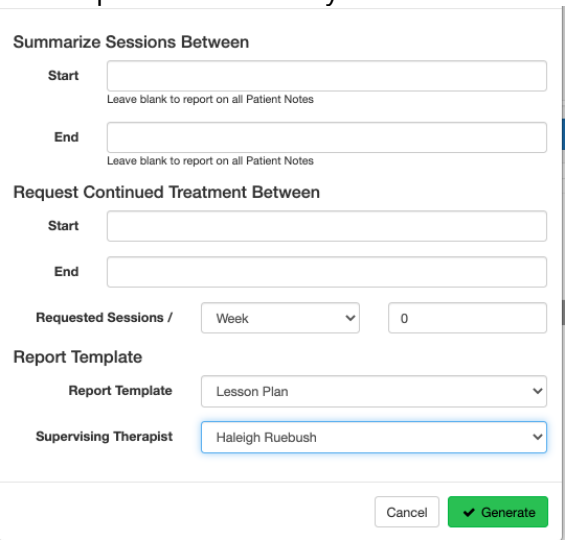
PROCEDURES FOR INITIAL PAPERWORK FOR ALL CLIENTS

All clients have to review and sign the following documents at the beginning of each semester:

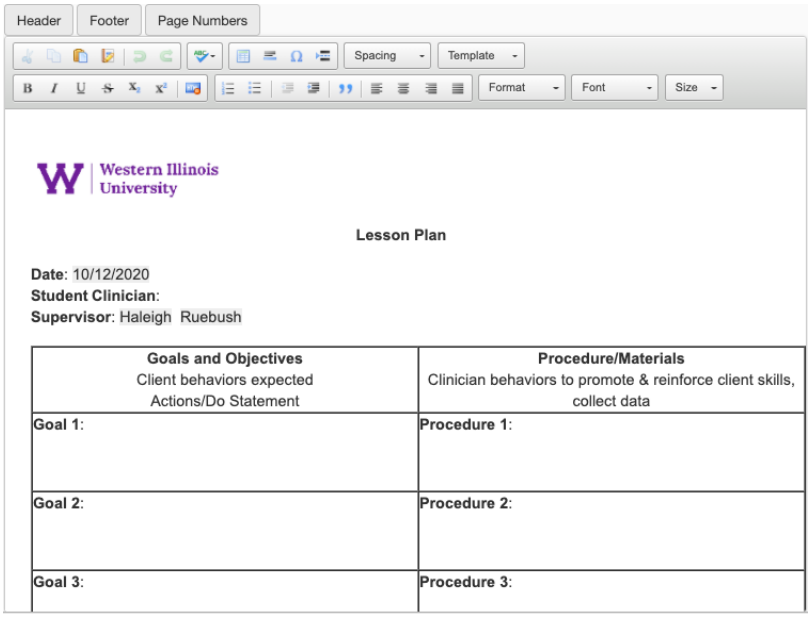
1. Confidentiality Agreements (Client/Parent/Guardian) and (Students/Faculty/Staff)
2. New Video Release (Child or Adult)
3. Updated Client Communication Form (returning clients only)
4. Authorization to Release Information (if applicable)
5. Teletherapy Waiver (if applicable)

PROCEDURES FOR CONTACT NOTES

Clinicians are required to develop a session lesson plan for each client prior to every session. Lesson plans highlight the clinician's plan for therapy and how semester goals will be targeted. Lesson plans should always be written from the clinician's perspective.



1. Select the client you wish to write a lesson plan for under the report template.
2. Select generate report and then under report template select lesson plan. Then select generate.
3. After a lesson plan is generated, change the date to the date of the session and add your name by student clinician.
4. In the left column, insert goals you plan to target that day (e.g., The client will produce /r/ in initial position of words with 40% accuracy given moderate verbal and visual cues).
5. In the right column, add what you as the clinician will do (e.g., The clinician will implement 5-minute play based activities with bilabials CVCV cards to target goals. Sensory breaks will be implemented every 5 minutes. Materials: Pancake letters, pancake turner). This is supervisor specific, so check with your supervisor if you have questions on how they want this section filled out.



PROCEDURE FOR TRACKING CLIENT ATTENDANCE

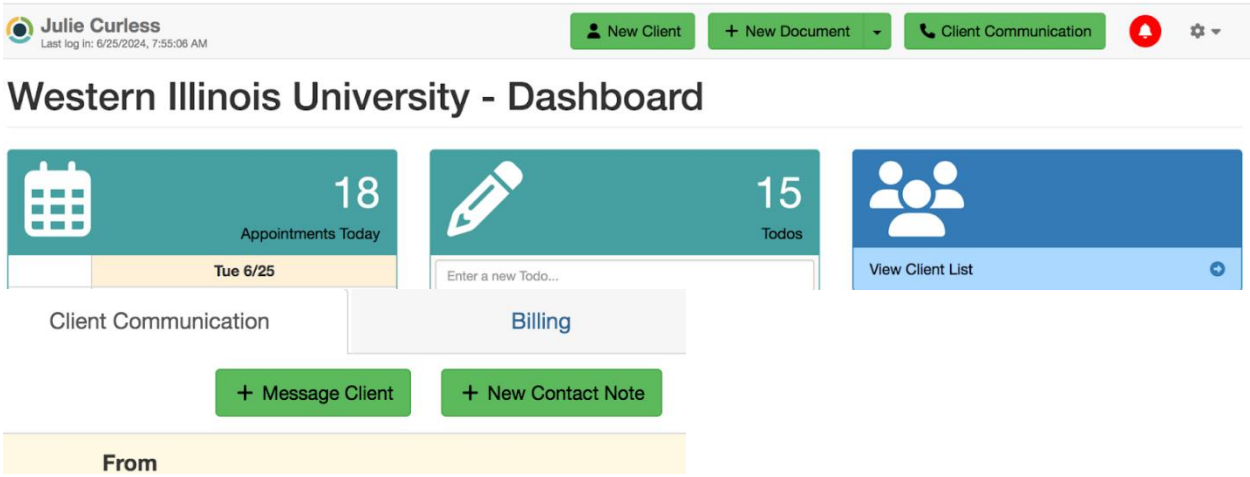
The following steps should be followed to track attendance for each session:

1. On the Clinician Dashboard (home screen), find your client's time slot and double click the time slot.
2. Select edit current occurrence.
3. An appointment tab will open. Click the attendance dropdown and select "Attended".
4. Select save and your client will now be marked as attended.
   *If a client cancels or a clinician needs to cancel, under the drop down menu "canceled by clinician" or "canceled by client" can be selected. In addition, add a description in the box and a contact note should be filled out about the client canceling. *See the section below on how to complete a contact note*.

PROCEDURE FOR CONTACT NOTES

Contact Notes are for the WIU Speech- Language and Hearing Clinic to track all patient contact. Contact Notes may include "Parent was contacted via phone to remind them of therapy beginning next week 9/22" or "Parent contacted clinic to cancel 10/3 appointment due to client feeling ill."

- Select Client Communication Communication from the dashboard
- Select the Client
- Select Client Communication Tab
- Click "New Contact Note"
- Describe the action the student clinician/supervisor/office manager completed (email, phone call, voicemail, etc.)
- ClinicNote will record the user's name.



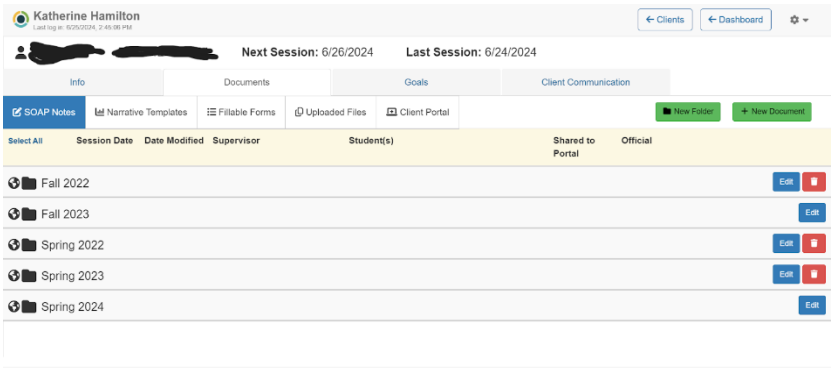
DOCUMENTATION FOR ON-CAMPUS CLIENTS

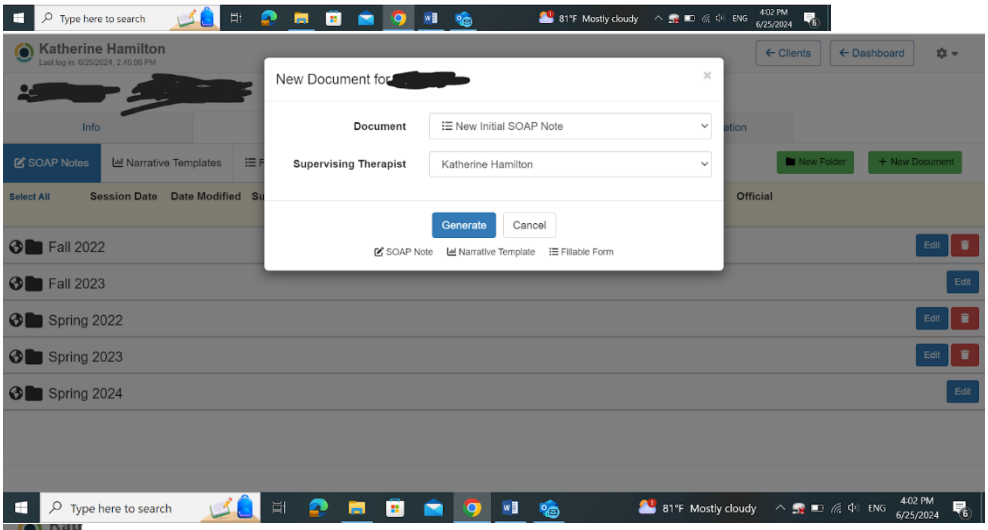
Daily SOAP Note Documentation (Initial and Official SOAP Notes).
SOAP GUIDE:

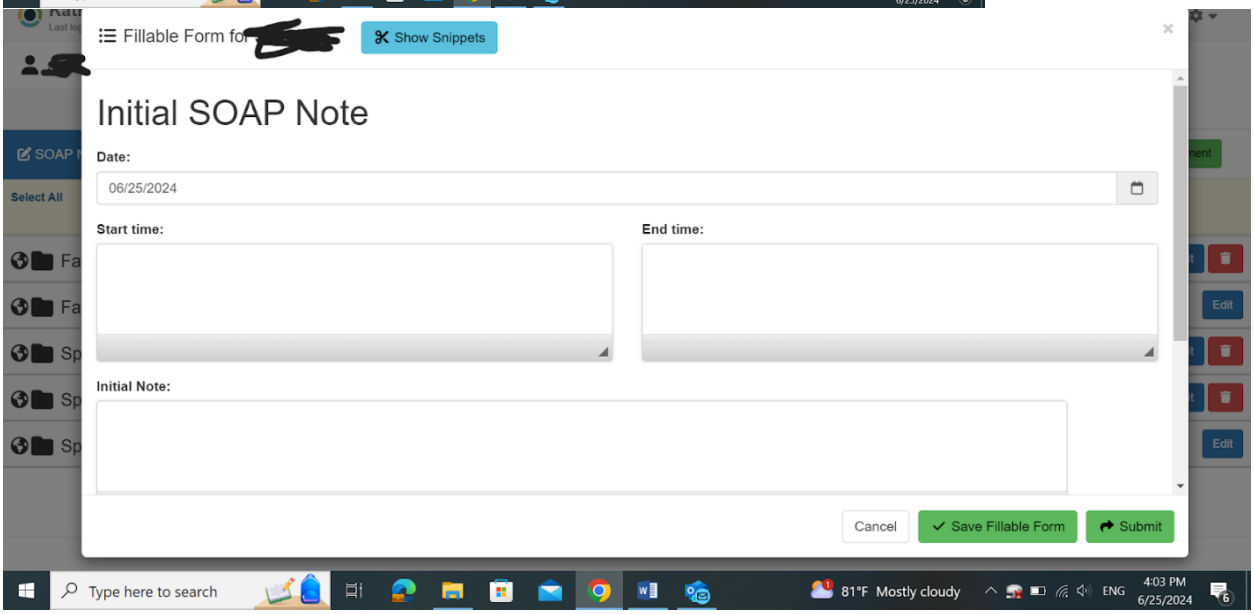
Subjective: Describe relevant client behaviors or status that may have influenced performance that session.
Objective: Record data collected for each task during the session.
Assessment: Interpret data for current session and compare to client's previous levels of performance
Plan: Identify proposed therapy targets for the next session.

At the beginning of each semester, the student clinician will complete baseline testing within the first several sessions (approximately up to four sessions). During these initial sessions, the student clinicians will use the **Initial SOAP Note:**

- To access the Initial SOAP Notes:
  - From dashboard, click the blue *View Client List* box
  - Click on the correct client
    - Click on the "documents" tab client's name
    - Click on the green box labeled "new document"
    - Click on the drop-down list next to "document" and select "New Initial SOAP Note"
    - These SOAP notes are in paragraph form and the student clinicians will follow the SOAP guide listed above.



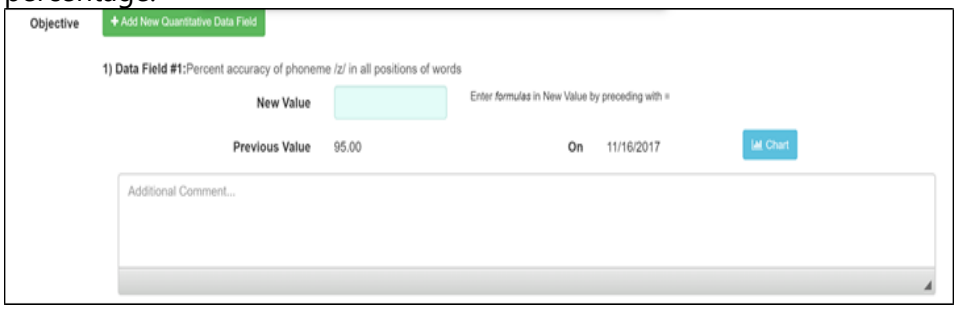




Following the initial baseline sessions, goals will be established and the **Official SOAP Note** form will be used**:**

- From dashboard, click the New Document tab
- Click on the correct client

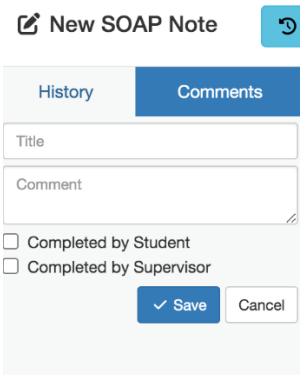
- Click the drop down arrow and select "SOAP Note" and click "Generate"
- Enter in all pertinent data at the top of the SOAP Note (date of services, time of service, clinician's name, etc.)
- The first time an Official SOAP note is created, the student clinician will need to add in all long and short term goals for the semester.
    - These goals will be generated on all new SOAP Notes for that patient until the goal is marked completed.
    - If a long term goal is complete- the short term goals associated with that long term goal will also be marked complete.
- Enter in the **Subjective** information in the box provided
- To enter in the **Objective** information
    - The first time in an official note, the student clinician must click "Add New Quantitative Data Field"
    - Select the targeted goal for the chart to be associated with
    - Create Title Tracker for the plot graph later on in the semester (i.e., */b/ in initial position* vs. *The client will produce the /b/ phoneme in the initial position with 80% accuracy given visual cues.*)
    - Click Save
- The screen will go back to the note where the student clinician can add in the first value for the chart.
    - Make sure the value is either in a whole number OR utilize a decimal value by typing in numbers and ClinicNote will calculate the percentage.



- If the goal was targeted during a session, the option to add a new value for each session will need to be addressed. However, student clinicians will not always target that specific goal within each session so it may end up blank at times.
    - *Repeat for each targeted goal within the session.
- To enter in the **Assessment** data:
    - Select one long-term goal and develop a holistic "A" section for the entire session.
- Enter in the **Plan** information in the *Plan For Next Session.* What will be targeted?
- If no information needs to be added in the *Home-Based Therapy Tasks* and *Additional Comments* sections, then enter in N/A for these sections
- Supervisors will e-sign the SOAP note once the SOAP note has been finalized and approved.

Within an Official SOAP note, student clinicians and supervisors are able to make comments/suggestions to one another using the comment feature.

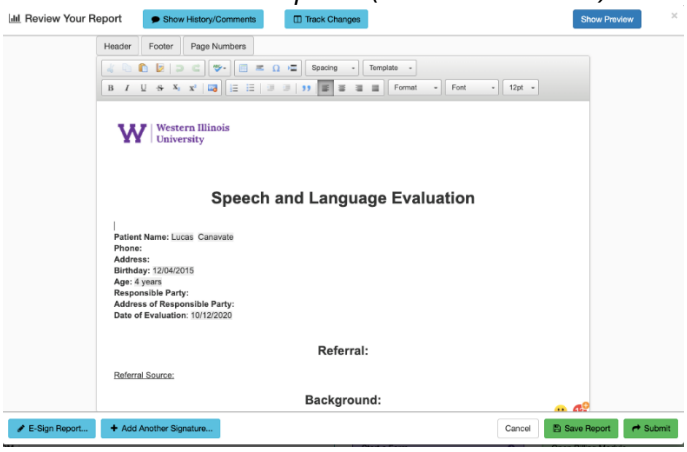
- Show History/Comments
    - History tab: Will show the initials, date, and time of each person who has created the new note, viewed, or edited the note.
    - Comments tab: Is a space for viewing the comments the supervisor/student creates.
        - Click "Add Comment"
        - Give the Title of the section of the note
        - Write the comment.
            - When the opposite person logs in to view the note they should always check the Show History/Comments to see if there has been a new comment created that needs to be addressed.

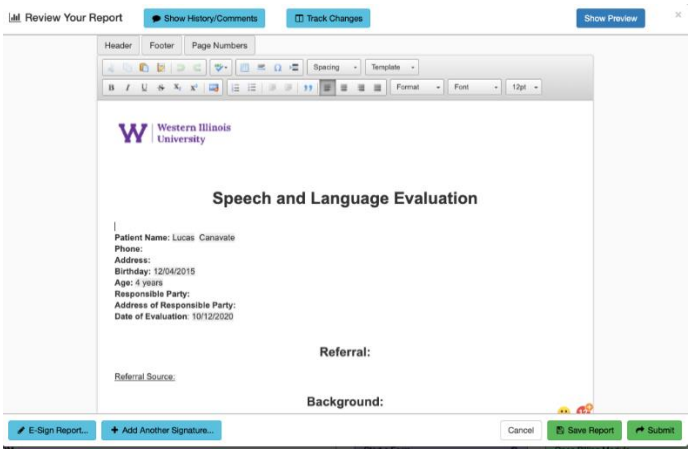


Procedure for Evaluations with Instructions

All reports will be completed within ClinicNote by the student clinician and approved by the clinical supervisor. Initial evaluations are completed at the beginning of each semester.

Generate a Report on dashboard → select client → select documents tab→select green button labeled "new document" and then under the drop down options select: *Evaluation Template-(Pediatric or Adult)*





The report will automatically generated with WIU letterhead.

Fill in biographical information and add date(s) the client was evaluated.

Fill in all assessment information including:

a. Referral and background (can be combined into one heading)

b. Observations and Evaluation Results

i. Depending on the supervisor, you may be asked to provide information in each section (e.g., cognition, pragmatics, articulation). However, some supervisors will only ask you to fill out the sections based on the assessments you gave. Ask your supervisor which they prefer.

ii. Delete all of the assessment information and tables for tests you did not complete.

c. Assessment/Summary (i.e., summary of all of the above reported information)

d. Recommendations (e.g., continue to receive services, full audiological evaluation)

e. Plan (i.e., goals)

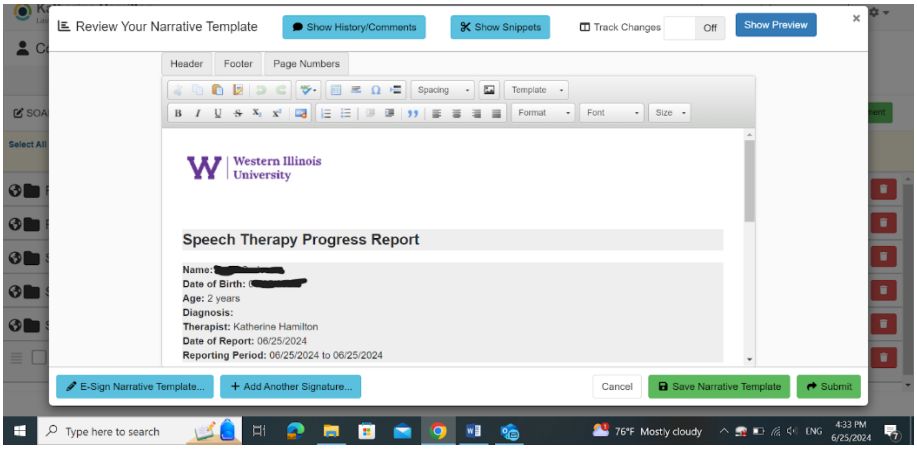
After reviewing your evaluation, submit it to your supervisor.

After they review your evaluation, they will submit any changes they have and ask you to sign the report.

f. Some supervisors may not sign the report until after your meeting with the client and caregiver in case the family has information that may be useful for the report.

Procedure for Progress Reports

All reports will be completed within ClinicNote by the student clinician and approved by the clinical supervisor. All on-campus clinicians are required to develop a progress report highlighting the client's semester progress.



1. Generate a Report on dashboard → select client → Enter Start & End time for semester sessions. Report Template: select *Semester Progress Report & supervising therapist*
2. The report will automatically be generated with a WIU letterhead.
3. Fill in the following information presented below in *italics*:
    1. *Biographical information*
    2. *Pertinent Background Information*
    3. *Initial Semester Assessment* (one summary)
    4. Present Therapy- This will be generated for each goal.
        1. Long-term goal 1 will be listed
        2. Short-term goal 1 will be listed
        3. Data Field for short-term goal 1 will be generated into a chart
        4. *Comment*: The student clinician will enter the comments/progress/etc here.

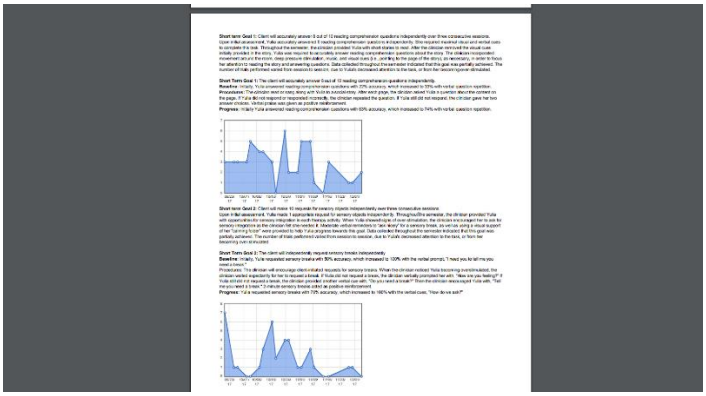
a. *Additional Information/Behavioral & Comments*

b. *Summary of Progress*

c. *Recommendations*

d. The supervisor will sign the report once the evaluation has been approved. The student clinician will also e-sign or hand sign the report given the supervisor's preference.

5. Again, don't sign the report until your supervisor approves it. After the supervisor signs the note you will no longer be able to edit the report but you can still view the report.

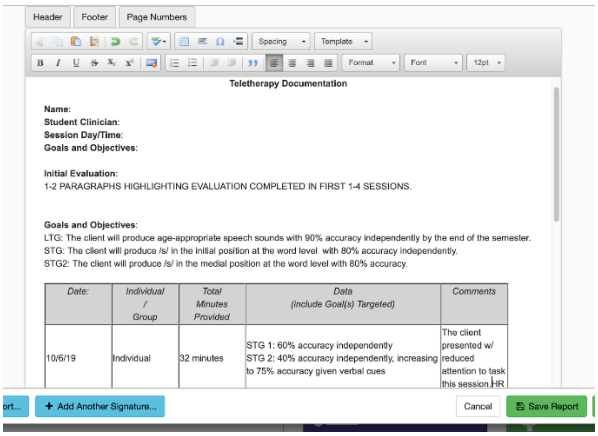


DOCUMENTATION FOR TELETHERAPY CLIENTS

All teletherapy documentation (e.g., initial evaluations, daily notes, final summary progress report) is held in one document in ClinicNote. Supervisors can approve each new documentation by initialing.

1. Generate a Report → select client → documents tab→select green "new document" button and the document drop down→select: *Teletherapy Documentation & supervising therapist*.
2. Once the teletherapy document is created clinicians will need to enter the client's name, clinician's name, session days/times.
3. Clinicians will complete an initial evaluation within 3-4 sessions. Initial evaluations will be documented in 1-2 summary paragraphs highlighting the client's strengths, areas of needs, diagnosis, and recommendations.
4. Once the initial summary is approved, the clinicians will also enter the client's semester goals under *Goals and Objectives*. Daily notes will be entered in the following table referencing the client's goals.

5. The final progress report of the semester will be reported at the bottom of the teletherapy document under *Summary of Progress*. Clinicians will summarize the client's semester progress, state diagnosis and any recommendations within 1-2 paragraphs.



PROCEDURE FOR CREATING A SAVED SIGNATURE IN CLINICNOTE

When signing paperwork, it is easier to have a saved signature on your account.

