REQUIREMENTS AND PROCEDURES FOR CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY

COMMUNICATION SCIENCES PROGRAM
DEPARTMENT OF PSYCHOLOGICAL SCIENCES

2023 – 2025

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Section 1: ACADEMIC REQUIREMENTS

Graduate programs leading to the Master of Arts or a Doctorate of Philosophy in Communication Disorders (speech- language pathology) are offered.

Philosophy and Objectives

The graduate program in speech-language pathology is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language and Hearing Association (ASHA). The program is affiliated with the Cleveland Hearing and Speech Center (CHSC), one of the largest centers serving children and adults with communication disorders. The Cleveland Hearing & Speech Center is a CARF accredited facility.

The program's philosophy and objective is to educate highly competent clinical practitioners and researchers in speech and language disorders. The intent is to educate all students to embody the best of the clinician's and researcher's rigorous approach to problem solving and intuitive, artful skills.

Case Western Reserve University aspires to be an inclusive environment, believing that the creative energy and variety of insights that result from diversity are a vital component of the intellectual rigor and social fabric of the university.

As a scholarly community, Case Western Reserve is inclusive of people of all racial, ethnic, cultural, socioeconomic, national and international backgrounds, welcoming diversity of thought, pedagogy, religion, age, sexual orientation, gender identity/expression, political affiliation and disability.

We believe in a culture of inclusion that encourages relationships and interactions among people of different backgrounds, a culture that enhances human dignity, actively diminishes prejudice and discrimination and improves the quality of life for everyone in our community.

Orientation

Classes typically begin the first