1. On the dashboard, go to settings and then my account.
2. Select E-sign and write your name and the title "student clinician".
3. Select update my account and this signature will now be available to add on all documentation.

Chapter 7: Diagnostics

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Graduate student clinicians participate in diagnostics throughout the graduate program. Clinicians are assigned individually to complete diagnostics. Graduate student clinicians will be expected to complete diagnostic procedures as a part of their clinical responsibility. Graduate students must observe TWO diagnostics prior to enrolling in the course. Clinicians will work with their supervisor throughout the diagnostic process.

REFERRAL AND SCHEDULING

1. Referrals are received by the clinic office. The Office Support Specialist (OSS) or Clinic Coordinator completes a new client contact form and sends the appropriate case history form to the potential client.
2. Once the case history form has been returned to the clinic, the information is uploaded into ClinicNote. The Clinic Coordinator will work with the family to schedule a time for the diagnostic to be completed.
3. As soon as a diagnostic is assigned to a student clinician, they will receive a written notice. It is then the student clinician's responsibility to contact the supervising SLP and make an appointment to prepare for the diagnostic.
4. Clinicians should contact the client/parents one week prior to the diagnostic to confirm the appointment.

COMPLETING THE DIAGNOSTIC EVALUATION

1. As soon as the clinician receives the diagnostic assignment, they must contact the supervising SLP to arrange a meeting to discuss the diagnostic evaluation.
2. The clinician should review the client's information in ClinicNote and develop a diagnostic plan prior to meeting with the supervisor.
3. At the time of the meeting with their supervisor, the clinician must be prepared with an evaluation plan and any questions about how to assess the assigned client.
4. Evaluation assessments should be reserved in the library at least 24 hours prior to the diagnostic. The name of the test, clinician's names, date, and time the assessment is needed will be recorded in the designated area. The clinician should review and prepare to administer all assessments or procedures as planned by the clinician and supervisor.
5. The therapy room needs to be set up and approved by the supervisor prior to the start of the session.
6. Photocopied test forms will be given to the supervisor.
7. All diagnostics will be recorded on Axis cameras.

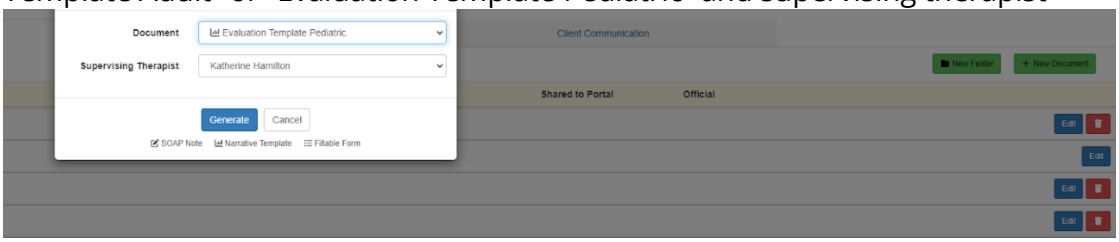
DIAGNOSTIC WRITTEN REPORT

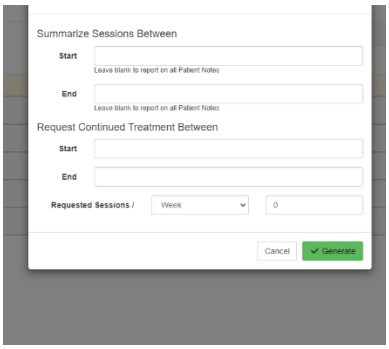
1. Following the diagnostic, a report needs to be written and submitted in ClinicNote within 48 hours following the diagnostic.
2. Rewrites are due one day after the edited reports are returned. Failure to turn in reports on
   time may result in the lowering of the clinician's final diagnostic grade.

3. Diagnostic reports should be written using parent-friendly, professional language. The
   report should be free of spelling or grammatical errors. This report will be completed on ClinicNote. Clinicians must also submit hard copies of the scored tests forms, language samples, etc. to the supervisor's mailbox or per their individual instructions.
4. Each student will develop recommendations or treatment goals to address any specific needs of the client, as instructed by the supervisor. Client's needs will vary from client to client and can be discussed with the supervisor prior to the submission of the diagnostic report. Discussion with the supervisor will include proposed treatment goals, rationale for the proposed treatment goals, and recommendations.
5. Continue to make changes, edits until the supervisor determines the report is completed, at which time the recording on the AXIS system should be deleted. Supervisors may request to keep the recording for future teaching purposes.
6. Place only the ORIGINAL published test forms in the client files along with a request for the document to be added to the client's electronic file.
7. Print the final report with identifying information and dates of evaluation on all forms and data collection sheets. Printing of reports needs to be done in the grad work room. This official copy of the report will be submitted to the client or client's caregiver.
8. Clinicians will submit the diagnostic hours in CALIPSO to the supervisor. The hours that may be recorded include time spent gathering information for the case history, administering assessments, screening, language sample, client responses, managing behaviors, interviewing significant others, and the follow up meeting.

CLINICNOTE REPORT

Click on client→select documents tab→select green button labeled "new document" → from the drop down menu, select the appropriate evaluation template "Evaluation Template Adult" or "Evaluation Template Pediatric" and supervising therapist





**Please note that a number of tables automatically generate on this template. Delete the tables that do not correspond with your assessment. Be sure that you address all of the following information:

+ Oral Mechanism
+Speech Intelligibility- Articulation/Phonology
+Language-Receptive and Expressive
+Voice
+Fluency
+Hearing
+Pragmatics

SIMUCASE EVALUATIONS

- In the event live/on-campus evaluations are not available within each age-group for each student to complete, a Simucase evaluation will be scheduled on an individual or group basis.
- The diagnostic supervision team assumes that adult diagnostics will be difficult to schedule due to a lack of referrals; therefore, all students will be assigned a Simucase adult client.
- Simucase evaluations will include a pre-briefing email, one week to complete the assessment and evaluation report, and a debriefing session.
- A diagnostic supervisor will notify the student via email of a Simucase diagnostic evaluation. This pre-brief email will review the Simucase requirements and the assigned client's information.
- Students will have one week to complete the diagnostic evaluation via Simucase. Although some Simucase diagnostics will be completed in groups during pre-briefings and debriefing sessions, each student will be required to independently complete the assessment and evaluation report.
- Upon completion of the Simucase evaluation one week after the pre-brief, students will meet with the supervisor for a debriefing meeting to discuss and reflect on each students' findings, diagnoses, recommendations, clinical judgment etc. The final evaluation report will be due at this time.

- Scoring will not be based solely on the evaluation report. Grades will largely depend on the students' ability to verbalize their rationale throughout the Simucase assessment, answer questions based on their findings, and communicate competently with the supervisor.

Intervention Policies and Procedures: Any student receiving a rating less than 3 on any certification standard will be required to remediate that standard.Certification ratings are available at Midterm and Final evaluations on the CALIPSO form completed by your supervisor(s).

- Clinic intervention will be initiated by the student's clinic supervisor and the process determined on an individual basis. Intervention plans are developed by the student's clinic supervisor(s).
- An informal intervention process may be initiated by the clinical supervisor at any point during the semester to best support student learning and development.
- A formal intervention process may begin on the date when the midterm or final CALIPSO evaluation is given to the student.
- The student's supervisor will contact the Clinic Coordinator about the intervention process after notifying the student. The Clinic Coordinator will retain copies of the written documentation including the intervention plan and supplemental material for the student's record.
- Successful intervention includes receiving a rating of 3 or higher on the standards and meeting the objectives set forth in the formal intervention plan.
- Timeline:
    - First attempt at intervention will be provided by the supervisor and completed by the student within approximately 2 weeks of being notified the standard was not met.
        - This is an option if standards are not met early in the semester, at midterm, or shortly after midterm when there is sufficient time to complete intervention.
    - Final Evaluation or late in semester:
        - The student will be expected to complete the first intervention attempt in the first two weeks of the following semester after the commencement of clinic.
        - Successful intervention includes receiving a rating of 3 or higher on the standards and meeting the objectives set forth in the formal intervention plan.
- If student requires additional intervention:
    - If the first attempt is not successful, a second attempt must be provided. The student's supervisor will contact the Clinic Coordinator The student will contact the Clinic Coordinator to discuss intervention.
    - If the student is not successful following the second intervention attempt, he or she will receive a C or lower in the clinic course (SPA 587).

Clinical Grading Scales
Graduate Students

- CALIPSO Course Number: Diagnostics
- When taken: varies based on assignment
- 4.20 to 5.00 A
- 3.70 to 4.19 B
- 3.20 to 3.69 C
- 2.00 to 3.19 D
- 0.00 to 1.99 F

ASHA Standards for the Certificate of Clinical Competence in Speech-Language Pathology to be assessed:

Standard	Description of 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 lifespan.**
IV-C	The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas: • articulation; • fluency; • voice and resonance, including respiration and phonation; • receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing; • hearing, including the impact on speech and language; • swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology); • cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); • social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities); • augmentative and alternative communication modalities.
IV-D	**For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.**
IV-E	**The applicant must have demonstrated knowledge of standards of ethical conduct.**
IV-F	Knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice
IV-G	**The applicant must have demonstrated knowledge of contemporary professional issues.**
V-A	Skills in oral and written or other forms of communication
V-B	The applicant for certification 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, non standardized and standardized tests, and instrumental procedures. d. Adapt evaluation procedures to meet client/patient needs. e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention. f. Complete administrative and reporting functions necessary to support evaluation. g. Refer clients/patients for appropriate services. 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 (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 client/patient, family, caregivers, and relevant others. b. Collaborate with other professionals in case management. 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.

Chapter 8: Off-Campus Placements

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OFF-CAMPUS PRACTICUM CRITERIA

1. Be regarded as a competent and reputable facility by members of the professional community.
2. Have an ASHA certified and licensed speech-language pathologist on the staff, practicing within all ASHA ethical and scope of practice guidelines or a WIU SLP faculty supervisor
3. Ensure that the ASHA supervisor will be available for consultation as appropriate for the client's disorder.
4. Expose the student to a facility which includes clinical viewpoints and procedures different from those experienced previously.
5. Provide the student with an opportunity to relate to and work with specialists from related professions.
6. Provide the student with close supervision at first, with a gradual increase in independence where warranted. If there is doubt about the student's proficiency with a particular client or case type, supervision should remain appropriately close throughout the practicum.
7. Provide appropriate opportunities to observe or participate in professional interactions.
8. Provide an evaluation of the student's performance midway through and at the end of the practicum.
9. Assist the student in maintaining a log of practicum hours obtained at the practicum site.
10. Communicate to the student and/or WIU Internship Coordinator any problems regarding a specific student or university procedures as they occur.

BRIDGEWAY PLACEMENT PROCEDURES:

1. One SPA supervisor takes 2-3 student clinicians each semester to the Bridgeway Facility in Macomb, Illinois.
2. Prior to working with the consumers, all student clinicians are required to complete the following:
    1. Complete the packet of forms provided by the supervisor and return by the designated date.
    2. Complete an orientation that includes training for mandated reporting and HIPAA provided by Bridgeway's Human Resources representative. The supervisor wit=ll set up the date and time and inform the students.
    3. Agree to a background check required for all clinicians working at Bridgeway. This is conducted and paid for by Bridgeway.
3. The student clinician will arrive at the facility prepared to provide services for their caseload at the designated start time.

4. Clinicians must sign in and out of the facility and get a 'visitors badge' from the receptionist. This badge will be worn and visible at all times while in the facility.
5. Student clinicians are expected to follow all policies and procedures established for interns and volunteers by Bridgeway as well as in the WIU Clinic Manual that are appropriate for Bridgeway.
6. Student clinicians will adhere to the WIU dress code policy and wear closed toe shoes.
7. Each student clinician will provide services for 2-4 consumers.
8. Student clinicians will provide evaluations and/or therapy services for up to four hours per week, during the regular WIU semester with university breaks as scheduled.
9. Student clinicians will write evaluations and goals, session (SOAP) notes, and progress reports in ClinicNote.
10. Consumers have existing files in ClinicNote. If they are new to the facility, a new ClinicNote file will be requested by the supervisor.
11. Progress reports will be reported to appropriate parties in verbal and written form at the end of each semester and/or upon request.
12. Student clinicians will record their direct contact hours in Calipso. Site will be "Bridgeway Macomb" and Clinical Setting is "Community Clinic".
13. Student clinicians will maintain careful hygiene at all times. This includes sanitizing work stations between consumers and frequent hand cleansing. Student clinicians will wear masks if requested by the supervisor or the facility.

ELMS PLACEMENT PROCEDURES:

1. One SPA supervisor takes 2-3 students each semester to the ELMS Skilled Nursing Facility in Macomb, Illinois.
2. The student will arrive at the facility prepared to provide services for his/her caseload. The Elms is located at 1212 Madelyn Avenue in Macomb, and the phone number is (309) 837-5482.
3. Student clinicians are expected to follow all policies and procedures set forth in the WIU Clinic Manual that are appropriate for The Elms setting. This includes abiding by HIPAA guidelines and maintaining patient's confidentiality. Student clinicians will adhere to the WIU dress code policy and wear closed toe shoes. Also, wear their name badge.
4. Each student clinician will manage his/her caseload during the semester. The caseload will fluctuate in the number of patients, but usually ranges from 2-6 individuals.
5. The student clinician will conduct an initial evaluation using formal and informal assessments. When the assessment is completed, the student clinician will write an evaluation report using the template in ClinicNote titled Speech-Language-Swallowing Evaluation. The evaluation will include patient demographics, a

summary of history with baseline measurements, assessment information, summary and goals outlining treatment plan of care.

6. The student clinician will manage the caseload by selecting and sequencing the patients to work with throughout the duration of the time at the facility. The student will bring all materials required for services provided.
7. Each session the student clinician will write a SOAP note to document the services provided during the session. SOAP notes are due at 11:59 pm of the day the services were provided.
8. The student clinician will write a discharge summary using the template in ClinicNote titled Discharge Summary reflecting progress made toward the established goals and recommendations when lack of progress is made, client expires or at the conclusion of the semester. The discharge summary will include recommendations for treatment during the next semester, staff directives and/or reasons for cessation of services.

OFF-CAMPUS PRACTICUMS FOR SPA GRADUATE STUDENTS

Responsibilities and Objectives for Off-Campus Practicums

- An off- campus practicum may be assigned to a student as part of their clinical assignment for SPA588, and students will be supervised by licensed Speech-Language Pathologists who are not clinical supervisors at Western Illinois University
- Students should have the opportunity to apply previously learned theory and knowledge to a variety of clients across the lifespan and to further develop and apply knowledge relating to specific client groups with whom they have had limited contact.
- Students should refine and further develop a variety of clinical techniques and skills with a diverse range of populations.
- Practicums should afford the student a better understanding of the continuum of care and the subtle nuances of goal setting and service-delivery at various levels of functioning. This should include the efficient use of therapy and administration time, the coordination of services and interdisciplinary teamwork, resource and funding implications for client service delivery and state specific service requirements.
- These placements are secured by the WIU Internship Coordinators. The WIU Internship Coordinators will be available by phone or e-mail to respond to any concerns or questions raised during the internship. It is understood that the practicum may be terminated at any time at the discretion of the site supervisor and/or the WIU instructor/internship coordinator. The reasons for termination of the internship must be supported by written documentation at the time of the termination.

Off Site Supervisor Responsibilities for Off-Campus Practicums

- Supervisors must hold the ASHA Certificate of Clinical Competence (CCC) in Speech-Language Pathology for a minimum of nine months prior to supervision of any student.
- Supervisors are required to complete 2.0 hours of ASHA CEUs in the area of student supervision. This is a one-time training requirement, effective 1/1/2020.
- Supervisors must take time to acquaint the student with the protocols and procedures of the facility. This may include a formal induction period if deemed necessary by the facility in order to support proper and safe working practices.
- At least 25% of the therapy and diagnostic sessions conducted by students (including screenings) must be directly supervised.
- Supervisors must be able to verify the student's client contact hours via the web based CALIPSO system (please refer to the instructions for CALIPSO use.
- In the case of supervisor absence, students are not permitted to work on their own. An alternative plan may be developed that will allow the student to benefit from the work day. Please note that if this includes work with an alternative SLP who is not licensed or another professional, the student is not permitted to treat clients and hours cannot be counted as clinical hours. Students may be given the opportunity to make up hours at an appropriate point in time.
- Evaluation forms must be completed at midterm and at the end of the practicum. These forms are accessible via CALIPSO. At midterm, goals should be set to help students attain their optimal skill development, based upon their formal evaluation. Supervisors are required to complete the clinical population information on the final evaluation on CALIPSO (patient population, multicultural and linguistic diversity), as this offers an indication of the nature of the clients attending the facility.
- All supervisors should make time available for regular meetings with students throughout the internship to inform the student of his or her internship performance, discuss clients and any relevant site specific topics. Written and verbal feedback is encouraged on an ongoing basis.
- Should supervisors have any concerns at any time, for whatever reason, they are expected to contact the Internship Coordinator immediately. Contact details are provided in the letter of introduction. In addition, the Internship Coordinator will be contacting the supervisor by email at various points throughout the internship, in order to ensure all is well. Supervisors are asked to respond to these emails and report their satisfaction with student performance thus far.

Student Responsibilities during Off-Campus Practicums:

- The student is expected to be proactive and engage in discussions related to clients, the facility, perceived limitations and concerns throughout the internship. The student is responsible for the promotion of their own learning while in the clinical practicum.
- Client, supervisor and site confidentiality must be maintained at all times. Students are required to adhere to HIPAA guidelines at all times. Students are expected to

adhere to the policies and procedures of the facility and the ASHA Code of Ethics without exception.

- Punctuality, proper attire, and adequate preparation are expected at all times. Students must be granted permission by the supervisor to leave at the end of the workday.
- All required clinical paperwork (including plans, notes, reports etc.) must be submitted according to the guidelines, protocols and deadlines specified by the site supervisor.
- The student will use CALIPSO to document all clinical hours on a daily or weekly basis and obtain approval of hours from their supervisor. Students are expected to support the supervisor in their use of CALIPSO if required.
- Absences must be approved by the onsite supervisor and reported to the WIU Internship Coordinator. Absences should be rare and only for good reason (for example, as a result of illness), which does not include vacation.
- The student is required to contact the WIU supervisor via e-mail at the end of the first day of their clinical practicum and on a weekly basis thereafter. They are expected to inform the WIU supervisor of their successful arrival, progress and concerns throughout the duration of the clinical practicum. Students with any concerns, at any time, for whatever reason are expected to contact the WIU supervisor immediately.

OFF-CAMPUS INTERNSHIPS FOR SPA GRADUATE STUDENTS

Responsibilities and Objectives Internship in Speech Pathology & Audiology

Catalog Descriptor. Supervised applied experience in an occupationally related area in line with the students' career objectives and approved by faculty. A minimum of eight weeks will be required for this experience. *Prerequisites: Completion of required SPA coursework, no more than two C grade in SPA 587/588, and approval of faculty.*

Primary Objectives of Off-Campus Internship:

- Students should have the opportunity to apply previously learned theory and knowledge to a variety of clients across the lifespan and to further develop and apply knowledge relating to specific client groups with whom they have had limited contact.
- Students should refine and further develop a variety of clinical techniques and skills with a diverse range of populations.
- Internships should afford the student a better understanding of the continuum of care and the subtle nuances of goal setting and service-delivery at various levels of functioning. This should include the efficient use of therapy and administration time, the coordination of services and interdisciplinary teamwork, resource and funding implications for client service delivery and state specific service requirements.
- To establish whether or not the student is Clinical Fellowship (CF) ready upon completion of the internship. The student must be deemed clinically competent in accordance with the ASHA certification standards in order to successfully complete the program. Further details about the Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association can be found on: https://www.asha.org/certification/2020-slp-certification-standards/
- The WIU Internship Coordinators will be available by phone or e-mail to respond to any concerns or questions raised during the internship. It is understood that the internship may be terminated at any time at the discretion of the site supervisor and/or the WIU instructor/internship coordinator. The reasons for termination of the internship must be supported by written documentation at the time of the termination.

OFF-SITE Supervisor Responsibilities for Off-Campus Internship:

- Supervisors must hold the ASHA Certificate of Clinical Competence (CCC) in Speech-Language Pathology for a minimum of nine months prior to supervision of any student.
- Supervisors are required to complete 2.0 hours of ASHA CEUs in the area of student supervision. This is a one-time training requirement, effective 1/1/2020.

- Supervisors must take time to acquaint the student with the protocols and procedures of the facility. This may include a formal induction period if deemed necessary by the facility in order to support proper and safe working practices.
- At least 25% of the therapy and diagnostic sessions conducted by students (including screenings) must be directly supervised.
- Supervisors must be able to verify the student's client contact hours via the web based CALIPSO system (please refer to the instructions for CALIPSO use. It is expected that these hours are authorized by the supervisor on a daily or weekly basis (depending upon site organization). The school internships are asked to provide a minimum of 150 clinical hours (this includes staffing hours; please refer to the school internship agreement for information on hours), the medical internships are asked to provide a minimum of 100 clinical hours for the student throughout the duration of the placement.
- In the case of supervisor absence, students are not permitted to work on their own. An alternative plan may be developed that will allow the student to benefit from the work day. Please note that if this includes work with an alternative SLP who is not licensed or another professional, the student is not permitted to treat clients and hours cannot be counted as clinical hours. Students may be given the opportunity to make up hours at an appropriate point in time.
- Evaluation forms must be completed at midterm and at the end of the internship. These forms are accessible via CALIPSO. At midterm, goals should be set to help students attain their optimal skill development, based upon their formal evaluation. Supervisors are required to complete the clinical population information on the final evaluation on CALIPSO (patient population, multicultural and linguistic diversity), as this offers an indication of the nature of the clients attending the facility.
- All supervisors should make time available for regular meetings with students throughout the internship to inform the student of his or her internship performance, discuss clients and any relevant site specific topics. Written and verbal feedback is encouraged on an ongoing basis.
- Should supervisors have any concerns at any time, for whatever reason, they are expected to contact the Internship Coordinator immediately. Contact details are provided in the letter of introduction. In addition, the Internship Coordinator will be contacting the supervisor by email at the end of the second week and at the midterm and final point of the internship, in order to ensure all is well. Supervisors are asked to respond to these emails and report their satisfaction with student performance thus far.

Student Intern Responsibilities:

- Prior to leaving on internships:
    - students will respond to emails from the internship coordinators and/or site supervisor to prepare the requirements and meet the guidelines set forth by the site. The student is responsible for providing all necessary

documentation and/or requirements requested by the site except for the certificate of insurance.

- During the internships:
    - The student is expected to be proactive and engage in discussions related to clients, the facility, perceived limitations and concerns throughout the internship. The student is responsible for the promotion of his/her own learning while on the internship.
    - Punctuality, proper attire, and adequate preparation are expected at all times. Students must be granted permission by the supervisor to leave at the end of the workday.
    - Client, supervisor and site confidentiality must be maintained at all times. Students are required to adhere to HIPAA guidelines at all times. Students are expected to adhere to the policies and procedures of the facility and the ASHA Code of Ethics without exception.
    - All required clinical paperwork (including plans, notes, reports etc.) must be submitted according to the guidelines, protocols and deadlines specified by the site supervisor.
    - The student is responsible for reaching out to the internship coordinator if a problem arises during the internship. Communication is critical to ensure the student has a successful internship experience.
    - The student will use CALIPSO to document all clinical hours on a daily or weekly basis and obtain approval of hours from their supervisor. Students are expected to support the supervisor in his/her use of CALIPSO if required. DO NOT WAIT until the end of the internship to enter hours!
    - The student is required to complete and submit a site evaluation of his/her internship to the WIU Internship Coordinator upon completion of the internship. This evaluation form will be sent to the clinician via the WIU Internship Coordinator.
    - The student is required to ensure the midterm and final evaluations are reviewed with him/her prior to his/her departure from the facility. The student should submit all contact hours prior to his/her departure.
    - The student will follow the protocol for illnesses set forth by the site. Absences must be approved by the onsite supervisor and reported to the WIU Internship Coordinator. Absences should be limited to the least possible and only for good reason (for example, as a result of illness), which does not include vacation or going to interviews. Extension of the internship may be required to make up missed days.
    - The student is required to contact the WIU Internship Coordinator via e-mail at the end of the first day of his/her internship and on a weekly basis thereafter. They are expected to inform the WIU instructor/internship coordinator of their successful arrival, progress and concerns throughout the duration of the internship. Students with any concerns, at any time, for

whatever reason are expected to contact the WIU Internship Coordinator immediately.

Student Acknowledgement of Responsibilities and Objectives of Off-campus Internships

My signature signifies that I have read the Responsibilities and Objectives information as well as the syllabus for SPA 522/600 and will abide by all policies therein. This includes my knowledge of the attendance policy stated in the syllabi and that I will notify both the Internship Coordinator and the internship supervisor prior to absences at my placement. I understand that my placement could be in jeopardy if notice is not given or too many absences occur.

_____ _____

Clinician's Name Date

Appendix: Forms & Templates

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APPENDIX: FORMS & TEMPLATES

About the Speech-Language & Hearing SPA Clinic:

We are a teaching institution with student clinicians working under licensed Speech-Language Pathologists (SLP) and Audiologists.
Our Fee-Free clinic is open Fall, Spring, and Summer college semesters.

Services We Offer:

Speech & Language Evaluations

Includes a full assessment of speech sounds, language, cognition, swallowing/ feeding, vocabulary, voice, oral motor skills, social skills, and the need for augmentative and/or alternative communication.

Audiological Services

Free hearing evaluations and screenings, including pure tone, tympanometry, and speech testing. Middle ear monitoring and newborn hearing screenings are also available, as well as screenings for teacher certification and nursing programs.

Speech & Language Therapy

We offer treatments for the following:

- Aphasia
- Apraxia of speech & childhood apraxia of speech
- Articulation disorders
- Cognitive-communication disorders
- Dysarthria
- Expressive language disorders
- Feeding & swallowing disorders
- Fluency disorders
- Phonological disorders
- Receptive language disorders
- Social Pragmatic Communication disorders
- Voice disorders

Hearing Aid Consultations

Free consultations on the benefits of hearing amplification due to hearing loss or to discuss the benefits of specialty made hearing protection for various needs. Hearing aids can be purchased through our clinic at a discount. We accept some insurances* and can check for hearing aid benefits.

**Medicare does not cover hearing aids.*
We are not contracted with VA, Aetna,or Medicaid insurances.

What warrants a Speech & Hearing Evaluation?

Hearing Symptoms

- Ringing in the ears (tinnitus)
- Balance Issues
- Pain/ discomfort in ears
- Feeling of fullness in ears
- Sudden hearing loss
- Exposure to loud noises
- Increasing the volume on technological devices
- Frequently asking others to repeat things said

Speech Symptoms

- Substitutes one sound for another
- Leaves sounds out
- Adds sounds
- Changes a sound
- Difficulty being understood by others
- Repeating words, phrases, or sounds in words
- Jumbled speech

Voice Symptoms

- Roughness
- Breathiness
- Strained or strangled quality
- Abnormal pitch, volume, or resonance
- Loss of voice
- Weak voice
- Gurgly or wet sounding
- Hoarse, raspy voice
- Shrill voice
- Shaky voice

Swallowing Symptoms

- Pain while eating
- Fullness in throat
- Food or medication "getting stuck" in throat
- Food or liquid spilling out nose
- Gurgly or wet sounding voice after swallowing

Medical Diagnoses

- Stroke
- Traumatic Brain Injury
- Autism Spectrum Disorder
- Cerebral Palsy
- Down Syndrome
- Head, neck, or throat cancer
- Neurodegenerative Diseases

Language Symptoms

- Difficulty understanding what others say
- Difficulty following direction
- Difficulty expressing wants and needs
- Using empty speech - "the thing", "stuff"

Cognition Symptoms

- Difficulty remembering things or words
- Difficulty with planning and organization
- Difficulty with visuospatial awareness

Image 1 About SPA

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Adult Case History Form

Patient Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: ___ Zip: _____

Phone: _____ Email: _____

Occupation: _____

Primary Care Physician: _____ Phone: _____

Referral source: _____

Background Information:

Please describe your speech, language, and swallowing concern:

_____

_____

_____

When did you first notice the concern?

_____

_____

Has the problem changed since it was first noticed?

_____

_____

Have you ever seen a specialist/therapist regarding these difficulties? If yes, who and when? What were their conclusions/recommendations?

_____

_____

_____

_____

Image 2 Adult Case History Form Page 1

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Medical History:

Please check all that apply. Please provide the dates where applicable

- □ Heart attack
- □ Heart issues
- □Hypertension
- □ Diabetes
- □ Stroke
- □ Laryngitis
- □ Acid reflux
- □ Meningitis
- □ Head injury
- □ Neurological conditions
- □ Allergies
- □ Cancer
- □ Bronchitis
- □ COPD
- □ Sinusitis
- □ Asthma
- □ Thyroid issues
- □ Hearing loss
- □ Voice issues
- □ Vocal polyps or nodules
- □ Pneumonia
- □ Seizures

Please list any current medications you are taking. In addition, please provide the approximate times you consume these medications (e.g., morning, noon, night).

_____

_____

_____

_____

_____

_____

Family/Social History:

Describe current or past occupation/employer.

_____

Highest grade, diploma, or degree earned.

_____

Image 3 Adult Case History Form Page 2

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Please describe your current living situation, including who you live with and the setting (e.g., home, apartment, assisted living facility) in which you live.

List any children (names, gender, and ages).

Is there any family history of speech, language, or medical issues?

Speech/Language History

Do you have difficulty expressing your wants and needs? If yes, please explain.

Do others find you difficult to understand? If yes, please explain.

Do you find it hard to understand others? If yes, please explain.

Do you feel you have short-term and/or long-term memory difficulties? If yes, please explain.

Do you have difficulty with word-finding (i.e. remembering the names of objects and/or people)? If yes, explain.

Image 4 Adult Case History Form Page 3

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Do you have difficulty with reading or writing? If yes, please explain.

_____

_____

Do you find it difficult to make decisions (e.g., planning, managing finances, etc.)?If yes, please explain.

_____

_____

Do you have a hard time focusing on tasks (e.g., listening to conversations, focusing on the weather forecast, etc.)? If yes, please explain.

_____

_____

Have there been any changes to your voice (i.e. hoarse, breathy, loss of volume)? If yes, please explain.

_____

_____

Swallowing History

Please indicate if you experience any of the following while eating/drinking

- □ Coughing
- □ Choking
- □ Drooling
- □ Increased meal times
- □ Difficulty chewing
- □ Difficulty swallowing solids
- □ Difficulty swallowing liquids
- □ Difficulty clearing food/liquid from the mouth

Are you currently on a modified food and/or liquid diet? If yes, please explain.

_____

Do you currently wear dentures? Indicate full or partial. _____

Additional Information:

If recommended, what do you hope to get out of speech-language therapy?

_____

_____

Image 5 Adult Case History Form Page 4

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Please provide any additional information that may be helpful to the evaluation/treatment process.

_____

_____

_____

_____

Individual Completing Form: _____

Relationship to Patient: _____

Signed: _____ Date: _____

Image 6 Adult Case History Form Page 5

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Adult Contact Information

Confidential

Date: _____

Name: _____ Biological Gender (M / F)
(First) (Middle) (Last)

Birthday (M/D/YY): _____ Age: _____ Occupation: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

E-Mail: _____

Address: _____

City: _____ State: _____ ZIP: _____

Referred By: _____ Phone: _____

Reason for Referral: _____

Physician: _____ Phone: _____

Physician's Address: (City) _____

Do you currently work at WIU? _____ Are you retired from WIU? _____

What is your connection to WIU? _____

Permission Statement

Clients at Western Illinois University Speech-Language-Hearing Clinic are routinely audiotaped and occasionally videotaped as part of the therapy progress.

Western Illinois University requests permission to utilize diagnostic and therapeutic information for clinical and classroom discussion and instruction. Confidentiality of personal information will be maintained. None of this material will be used outside of Western Illinois University without written consent of the client.

Please check the appropriate statement and sign below:

____ I give Western Illinois University permission to use video and/or audio recording of me and/or my spouse for the purpose of teaching and research.

____ No video and/ or audio recording of me and/ or my spouse may be used for the purpose of teaching and research.

_____ _____
Signature (Client/ Responsible Party) Relationship to Client

Image 7 Audiology Adult Contact Information

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Western Illinois University
Attendance Policy for Clinical Services

The Western Illinois University Speech-Language & Hearing Clinic is pleased to provide diagnostic and therapeutic services to the residents of Macomb and surrounding areas at no charge. Services are provided by student clinicians under the supervision of fully licensed speech-language pathologists (SLPs) and audiologists. Providing quality services to our clients while offering solid clinical experience to our students are equally important in this facility. In order to honor both, an attendance policy has been created and will be effective as of 9/23/19. Please let your supervising SLP know if you have any questions or concerns.

Speech and Language Therapy

Weekly attendance is important for successful treatment for the client as well as weekly clinical experiences for student clinicians. Clients will be afforded three excused absences per semester. Excused absences include instances when the clinic was made aware of the absence ahead of time, preferably 24 hours in advance. The staff/faculty is aware that 24 hour notice is not always possible, such as in the case of illness or emergency, and will consider those on a case-by-case basis. Any additional absences will result in discharge from clinical services. The client may reapply for services in a subsequent semester; however, it should be noted that they may be placed on a waitlist.

Three unexcused absences (no call/ no show) will result in immediate discharge from service, and the appointment time will become available to those who are on the waitlist. Clients discharged due to unexcused absences will not be permitted to enroll in clinical services for subsequent semesters.

Diagnostic Evaluations

The WIU Speech-Language & Hearing Clinic is proud to offer diagnostic evaluations. However, there are a limited number of spots per semester, and a number of individuals waiting to be evaluated. Once a diagnostic is scheduled, a cancellation will result in that individual being moved to the bottom of the scheduling list. Failure to cancel prior to missing an appointment will result in the individual being removed from the scheduling list.

Need to report an absence?
Please call 309.298.1955

Image 8 Attendance Policy

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Audiology Adult Hearing History

Medical History

Family physician's name and address: _____

_____

Have you seen a doctor in the last six months?

O Yes O No

If yes to the question above, have you seen a doctor specializing in diseases of the ear?

O Yes O No

Please give doctor's name and date seen: _____

Have you ever had any type of ear surgery?

O Yes O No

When? _____

By whom? _____

What type of surgery? _____

Have you ever had your hearing tested?

O Yes O No

When? _____

By whom? _____

What were the findings? _____

Is there a history of diabetes in your family?

O Yes O No

Is there a history of dementia in your family?

O Yes O No

Have you experienced any issue with memory loss?

O Yes O No

Have you been exposed to loud noises?

O Yes O No

Image 9 Audiology Adult Hearing History Page 1

Do we have your permission to send a copy of your test results to your personal physician?

O Yes O No

Notes: _____

_____

_____

About your ears

Do you have any of these symptoms?

- ☐ Deformity of the ear?
- ☐ Pain in your ears?
- ☐ Sudden or rapid hearing loss in the past 90 days?
- ☐ Sudden or long-term dizziness?
- ☐ Tinnitus (ringing or noises in the ear)
- ☐ Hearing loss in one ear in the last 90 days?
- ☐ Have you ever seen a doctor for wax removal?
- ☐ Drainage from either ear in the past 90 days?

Which is your poorer ear?

O Left O Right O Same

Notes: _____

_____

_____

About your hearing

Do you experience difficulty with...

Understanding all the words in conversations clearly?

O Yes O No

Hearing in a crowd or other noisy situations where background noise is present?

O Yes O No

Please answer the following questions about your hearing:

How long have you had hearing challenges? _____

Do you now or have you ever worn a hearing instrument?

O Yes O No

What brand? _____

What were the results? _____

In what situations does your hearing problem give you the most trouble? Check

- ☐ At home
- ☐ With friends/family
- ☐ At your place of worship
- ☐ At work
- ☐ At restaurants/eating areas
- ☐ At concerts/movies/lectures
- ☐ At club/social meetings
- ☐ In a car/traveling
- ☐ Leisure activities by yourself
- ☐ Leisure activities with others

Does anyone else in your family have a hearing problem?

○ Yes ○ No

What is their relationship to you? _____

Notes: _____

_____

_____

TV and phone use

How well do you understand TV?

○ Well ○ I struggle at times ○ Not well at all

Do you use closed captioning when watching TV?

○ Yes ○ No

How well do you understand on the telephone?

○ Well ○ I struggle at times ○ Not well at all

Do you use a landline phone at home?

○ Yes ○ No

Do you use a smart phone?

○ Yes ○ No

What kind/brand? _____

Do you use a tablet?

○ Yes ○ No

What kind/brand? _____

Do you text?

○ Yes ○ No

Do you email?

○ Yes ○ No

Do you use FaceTime or other Video Chat?

○ Yes ○ No

What other mobile Apps do you use on a regular basis? _____

_____

Notes: _____

_____

_____

How did you hear about us?

- ☐ Relative/Friend
- ☐ Doctor
- ☐ Newspaper
- ☐ Direct Mail
- ☐ TV
- ☐ Online
- ☐ Yellow Pages
- ☐ Other: _____

Email: _____

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Child Case History Form

Background Information

Hearing Health History

Was your child's hearing screened at birth? O Yes O No

Did the child: OPass OFail ONot Screened

Who referred the child for this hearing evaluation? _____

Do you feel your child has a hearing problem? _____

Has anyone in your family ever had hearing problems? _____

Does your child have frequent ear infections? _____ When did the last ear infection occur? _____

Has your child ever had ear surgery (PE Tubes)? _____

Does your child wear hearing aids? _____

Does your child have balance problems? _____ Is your child sensitive to sound? _____

Does your child ever complain about his/her hearing or ears? _____

Does your child need the TV turned up louder than normal? _____

Medical History

If your child has had any of these please check yes or no and explain.

Allergies	O Yes	O No	**Mumps**	O Yes	O No
Colds/Sinus	O Yes	O No	**Meningitis**	O Yes	O No
High Fevers	O Yes	O No	**Head Injury**	O Yes	O No
Measles	O Yes	O No	**Serious Illness**	O Yes	O No

Was there any complications during the pregnancy? _____

Complications during the birth? _____

Does the child take any medication for any reason? O Yes O No

Education and Speech History

Where does your child go to school? _____

What grade is your child in?_____

Does the child's teacher feel there are hearing problems occurring in the classroom? _____

Does your child seem to have any overall trouble in school? _____

Does your child have any trouble following directions? _____

Image 13 Audiology Child Case History Form Page 1

Western Illinois University
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Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Does your child have trouble expressing their wants and needs? _____

Does your child have any speech or language problems? _____

Has your child had any speech or language therapy? _____

How long have they had services? _____

Do you feel the services are helping your child? _____

Does your child seem to be developing typically overall? _____

Is there important information about your child that you feel we should know? _____

_____

_____

_____

_____

Your email address:_____

Supervisor Comments for patient and student clinician:

Comments: _____

_____

_____

_____

_____

_____

_____

_____

_____

Image 14 Audiology Child Case History Form Page 2

Western Illinois University
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Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Child Contact Information

Confidential

Date: _____

Name: _____ Biological Gender (M / F)
(First) (Middle) (Last)

Birthday (M/D/YY): _____ Age: _____ Occupation: _____

Guardian's Name(s): _____

Phone: (Home) _____ (Cell) _____ (Work) _____

E-Mail: _____

Address: _____

City: _____ State: _____ ZIP: _____

Referred By: _____ Phone: _____

Reason for Referral: _____

Physician: _____ Phone: _____

Physician's Address: (City) _____

Permission Statement

Clients at Western Illinois University Speech-Language-Hearing Clinic are routinely audiotaped and occasionally videotaped as part of the therapy progress.

Western Illinois University requests permission to utilize diagnostic and therapeutic information for clinical and classroom discussion and instruction. Confidentiality of personal information will be maintained. None of this material will be used outside of Western Illinois University without written consent of the client.

Please check the appropriate statement and sign below:

____ I give Western Illinois University permission to use video and/or audio recording of my child for the purpose of teaching and research.

____ No video and/ or audio recording of my child may be used for the purpose of teaching and research.

_____ _____
Signature (Client/ Responsible Party) Relationship to Client

Image 15 Audiology Child Contact Information

Hearing Aid Info

Left	Right
Manufacturer:	Manufacturer:
Serial #:	Serial #:
Battery:	Battery:
Style:	Style:
Receiver Size:	Receiver Size:
Dome Size:	Dome Size:
Repair Warranty:	Repair Warranty:
L&D Warranty:	L&D Warranty:
Notes:	Notes:

Image 16 Audiology Hearing Aid Information

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Hearing Handicap Inventory for Adults (HHIA)

Name: _____ Date: _____

INSTRUCTIONS: The purpose of the scale is to identify the problems your hearing loss may be causing you. Check YES, SOMETIMES, or NO for each question. DO NOT skip a question if you avoid a situation because of your hearing problem. If you use a hearing aid, please answer the way you hear WITHOUT your aid.

S-1. Does a hearing problem cause you to use the phone less often than you would like?

Yes (4) Sometimes (2) No (0)

E-2. Does a hearing problem cause you to feel embarrassed when meeting new people?

Yes (4) Sometimes (2) No (0)

S-3. Does a hearing problem cause you to avoid groups of people?

Yes (4) Sometimes (2) No (0)

E-4. Does a hearing problem make you irritable?

Yes (4) Sometimes (2) No (0)

E-5. Does a hearing problem cause you to feel frustrated when talking to members of your family?

Yes (4) Sometimes (2) No (0)

S-6. Does a hearing problem cause you difficulty when attending a party?

Yes (4) Sometimes (2) No (0)

S-7. Does a hearing problem cause you difficulty hearing/understanding coworkers, clients, or customers?

Yes (4) Sometimes (2) No (0)

E-8. Do you feel handicapped by a hearing problem?

Yes (4) Sometimes (2) No (0)

S-9. Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?

Yes (4) Sometimes (2) No (0)

Updated: 7/13/2021

Image 17 Audiology Hearing Handicap Inventory for Adults P1

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

E-10. Does a hearing problem cause you to feel frustrated when talking to coworkers, clients, or customers?

Yes (4) Sometimes (2) No (0)

S-11. Does a hearing problem cause you difficulty in the movies or theater?

Yes (4) Sometimes (2) No (0)

E-12. Does a hearing problem cause you to be nervous?

Yes (4) Sometimes (2) No (0)

S-13. Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like?

Yes (4) Sometimes (2) No (0)

E-14. Does a hearing problem cause you to have arguments with family members?

Yes (4) Sometimes (2) No (0)

S-15. Does a hearing problem cause you difficulty when listening to TV or radio?

Yes (4) Sometimes (2) No (0)

S-16. Does a hearing problem cause you to go shopping less often than you would like?

Yes (4) Sometimes (2) No (0)

E-17. Does any problem or difficulty with your hearing upset you at all?

Yes (4) Sometimes (2) No (0)

E-18. Does a hearing problem cause you to want to be by yourself?

Yes (4) Sometimes (2) No (0)

S-19. Does a hearing problem cause you/ to talk to family members less often than you would like?

Yes (4) Sometimes (2) No (0)

E-20. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?

Yes (4) Sometimes (2) No (0)

S-21. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?

Yes (4) Sometimes (2) No (0)

Updated: 7/13/2021

Image 18 Audiology Hearing Handicap Inventory for Adults P2

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

E-22. Does a hearing problem cause you to feel depressed?

Yes (4) Sometimes (2) No (0)

S-23. Does a hearing problem cause you to listen to TV or the radio less often than you would like?

Yes (4) Sometimes (2) No (0)

E-24. Does a hearing problem cause you to feel uncomfortable when talking to friends?

Yes (4) Sometimes (2) No (0)

E-25. Does a hearing problem cause you to feel left out when you are with a group of people?

Yes (4) Sometimes (2) No (0)

Totals:

Total # of points ____/100 Total # of points

for SOCIAL ____ / 48=___ Total # of points

for EMOTIONAL ____/ 52=___

0 (no handicap) to 100 (total handicap)

0-16% = No handicap

18-42% = Mild-Moderate Handicap

44% = Significant Handicap

Updated: 7/13/2021

Image 19 Audiology Hearing Handicap Inventory for Adults P3

Western Illinois University
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Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Invoice

Date:
Invoice No:
Due Date:

Bill To:
Name:
Address:
City State Zip:

Qty	Description	Price	
		Total Amt	
		Balance Due	

WIU Speech-Language and Hearing Clinics
Memorial Hall 230-A
Macomb, IL 61455
309.298.1955 (office) - 309.298.2049 (fax)

Image 20 Audiology Invoice Form

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Item Return Form

Name (Print): _____

Name (Signature): _____

Date of Birth: _____ **SSN:** _____

Phone: _____ **Email:** _____

Address: _____

_____

Date of Purchase: _____ **Date of Return:** _____

Purchase Amount (excluding taxes and fees): _____

Check number (if applicable) : _____

Item Description (Make, Model, Serial Number): _____

_____

Reason for Return: _____

_____

_____

Client's SSN and a copy of a valid ID is required for the return process. All information is sent to Western Illinois University's Billing Department for return processing. A check will be issued to the client by Western Illinois University after the return process is complete. Please allow 3 to 6 weeks for the return to be processed.

Image 21 Audiology Item Return Form

Western Illinois University

SPEECH-LANGUAGE-HEARING CLINIC

309-298-1955
Receipt for Hearing Instrument Purchase

Purchaser's Name: Date of Purchase:
Address:

Hearing Instrument Information

1) Make: 2) Make:
Model & Serial #: Rt: Model & Serial #: Lft:
Warranty Expiration Date: Warranty Expiration Date:
All new hearing instruments are covered by a manufacturer's limited warranty for the time period specified above. During the warranty period, the WIU Speech-Language-Hearing Clinic will provide or arrange for, at no cost, any necessary services covered by the warranty.

Fees

Hearing Instrument #1: $ Hearing Instrument #2:
*Earmold:
*Shipping:
Tax: $ Tax:
Total: $ Total: $
(1st h.a. price + 2nd h.a. price +
Combined total: $
Insurance -

Grand Total: $
*All items marked with an asterisk are not refundable.

Return Policy

All new hearing instruments purchased from the WIU Speech-Language-Hearing Clinic may be returned within thirty (30) business days from the date of purchase provided the hearing instrument(s) is/are returned in good condition. All items dispensed with the hearing instrument(s) must also be returned (e.g., warranty and user instruction booklet, hearing instrument specifications, case, batteries, etc.). The WIU Speech-Language-Hearing Clinic is not obligated to accept, for refund, any hearing instruments which have been damaged by accident, maltreatment, or neglect. Refunds will include the cost of hearing instrument(s) minus a $15.00 handling fee per hearing instrument returned. All fees which have been marked by an asterisk (*) above are not refundable. Refunds will be issued within forty-five (45) days of the date of return. The thirty day trial period for this purchase ends on _____. ***By signing this agreement, I hereby acknowledge that this clinic has open hours during the academic calendar only and that the audiologists and student clinicians will be available only during those times to service my hearing needs. Initial here please_____***

Dispenser's Name and License Number:

Purchaser & Dispenser please sign below.

_____

Image 22 Audiology Receipt for Hearing Instrument Purchase

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

WIU Speech-Language and Hearing Clinic
Phone: (309) 298-1955 ◈ Fax: (309) 298-2049 ◈ wiu.edu/spa
WIU Campus Macomb, IL 61455 ◈ 2nd Floor Memorial Hall Rm 230A

Medical Examination

I have examined _____.
(Patient's Name)

I do not find any medical contraindication to the use of a hearing aid by this person and they may proceed with acquiring hearing aids.

_____
Physician's Name (print)

_____ _____
Physician's Name (signature) Date

Image 23 Audiology Waiver of Medical Examination

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the mutual sharing of information, in regards to the following individual

(Client's name): _____ Client's date of birth: _____,

between the Western Illinois University Speech-Language-Hearing Clinic and the following agencies/individuals:

PERSON: _____

Organization or Agency: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

PERSON: _____

Organization or Agency: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Information may be released in this format:

- ☐ Written
- ☐ Recording
- ☐ Oral
- ☐ Other (Specify)
- ☐ Videotape

I understand that this information will be used to coordinate and maximize programming relative to the client's communication condition. All information will be kept strictly confidential between authorized parties. Audiotape and videotape information will be handled in accordance with the Permission Statement authorization currently on file in this clinic.

Initials: _____

I understand that I am not obligated to authorize release of records; that services will not be denied if I choose not to sign authorization forms.

Initials: _____

I understand that I have a legal right to inspect and copy any written records disclosed by WIU Speech-Language-Hearing Clinic.

Initials: _____

Name of the person completing this form (Please Print): _____

Affiliation to client: ❍ Client ❍ Parent/Guardian ❍ Other: _____

Please sign below:

_____ _____

Signature of person completing this form Date

Image 24 Authorization to Release Information

Western Illinois University

Autism Evaluation Clinic
Audio, Video, Picture Release

The Autism Evaluation Clinic at Western Illinois University has the primary purpose of training students who wish to become speech-language pathologists and psychologists. The clinic respects the privacy of the clients and will treat sessions and information regarding clients as confidential.

I consent to the use of pictures, video and audio recording to be used by/for the following:

Student clinicians and faculty supervisors working with your child. Clinicians utilize video and audio recordings to analyze data and write thorough, accurate reports.

Yes

Speech Pathology and Psychology faculty members:

Yes

No

Speech Pathology and Psychology Courses for the purpose of student learning:

Yes

No

Research purposes (no personal identifiable information included)

Yes

No

Professional or Academic presentations/conferences (no personal identifiable information included)

Yes

No

Image 25 Autism Clinic Audio Video Picture Release Page 1

Western Illinois University

Autism Evaluation Clinic
Audio, Video, Picture Release

Published or professional journal (no personal identifiable information included)

Yes

No

WIU Speech Pathology/ Psychology Clinic website

Yes

No

Department marketing materials (ex. Clinic brochure, pictures for clinic walls)

Yes

No

Student Observations: By agreeing below, you are consenting to undergraduate/graduate students watching your child's evaluation in person or video recording, for the purpose of student learning.

I have read and understand

_____ _____

Signature of legal guardian for minor under age 18 **Date**

_____ _____

Signature of witness **Date**

Image 26 Autism Clinic Audio Video Picture Release Page 2

Western Illinois University

Autism Evaluation Clinic
Consent To Evaluate and Treat

Consent to Evaluate/Treat: I voluntarily consent that my child will participate in an autism evaluation and/or treatment provided by the WIU Autism Evaluation Clinic. The evaluation will be completed by a psychologist, licensed speech-language pathologist, and/or graduate students supervised by a licensed clinician. Evaluation and treatment may utilize interviews, psychological assessments, speech and language batteries, hearing screening/behavioral testing, and observations.

Benefits to Evaluation/Treatment: It may be beneficial to my child, as well as the referring professional, to understand the nature and cause of any difficulties affecting my child's daily functioning, so that appropriate recommendations and treatments may be offered. Uses of this evaluation include diagnosis, evaluation of treatment, estimating prognosis, and education and rehabilitation planning. Possible benefits to diagnosis and treatment include improved cognitive or academic performance, health status, quality of life, and awareness of strengths and limitations.

Confidentiality, Harm, and Inquiry: Information from my evaluation and/or treatment is contained in a confidential medical record at Western Illinois University. I consent to disclosure among WIU faculty and graduate clinicians for the purpose of continuity of my care, as well as for learning purposes of graduate students. Information provided will be kept confidential within the WIU Autism Clinic, with the following exceptions: 1) if I am deemed to present a danger to myself or others; 2) if concerns about possible abuse or neglect arise; or 3) if a court order is issued to obtain records.

Right to Withdraw Consent: I have the right to withdraw my consent for evaluation and/or treatment at any time.

I have read and understand the above, have had an opportunity to ask questions about this information, and I consent to the evaluation and treatment of my child. I also attest that I am the legal guardian and have the right to consent for the treatment of this child. I understand that I have the right to ask questions of my child's service provider about the above information at any time.

_____ _____

Signature of legal guardian for minor under age 18 **Date**

_____ _____

Signature of witness **Date**

Image 27 Autism Clinic Consent to Evaluate and Treat

Western Illinois University

Autism Evaluation Report

Patient Name:
Phone:
Address:
Date of Birth:
Age:
Responsible Party:
Address of Responsible Party:
Evaluation: EVAL DATE
Graduate Clinician:

Referral/Background Information:

name, a age years Unspecified , was referred for an autism evaluation for concerns regarding

Observation and Evaluation Results:

Testing Environment: name attended the WIU Autism Evaluation Clinic on EVAL DATE. The evaluation team was comprised of a school clinical psychologist, a licensed speech-language pathologist, and two graduate clinicians.

Observations: name was

Parent Report: The following information was collected from the child's parent/caregiver:

- **Chief concerns:**
- **Emerging Skills**: It was reported that name was beginning to imitate colors and initiates actions and assists parents in activities (i.e., dishes, cooking meals).
- **Feeding**:
- **Additional Information**:

Oral Mechanism/ Feeding: name's oral mechanism was assessed at rest and during a snack. Upon inspection,

Hearing Screening: A hearing screening was conducted to rule out any potential outer, middle, or inner ear issues that could impact speech and language skills. The screening battery consisted of otoscopy (i.e., an inspection of the outer ear and ear canals), tympanometry (i.e., testing of eardrum movement), and otoacoustic emittance (OAE) testing (i.e., testing of the inner hair cells in the cochlea). Results are as follows:

Voice: name's voice was assessed informally.

Language: Language is an aspect of communication that can be separated into receptive (what name is able to understand) and expressive (what name is able to produce verbally or nonverbally) skills. To evaluate name's

Image 28 Autism Evaluation Report Page 1

language skills, The Evaluating Acquired Skills in Communication- Third Edition (EASIC-3) and The Preschool Language Scales- 5th Edition (PLS-5) were administered.

The EASIC-3 provides a list of skills relating to pre-language, receptive, and expressive language. The EASIC-3 was utilized as a guideline for the professional to gauge what skills name has mastered, has emerging skills for, and has yet to develop.

Pre-language:
Skills that name demonstrated included:
Skills that may be emerging or were not observed at the time of evaluation included:

Receptive:
Skills that name demonstrated included:
Skills that may be emerging or were not observed at the time of evaluation included:

Expressive:
Skills that name demonstrated included:
Skills that may be emerging or were not observed at the time of evaluation included:

The PLS-5 was administered to measure name's global communication skills. The PLS-5 has an average score of 100 and standard deviation of 15 (i.e. 85-115).

- **Receptive:** The auditory comprehension portion of the PLS-5 revealed a **standard score of XX, placing name in the XX percentile.**
- **Expressive:** The expressive communication portion of the PLS-5 revealed a **standard score of XX, placing name in the XX percentile.**

Speech Sound Production/ Intelligibility: To an unfamiliar listener, name's intelligibility is estimated to be PERCENTAGE, and that percentage decreases when context is unknown. For this reason, scores on standardized assessments should be interpreted with caution.

Augmentative and Alternative Communication (AAC):
AAC utilizes the current skills of the child in combination with aided communication devices. Use of AAC can be provided as a temporary or permanent tool to aid a person in communicating their wants and needs. AAC was introduced to Jennifer during the evaluation, and was shown how to tap on several different images to elicit a verbal output of the object Jennifer selected (i.e., Jennifer was shown a soccer ball image and once tapped, the word "soccer' was produced). During the evaluation, an ipad with the TouchChat software was introduced with *AAC INFO GOES HERE*.

Pragmatics: Pragmatics (social skills) were assessed informally through unstructured activities.
Jennifer demonstrated strengths in the following areas:
Jennifer demonstrated deficits in the following areas:

COGNITIVE AND ADAPTIVE SKILLS
Cognitive Assessment of Young Children (CAYC)
The CAYC is a screening tool used to identify children with developmental delays to help develop areas for early intervention. The assessment consists of 107 structured play-based items in developmental areas such as (a) fine motor coordination, (b) interactive communication and play, (c) memory, (d) reasoning, (e)

perceptual development, (f) processing, (g) classification knowledge, and (j) early learning skills. The CAYC was designed to be administered primarily through a structured play-based approach, providing a comprehensive, sequential, and integrated assessment of a broad array of cognitive, perceptual, and early learning processes that range from infancy through kindergarten.

Age at assessment: 68 months (5-8).

Composite	Cognitive Ability Score	Percentile Rank	Interpretation
Cognitive Ability Score	74	4	Low

Note: < 70 Very Poor, 70- 79 Poor, 80- 89 Below Average, 90- 110 Average, 110- 120 Above Average, > 120 = Superior

The results of the CAYC indicated that name's current cognitive abilities fell within the **poor range** with overall skills equal to or greater than 4% of his same-aged peers. This assessment indicates his current level of cognitive development is an area of concern.

During the assessment, name was able to: copy a set of blocks like the examiner, match pictures in pairs, and draw a person with at least six different body parts.

During the assessment, name was unable to: sequence a set of pictures in order with three steps, associate numbers with the matching set of items in a picture, print his own first or last name, or fold a paper after the model in diagonal.

Wechsler Preschool and Primary Scale of Intelligence. 4th Edition (WPPSI-IV)
The WPPSI-IV is an individually administered test of cognitive abilities for children aged 2.5-7.25 years old. Cognitive ability refers to a set of thinking skills, including the ability to solve novel problems, think using patterns, hold and manipulate small pieces of information in one's mind, and recall information acquired in everyday life. The WPPSI-IV includes an overall ability score, the Full-Scale score (FSIQ), along with five domain scores: Verbal Comprehension Index (VCI), Visual Spatial Index (VSI), Fluid Reasoning Index (FRI), Working Memory Index (WMI), and Processing Speed Index (PSI). However, the WMI is not calculated for children at this age with only one subtest in the core battery. On this assessment, average performance falls between the 25th to 75th percentile (Stand Score = 90-110) in comparison to others the same age.
Age at assessment: 34 months

Composite Cognitive Score	**Standard Score**/Scaled Score (90% CI)	**Percentile Rank**	**Interpretation**
FSIQ	67** (64-73)	1	Very Low
VCI	71** (67-78)	3	Low
Receptive Vocabulary	5	--	Very Low
Information	4	--	Very Low
VSI	78** (73-88)	7	Low
Block Design	1	--	Very Low

Object Assembly		11		--	Below Average
<70 Very Low	**70-80 Low**	**80-90 Below Average**	**90-110 Average**	**110-120 Above Average**	**> 120 Superior**

The results of the WPPSI-IV indicated that name's current cognitive abilities were within the **very low** range (SS = 67)**. These results need to be interpreted with caution as a number of the assessment activities, name refused to participate in or respond. For example, when prompted to sit and point to various items in the book, name attempted to color in the book, push the book away, cry, or attempt to leave the room. When engaged with the object assembly task which he did demonstrate more attention and concentration, he was able to do the first few puzzles. He was however, unable to relinquish the puzzles to move onto the next without a tantrum (e.g., yelling, crying, pulling at materials) when a new set was presented. While this assessment may not reflect his current level of cognitive abilities, his cognitive development is still considered a current area of concern due to his limited engagement and receptive understanding of a number of the presented items.

During the assessment name was able to:

- Demonstrate a one-finger point in response to a verbal prompt
- Echo verbal prompts during verbal tasks (Information)
- Complete puzzles with two junctures

During the assessment name was unable to:

- Remain seated to complete more than one subtest at a time
- Respond to verbal tasks (e.g., Information) due to limited verbal communication abilities
- Attend to tasks requiring sustained attention (e.g., Picture Memory) where items are presented for memory for a period of 3 seconds

Vineland Adaptive Behavior Scales, Third Edition (Vineland-3)

The Vineland-3 is a behavior rating scale used to assess adaptive behavior and related skills for individuals ages 0 - adult. The Vineland- 3 parent form for preschool-aged children was completed by parent (mother/father). Vineland-3 scores help describe a child's general adaptive behavior as well as his or her functioning in three domains: Communication, Daily Living Skills, and Socialization.

Adaptive Composite/ Skills	**Standard Score/Scaled Score** (90% CI)	**Percentile Rank**	**Interpretation**
Adaptive Behavior Composite	63 (60-66)	1	Low
Communication	60 (54-66)	< 1	Low
Daily Living Skills	69 (63-75)	2	Low
Socialization	58 (53-63)	<1	Low

Note: <70 Low, 71-85, Moderately Low, 86-114 Average, 115-129 = Moderately High, > 130 High

The Adaptive Behavior Composite (ABC) provides an overall summary of name's adaptive functioning. His ABC score of 63, is equivalent to a percentile rank of 1, indicating his adaptive skills were reported to be greater than or equal to 1% of the same-aged peers.

Within this broad composite, name's Communication skills were also rated to be within the **low range** (SS = 58) and fell below the first percentile. Skills in this domain include receptive, expressive, and written communication abilities. name had a relative strength in written communication whereby parent reported he is able to identify at least three body parts and can follow two-step related instruction. For further details on receptive and expressive skills, please refer to the above evaluation report by the speech-language pathologist.

name's Daily Living Skills Composite skills were rated to be within the **low range** (SS = 69). Within this domain, strengths were identified such that he is able to pull on his own clothing including shoes (even if sometimes on the wrong foot) as well as to use most buttons with his clothing. However, he is not yet toilet trained, is unable to brush his own teeth, and does not yet understand how to cover his mouth when he coughs or sneezes.

The Socialization Composite was the third domain and was rated to be within the **low range** (SS = 58). See more on this included below under social-emotional development.

Developmental Profile 4th Edition (DP-4)

The DP-4 is a parent interview form that is used to assess five developmental domains including physical motor abilities, adaptive behavior, social-emotional skills, cognition, and communication for children between the ages of 0-21. The **Cognitive scale** of the DP-4 measures perception, concept development, number relations, reasoning, memory, classifications, time concepts, and related mental acuity tasks as reported by the parent(s). The score is an indicator of cognitive functioning and is not an "IQ" score. The **Adaptive scale** measures the ability to cope independently in the environment such as eating, dressing, and taking care of oneself. *It is important to note that some variation among scores is expected and it is normal for skills in different areas to develop at different rates.*

Together, the five domains are combined to provide a **General development score.**

Adaptive Composite/Skills	**Standard Score/Scaled Score** (90% CI)	**Percentile Rank**	**Interpretation**
General Development Score	62 (53-71)	1	Delayed
Physical Skills	57 (48-66)	< 1	Delayed
Adaptive Behavior	75 (65-85)	5	Below Average
Social-Emotional	74 (66-82)	4	Below Average
Cognitive Abilities	70 (61-79)	2	Below Average
Communication	53 (44-62)	< 1	Delayed

Note: <70 Delayed, 70-84 BelowAverage, 85-115 Average, 116-130 = Above Average, > 130 Well Above

Average

The DP-4 interview was completed by . Based on the reported skills, name shows significant delays with his communication (for more information see the speech and language assessment results above), as well as his physical motor skills. The **physical motor skills** include gross- and fine motor skills as well as coordination and stamina. At this time, name is able to walk independently without holding on, stack three small objects, and carry a small object across a room. He is unable to carry an open container without much spilling, is unable to copy a straight line, and is not yet using safety scissors. His **adaptive skills** are also in the below average range with parent report that name is able to use a spoon with little spilling, use a phone to play a simple game, and is able to take his own socks off. He is not yet able to ask permission for something, is unable to wipe his hands or face after eating, and is not yet toilet trained. For a report on his social-emotional skills, see the summary provided below in this report.

Behavior Assessment System for Children. Third Edition (BASC-3)
The BASC-3 report composite of Adaptive Skills includes adaptability, social skills, activities of daily living, and functioning communication. This overall composite was rated by parent report (T = 21) as equivalent to the 1st percentile as well with concerns noted in being able to perform simple daily tasks in a safe manner, having difficulty relating to others socially, and in use of inconsistent expressive and receptive language.

SOCIAL-EMOTIONAL AND BEHAVIORAL DEVELOPMENT

Behavior Assessment System for Children. Third Edition (BASC-3)
The BASC-3 rating scales allow for the comprehensive measurement of both adaptive and problem behaviors in the community, home, and school settings. Adaptive and Clinical Scales are based on T-Scores with a mean of 50 and standard deviation of 10. Clinical Scales with higher scores indicate an area of concern (T >70 = Clinically Significant) and adaptive scales with lower scores indicate an area of concern (T < 30 = Clinically Significant). A confidence interval was used indicating that there is a 90% certainty that the reported scores and percentile ranges contain name 's true skill levels in the domains tested. Any score in the Clinically Significant range suggests a high level of maladjustment. Scores in the At-Risk range identify either a significant problem that may not be severe enough to require formal treatment, or a potential of developing a problem that needs careful monitoring.

The BASC-3 provides several indexes to help measure the validity of responses. The F assesses the possibility that a parent-rated a child in a very negative fashion. The Response Pattern index is designed to identify forms that may be invalid because the respondent paid little attention to the items. The Consistency Index identifies cases where the respondent has frequently answered very similar items differently. It is important to note that responses can still be interpretable when validity indexes indicate concerns.

According to the validity index scores, the F index was within the **cautionary range** due to a negative overall view of name's behavior where fewer than 5% of same-aged peers receive scores in this range. The other two validity index scores were **acceptable.**

Domain	T Score ((90% CI)	Percentile Rank	Interpretation
Externalizing Problems Composite	76 (71-81)	98	Clinically Significant

Hyperactivity	80 (75-85)	99	Clinically Significant
Aggression	67 (60-74)	94	At- Risk
Internalizing Problems Composite	69 (64-74)	95	At- Risk
Anxiety	47 (40 - 54)	40	At- Risk
Depression	69 (63 - 75)	95	At- Risk
Somatization	79 (73 - 85)	99	Clinically Significant
Behavioral Symptoms Index	84 (81 - 87)	99	Clinically Significant
Attention Problems	74 (69 - 79)	98	Clinically Significant
Atypicality	78 (73 - 83)	98	Clinically Significant
Withdrawal	89 (83 - 95)	99	Clinically Significant
Adaptive Skills Composite	21 (17 - 25)	1	Clinically Significant
Adaptability	28 (22 - 34)	1	Clinically Significant
Social Skills	23 (17 - 29)	1	Clinically Significant
Activities of Daily Living	34 (26 - 42)	8	At- Risk
Functional Communication	22 (16 - 28)	1	Clinically Significant

The results of the BASC-3 report indicate that name's overall externalizing (outwardly observed) behaviors are an area of concern from the mother's report. The Externalizing Problems composite score (T = 76), was rated **clinically significant** with a percentile rank of 98, indicating name's hyperactive and aggressive behaviors were rated equal to or greater than 98/100 same-aged peers. Within this domain, both hyperactivity and aggression were reported to be an area of concern. The Behavioral Symptoms Index is a measure of additional behaviors that relate to child development. The overall scale was reported to be within the **clinically significant range** (T = 84) including concerns with attention, atypicality, and withdrawal, all being rated as clinically significant. name's mother reported that he has behaviors that seem strange or odd, can seem disconnected from his surroundings, and has difficulty making friends. The Internalizing Problems composite scale was rated **at-risk** (T = 69). There were reported concerns with anxiety as well as depression as well as the area of somatization (or feeling sick when a health problem is not present) with scores that fall in the clinically significant range.

Vineland Adaptive Behavior Scales, 4th Edition (ABAS-3)
The Socialization Composite was the third domain and was rated to be within the **low range** (SS = 58). This domain includes strengths indicating name will check if a parent is nearby, will share when prompted and use household objects for make-believe play. He is unable to imitate the facial expressions of others and does not show the ability to try and make or maintain a same-aged peer.

Development Profile, 4th Edition (DP-4)
On the DP-4 parent report, the social-emotional domain was rated in the below average range (SS = 74) indicating deficits in the areas of expressing needs, interacting with others, and adhering to social norms.

Social Responsiveness Scale, 2nd Edition (SRS-2)
The SRS-2 is a rating scale that generates a total score for all questions that serves as an index of the severity of social deficits in the autism spectrum. The aspects of behavioral observations that are represented in the five subscales are: **Social Awareness**: the ability to pick up on social cues; **Social Cognition**: the ability to interpret social cues once they are picked up; **Social Communication**: which includes expressive social communication; **Social Motivation**: the extent to which a respondent is generally motivated to engage in social-interpersonal behavior; and **Autistic Mannerisms**: includes stereotypical behaviors or highly restricted interests characteristic of autism. The subscale scores are to be used solely for treatment planning and measuring treatment effectiveness.

Domain	T Score	Interpretation
Social Awareness	> 90	Severe Range
Social Cognition	69	Moderate Range
Social Communication	88	Severe Range
Social Motivation	> 90	Severe Range
Restricted and Repetitive Behavior	81	Severe Range
Total Score	87	Severe Range

By parent report, name does demonstrate various social responsiveness deficits indicative of autism. T scores ranging from 66 to 75 are in the moderate range and scores greater than 76 are classified as severe. Scores in this range indicate deficiencies in reciprocal social behavior that are clinically significant and may lead to substantial interference with everyday social interactions.

Current areas of concern include name preferring to be alone than with others, clinging to adults, being unable to play appropriately with children his age, and having difficulty changing his mind when he starts thinking about it. Overall, on the SRS-2 parent report, the behaviors reported are indicative of concerns consistent with autism spectrum disorder.

Autism Diagnostic Observation Schedule Second Edition (ADOS-2)

The ADOS-2 is a semi-structured, standardized assessment of communication, social interaction, and play or imaginative use of materials. The ADOS-2 consists of standard activities that allow the examiner to observe behaviors that have been identified as important to the diagnosis of autism spectrum disorders at different developmental levels and ages with varying modules of assessment. In terms of scoring, individuals can fall into one of three categories resulting from scores on two combined sections and total score for the ADOS-2: autism, autism spectrum, or not on the autism spectrum. These categories are predetermined cut-off points

provided in the ADOS-2 manual based on the specific module that is being administered.

name was administered the ADOS-2 Module 2; with results as follows:

Social Affect
Communication: name communicated primarily through the use of phrase speech and incomplete sentences. His sentences were difficult at times to understand and sometimes his mother (who was present in the testing room) was able to understand what he said. The language that he used had appropriate rhythm and intonation without any evidence of echolalia (or repetition of others' speech). Receptively, name was able to use pointing to show the examiner, and his mother, something that was not directly in reach and to use gestures across a range of settings. Gestures used descriptive and instrumental gestures such as head nodding/shaking, attempted demonstration of washing hands, and gesturing to clarify a word when the examiner was unclear (gesture for pulling on a floatie in a photo of a pool). name had a difficult time holding a back-and-forth conversation with at least four exchanges beyond responding to or asking questions. This was a noted weakness observed throughout the assessment.

Reciprocal Social Interaction: name was able to use eye contact to both initiate and respond to the examiner and parent along with verbal communication or communication attempts. He showed a range of facial expressions that changed from neutral to happy to curious when presented with new toys. name responded to joint attention (looking at an out-of-reach item by following the examiner's gaze) and partially referenced an out-of-reach object by using a similar skill. He responded to his name when called by both the examiner and his parent and sought comfort at times from his mother by leaning into her or sitting on her lap. Again, his reciprocal social communication was primarily limited to question and answer as he struggled with informal "chit chat" beyond the context of the play activity. While this did sometimes cause interference with the interaction, his overall attempts to interact with his mother and the examiner were frequent. This was observed when name would play reciprocally with the adult, look at them and smile, and return the play exchange by bringing an object or showing it to the adult.

Stereotyped Behaviors and Restricted Interests
Play: name played with a range of toys including the jack-in-the-box (for the first time), and with the dinosaur and pretend play miniatures. He was able to demonstrate imagination and creativity with the miniature play family as well as with the baby doll during a birthday party in which he laughed by pulling the candles away from the examiner when it was time for the baby to blow out the candles and creating a repeated sequence of "tricking" the baby so she (examiner) couldn't blow them out.

Restricted and Repetitive Behaviors: name did demonstrate one repetitive behavior in which he was told to clean up (with the intention for the toys on the table to be cleared away) but he picked up the entire room of toys. Even with a second prompt to not worry about the remaining toys, name continued to clean up until all of the toys were put away. This was consistent with the parent's report of cleaning behaviors at home. He did not demonstrate any sensory-seeking behaviors or repetitive body movements during the assessment.

Domain	Total	Comparison Score	Interpretation
Social Affect	4	2	Non Spectrum
Restricted and Repetitive Behavior	1		

Total (SA+ RRB)	5		
Cutoff: Some word Autism Autism Spectrum	9 8		

Based on the combined scores in the social affect and restricted and repetitive behavior domains, name **does not present** with the behavioral characteristics associated with autism on the ADOS-2. The comparison score is a way to indicate the level of autism spectrum-related symptoms, as compared to children who have ASD and are of the same chronological age and language level, name's comparison score indicated **minimal- to-no level of autism symptoms.** This score can be used to document changes in autism-related behaviors over time.

Assessment/Summary:

Assessment Summary:

AUTISM

Illinois Education Code: Autism Spectrum Disorder (ASD) is a developmental disability that affects an individual's ability to communicate (e.g., the ability to use language to express one's needs) and the ability to engage in social interaction (e.g., the ability to engage in joint attention). This disability significantly affects verbal/nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Often other characteristics associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance. The child's performance, strengths, skills, deficits, and challenges associated with ASD will vary greatly from child to child.

It is important to note that this report does not take into consideration name's functioning in a school setting or observations with peers, nor does it include a report of his academic abilities. While parent report on behavioral and adaptive behavior questionnaires reported a severely high range of behaviors that would be consistent with autism spectrum disorder (ASD), many of these behaviors were not observed during the diagnostic evaluation. While Jennifer does have deficits with his speech and language, notably his expressive language, this can impact socialization with others. However, the level of socialization that he was able to demonstrate throughout the assessment process was **not socially or behaviorally consistent with a child who has ASD.**

At this time, name has an educational eligibility of Developmental Delay. With consideration of the cognitive skills presented during this assessment in combination with deficits in adaptive skills, this remains an appropriate classification of name's current development. To note, the parent behavioral report scores did not align with the observations during the testing process and name was able to demonstrate more social communication strategies than reported. The BASC-3 report indicated significant behavioral concerns but the severity of the reported behaviors should be interpreted with caution as the likelihood of this pattern of behavior is considered uncommon. Without consistent deficits in social communication (which is different than simply use of language as impacted by speech and language skills), and interference of restricted, repetitive, behaviors, name **does not meet the criteria for a diagnosis of autism spectrum disorder.**

Recommendations:

Speech Pathologist Recommendations:
1. It is recommended that name attend speech services to improve his overall communication skills.

2. AAC IS/IS NOT recommended to help name access language and establish a reliable communication system. It is recommended that this is implemented at school and at home.

Psychologist Recommendations:
4. It is recommended to share this updated report with name's school district in the even this information can help the IEP team in updating his educational information or annual special education goals.

5. As name has significant expressive language delays, as a behavioral strategy, it is beneficial to hold back in giving name something he may be requesting to prompt for clarified or more language to extend and expand upon his communication attempts.

6. Since parent report indicated prior concerns with selective mutism, increase the frequency of praise whenever name does demonstrate verbal communication and social interactions with those both familiar and non-familiar to him.

AUTISM CENTER INTAKE FORM

Please complete this form to the best of your ability. We recognize that you may not have the answers to all questions. If you feel that there is not enough room or that you would like to elaborate further about a particular topic, please feel free to include it at the space provided at the end of the form. All information requested in this form is important and will allow us to provide you with the most accurate assessment and service recommendations. Thank you.

Reasons for Requesting Assessment

N/A

What are your primary patient concerns? Please be specific.

N/A

What do you hope to gain from the evaluation and services provided by the WIU Autism Center?

N/A

Identifying Information and Healthcare Provider (for Child)

1. Childs Name:

N/A

2. Child's Date of Birth:

mm/dd/yyyy

3. Name of Person completing form:

N/A

Please indicate your relationship to the patient:

N/A

If Other, specify:

N/A

3. Child's race (select all that apply):

N/A

Is the child of Hispanic descent?

N/A

4. Please answer the following questions about the **child's** living situation:

If the **child** is a minor:

Are the child's parents Divorced/Separated?

N/A

If Divorced/Separated, who is responsible for medical decisions for the child?

N/A

If Sole, which parent?

N/A

With whom does the child reside?

Household 1 (% time):

N/A

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Name of Parent or Guardian #1:
N/A

Name of Parent or Guardian #2:
N/A

Names, ages, and relation to child of all other individuals in the home:
N/A

Household 2 (if applicable) (% time):
N/A

Name of Parent or Guardian #1:
N/A

Name of Parent or Guardian #2:
N/A

Names, ages, and relation to child of all other individuals in the home:
N/A

Names and ages of any other siblings (i.e. those not living with the child):
N/A

5. Primary Language:
N/A

If Other, specify:
N/A

Percent time child is exposed to non-English language(s): %
N/A

6. Primary Care Physician:
N/A

Clinic Name:
N/A

Phone Number:
N/A

Address:
N/A

Family Contact Information:

1. Primary Phone number:
N/A

Can we text you appointment reminders?
N/A

Can we leave you a voicemail?
N/A

2. Primary residential address:

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Street Number	City	State	Zip Code
N/A	N/A	N/A	N/A

3. Primary email address:

N/A

Can we email you?

N/A

4. Available times to come in to the WIU Autism Center:

N/A

5. Referred by:

N/A

Family History

1. Please indicate if anyone in the patient's biological family ever had any of these conditions (if so, please specify which family member, such as "mother", "maternal grandmother", "paternal uncle").

Vision Problems	**Family Member(s)** N/A	**Hearing Problems**	**Family Member(s)** N/A
Epilepsy/Seizures	**Family Member(s)** N/A	**Tourette's Syndrome**	**Family Member(s)** N/A
Family Member(s) N/A	**Birth Defects**	**Family Member(s)** N/A	**Genetic Disorders** **Multiple Miscarriages or Stillbirths**
Family Member(s) N/A	**Childhood Deaths**	**Family Member(s)** N/A	**Other Neurologic Disease**
Family Member(s) N/A	**Other Chronic Illnesses**	**Family Member(s)** N/A	**Intellectual Disability**
Family Member(s) N/A	**Learning Difficulties**	**Family Member(s)** N/A	**ASD** (including autism, Asperger syndrome, & PDD-NOS)
Family Member(s) N/A	**Speech & Language Delays**	**Family Member(s)** N/A	**Anxiety** **Family Member(s)** N/A
	Family Member(s)		**Family Member(s)**

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Obsessive-Compulsive Disorder
N/A

Depression

Family Member(s)
N/A

Schizophrenia

Family Member(s)
N/A

Child Abuse

Family Member(s)
N/A

Other Conditions:
N/A

ADD/ADHD
N/A

Family Member(s)
N/A

Psychotic Episodes

Family Member(s)
N/A

Other Conditions:
N/A

Bipolar Disorder
Family Member(s)
N/A

Family Member(s)
N/A

Suicide

Delinquency
Family Member(s)
N/A

Family Member(s)
N/A

Medical History

Has the child ever had or been diagnosed with any of the following conditions?

Hearing Loss
N/A

Vision or Eye Problems
N/A

Birth Defects
N/A

Chronic Stomach/Bowel Problems (ie: constipation, diarrhea, vomiting, reflux)
N/A

Allergies (environmental, seasonal)
N/A

Multiple Ear Infections
N/A

Frequent or Chronic Headaches
N/A

Head Abnormalities
N/A

Chronic Heart Conditions/Disease
N/A

Seizures
N/A

Sleep Problems
N/A

Tics/ Movement Disorders
N/A

Genetic Disorders (e.g. Fragile X, Tuberous Sclerosis, Down syndrome, Rett Syndrome, Neurofibromatosis)
N/A

Other Medical Conditions
N/A

Autism/ASD
N/A

ADHD/ADD
N/A

Depression
N/A

Mania / Bipolar Disorder
N/A

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Lung Disease (Asthma, other)
N/A

Obsessive-Compulsive Disorder
N/A

Kidney/Bladder/Genital Problems
N/A

Anxiety
N/A

Chronic Skin Problems
N/A

Schizophrenia
N/A

Hormone/ Growth Problems
N/A

Other Psychiatric Illnesses
N/A

If you answered "Yes" to any of the above, please explain:
N/A

Prior Medical Evaluations

1. Has the child had any of the following evaluations?

Audiologic Evaluation
N/A

If yes, results?:
N/A

Vision Evaluation
N/A

If yes, results?:
N/A

Head Imaging (MRI, CT or Ultrasound)
N/A

If yes, results?:
N/A

EEG
N/A

If yes, results?:
N/A

Genetic Testing
N/A

If yes, results?:
N/A

Other Evaluations, Procedures, or Results
N/A

If yes, results?:
N/A

If any of the above were "Abnormal", please explain:
N/A

Developmental History

1. Has the child accomplished each of the following developmental milestones?

Smile When Smiled At
N/A

If yes, approximate age (years)
N/A

Pointing
N/A

If yes, approximate age (years)
N/A

Walk (Independently)
N/A

If yes, approximate age (years)
N/A

First Words other than Mama/Dada

If yes, approximate age (years)

N/A

N/A

First 2-3 Word Phrases

If yes, approximate age (years)

N/A

N/A

Toilet Training: Bladder

If yes, approximate age (years)

N/A

N/A

Toilet Training: Bowel

If yes, approximate age (years)

N/A

N/A

Toilet Training: Night

If yes, approximate age (years)

N/A

N/A

Use of Spoon or Fork

If yes, approximate age (years)

N/A

N/A

2. Has the child ever had loss or regression of a previously learned skill? (e.g., language, motor, or social skill)

N/A

If Yes, please explain:

N/A

Educational History

1. Is the child currently enrolled in school?

School Name:

N/A

N/A

School District:

Program or Grade level:

N/A

N/A

2. Is the child receiving or has the patient received special services or accommodations at school?

N/A

If Yes, please explain what type: (e.g. IEP, IFSP, 504 Plan)

N/A

Additional Information about Developmental and Educational History

1. Was your child's hearing screened at birth?

N/A

2. Does your child have balance problems? Or have trouble with riding toys (i.e. bikes, etc.)?

N/A

3. Does your child have any trouble following directions?

N/A

4. Does your child have trouble expressing their wants and needs?
N/A

Behavioral & Social History

1. Please describe any behavioral concerns you have at this time:
N/A

2. Does the patient make friends easily?
N/A

If "No", please explain:
N/A

3. Are there any concerns regarding the patient's social skills or interests?
N/A

If "Yes", please explain:
N/A

4. Are there any concerns regarding anxiety and/or depression?
N/A

If "Yes", please explain:
N/A

5. Has the patient been exposed to any form of abuse, neglect or domestic violence?
N/A

If "Yes", please explain:
N/A

6. Has the patient experienced any recent significant stressors (e.g. moves, losses)?
N/A

If "Yes", please explain:
N/A

7. Are there concerns regarding any of the following areas?

Responding to sound	If "Yes", please explain
N/A	*N/A*
Responding to touch	If "Yes", please explain
N/A	*N/A*
Responding to light	If "Yes", please explain
N/A	*N/A*
Emotional reactions/regulation	If "Yes", please explain
N/A	*N/A*
Aggression Towards Others	If "Yes", please explain

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N/A

Self-Injurious Behavior
N/A

Difficulty with Transitions
N/A

Understanding social cues (e.g. gestures, facial cues)
N/A

If "Yes", please explain
N/A

If "Yes", please explain
N/A

If "Yes", please explain
N/A

If "Yes", please explain
N/A

If "Yes", please explain
N/A

If "Yes", please explain
N/A

If "Yes", please explain
N/A

If "Yes", please explain
N/A

8. What are the child's interests and hobbies?
N/A

9. What are some of the child's strengths?
N/A

N/A

If "Yes", please explain
N/A

If "Yes", please explain
N/A

If "Yes", please explain
N/A

Eye contact
N/A

Inappropriate conversations
N/A

Inappropriate Behavior
N/A

Ritualistic behavior
N/A

Repetitive behavior (e.g. hand flapping, rocking)
N/A

Fixation (e.g. computers, certain TV program, watching spinning toy)
N/A

Toileting
N/A

Other Concerns
N/A

Additional Evaluations and Interventions

1. Has the child ever been seen by an Occupational Therapist, Speech and Language Therapist, Psychiatrist, Psychologist, or other mental health counselor?
N/A

If yes, please provide the following information:

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A. Name: | Type of Specialist | Date of evaluation:

N/A | *N/A* | mm/dd/yyyy

Purpose of Evaluation / Services:

N/A

Results of Evaluation:

N/A

B. Name: | Type of Specialist | Date of evaluation:

N/A | *N/A* | mm/dd/yyyy

Purpose of Evaluation/ Services:

N/A

Results of Evaluation:

N/A

C. Name: | Type of Specialist | Date of evaluation:

N/A | *N/A* | mm/dd/yyyy

Purpose of Evaluation/ Services:

N/A

Results of Evaluation:

N/A

Additional Comments

Please feel free to discuss any questions or concerns not covered above or to elaborate on anything in the space below:

N/A

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Western Illinois University

WIU Autism Clinic for Excellence
Memorial Hall 230A
Macomb, IL 61455
309-298-3279

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the mutual sharing of information between the Western Illinois University Autism Clinic for Excellence and the following agencies/individuals:

PERSON:
N/A

Organization or Agency:
N/A

Street Address:
N/A

City, State, Zip:
N/A

Phone:
N/A

Fax:
N/A

PERSON:
N/A

Organization or Agency:
N/A

Street Address:
N/A

City, State, Zip:
N/A

Phone:
N/A

Fax:
N/A

Information regarding (client's name):
N/A

Client's date of birth:
mm/dd/yyyy

May be released in this format:
N/A

I understand that this information will be used to coordinate and maximize programming relative to the client's communication condition. All information will be

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kept strictly confidential between authorized parties. Audiotape and videotape information will be handled in accordance with the Permission Statement authorization currently on file in this clinic.
Initials:

N/A

I understand that I am not obligated to authorize release of records; that services will not be denied if I choose not to sign authorization forms.
Initials:

N/A

I understand that I have a legal right to inspect and copy any written records disclosed by WIU Autism Clinic for Excellence.
Initials:

N/A

Name of the person completing this form:

N/A

Affiliation:

N/A

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Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

WESTERN ILLINOIS UNIVERSITY
SPEECH-HEARING-LANGUAGE CLINIC

CONFIDENTIALITY AND PRIVACY POLICY

(Client/Parent/Guardian)

Western Illinois University (WIU) faculty, staff, students, and observers are not to disclose any confidential information that they might be exposed to as a result of their duties in the WIU Speech-Language-Hearing Clinic. This also applies to clients attending the clinic and their caregivers as well. Clients of the Speech-Language-Hearing Clinic have privacy rights and the clinic abides by confidentiality and the Health Insurance Portability and Accountability Act (HIPAA) policies and procedures. Disclosure to anyone of any confidential information may be cause for disciplinary action.

Confidential information includes, but is not limited to.

1. Demographic information
2. Medical diagnoses
3. Specific healthcare provided
4. Results of evaluations and/or diagnostics
5. Treatment information (e.g., lesson plans, treatment plans, SOAP notes)
6. Payment and insurance information
1. WIU Speech-Language-Hearing Clinic will use this policy and procedure manual to comply with the laws relating to the use and disclosure of protected hearing information (PHI).

Permitted use and Disclosures:

- WIU Speech-Language-Hearing Clinic shall be permitted to use and disclose an individual's PHI to the individual for treatment, payment, and operations as defined within this policy and with a written authorization.
- Patients/clients may examine or obtain copies of their medical records by requesting verbally or in writing.
- WIU Speech-Language-Hearing Clinic will obtain a written authorization from an individual to use or disclose PHI.
- Copies of the consent form and release of information form shall be retained in the patient/client file for six years.
- The consent form and/or release of information form will contain
  - A description of the information to be used or disclosed
  - Identification of the person authorized to agree to the disclosure of information
  - Individual signature or the signature of a legal representative with authority to act on behalf of the individual

Image 50 Client Confidentiality Agreement Page 1

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Macomb, IL 61455
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- Identification of the persons or institution authorized to receive the disclosed information
- Expiration date of consent/release form
- A statement of the right to revoke the authorization.

I have received a copy, read, understand and will abide by the WIU Speech-Language-Hearing Clinic's privacy, confidentiality and procedural policies (Confidentiality and Privacy Policy document). Initials: _____

Name: _____

Date: _____

Affiliation:

- ○ Client
- ○ Parent
- ○ Guardian

Image 51 Client Confidentiality Agreement Page 2

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Confidentiality, HIPAA & Bloodborne Pathogens Agreement

(Faculty/Students)

Western Illinois University (WIU) faculty, staff, students, and observers are not to disclose any confidential information that they might be exposed to as a result of their duties in the WIU Speech-Language-Hearing Clinic. Clients of the Speech-Language-Hearing Clinic have privacy rights and the clinic abides by confidentiality and the Health Insurance Portability and Accountability Act (HIPAA) policies and procedures. Disclosure to anyone of any confidential information may be cause for disciplinary action.

Confidential information includes, but is not limited to.

1. Demographic information
2. Medical diagnoses
3. Specific healthcare provided
4. Results of evaluations and/or diagnostics
5. Treatment information (e.g., lesson plans, treatment plans, SOAP notes)
6. Payment and insurance information

The WIU Speech-Language-Hearing Clinic will use this policy and procedure manual to comply with the laws relating to the use and disclosure of protected hearing information (PHI).

Permitted use and Disclosures:

- WIU Speech-Language-Hearing Clinic shall be permitted to use and disclose an individual's PHI to the individual for treatment, payment, and operations as defined within this policy and with a written authorization.
- Patients/clients may examine or obtain copies of their medical records by requesting verbally or in writing.
- WIU Speech-Language-Hearing Clinic will obtain a written authorization from an individual to use or disclose PHI.
- Copies of the consent form and release of information form shall be retained in the patient/client file for six years.
- The consent form and/or release of information form will contain
    - A description of the information to be used or disclosed
    - Identification of the person authorized to agree to the disclosure of information
    - Individual signature or the signature of a legal representative with authority to act on behalf of the individual
    - Identification of the persons or institution authorized to receive the disclosed information
    - Expiration date of consent/release form
    - A statement of the right to revoke the authorization.

I have received a copy, read, understand and will abide by the WIU Speech-Language-Hearing Clinic's privacy, confidentiality and procedural policies (Confidentiality and Privacy Policy document).

Initials: _____

I have received the HIPAA training and will abide by the Speech-Language-Hearing Clinic HIPAA policies and procedures.

Initials: _____

I have received the Blood Borne Pathogens training and will abide by the Speech-Language-Hearing Clinic policies and procedures.

Initials: _____

Name: _____ Date: _____

Affiliation:

O Student O Faculty O Staff

Image 52 Confidentiality, HIPAA, & BBP Agreements (Students, Faculty, Staff)

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Diagnostic Evaluation Cancellation Policy

Upon receiving assignment of a diagnostic speech-language evaluation, the graduate clinician will reach out to the family to obtain additional information. Each clinician will reach out a total of two times (on separate days). Should the client/family member not respond to either phone call/email, the supervisor will then make a third and final attempt to reach the client/family member. During this call, if unable to reach, the client/family will be notified that **if a phone call is not returned, with necessary information provided, 48 hours before the scheduled date/time of the evaluation, it will be canceled and need to be rescheduled.**

I have read and understand: _____
(Signature of responsible party)

Print Name: _____ Date: _____

Relationship to Client: O Self O Parent/ Guardian O Other: _____

Image 53 Diagnostic Evaluation Cancellation Policy

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Diagnostic Reports and Information

The results from the diagnostic appointment take 1 to 2 weeks to finalize. When your results are ready, your clinician will reach out to schedule a time to review the report and answer any questions.

For the results of the diagnostic to be sent to your physician, school, or another party, a release of information form must be completed and on file giving the WIU Speech Language and Hearing Clinic permission to share this information. Reports will not be sent to the approved parties until they are finalized.

I have read and understand: _____
(Signature of responsible party)

Print Name: _____ Date: _____

Relationship to Client: ○ Self ○ Parent/ Guardian ○ Other: _____

Name of Client if other than self: _____

Image 54 Diagnostic Reports and information

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

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Memorial Hall 230A
Macomb, IL 61455
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DIRECTIONS

Directions to Memorial Hall and Parking for Clinic:

Cut and paste or type the following link into your browser, double click the link, or scan the QR code. This will provide you the means to get directions from your address to WIU Speech Language Hearing Clinic and to the parking lot used for the clinic.

https://goo.gl/maps/QVnUr9dA74crXdTt7

Physical Address: Memorial Hall
601 N. Western Ave.
Macomb IL, 61455.

Parking Instructions:

If you email us or call us we can send you a parking pass before your appointment. If your appointment is within a week, the easiest way is to pick it up when you are here. The information needed for your parking pass is the license plate of the vehicle that will be parked in the lot. The lot is marked on the map as WIU Speech/Hearing Clinic Parking and is south of Seal Hall, right off of Sherman Drive. There are designated slots with Speech and Hearing signs but you can park anywhere in this lot if you have a parking pass.

Canceling or Changing Appointment:

Call 309.298.1955 and we can ensure your clinician and the supervisor are aware that the appointment is canceled. If you have trouble getting here using the directions just call us and we can help direct you here.

Visit us at **wiu.edu/spa** for program information or to access our services and supervisors.

Hearing Clinic: Mike Sharp (298-1955)

Speech Clinic: Haleigh Ruebush (298-1955)

Speech/Language Evaluations: Julie Curless (298-1955)

Program Questions: Amanda Silberer (298-1955)

Image 55 Directions to Speech & Hearing Clinic Page 1

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Parking Permit Instructions for WIU Speech & Hearing Clinic:

1. **A visitor hang tag is required to park in the Speech & Hearing Clinic Spaces and must be displayed from the rearview mirror when parking on the WIU Campus. Parking without a visitor pass may result in a parking ticket.**
2. Your vehicle needs to be registered **BEFORE** your appointment day and time.
3. To get a visitor parking hang tag, Call the Speech & Hearing Clinic at (309) 298-1955 or email Jennifer at JJ-HOWARD3@WIU.EDU and provide your vehicle plate, state, make, model, color, and year. Provide the name of the person who is being seen at our clinic as well as the name of the vehicle operator.
4. The plate number of the vehicle must be written on the hang tag in **RED**. Passes without a plate number or date are invalid. The plate number on the tag must match the plate number of the vehicle.
5. Parking Passes must be displayed from the rearview mirror with the **PURPLE** side facing out towards the hood of the vehicle.
6. Parking passes are only valid through the date on the pass.
7. If you have a Handicap placard/ permit, you may park in any of the handicapped spots without a visitor tag.

Driving Directions for Speech & Hearing Clients:

1. Drive on MURRAY STREET, turn onto SHERMAN DRIVE, turn into the SEAL HALL PARKING LOT (Between SEAL HALL and TILLMAN HALL).
2. Park in the spots marked for Speech & Hearing Clinic. (**Look for the purple parking signs!**) From the Speech & Hearing Clinic Parking Spots, turn RIGHT and take the sidewalk PAST Tillman Hall to get to Memorial Hall.
3. Go west towards MEMORIAL HALL, which is on the other side of the large metal statue (the building with the large Satellite Dish on the rooftop.)
4. The Speech-Language & Hearing Clinic is located on the 2nd floor of MEMORIAL HALL, room 229A. When you enter from the large doors, the stairs will be to the left and the elevators will be around the corner to the right.

If you need assistance locating our parking spots and clinic location, please call our office at (309) 298-1955 or contact Parking Services at (309) 298-1921.
If you require mobility assistance to get to Memorial Hall from our parking spots, please call our office at (309) 298-1955.

Image 56 Directions to Speech & Hearing Clinic Page 2

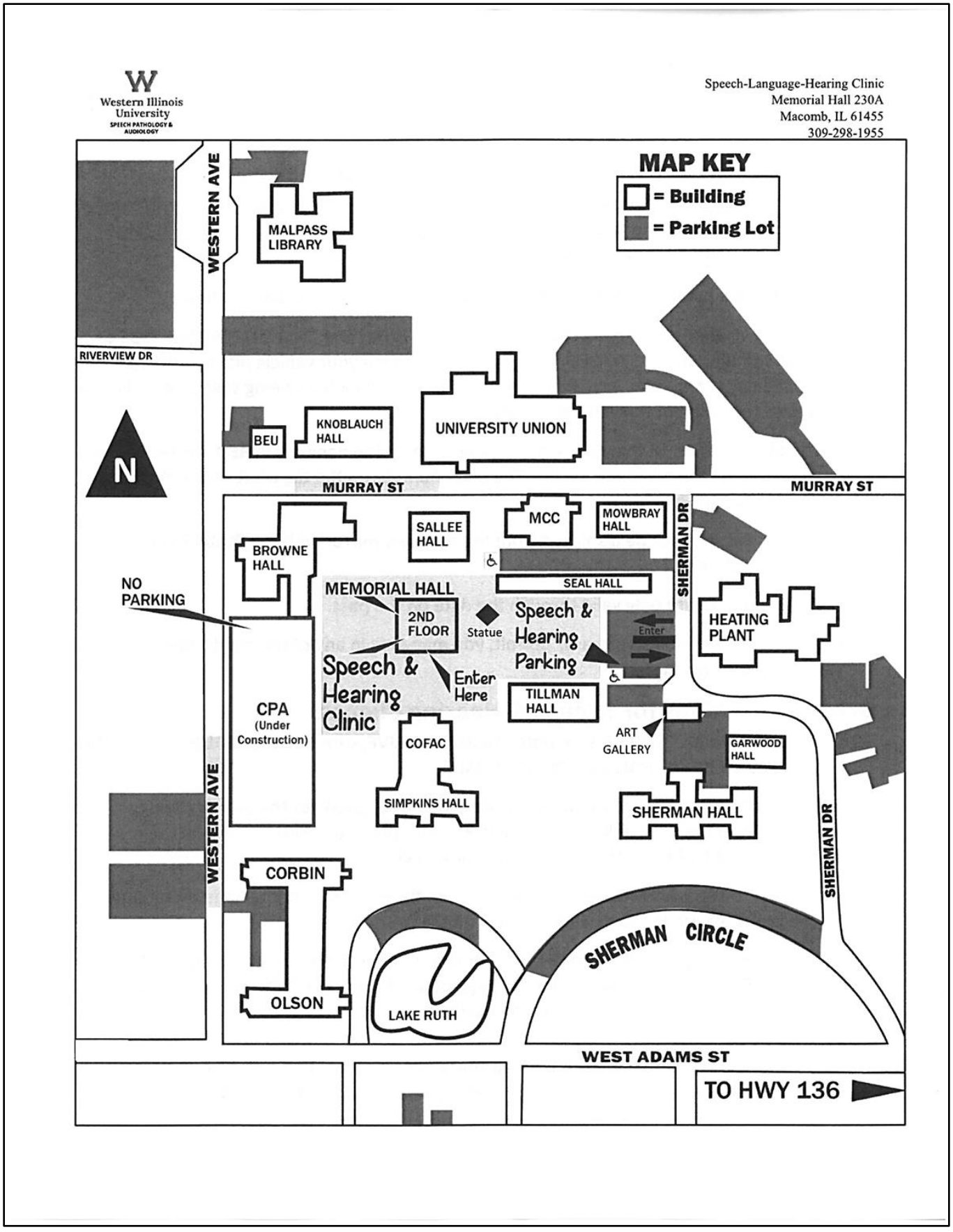
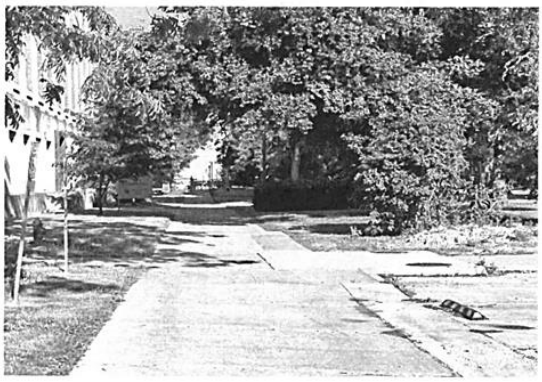


Image 57 Directions to Speech & Hearing Clinic Page 3

1. Park at the signs marked Reserved Speech & Hearing Clinic.

- If these spaces are filled, you may park in any regular parking spot as long as you have a valid visitor parking tag.
- You may not park in spaced reserved for handicapped, services vehicles, or other reserved spaces.
- You may not park in lots with signs indicating they are for Specialty Permits only.

2. Follow the sidewalk.



- While facing the Speech and Hearing Clinic parking signs from the parking lot, turn to the RIGHT (towards the Handicapped Parking Spots) and follow the sidewalk straight ahead.
- You will go PAST the first building on the LEFT of the sidewalk, which has a sign that says Tillman Hall:
- There are places on the sidewalk that say "FIRE LANE." Keep following that sidewalk.

3. Go to Memorial Hall.

- As you follow the sidewalk straight ahead there will be another building further ahead to the RIGHT along the same sidewalk. That building is MEMORIAL HALL, and is where you want to go for the Speech-Language & Hearing Clinic.
- Enter Memorial Hall through the large doors. One of the doors has a sign with a yellow arrow that says Speech-Language & Hearing Clinic 2nd Floor.
- The doors to the stairs are inside to the LEFT. The evaluators are around the corner to the RIGHT.

4. Check in for Your Appointment.

- The Speech-Language & Hearing Clinic is on the 2nd Floor. Come to room 229 to check in.

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language and Hearing Clinic
DISCHARGE FROM SERVICES

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Client's Name: *N/A*

Date: *N/A*

This client was discharges from the Western Illinois University Speech-Language and Hearing Clinic following the (Term) (Year) semester.

Term: *N/A*

Year: *N/A*

REASON FOR DISCHARGE

N/A

COMMENTS:

N/A

Approved by:

Image 59 Discharge Form

The Elms Off-Site Clinical Practicum
Monday/Wednesday 8:30-10:30

Description: The Elms Clinical Practicum is an off-site clinical experience that familiarizes the student clinician with speech-language pathology services provided in long-term care for geriatric patients.

Supervisor: Heidi Elbe, M.S. CCC/SLP Cell: 309-333-8508

Location: The Elms is located at 1212 Madelyn Avenue, Macomb, IL. The student is responsible for transportation to and from the facility.

Procedures:

- The student will be assigned a caseload ranging from 2-4 patients.
- The student is responsible for managing his/her caseload during the scheduled time on site.
  - Retrieve and return the patient.
  - Organize the schedule to provide services to all of the patients on the caseload.
  - The students should attempt to provide services for the entire caseload each day present in the building.
- The student is required to bring his/her laptop to conduct the chart history of patients in PointClickCare.
  - Point click Care:
    - Username: telm.WIUSpeech
    - Password:
  - WiFi
    - Network: office
    - Password: 5kiLLedc@re
- The student will follow **ALL** protocols set forth by WIU Clinic and Elms to maintain the safety of the student and the patient.
  - Follow cleaning protocol for materials and working space
  - Provide a copy of your COVID vaccination
  - Complete any COVID-related requirements- testing, donning a mask

The student will complete the following documentation in ClinicNote by 11:59 pm the day of services (except for the assessment). The student will submit the documentation to the supervisor in CN.

Documentation:	**Description:**
Speech-Language-Swallowing Evaluation & POC	• Detailed evaluation document describing the patient's history, premorbid level, observation and assessment results, and treatment plan with recommendations. • Completed after the assessment is completed.
Speech-Language-Swallowing Re-certification Note	• Review of the patient's response to the treatment plan and update in progress. Goals are updated if warranted. • **Completed at the midterm**.

Speech-Language-Swallowing Discharge Report	• Completed when a patient is discharged from the caseload with recommendations.
Initial SOAP Note and SOAP Note	• Completed for every scheduled day at the Elms if services were rendered or not. • Make sure to update the start/end time for each note.

- Documentation shall represent **skilled** services. Skilled services show clinical expertise, clinical knowledge, clinical judgment, and decision-making skills that are pertinent to the patient's treatment.
- Consider using the following words to show skilled services:
    - Analyze
    - Demonstrated
    - Educated
    - Facilitated
    - Incorporated
    - Inhibited
    - Modeled
    - Provided
    - Selected
    - Assessed
    - Developed
    - Evaluated
    - Graded
    - Implemented
    - Instructed
    - Progressed
    - Reviewed
    - Trained
- Avoid: tolerated, observed, plateau
- Nonskilled note versus skilled note:
    - Nonskilled:
        - S: The patient seen at the bedside.
        - O: The patient was oriented x3. She answered wh questions about personal information with 80% accuracy and recalled information in 5/10 trials.
        - A: The patient displayed an improved understanding of personal information.
        - P: Continue with established goals.
    - Skilled:
        - S: The pt was seen at the bedside and was in good spirits.
        - O: Assessed patient orientation to gauge cognitive status with orientation x3. Modified treatment activities in difficulty due to positive gains. Facilitated patient's ability to answer questions regarding environment and personal information to increase communication with medical providers, as the patient

has a doctor's appointment this week. Provided visual cues and demonstrated strategies for use to the patient. The patient was able to return to demonstrate x2. Instructed the patient in the use of spaced retrieval strategy for short-term memory recall. The patient was successful in up to 4-minute intervals with semantic cues for initiation.

        - A: The pt displayed an improved understanding of personal information.
        - P: Continue with space retrieval increasing the interval to 5 minutes.
- Integrate *scientific evidence* into your documentation
    - Instructed pt in the use of **spaced retrieval** strategy for short-term memory. The patient was successful in up to 4-minute intervals with semantic cues for initiation.

EBP:

- The student will apply scientific evidence to support the treatment provided to the patients. This will be documented within the SOAP note so no articles will be submitted.

Other Items:

- Calipso:
    - Submit your hours via Calipso. Each entry should reflect ONE day at the Elms.
        - Enter the real-time minutes for each session. Select the area that represents the evaluation/treatment you provided. For example, if you provided voice and swallowing services in one session, document the real-time for each area provided. For example, 34 minutes for voice and 16 minutes for swallowing.
- Grading:
    - A midterm and final evaluation will be completed in Calipso. A review of the evaluation will be conducted during the weekly meeting.

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
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EQUIPMENT LOAN FORM

Tag #	Description	Serial #	Replacement Value

I certify that _____ has received the equipment listed above as a temporary loan. It is understood that the lender is responsible for this equipment in the event that it is lost, stolen, or damaged. In addition, the lender agrees to return the equipment listed above in the condition in which it was received by the scheduled return date or upon five days' notice from the WIU fiscal agent. The equipment's scheduled return date is _____.

Received By: _____
Responsible Party

_____
Loan address/Phone

Released By: _____ _____
Fiscal Agent Date

Returned: _____ _____
Fiscal Agent Date

Image 63 Equipment Loan Form

Adult

Speech and Language Evaluation

Patient Name:
Phone:
Address:
Birthdate:
Age:
Responsible Party:
Address of Responsible Party:
Date of Evaluation:
Primary Care Physician:
Student Clinician:
Supervising SLP:
Medical Diagnosis (ICD-10):
Communication Diagnosis (ICD-10):

Referral/Background

- Age: number-year
- Caregiver reports, medical history, previous/current occupation, previous therapy, etc.

Evaluation Results

- If something is not tested, take heading out of the report
- Document informal, formal, and standardized assessments with concise interpretations

Observations

- Interactions, attention, mobility, etc.

Hearing Screening

- Otoscopic inspection, tympanometry, otoacoustic emission testing

Oral Mechanism Evaluation

- List oral structures in terms of strength, speed, range of motion, coordination, color

Speech

- Speech intelligibility word/reading/convo

Receptive and Expressive Language

- Receptive language (i.e., what is understood)
- Expressive language (i.e., what is expressed)
  - *Also consider total communication (e.g., facial expressions, gestures, AAC, etc.
- Standardized Assessments: underline and write the name out completely then initial throughout the rest of the report. Example: Western Aphasia Battery (WAB)

Cognition

- Attention, executive functioning, recall, etc.

Voice

- Quality, loudness, pitch, etc.

Fluency

- Stuttering-like disfluencies/typical disfluencies, secondary characteristics and social-emotional impact

Disfluency Frequency Analysis

	Example	Per 100 words
Part-word repetitions		
Whole-word repetitions		
Prolongations		
Blocks		
Stuttering-like disfluency total:		
Interjections		
Revisions		
Phrase repetitions		
Multisyllabic word repetitions		
Typical disfluency total:		

Swallowing

- Trials/consistencies, etc.

Evaluation Summary

- Summarize testing. Do not repeat everything a second time; wording should be changed
- Client strengths/concerns
- Note any modifications and/or accommodations
- **Official communication diagnosis & severity in bold**

Recommendations

1. Further assessment, additional referrals, treatment, etc.
2. Cannot recommend specific place, amount of time, etc. "recommend speech and language services to facilitate _____."

Treatment Goals

Long term goal 1:
Short term goal 2:
Short term goal 3:

Peds

Speech and Language Evaluation

Patient Name:
Phone:
Address:
Birthdate:
Age:
Responsible Party:
Address of Responsible Party:
Date of Evaluation:
Primary Care Physician:
Student Clinician:
Supervising SLP:
Medical Diagnosis (ICD-10):
Communication Diagnosis (ICD-10):

Referral/Background

- Age: **number-year, month.** Include month under 10-years old
- Caregiver reports, medical/birth history, developmental milestones, education status, previous therapy, etc.

Evaluation Results

- If something is not tested, take heading out of the report
- Document informal, formal, and standardized assessments of concise interpretations

Observation

- Caregiver/peer interactions, attention to task, emotional-behavioral concerns

Hearing Screening

- Otoscopic inspection, tympanometry, otoacoustic emission testing

Oral Mechanism Evaluation

- List oral structures in terms of strength, range of motion, coordination, color

Articulation/Phonology

- Standardized Assessments: underline and write the name out completely then use initials throughout the rest of the report. Example: Peabody Picture Vocabulary Test-IV, Form A (PPVT_IV)
    - Explain what the scores/percentile ranks mean & overall conclusions from the test

Articulation Chart

Sound	Initial Position	Final Position
p		
b		
t		
d		

k

g

"ch"

"j"

l

r

?

m

n

"ing"

w

j

h

f

v

s

z

"sh"

Voiceless "th"

Voiced "th"

Phonological Processes chart:

The table below provides a score that measures the occurrence of phonological processes. This score is a simple percentage of occurrence approach used for sampling phonological processes. Measures greater than 40% are considered significant.

Phonological Process	% of occurrence	Definition	Example
Cluster Reduction	67%	The deletion of one or more consonants from a two- or three- consonant cluster	Example: clown to cown
Deaffrication	40%	The deletion of a stop component from any affricate leaving only the continuant aspect	Example: bridge to brish
Stopping	50%	The substitution of a stop consonant for a fricative or an affricate	Example: van to ban

Receptive and Expressive Language

- Receptive language (i.e., what is understood)
- Expressive language (i.e., what is expressed)
    - *Also consider total communication (e.g., facial gestures, pointing, PECS, iPad, AAC, etc.)

Voice

- Quality, loudness, pitch, etc.

Fluency

- Stuttering-like disfluencies/typical disfluencies, *secondary characteristics and social-emotional impact*

Disfluency Frequency Analysis

	Example	Per 100 words
Part-word repetitions		
Whole-word repetitions		
Prolongations		
Blocks		
Stuttering-like disfluency total:		
Interjections		
Revisions		
Phrase repetitions		
Multisyllabic word repetitions		
Typical disfluency total:		

Evaluation Summary

- Client strengths/concerns
- Information in your summary should lead to your diagnosis
- Note any modifications and/or accommodations
- **Official communication diagnosis & severity in bold**

Recommendations

1. Further assessment, additional referrals, treatment, etc.
2. Cannot recommend specific place, amount of time, etc. "recommend speech and language services to facilitate _____."

Treatment Goals

Long term goal 1:
Short term goal 1:
Short term goal 2:
Short term goal 3:

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Golf Cart Passenger Rules

The WIU Speech Language and Hearing Clinic offers golf cart pick up and drop off to assist clients in getting to and from the parking lot and Memorial Hall. In order to ride in the golf cart for the WIU Speech Language and Hearing Clinic, all passengers are required to obey the following rules:

1. Passengers must wear a seatbelt.
2. Passengers must sit facing forward in their seats.
3. Passengers may not lean out the sides of the golf cart.
4. Passengers must remain seated until the golf cart comes to a complete stop.

Failure to follow these rules will result in passengers no longer being allowed to ride in the golf cart. This form is required to be reviewed and signed each semester by the responsible party. Failure to complete this form will result in not being allowed to ride the golf cart.

Western Illinois University, the WIU Speech Language & Hearing Clinic, WIU Students, Instructors, Faculty. and Staff are not liable for incident, injury, or accident of any kind should such occur while clients are boarding, riding, or disembarking from the golf cart, nor are they liable for any incident, accident, or injury which may occur on the premises of Western Illinois University.

Print Name of Client if other than self: _____

Print Name of Responsible Party: _____

Date: _____

Relationship to Client: ○ **Self** ○ **Parent/ Guardian** ○ **Other:** _____

I have read and understand: _____
(Signature of responsible party)

Image 69 Golf Cart Rules

Little Learners Daily Documentation

Targeted Standards and Objectives:

Date:	Standard/ Objective	Observation	Analysis/Evidence	Plan:

Image 70 Little Learners Daily Documentation Form

Little Learners Initial Evaluation

Modified Version of the GOLD Assessment

Social-Emotional:

1. Regulates own emotions and behaviors

a. Manages feelings

Uses adult support to calm self	**Comforts self by seeking out special object or person**	**Is able to look at a situation differently or delay gratification**	**Comforts strong emotions in an appropriate manner most of the time**
Calms self when touched gently, patted, massaged, rocked, or hears a soothing voice	Gets teddy bear from cubby when upset	When the Block area is full, looks to see what other areas are available	Asserts, "I'm mad. You're not sharing the blocks!"
Turns away from source of overstimulation and cries but is soothed by being picked up	Sits next to favorite adult when sad	Scowls and says, "I didn't get to paint this morning." Pauses and adds, "I have an idea. I can paint after snack."	Says, "I'm so excited! We're going to the zoo today!" while jumping up and down

Comments/Supports:

b. Follows limits and expectations

Responds to changes in an adult's tone of voice and expression	**Accepts redirection from adults**	**Manages classroom rules, routines, and transitions with occasional reminders**	**Applies basic rules in new but similar situations**
Looks when adult speaks in a soothing voice	Moves to the sand table at suggestion of adult when there are too many at the art table	Indicates that only four persons may play at the water table	Walks and uses a quiet voice in the library
Appears anxious if voices are loud or unfamiliar	Initially refuses to go inside but complies when the teacher restates the request	Cleans up when music is played	Runs and shouts when on a field trip to the park
Touches the puddle of water when adult smiles encouragingly		Goes to rest area when lights are dimmed	Listens attentively to a guest speaker

Comments/Supports:

c. Takes care of own needs appropriately

Indicates needs and wants; participates as adult attends to needs	Seeks to do things for self	Demonstrates confidence in meeting own needs	Takes responsibility for own well-being
Cries to show discomfort, hunger, or tiredness Opens mouth when food if offered Raises knees to chest when on back for diaper changing Pulls off own socks Raises arms while being lifted out of buggy	Asserts own needs by pointing, gesturing, or talking Holds hands under faucet and waits for adult to turn on water Tries to zip jacket but throws to ground in frustration Attempts to clean up toys	Washes hands and uses towel to dry Stays involved in activity of choice Uses materials, utensils, and brushes appropriately Takes off coat and hangs it up Puts away toys Volunteers to feed the fish	Completes chosen task Waits turn to go down slide Creates a "Do not touch" sign for construction Tells why some foods are good for you Takes care of personal belongings

Comments/Supports:

2. Establishes and sustains positive relationships

a. Forms relationships with adults

Demonstrates a secure attachment to one or more adults	Uses trusted adult as a secure base from which to explore the world	Manages separations without distress and engages with trusted adults	Engages with trusted adults as resources and to share mutual interests
Appears uneasy when held by a stranger but smiles broadly when mom enters room Calms when a familiar adult offers appropriate comfort Responds to teacher during caregiving routines	Moves away from a trusted adult to play with a new toy but returns before venturing into a new area Looks to a trusted adult for encouragement when exploring a new material or physical space	Waves good-bye to mom and joins speech therapist in a board game Accepts teacher's explanation of why she is leaving the room and continues playing	Talks with teacher every day about their pets Asks librarian to help find a book about surfing Readily asks teacher for help when struggling with a number game

Comments/Supports:

b. Responds to emotional cues

Reacts to others' emotional expressions	Demonstrates concern about the feelings of others	Identifies basic emotional reactions of others and their causes accurately	Recognizes that others' feelings about a situation might be different from his own
Cries when hears an adult use an angry tone of voice	Brings a crying child's blanket to him	Says, "She's happy because her brother is here." "He's sad because his toy broke."	Says, "I like riding fast on the trike, but Tim doesn't."
Smiles and turns head to look at person laughing	Hugs a child who fell down	Matches a picture of a happy face with a child getting a present or a sad face with a picture of a child dropping the banana she was eating	Show Meir a picture of a dinosaur but doesn't show it to Lucy because he remembers that she's afraid of dinosaurs.
Moves to adult while watching another child have a tantrum	Gets an adult to assist a child who needs help		

Comments/Supports:

c. Interacts with peers

Plays near other children; uses similar materials or actions	Uses successful strategies for entering groups	Initiates, joins in, and sustains positive interactions with a small group of two to three children	Interacts cooperatively in groups of four or five children
Sits next to child playing an instrument	Watches what other children are doing for a few minutes and then contributes an idea	Sees group pretending to ride a bus and says, "Let's go to the zoo on the bus."	Takes turns being "it" during tag game on the playground
Imitates other children building with blocks	Asks, "Can I run with you?"	Enters easily into ongoing group play and plays cooperatively	Invites multiple peers to join in play
Looks at other child's painting and chooses the same color			

Comments/Supports:

d. Makes friends

Seeks a preferred playmate; shows pleasure when seeing a friend	Plays with one or two preferred playmates	Establishes a special friendship with one other child, but the friendship might only last a short while	Maintains friendships for several months or more; forms friendships around similar play interests
Leaves Library area to greet another child upon his arrival	Builds block tower with another child during choice time and then looks at books with same child later in the day	Talks about having friends and what friends do together	Finds her friend's favorite purple marker and gives it to her
Seeks preferred child to sit next to at group time	Joins same two friends for several days to play a running game outside	Seeks out particular friend for selected activities on a regular basis	Works through a conflict and remains friends after a disagreement Chooses to play with a child who also likes to pretend he is a dragon

Comments/Supports:

3. Participates cooperatively and constructively in group situations

a. Balances needs and rights of self and others

Responds appropriately to others' expressions of wants	Takes turns	Initiates the sharing of materials in the classroom and outdoors	Cooperates and shares ideas and materials in socially acceptable ways
Gives another child a ball when asked	Waits behind another child at the water fountain	Gives another child the gold marker to use but asks to use it again when the other child is done	Moves to make space for someone else to work at the table
Makes room on the sofa for a child who wants to look at the book with him	Says, "It's your turn now; the timer is up."	Invites another child to pull the wagon with her	Pays attention to group discussions, values the ideas of others, and contributes own ideas in a respectful manner

Comments/Supports:

b. Solves social problems

Expresses feelings during a conflict	Seeks adult help to resolve social problems	Suggests solutions to social problems	Resolves social problems through basic negotiation and compromise

Screams when another child touches his crackers Gets quiet and looks down when another child pushes her	Goes to adult crying when someone takes the princess dress she wanted to wear Calls for the teacher when another child grabs the molding dough at the same time he does	Says, "You ride around the track one time, then I'll take a turn." Says, "Let's make a sign to keep people from kicking our sand castle like we did in the Block area." Asks teacher to make a waiting list to use the new toy	Says, "If I let you use the ruler, will you let me use the hole-punch?" Responds, "Hey, I know! You two can be the drivers to deliver the pizza."

Comments/Supports:

Language:
4. Listens to and understands increasingly complex language
a. Comprehends language

Shows an interest in the speech of others	**Identifies familiar people, animals, and objects when prompted**	**Responds appropriately to specific vocabulary and simple statements, questions, and stories**	**Responds appropriately to complex statements, questions, vocabulary, and stories, asking questions when needed; offers opposites for frequently occurring verbs and adjectives; understands the difference between similar action verbs**
Turns head toward people who are talking Recognizes familiar voice before the adult enters the room Looks at favorite toy when adult labels and points to it Responds to own name	Picks up cup when asked, "Where's your cup?" Goes to sink when told to wash hands Touches body parts while singing "Head, Shoulders, Knees, and Toes"	Finds his favorite illustration in a storybook when asked Listens to friend tell about cut finger and then goes to the Dramatic Play area to get a Band-Aid® Responds using gestures to compare the sizes of the three leaves	Answers appropriately when asked, "How do you think the car would move if it had square wheels?" Builds on classmates' ideas about how to fix a broken wagon and asks questions in order to better understand plans

Comments/Supports:

b. Follows directions

Responds to simple verbal requests accompanied by gestures or tone of voice	**Follows simple requests not accompanied by gestures**	**Follows directions of two or more steps that relate to familiar objects and experiences**	**Follows detailed, instructional, multistep directions**
Waves when mother says, "Wave bye-bye," as she waves her hand	Throws trash in can when asked, "Will you please throw this away?"	Washes and dries hands after being reminded about the hand-washing sequence	Follows instructions for navigating a new computer program
Covers eyes when adult prompts, "Wheeeere's Lucy?"	Puts the balls in the basket when told, "Put all the balls in the basket, please."	Completes a sequence of tasks, "Get the book bin and put it on the table. Then bring the paper and crayons."	Follows teacher's guidance: "To feed the fish, open the jar and sprinkle a pinch of food on the water. Then put the lid on the jar and put it back on the shelf, please."
Drops toy when teacher extends hand and says, "Please give it to me."	Goes to cubby when teacher says, "It's time to put coats on to go outside."		

Comments/Supports:

5. Uses language to express thoughts and needs

a. Uses an expanding expressive vocabulary

Vocalizes and gestures to communicate	**Names familiar people, animals, and objects**	**Describes and tells the use of many familiar items**	**Incorporates new, less familiar, or technical words (acquired through texts and conversations) in everyday conversations; correctly uses new meanings for familiar words**

Coos and squeals when happy Cries after trying several times to get toy just out of reach Waves hands in front of face to push away spoon during a feeding Uses hand gestures to sign or indicate "more"	Says, "Nana," when grandmother comes into the room Names the cow, horse, chicken, pig, sheep, and goat as she sees them on the trip to the farm	When making pancakes, says, "Here is the beater. Let me beat the egg with it." Responds, "We used the big, red umbrella so we both could get under it."	Uses a communication device to say, "My bird went to the vet. He has a disease. He's losing his feathers." Answers more questions about the bird when asked

Comments/Supports:

b. Speaks clearly

Babbles strings of single consonant sounds and combines sounds	**Uses some words and word-like sounds and is understood by most familiar people**	**Is understood by most people; may mispronounce new, long, or unusual words**	**Pronounces multisyllabic or unusual words correctly; speaks audibly**
Says, "M-m-m;" "D-d-d." Says, "Ba-ba-ba" Babbles with sentence-like intonation	Refers to grandma as "Gum-gum" Asks, "Where bankit?" and a friend brings his blanket to him Says, "No go!" to indicate she doesn't want to go inside	Says, "I saw ants and a hoppergrass" (grasshopper) Speaks so is understood by the school visitor	Says, "Oh, that one has layers, it's a *sedimentary* rock." Says, "What does *ostracize* mean?" after hearing the word read in *Abiyoyo* Shares a personal story with classmates during lunch and is clearly heard and understood

Comments/Supports:

c. Uses conventional grammar

Uses one- or two-word sentences or phrases	Uses three- to four-word sentences; may omit some words or use some words incorrectly	Uses complete four- to six-word sentences	Uses long, complex sentences and follows most grammatical rules; uses common verbs and nouns (including plural nouns)
Asks, "More?" Says, "Daddy go." Uses one word, "Juice," to mean, "I want some juice."	Says, "Bed no go." Says, "Daddy goed to work." Responds, "I want banana," when asked what she wants for snack	Says, "I chose two books." Says, "We are going to the zoo." Says, "Momma came and we went home."	During class discussion about an upcoming field trip, says, "We are going to the zoo to see the animals. We'll learn where they live and what they eat."

Comments/Supports:

d. Tells about another time or place

Makes simple statements about recent events and familiar people and objects that are not present	Tells simple stories about objects, events, and people not present; lacks many details and a conventional beginning, middle, and end	Tells stories about other times and places that have a logical order and that include major details	Tells elaborate stories that refer to other times and places
Says, "Got shoes." Hears helicopter, stops and says, "'copter." Tells, "Gran lives far away."	Dictates a simple story with few connections between characters and events Says, "I've got new shoes. I went to the shoe store."	Tells about past experiences, reporting the major events in a logical sequence Says, "I went to the shoe store with Gran. I got two pairs of new shoes."	Dictates an elaborate story of a recent visit to the bakery, including details of who, what, when, why, and how Tells many details as he acts out a recent trip to the shoe store

Comments/Supports:

6. Uses appropriate conversational and other communication skills

a. Engages in conversations

Engages in simple back-and-forth exchanges with others	Initiates and attends to brief conversations	Engages in conversations of at least three exchanges	Engages in complex, lengthy conversations of five or more exchanges

Coos at adult who says, "Sweet Jeremy is talking." He coos again, and adult imitates the sounds Shakes head for *no*; waves bye-bye Joins in games such as pat-a-cake and peekaboo	Says, "Doggy." Teacher responds, "You see a doggy." Child says, "Doggy woof." Asks teacher, "Home now?" Teacher responds, "Yes, I'm leaving to go home." Looks at teacher and points to picture of car. Teacher responds, "No, I'm going to walk home."	Stays on topic during conversations Maintains the conversation by repeating what the other person says or by asking questions	Offers interesting comments with communication device Extends conversation by moving gradually from one topic to a related topic

Comments/Supports:

b. Uses social rules of language

Responds to speech by looking toward the speaker; watches for signs of being understood when communicating	**Uses appropriate eye contact, pauses, and simple verbal prompts when communicating**	**Uses acceptable language and basic social rules while communicating with others; may need reminders**	**Uses acceptable language and basic social rules during communication with others**
Hears siren and goes to adult pointing, "Fire tuck." Looks at adult and says, "Ball", repeatedly until adult says, "Ball. You want the ball?"	Pays attention to speaker during conversation Pauses after asking a question to wait for a response Says "please" and "thank you" with occasional prompting	Takes turns in conversations but may interrupt or direct talk back to self Regulates volume of voice when reminded	Uses a softer voice when talking with peers in the library and a louder voice on the playground Says, "Hello," back to the museum curator on a trip

Comments/Supports:

Literacy:

7. Demonstrates phonological awareness, phonics skills, and word recognition

a. Notices and discriminates rhyme

Joins in rhyming songs and games	**Fills in the missing rhyming word; generates rhyming words spontaneously**	**Decides whether two words rhyme**	**Generates a group of rhyming words when given a word**

Hums along and joins in random words in rhyme Sings with a group, "One, two, buckle my shoe..."	Completes the rhyme in the phrase, "The fat cat sat on the ___ (mat)." Chants spontaneously, "Me, fee, kee, tee, lee, bee."	"Do *bear* and *chair* rhyme? What about *bear* and *goat*?" Matches rhyming picture cards	Says, "Bat, sat, lat," when asked, "What words rhyme with *cat*?"

Comments/Supports:

b. Notices and discriminates alliteration

Sings songs and recites rhymes and refrains with repeating initial sounds	**Shows awareness that some words begin the same way**	**Matches beginning sounds of some words**	**Isolates and identifies the beginning sound of a word**
Sings, "I'm bringing home a baby bumble bee..."	Says, "*Max* and *Maya*...our names start the same!"	Groups objects or pictures that begin with the same sound Picks up a toy bear when asked, "What begins the same way as *box*, *baby*, and *bike*?"	Says, "/m-m-m/," when asked "What is the first sound of the word *milk*?" Responds, "/t/," after being asked, "What's the beginning sound of *toy*, *toe*, and *teeth*?"

Comments/Supports:

c. Notices and discriminates discrete units of sound

Shows awareness of separate words in sentences	**Shows awareness of separate syllables in words**	**Verbally blends and separates onset and rime in one-syllable words**	**Verbally blends, separates, and adds or substitutes individual sounds in simple, consonant-vowel-consonant (CVC) words; reads common high-frequency sight words**

Joins in clapping each word while chanting, "I like ice cream." Jumps upon hearing a specified word in a story	Claps each syllable of name, *Tri-na* and *Chris-to-pher* and counts the syllables in each Puts together *pen* and *cil* to say pencil Puts together *foot* and *ball* to say *football*	Says, /c/ake, and /r/ake when the teacher says "cake" and "rake." Points to Mick and Jill when the teacher plays a game and asks, "Where is_ick? Where is _ill?"	Claps each phoneme of *hat*: /h/ /a/ /t/ Says, "Hat," after hearing /h/ /a/ /t/; changes the middle sound to make /h/ /o/ /t/ Accurately reads *you, here, my, are,* and *sad* in *My Friend Is Sad*

Comments/Supports:

8. Demonstrates knowledge of the alphabet

a. Identifies and names letters

Recognizes and names a few letters in own name	Recognizes and names as many as 10 letters, especially those in own name	Identifies and names 11-20 upper and 11-20 lowercase letters when presented in random order

Comments/Supports:

b. Identifies letter-sound correspondences

Identifies the sounds of a few letters	Produces the correct sounds for 10-20 letters	Produces at least one correct sound for each letter in the alphabet

Comments/Supports:

9. Demonstrates knowledge of print and its uses

a. Uses and appreciates books and other texts

Shows interest in books	**Orients book correctly; turns pages from the front of the book to the back; recognizes familiar books by their covers**	**Knows some features of a book (e.g., title, author, illustrator, front and back covers); connects specific books to authors**	**Uses various types of books for their intended purposes**
Gazes at the pages of a book Brings book to adult to read	Hands teacher book and says, "Let's read Corduroy!"	Says, "I want to read this Dr. Seuss book today." Says, "Eric Carle wrote this book. He is the author."	Selects a nonfiction book about insects to identify the butterfly seen on the playground

Comments/Supports:

b. Uses print concepts

Shows understanding that text is meaningful and can be read	**Indicates where to start reading and the direction to follow**	**Shows awareness of various features of print: letters, words, spaces, upper- and lowercase letters, some punctuation**	**Matches a written word with a spoken word, but it may not be the actual written word; tracks print from the end of a line of text to the beginning of the next line**
Points to the words on the sign by the fish bowl and says, "Just one pinch!"	Points to beginning of text on the page when pretending to read and moves finger left to right as she continues down the page	Points to the word *hippopotamus* and says, "That's a long word." Says, "That means stop reading," as he points to a period at the end of a sentence	Touches each word on the page while reciting the words from *Brown Bear, Brown Bear, What Do You See?* Picks up finger and returns it to the beginning of the next line when pretend reading

Comments/Supports:

10. Comprehends and responds to books and other texts

a. Interacts during reading experiences, book conversations, and text reflections

Contributes particular language from the book at the appropriate time	**Asks and answers questions about the text; refers to pictures**	**Identifies story-related problems, events, and resolutions during conversations with an adult**	**Engages in teacher-led reading activities using emergent reader books and other simple texts; focuses on major characters, events, and information; describes relationships between text and illustrations; makes comparisons, inferences, and draws conclusions; identifies the author's supporting points**
Says, "You're not big enough," when teacher pauses in *The Grouchy Ladybug*	Responds, "He was mad. He threw his hat down."	When prompted, says "George got put in jail. He ran out the open door and got out."	Shared the illustration of Camilla looking like a pill from *A Bad Case of Stripes* and talks about what happened and why it's funny

Comments/Supports:

b. Uses emergent reading skills

Pretends to read a familiar book, treating each page as a separate unit; names and describes what is on each page, using pictures as cues	Pretends to read, using some of the language from the text; describes the action across pages, using pictures to order the events; may need prompts from adulty	Pretends to read, reciting language that closely matches the text on each page and using reading-like intonation	Tries to match oral language to words on page, points to words as he reads

Comments/Supports:

c. Retells stories and recounts details from informational texts

Retells some events or information from a familiar story or other text with close adult prompting	**Retells familiar stories and recounts details from a nonfiction text using pictures or props as prompts**	**Retells a familiar story and recounts an informational text in proper sequence, including major events and characters, as appropriate**	**Retells stories and recounts informational texts with many details about characters, events, ideas, and story lines**
Says, "The pig builds a house from it," when the teacher asks, "What does the first little pig do with the straw?" Then says, "The wolf blows it down," when the teacher asks, "What does the wolf do to the house?" After hearing the teacher read *Sam Helps Recycle*, says, "Sam got in the car to go to the recycle place."	Retells the basic events of T*he Three Little Pigs* using felt pieces on a felt board While recounting the story, looks at the photos in *Sam Helps Recycle* to remember the process of sorting bottles and cans	Retells *The Three Little Pigs*, starting with the pigs saying good-bye to their mother, remembering the correct order in which the pigs build their houses, and ending with the wolf climbing down the chimney and falling into the pot of hot water	Retells *The Three Little Pigs* and includes details about how the mother felt about her children leaving home, the pigs' personalities, and why building a house from bricks is better than building a house from straw or sticks

Comments/Supports:

11. Demonstrates writing skills

a. Writes name

Makes scribbles or marks	**Makes controlled linear scribbles**	**Writes mock letters or letter-like forms**	**Writes letter strings**	**Writes partially accurate first name**
Scribble writes deliberately Makes mark that appear to adults to be in random order	Scribbles lines, circles, or zigzags in rows Often repeats action and forms	Writes segments of letter forms, e.g., lines, curves May use too many segments to create a letter, e.g., five horizontal lines on the letter *E* May not orient letter segments correctly	Writes some letters correctly Writes letters in unconventional order	Writes all the letters of own name, although some may not be sequenced correctly Writes all the letters of own name, but some of the letters are not formed or oriented correctly

Comments/Supports:

b. Writes to convey ideas and information

Uses drawing, dictation, and scribbles or marks to convey a message	**Uses drawing, dictation, and controlled linear scribbles to convey a message**	**Uses drawing, dictation, and mock letters or letter forms to convey a message**	**Uses drawing, dictation, and letter strings to convey a message**	**Uses drawing, dictation, and early invented spelling to convey a message**
Scribble-writes deliberately Makes marks that appear to adults to be in random order	Scribbles lines, circles, or zigzags in rows Often repeats action and forms	Writes segments of letter forms, e.g., lines, curves May use too many segments to create a letter, e.g., five horizontal lines on the letter *E* May not orient letter segments correctly	Writes strings of letters Writes some letters correctly Writes letters in unconventional order Begins to separate groups of letters with spaces May copy environmental print	Uses first letter of word to represent whole word Writes initial and/or final sounds of a word to represent the whole word **Note: In Spanish, early invented spelling may consist primarily of vowels.*

Comments/Supports:

Western Illinois University

Little Learners Progress Report

Goal 1:
Comments:

Goal 2:
Comments:

Goal 3:
Comments:

Goal 4:
Comments:

Goal 5:
Comments:

Image 85 Little Learners Progress Report Template

Medical Internship Placement

Spring Semester 2025

Medical Setting:

Any medical setting that is NOT a school.

- Private practice, Early Intervention, hospital, home health, clinic, outpatient services
- Site cannot contract to a school.

The internship is for at least 8 weeks.

- 400 contact hours does not apply to this requirement.

Goal:

ALL medical sites are secured or with pending interviews by the end of May 2024.

Process:

Select Medical Sites:

- Students will submit a list of 10 medical sites by September 22nd.
    - In order of preference using the *Preferences Worksheet*

Secure Internship:

- The internship coordinator will work to secure placements in order of preference during late fall 2024/spring 2025.
- The student will be assigned to the first site that accepts the placement request.

When the Student is Accepted:

- The student will sign a contract with the internship coordinator agreeing to complete an internship at the confirmed site.

Preparation for the Student to begin:

- The internship coordinator will connect the supervisor and the student via email. The student is responsible to communicate with the supervisor regarding requirements and to complete/meet them. (e.g., immunizations, background checks)
- The student will complete the requirements requested by the site by the end of the Fall semester unless otherwise stipulated by the site (e.g., a background check must be done within 30 days, but placement begins in March).
    - *Each site has its requirements* for students to complete. Some students may have additional requirements to meet to secure the internship. These requirements can

be, but are not limited to a background check, seasonal flu shot, vaccination records, and/or PPE.

- Immunizations: Most sites request immunization records. Be prepared to share these with the contact person from the site.

Note:

- **SLPs change positions or have maternity leave. On rare occasions, the placement may be suspended due to staffing changes. In this event, a new placement may be scheduled if the original placement can no longer support the student.**

Medical Internship Placement Agreement

To: _____

From: Heidi Elbe, M.S. CCC/SLP, Medical Internship Coordinator

A tentative internship placement has been secured on your behalf at:

Site Name: _____

To begin on _____ and conclude on _____.

By signing below, I acknowledge that this internship placement is final pending mutual affiliation agreement between the hospital/SNF and Western Illinois University. I am responsible for obtaining all requirements requested by the site.

_____	_____
WIU Student	Date
_____	_____
WIU Internship Coordinator	Date

Image 88 Medical Internship Placement Agreement

Medical Internship Preferences

Student Name: _____

Student Email: _____

Preferred population/setting: _____

Choices: List your hospital choices in the order of preference with the contact information including names, phone numbers, E-mail, etc.

Facility/Location/Contact Information:	Contact Log:

Image 89 Medical Internship Preferences Page 1

Medical Internship Preferences

Facility/Location/Contact Information:	Comment/Additional Information:

Any additional information:

Image 90 Medical Internship Preferences Page 2

Medical

WESTERN ILLINOIS UNIVERSITY
SPEECH-LANGUAGE PATHOLOGY INTERNSHIP
RESPONSIBILITIES AND OBJECTIVES

Internship in Communication Disorders – Catalog Descriptor. Supervised applied experience in an occupationally related area in line with the students' career objectives and approved by faculty. A minimum of eight weeks will be required for this experience. *Prerequisites: Completion of required CSD coursework, no more than one C grade in CSD 587/588, and approval of faculty.*

Supervisor responsibilities:

- Supervisors must hold the ASHA Certificate of Clinical Competence (CCC) in Speech-Language Pathology, as a result, individuals cannot supervise during their Clinical Fellowship (CF) period.
- Supervisors must take time to acquaint the student with the protocols and procedures of the facility. This may include a formal induction period if deemed necessary by the facility in order to support proper and safe working practices.
- At least 25% of the therapy and diagnostic sessions conducted by students (including screenings) must be directly supervised.
- Supervisors must be able to verify the student's client contact hours via the web based CALIPSO system (please refer to the instructions for CALIPSO use). It is expected that these hours are authorized by the supervisor on a daily or weekly basis (depending upon site organization). The school internships are asked to provide a minimum of 150 clinical hours (this includes staffing hours, please refer to the school internship agreement for information on hours), and the medical internships are asked to provide a minimum of 100 clinical hours for the student throughout the duration of the placement.
- In the case of supervisor absence, students are not permitted to work on their own. An alternative plan may be developed that will allow the student to benefit from the work day. Please note that if this includes work with an alternative SLP who is not licensed or another professional, the student is not permitted to treat clients and hours cannot be counted as clinical hours. Students may be given the opportunity to make up hours at an appropriate point in time.
- Evaluation forms must be completed at midterm and at the end of the internship. These forms are accessible via CALIPSO. At midterm, goals should be set to help students attain their optimal skill development, based upon their formal evaluation. Supervisors are required to complete the clinical population information on the final evaluation on CALIPSO (patient population, multicultural and linguistic diversity), as this offers an indication of the nature of the clients attending the facility.
- All supervisors should make time available for regular meetings with students throughout the internship to inform the student of his or her internship performance, discuss clients and any relevant site specific topics. Written and verbal feedback is encouraged on an ongoing basis.

- Should supervisors have any concerns at any time, for whatever reason, they are expected to contact the Internship Coordinator immediately. Contact details are provided in the letter of introduction. In addition, the Internship Coordinator will be contacting the supervisor by email at the end of the second week and at the midterm and final point of the internship, in order to ensure all is well. Supervisors are asked to respond to these emails and report their satisfaction with student performance thus far.

Student Responsibilities:

- The student is expected to be proactive and engage in discussions related to clients, the facility, perceived limitations and concerns throughout the internship. The student is responsible for the promotion of their own learning while on internship.

- Client, supervisor and site confidentiality must be maintained at all times. Students are required to adhere to HIPAA guidelines at all times. Students are expected to adhere to the policies and procedures of the facility and the ASHA Code of Ethics without exception.

- Punctuality, proper attire, and adequate preparation are expected at all times. Students must be granted permission by the supervisor to leave at the end of the workday.

- All required clinical paperwork (including plans, notes, reports etc.) must be submitted according to the guidelines, protocols and deadlines specified by the site supervisor.

- The student will use CALIPSO to document all clinical hours on a daily or weekly basis and obtain approval of hours from their supervisor. Students are expected to support the supervisor in their use of CALIPSO if required. DO NOT WAIT until the end of the internship to enter hours!

- The student is required to complete and submit a site evaluation of their internship to the WIU Internship Coordinator upon completion of the internship. This evaluation form will be sent to the clinician via the Internship Coordinator.

- Absences must be approved by the onsite supervisor and reported to the WIU Internship Coordinator. Absences should be rare and only for good reason (for example, as a result of illness), which does not include vacation or going to interviews. Those should be scheduled at times that do not conflict with internship hours. Extension of the internship may be required to make up missed days.

- The student is required to contact the WIU Internship Coordinator via e-mail at the end of the first day of their internship and on a weekly basis thereafter. They are expected to inform the WIU instructor/internship coordinator of their successful arrival, progress and concerns throughout the duration of the internship. Students with any concerns, at any time, for whatever reason are expected to contact the WIU Internship Coordinator immediately.

Primary Objectives of the Internship:

- Students should have the opportunity to apply previously learned theory and knowledge to a variety of clients across the lifespan and to further develop and apply knowledge relating to specific client groups with whom they have had limited contact.

- Students should refine and further develop a variety of clinical techniques and skills with a diverse range of populations.

- Internships should afford the student a better understanding of the continuum of care and the subtle nuances of goal setting and service-delivery at various levels of functioning. This should include the efficient use of therapy and administration time, the coordination of services and interdisciplinary teamwork, resource and funding implications for client service delivery and state specific service requirements.

- To establish whether or not the student is Clinical Fellowship (CF) ready upon completion of the internship. The student must be deemed clinically competent in accordance with the ASHA Knowledge and Skills Acquisition standards in order to successfully complete the program (for further details please see: http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/).

The WIU Internship Coordinator will be available by phone or e-mail to respond to any concerns or questions raised during the internship. It is understood that the internship may be terminated at any time at the discretion of the site supervisor and/or the WIU instructor/internship coordinator. The reasons for termination of the internship must be supported by written documentation at the time of the termination.

Rev. 7/24

Student Acknowledgement of Responsibilities and Objectives of off-campus internships

My signature signifies that I have read the Responsibilities and Objectives information as well as the syllabus for CSD522/600 and will abide by all policies therein. This includes my knowledge of the attendance policy stated in the syllabi and that I will notify both the Internship Coordinator and the internship supervisor prior to absences at my placement. I understand that my placement could be in jeopardy if notice is not given or too many absences occur.

_____ _____

Clinician's Name Date

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

PARKING REGISTRATION

Western Illinois University requires that all vehicles parked on campus be registered with Parking Services. To make this process easier on the Speech-Language and Hearing Clients, our office will register your vehicle with Parking Services. Please provide the following information to make sure we are able to register your vehicle before the day of your appointment:

Name: _____

Email: _____

Phone Number: _____

License Plate Number: _____

License Plate State: _____

Vehicle Color: _____

Vehicle Make (ex. Ford, Toyota, Kia, etc.): _____

Vehicle Model (ex. F-150, Camry, Optima, etc.): _____

Vehicle Year: _____

If you have any questions or need to register a different vehicle for your appointment, please call our office at (309) 298-1955.

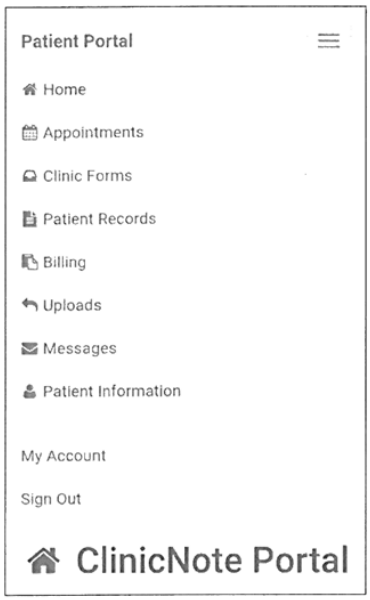
Image 95 Parking Registration

Patient Goals List

Patient Name:
Date:

Image 96 Patient Goals List Template

Clinic Note Patient Portal

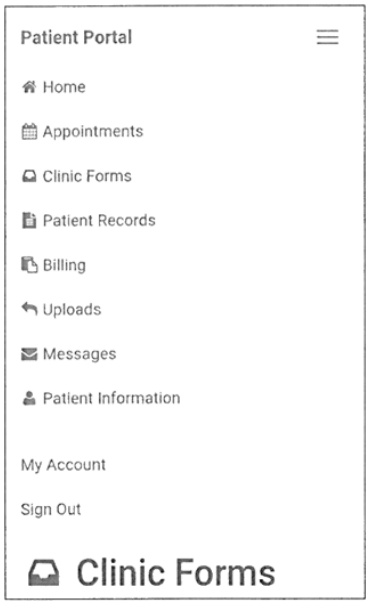


To log in to the patient portal, their username will be email address they have provided us. When logging in for the first time they will need to create a password.

Once the client has logged in, they will see this menu.

You can see that it presents different options for the clients to choose from. In this image, it is set at the HOME screen. The bottom of the page displays the HOME icon.

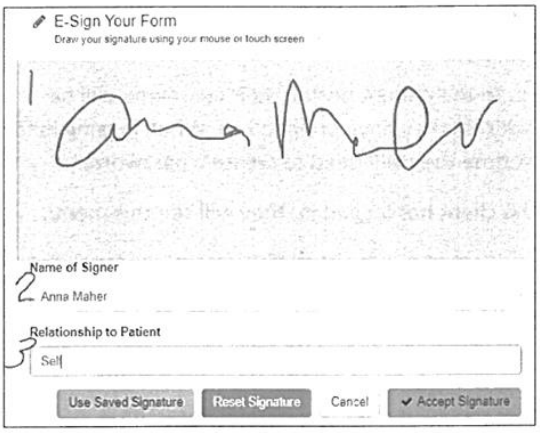
(Note that sample is as viewed on a smart phone. On a computer screen, it may look slightly different, but the menu options will be the same.)



When we ask the clients to fill out the forms in their portal, they will need to select CLINIC FORMS. Note that the information at the bottom now states that it is in the CLINIC FORMS.

They will need to scroll down to view the forms and will need to fill out each form, electronically signing and submitting them.

Image 97 Patient Portal Guide Page 1



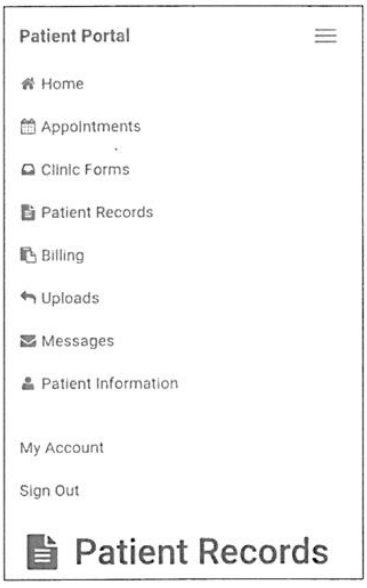
To E-Sign the document, they will need to do the following:

1. Draw in their signature
2. Type in the name of signer
3. Type in the relationship to patient
4. Select "Accept signature"
5. Select "Upload"

If they are still having trouble completing the forms, they may try the following troubleshooting tips:

1. Click "Reset Signature" then close out of the form. Open back up the form and try again.
2. Use Google Chrome as the browser.
3. Clear their browser Cache & Cookies.
4. Make sure their browser is up to date.
5. Remove browser extensions.

If they are still having issues, they may contact ClinicNote by emailing support@clinicnote.freshdesk.com



When we upload files to the portal for the clients to view, they will be available under the PATIENT RECORDS tab. This is where the campus map and driving directions are located.

When you want patients to see documents that you have uploaded, instruct them to go to this tab.

Just like the CLINIC FORMS, they will need to scroll down to view documents.

If you want them to upload a document to the file for you to view, they will do this through the UPLOADS tab.

Directions:

1. On this document, Click on FILE, then MAKE COPY.
2. Do NOT type on my original document. Only type on copies you have created.
3. Rename the document YOUR LAST NAME (ex: PIERSON)

**You can make your document private, so it is only visible to you and me, if you want!*

School Internship Request Form

Student Name	
Are you looking for an internship in the St. Louis Area?	Yes or No
Are you looking for an internship in Chicago or Chicagoland Suburbs	Yes or No If yes, please list suburb/surrounding areas:
Are you looking for an internship in Iowa?	Yes or No If yes, please list which AEA(s) you are interested in being assigned:
Preferred Location (Where you will be living DURING your internship)	State/Province: City/ Town:
Age Group Preferences	
If you have SPECIFIC requests, please indicate them below:	
First Choice District	Specific building preferences in this district:
Second Choice District	Specific building preferences in this district:
Third Choice District	Specific building preferences within this district:

Anything else you want me to know?

Image 99 School Internship Preferences

Date:
Name:
DOB:

SPEAK OUT!® Treatment Note

Session #:

Length of session: ___ minutes

	1	2	3	4	5	6	7	8	9	10	Cueing	Results
Produce spontaneous conversation at ____dB.											No cueing	
Warm up voice at ____dB.											0 min mod max	
Sustain "ah" for____seconds.											0 min mod max	
Sustain "ah" at ____dB.												
Produce vocal glides at ____dB.											0 min mod max	
Produce vocal glides with good, clear vocal quality (+/-).												
Recite numerical sequences at ____dB.											0 min mod max	
Read phrases/sentences/ paragraphs at ____dB.											0 min mod max	
Complete simple/complex cognitive-linguistic tasks (workbook) **at ____dB.**											0 min mod max	
Complete simple/complex cognitive-linguistic tasks (tx calendar) **at ____dB.**											0 min mod max	

Plan: ( ) progress per treatment plan ( ) update:

Home Exercise Program: ( ) complete ( ) incomplete:

Comments:

Image 100 Speak Out! PVP Daily Treatment Form Template

SPEAK OUT!® TREATMENT NOTES

Name
N/A

Date
mm/dd/yyyy

Session ____ of ____
N/A

N/A

Appointment Type
N/A

Attendees:
N/A

Speaking with intent (No cues - spontaneous conversation)
N/A

HEP
N/A

Best cue for intent
N/A

CP trained on best cue?
N/A

Demonstrates independently?

Warm-up	Ah	Glide	Counting	Reading	Cognitive
N/A	N/A	N/A	N/A	N/A	N/A

Notes
N/A

Progress
N/A

INITIAL SPEECH EVALUATION

Date: *N/A*

Name: *N/A*

DOB: *N/A*

Diagnosis: *N/A*

Date of Diagnosis: *N/A*

SUBJECTIVE:

Chief Complaint (patient/family): *N/A*

N/A

Patient's primary goal for therapy:

N/A

SWALLOWING DESCRIPTION:

N/A

N/A

Additional Info:

N/A

SWALLOWING HISTORY:

Pneumonia or bronchitis within past year? *N/A*

Current diet: *N/A*

Previous MBSS? *N/A*

COGNITIVE:

N/A

N/A

ORAL PERIPHERAL:

N/A

N/A

BASELINE EVALUATION OF SPEECH:

Average Vocal Intensity

Conversation: __dB

Paragraph reading: __dB

Sustained phonation on /a/: __dB

Impairments observed: *N/A*

N/A

SPEAK OUT!® STIMULABILITY TESTING:

Average Vocal Intensity with Cueing for "Intent"

Phrase reading: __dB

Sustained phonation on /a/: __dB __sec

The following improvements were noted: *N/A*

Image 102 Speak Out! Initial Evaluation Template Page 1

N/A

Patient response to using "intent":

N/A

IMPRESSIONS:

Dysarthria type:

N/A

Dysarthria severity:

N/A

Characterized by: *N/A*

N/A

Prognosis for improvement:

N/A

RECOMMENDATIONS:

N/A

LONG TERM GOAL:

Produce spontaneous conversation while using intent independently or with appropriate supports.

SHORT TERM GOALS:

1. Coordinate vocal and articulatory subsystems in hierarchical speech tasks by producing sounds with intention with 0 / min / mod / max assistance.

2. Read phrases, sentences, and paragraphs with intention, yielding improved vocal quality, loudness, articulatory precision, and endurance while maintaining a minimum of _____ dB with 0 / min / mod / max assistance.

2. Read phrases, sentences, and paragraphs with intention, yielding improved vocal quality, loudness, articulatory precision, and endurance while maintaining a minimum of _____ dB with 0 / min / mod / max assistance.

3. Generalize intentional speech to cognitive-linguistic exercises and conversational speech with improved vocal quality, loudness, articulatory precision, and endurance while maintaining a minimum of _____ dB with 0 / min / mod / max assistance.

3. Generalize intentional speech to cognitive-linguistic exercises and conversational speech with improved vocal quality, loudness, articulatory precision, and endurance while maintaining a minimum of _____ dB with 0 / min / mod / max assistance.

4. Establish a home exercise program independently or with appropriate supports.

4. Establish a home exercise program independently or with appropriate supports.

Patient / family was informed of the results and was / was not in agreement with the recommendations.

Patient / family was informed of the results and was / was not in agreement with the recommendations.

Additional Information:

N/A

Image 103 Speak Out! Initial Evaluation Template Page 2

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Adult Case History Form

Patient Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: ___ Zip: _____

Phone: _____ Email: _____

Occupation: _____

Primary Care Physician: _____ Phone: _____

Referral source: _____

Background Information:

Please describe your speech, language, and swallowing concern:

_____

_____

_____

When did you first notice the concern?

_____

_____

Has the problem changed since it was first noticed?

_____

_____

Have you ever seen a specialist/therapist regarding these difficulties? If yes, who and when? What were their conclusions/recommendations?

_____

_____

_____

_____

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Medical History:

Please check all that apply. Please provide the dates where applicable

▫ Heart attack	▫ Cancer
▫ Heart issues	▫ Bronchitis
▫Hypertension	▫ COPD
▫ Diabetes	▫ Sinusitis
▫ Stroke	▫ Asthma
▫ Laryngitis	▫ Thyroid issues
▫ Acid reflux	▫ Hearing loss
▫ Meningitis	▫ Voice issues
▫ Head injury	▫ Vocal polyps or nodules
▫ Neurological conditions	▫ Pneumonia
▫ Allergies	▫ Seizures

Please list any current medications you are taking. In addition, please provide the approximate times you consume these medications (e.g., morning, noon, night).

_____

_____

_____

_____

_____

_____

Family/Social History:

Describe current or past occupation/employer.

_____

Highest grade, diploma, or degree earned.

_____

Image 104 Speech Case History Form Adult Page 1

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Please describe your current living situation, including who you live with and the setting (e.g., home, apartment, assisted living facility) in which you live.

List any children (names, gender, and ages).

Is there any family history of speech, language, or medical issues?

Speech/Language History

Do you have difficulty expressing your wants and needs? If yes, please explain.

Do others find you difficult to understand? If yes, please explain.

Do you find it hard to understand others? If yes, please explain.

Do you feel you have short-term and/or long-term memory difficulties? If yes, please explain.

Do you have difficulty with word-finding (i.e. remembering the names of objects and/or people)? If yes, explain.

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Do you have difficulty with reading or writing? If yes, please explain.

Do you find it difficult to make decisions (e.g., planning, managing finances, etc.)?If yes, please explain.

Do you have a hard time focusing on tasks (e.g., listening to conversations, focusing on the weather forecast, etc.)? If yes, please explain.

Have there been any changes to your voice (i.e. hoarse, breathy, loss of volume)? If yes, please explain.

Swallowing History

Please indicate if you experience any of the following while eating/drinking

- ☐ Coughing
- ☐ Choking
- ☐ Drooling
- ☐ Increased meal times
- ☐ Difficulty chewing
- ☐ Difficulty swallowing solids
- ☐ Difficulty swallowing liquids
- ☐ Difficulty clearing food/liquid from the mouth

Are you currently on a modified food and/or liquid diet? If yes, please explain.

Do you currently wear dentures? Indicate full or partial. _____

Additional Information:

If recommended, what do you hope to get out of speech-language therapy?

Image 105 Speech Case History Form Adult Page 2

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Please provide any additional information that may be helpful to the evaluation/treatment process.

_____

_____

_____

_____

Individual Completing Form: _____

Relationship to Patient: _____

Signed: _____ Date: _____

Western Illinois University
Speech Pathology & Audiology Department

Pediatric Case History Form

General Information:

Child's First and Last Names: _____ Child's Date of birth:_____

Address: _____ Phone: _____

City: _____State:_____ Zip: _____

Email: _____

Does the child live with both parents? _____

Parent/Guardian Name: _____Age: _____

Parent/Guardian's Occupation: _____Business Phone:_____

Parent/Guardian's Name: _____Age: _____

Parent/Guardian's Occupation: _____Business Phone: _____

Pediatrician: _____ Phone: _____

Address: _____

Referred By: _____ Phone: _____

Brothers and Sisters (include names and ages):

_____

_____

With whom does he/she spend most of his/her time?

What is the child's primary language? What languages are spoken in the home?

Medical History

Please list any current medical diagnoses:

Does your child currently take any medications? If yes, please specify:

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

Asthma_____ Ear Infections_____

Frequent Colds_____ PE Tubes _____

Meningitis_____ Seizures_____

Encephalitis_____ Tonsillitis_____

High Fever_____ Chicken Pox_____

Croup_____ Pneumonia_____

Allergies:_____

Developmental/Motor History

Check which is applicable: This is our _____biological ___foster ____adopted child

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

Crawl_____ Sit_____ Stand_____

Walk_____ Feed self_____ Dress self_____

Use toilet_____

How does your child respond to sound? (Check all that apply)
__ Turns head toward sound __Inconsistently responds to sound
__ Responds to name

Are there or have there ever been any feeding problems (e.g., problems with sucking, frequent choking on food or liquids, drooling, etc.)? If yes, please describe.

Do the physical needs of the child require any special support or equipment? If so, please describe (wheelchairs, hearing aids, glasses, etc.)

Statement of the Problem

Please describe your child's speech and language problem:

List any other concerns you have regarding your child's development:

Speech, Language, and Hearing Development

Your child currently communicates using (check all that apply):

- ❑ body language
- ❑ sounds (vowels, grunting)
- ❑ words (show, doggy, up)
- ❑ 2 to 4 word sentences
- ❑ sentences longer than four words
- ❑ other_____

How well can he/she be understood by the following individuals? (Indicate "A" for all the time; "S" for some of the time; or "R" for rarely)

_____Parents_____ Siblings _____ Teachers _____ Friends _____ Strangers

Does the child hesitate, 'get stuck,' or repeat sounds or words? ____Yes _____No

Does your child:

- ❑ Repeat sounds, words, or phrases over and over?
- ❑ Understand what you are saying?
- ❑ Retrieve/point to common objects upon request (get the ball, shoe, cup)
- ❑ Follow simple directions (shut the door, get your shoes)
- ❑ Respond correctly to yes/no questions?
- ❑ Respond correctly to who/what/when/where questions?

Has the child been evaluated and/or treated by another speech-language pathologist? Who and when? What were their conclusions and/or suggestions?

Social/Behavioral History

Behavioral Characteristics:

- ❑ cooperative
- ❑ attentive
- ❑ willing to try new activities
- ❑ prefers to play alone
- ❑ separation difficulties
- ❑ easily frustrated
- ❑ poor eye contact
- ❑ self-abusive behavior
- ❑ other_____

Does the child attend? Daycare _____ Preschool_____ Kindergarten _____

Additional Comments:

Electronics/Technology Use:

How often does your child use/interact with technology (e.g. iPad, tablet, phone, computer, TV:

- ❑ 0 hours
- ❑ 1 hour
- ❑ 2 hours
- ❑ 3 hours
- ❑ 4 hours
- ❑ 5+ hours

How does your child interact with their technology (e.g., watching movies, YouTube videos, listening to music)?

Person completing form: _____

Relationship to child: _____

Signed: _____ Date: _____

Thank you!

Western Illinois University
Speech Pathology & Audiology Department
Memorial Hall #230A
(309)-298-1955
spa@wiu.edu

Image 108 Speech Case History Form Pediatric Page 2

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

School Case History Form

General Information

Child's Name: _____ Date of Birth: _____ Age: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Does the child live with both parents? _____

Parent/Guardian's Name: _____ Age: _____

Parent/Guardian's Occupation: _____ Business Phone: _____

Parent/Guardian's Name: _____ Age: _____

Parent/Guardian's Occupation: _____ Business Phone: _____

Pediatrician: _____ Phone: _____

Address: _____

Referred By: _____ Referral Phone: _____

Brothers and Sisters (include names and ages): -

What is the child's primary language? What languages are spoken in the home?

With whom does he/she spend most of his/her time?

Medical History

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

Influenza_____	Encephalitis_____	Measles_____
Asthma_____	Tonsillitis_____	Ear Infections_____
Dizziness_____	Chicken Pox_____	Pneumonia_____
Seizures_____	Tongue Tie_____	PE Tubes_____

Allergies (a snack will be offered so please be specific):

Statement of the Problem

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

Is the child aware of the problem? If yes, how does he or she feel about it?

List any other concerns you have regarding your child's development:

What do you hope to get out of this evaluation?

If recommended, what do you hope to get out of speech-language therapy?

Speech, Language, and Hearing Development

(Check all that apply)

- ❑ Responds to his/her name
- ❑ Makes choices
- ❑ Follows basic commands
- ❑ Communicates basic want/needs
- ❑ Name objects/items
- ❑ Requests items
- ❑ Requests items politely
- ❑ Requests help
- ❑ Able to state their own information (name, parent's name, birthday)
- ❑ Interacts with others
- ❑ Interacts with others in a polite manner (greetings, thank you, etc.)
- ❑ Initiates conversations
- ❑ Takes responsibility (compared to blaming others)
- ❑ Asks questions to gain more information ("why?")
- ❑ Role plays as/with different characters
- ❑ Role plays with props (i.e., banana is a phone)
- ❑ Expresses humor/sarcasm
- ❑ Identifies sounds & letters

Comments:

Image 109 Speech Case History Form School Age Page 1

How well can he/she be understood by the following individuals? (Indicate "a" for all the time; "M" for most of the time; "S" for some of the time; or "R" for rarely)

____Parents ____ Siblings _____ Teachers ____ Friends ____ Strangers

Has the child been evaluated and/or treated by another speech-language pathologist? Who and when? What were their conclusions and/or suggestions?

Social/Behavioral History

How does the child interact with others (e.g., appropriate, aggressive, uncooperative, etc.)?

Does the child have any difficulty with controlling emotions or their behavior? If so, please describe?

Are there any specific techniques or behavioral plans that are successful for the child during these situations?

Educational History (if applicable)

Does the child attend?

Daycare ____ Kindergarten ____ Junior High ____

Preschool____ Grade School____ Senior High ____

School: _____ Grade: _____

Teacher(s):_____

In school, does he/she do: average____ below average ____ above average ____

Does the child display any behavioral or attention issues at school?

What are your impressions of the child's learning abilities?

Does the child receive special services? If yes, describe (ST, OT, PT, Social Worker, etc.).

If enrolled for special education services, has an Individualized Educational Plan (IEP) been developed? If yes, please attach a copy. _____ No _____Yes (please attach a copy of the IEP)

Does the child have a formal diagnosis? _____ No _____ Yes

If yes, what is it? When was it made and by whom?

Electronics/Technology Use

How often does your child use/interact with technology (e.g. iPad, tablet, phone, computer, TV, etc.)

❑ 0 hours ❑ 2 hours ❑ 4 hours

❑ 1 hour ❑ 3 hours ❑ 5+ hours

How does your child interact with their technology (e.g., watching movies, YouTube videos, listening to music)?

Person completing form: _____

Relationship to child: _____

Signed: _____ Date: _____

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Fall Speech Registration

September 3, 2024 – November 21, 2024

No clinic on Nov. 5

Speech-Language & Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
PH: 309-298-1955
FX: 309-298-2049

Client Name: _____ Age: _____ Date of Birth: _____

Person Completing this Form: _____ Relationship to client: _____

Phone Number: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Has this client had speech services with us before? O Yes. When? _____ O No

Clients will need to provide a recent speech-language evaluation or a current IEP before speech services can be offered:
O Yes, I understand O No, I do not understand

If you do not have a current IEP or Speech Evaluation are you interested in scheduling an evaluation with us? O Yes O No

What are the concerns for this client? _____

Individual Therapy

Adults (18+ only): O **In Person** O **Teletherapy**

Mondays & Wednesdays:	O 11AM	O 12PM	O 1 pm	O 2 pm
	O 3 PM	O 4 PM		
Tuesdays & Thursdays:	O 11 AM	O 12 PM	O 1 PM	O 2 pm

Children (Birth to 17): O **In Person** O **Teletherapy (Only offered for ages 4+)**

* Children ages 4 and under will only be scheduled for 30-minute sessions.

Mondays & Wednesdays:	O 8 AM	O 9 AM	O 10 AM	O 11 AM	O 12 PM
	O 1 PM	O 2 PM	O 3 PM	O 4 PM	
Tuesdays & Thursdays:	O 8:30 AM	O 9 AM	O 10 AM	O 11 AM	O 12 PM
	O 2 PM	O 3 PM	O 4 PM		

Group Therapy (In Person Only)

Speech Sprouts Group (Ages up to 4): Designed for children & their caregivers. It incorporates language, movement, & music.

O Mondays: 8:15 – 8:45 AM
O Wednesdays: 8:15 – 8:45 AM
O Tuesdays: 4:30 -5:15 pm
O Thursdays: 4:30 -5:15 pm

Little Learners Group (Ages 3 & 4): Designed to focus on the development of language, social-emotional & pre-literacy skills.

O Tuesdays & Thursdays: 9:00 AM - 11:00 AM

Executive Function Group (Ages 10 through 15): Designed to improve attention, memory, planning, & organizational skills.

O Mondays & Wednesdays: 3:30 PM - 4:20 PM

Clients are scheduled on a first come, first serve basis. Once registration is full, clients will be added to the waiting list and will be contacted if spots become available. If you are scheduled for specific days and times based on this form and they no longer work for your schedule, you will be moved back to the waiting list until something comes available. Due to limited availability of clinicians and supervisors, days and times are not guaranteed and clients may be placed in groups if deemed appropriate by the Clinic Coordinator.

O I have read and understand.

Signed: _____ Date: _____

Registration Forms must be turned in to Jennifer at the Speech Language & Hearing Clinic front office.
You may email completed forms to JJ-Howard3@wiu.edu or fax them to 309-298-1955.

Image 111 Speech Registration Form

Speech Therapy Progress Report

Name:
Date of Birth:
Age:
Diagnosis:
Therapist:
Date of Report:
Reporting Period:

Pertinent Background Information: NAME was referred to Western Illinois University and subsequently diagnosed with and has been receiving treatment at Western Illinois University since Not seen yet

PRESENT THERAPY:

QUANTITATIVE TRACKER COMMENTS:

Quantitative Tracker Comments

RECOMMENDATION: It is recommended that NAME should continue individual speech and language treatment 0 times a Week over the time period to . The following goals are suggested for the next reporting period:

Image 112 Speech Therapy Semester Progress Report

Summer Documentation

Name:
Student Clinician:
Session Day/Time:
Goals and Objectives:

Initial Evaluation:

Goals and Objectives:

Date:	*Individual / Group*	*Total Minutes Provided*	*Data (include Goal(s) Targeted)*	*Comments*

Summary of Progress:

Image 113 Speech Summer Documentation Template

Western Illinois University

Speech-Language-Swallowing Discharge Report

Name: **Room #:**

Date of Birth: **Physician:**

SOC Date: **Location:**

Primary Diagnosis: **Student Clinician:**

Treatment Diagnosis:

COURSE OF TREATMENT

CURRENT LEVEL

LTG 1:
- **STG 1:**
- **STG 2:**

LTG 2:
- **STG 1:**
- **STG 2:**

LTG 3:
- **STG 1:**
- **STG 2:**

RECOMMENDATIONS

Image 114 Speech Swallowing Discharge Report Template

Western Illinois University

Speech-Language-Swallowing Evaluation/POC

Name:	**Room #:**
Date of Birth:	**Physician:**
SOC Date:	**Location:**
Primary Diagnosis:	**Student Clinician:**
Treatment Diagnosis:	**Date of Onset:**

HISTORY/SUBJECTIVE/LEVEL OF FUNCTION

ASSESSMENT

Observations

Swallowing

Speech

Cognition

Language

Voice

Fluency

SUMMARY AND RECOMMENDATIONS

LTG 1:
- **STG 1:**
- **STG 2:**

LTG 2:
- **STG 1:**
- **STG 2:**

LTG 3:
- **STG 1:**
- **STG 2:**

Image 115 Speech Swallowing Evaluation and Plan of Care Template

Western Illinois University

Speech-Language-Swallowing Re-Certification Note

Name: **Room #:**

Physician: **Date of Birth:**

Location: **SOC Date:**

Primary Diagnosis: **Re-certification Date:**

Treatment Diagnosis: **Student Clinician:**

COURSE OF TREATMENT

CURRENT LEVEL

LTG 1:
- **STG 1:**
- **STG 2:**

LTG 2:
- **STG 1:**
- **STG 2:**

LTG 3:
- **STG 1:**
- **STG 2:**

RECOMMENDATIONS

UPDATED POC

LTG 1:
- **STG 1:**
- **STG 2:**

LTG 2:
- **STG 1:**
- **STG 2:**

LTG 3:
- **STG 1:**
- **STG 2:**

Image 116 Speech Swallowing Recertification Note Template

Western Illinois University

Speech-Language-Swallowing Recommendations

Name:	**Room #:**
Date of Birth:	**Physician:**
SOC Date:	**Location:**
Primary Diagnosis:	**Student Clinician:**
Treatment Diagnosis:	

RECOMMENDATIONS

Image 117 Speech Swallowing Recommendations Template

Western Illinois University
SPEECH PATHOLOGY & AUDIOLOGY

Speech-Language-Hearing Clinic
Memorial Hall 230A
Macomb, IL 61455
309-298-1955

Teletherapy HIPAA, ZOOM, Video/Audio Recording Consents

The American Speech-Language-Hearing Association (ASHA) defines telepractice (the act of providing Telehealth services) as "the application of telecommunications technology to delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation". The clinician and the client would join a computer based session at the designated therapy time and would work on the same materials as in the office.

We term this "teletherapy". This service delivery model is supported through the Illinois licensing board and ASHA. Please complete this entire form which is valid for one (1) year from the date of signature.

Full name of the client:_____

Date of Birth:_____

Email Address:_____

Confidentiality Agreement:
Western Illinois University (WIU) faculty, staff, students, and observers are not to disclose any confidential information that they might be exposed to as a result of their duties in the WIU Speech-Language-Hearing Clinic. This also applies to clients attending the clinic on-campus and via teletherapy and their caregivers as well. Clients of the Speech-Language- Hearing Clinic have privacy rights and the clinic abides by confidentiality and the Health Insurance Portability and Accountability Act (HIPAA) policies and procedures. Disclosure to anyone of any confidential information may be cause for disciplinary action. Confidential information includes, but is not limited to: Demographic information, Medical diagnoses, Specific healthcare providers, Results of evaluations and/or diagnoses, Treatment information (e.g., lesson plans, treatment plans, SOAP notes). WIU Speech-Language Clinic will obtain a written authorization from an individual to use or disclose protected health information and be on file for 6 years.

○ I understand

Video/Audio Consent:
The Speech-Language-Hearing Clinic at WIU has the primary purpose of training students who wish to become speech-language pathologists and audiologists. The clinic respects the right of privacy of the clients and will treat sessions and information regarding clients as confidential. IMPORTANT! In order for our clinicians to perform therapy with you/your child you must consent to video and audio

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recordings by the student clinician and faculty supervisors. These recordings will only be utilized to review sessions and complete further evaluation if needed.

○ I agree

○ I disagree and do not wish to have myself and/or loved one participate in teletherapy services.

Zoom Consent:
I understand that I am responsible for (1) providing the necessary equipment and internet access for my/my child's teletherapy sessions, (2) the information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my/my child's teletherapy session. Teletherapy has been determined as an appropriate service delivery model for this client; however, the assigned clinician/supervisor might ask that an adult facilitator be present in the room for assisting with technical difficulties, or keeping a child on task.

○ I have read and understand

Zoom:
WIU is currently using Zoom for teletherapy services with password access. While Zoom is HIPAA compliant, any internet-based communication is not 100% guaranteed to be secure/confidential. I understand that there are risks and consequences from teletherapy/video observation, including, but not limited to, the possibility, despite reasonable efforts on the part of WIU that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my/my child's medical information could be accessed by unauthorized persons. Please note that this documentation will be recorded into individual's electronic medical records file on the ClinicNote platform.

○ I have read and understand

_____
Name of the person completing this form

_____ _____
Signature of the person completing this form Date

Affiliation:

○ Client ○ Parent ○ Guardian

Image 119 Teletherapy Consent Form Page 2

Teletherapy Documentation

Name:
Student Clinician:
Session Day/Time:
Goals and Objectives:

Initial Evaluation:

Goals and Objectives:

Date:	*Individual / Group*	*Total Minutes Provided*	*Data (include Goal(s) Targeted)*	*Comments*

Summary of Progress:

Image 120 Teletherapy Documentation Template

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309-298-1955

WIU Department of Speech and Audiology
Speech-Language Hearing Clinic

Video, Audio, and Photographic Recording Consent (Child/Adult) and Clinic Policies

The Speech-Language-Hearing Clinic at Western Illinois University (WIU) has the primary purpose of training students who wish to become speech-language pathologists and audiologists. The clinic respects the right of privacy of the clients and will treat sessions and information regarding clients as confidential. Please complete this entire form, which is valid for one (1) year from the date of signature.

IMPORTANT! For our clinicians to perform therapy all clients must consent to video and audio recordings by student clinicians and faculty supervisors. You may choose not to consent to the other options below.

By student clinicians and faculty supervisors working with you, your child, your spouse, etc.

O Yes

Department of Speech Pathology and Audiology supervisors and instructors for the purpose of student learning:

O Yes O No

Department of Speech Pathology and Audiology Courses for the purpose of student learning:

O Yes O No

Research purposes (no personal identifiable information included)

O Yes O No

Professional or Academic presentations/conferences (no personal identifiable information included)

O Yes O No

Published or professional journal (no personal identifiable information included)

O Yes O No

Web sites (ex. Clinic or department website)

O Yes O No

Department marketing materials (ex. Clinic brochure)

O Yes O No

WIU is currently using Zoom for teletherapy services to support student learning. While Zoom is HIPAA compliant, any internet-based communication is not 100% guaranteed to be secure/confidential. WIU shall not be held responsible if any outside party gains access to Zoom's personal or confidential information by bypassing their security measures.

O **I have read and understand**

In Person Student Observations: Undergraduate students are required to observe a number of therapy sessions. By agreeing, you are stating that it is okay for undergraduate students to observe the therapy session of you, your child, your spouse, etc. in-person.

O Agree O Disagree

Image 122 Video, Audio, and Photographic Recording Consent and Clinic Policies Form Page 1

Virtual Student Observations: By agreeing below, you are stating that is okay for undergraduate students to observe the therapy session of you, your child, your spouse, etc. via Zoom with restricted access from their home environment following HIPAA guidelines (observe independently, no other individuals can hear or see the screen, students will not communicate about the session, etc.)

O Agree O Disagree

I understand that there are risks and consequences from teletherapy/video observation, including, but not limited to, the possibility, despite reasonable efforts on the part of WIU that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

Please note that documentation will be recorded into individual's electronic medical records file on the ClinicNote platform.

O **I have read and understand**

Illness Policy

Should the client have Chicken Pox, Strep, Covid, the flu or flu-like symptoms (fever, vomiting, and/ or diarrhea), or other illness within the past 24 hours, the client or their caregiver agrees to call the clinic and cancel their appointment.

If the client or caregiver has lice or it is found during a therapy session, clients/ caregivers must notify the clinic to cancel their appointment and must agree to provide scalp treatment before returning for services.

O **I have read and understand**

Cancelation Policy

Please remember that as a client of our fee-free clinic, you have agreed to abide by our cancellation policies.

We understand that unexpected situations come up and cannot be avoided or other appointments have to be made. Our undergraduate and graduate clinicians have planned and prepared each session to ensure therapy is successful. If you are unable to make your session, please notify the student clinician and licensed supervisor at 309-298-1955. Clients who arrive more than 15 minutes late will have their session cancelled due to our late arrival and cancellation policies.

After three incidents of excessive tardiness (over 15 minutes), and/or no call/no show for your appointment, you will be removed from our program and will not be allowed to attend in the future.

O **I have read and understand**

_____

Name of the person completing this form

_____ _____

Signature of the person completing this form Date

Affiliation:

O Client
O Parent
O Guardian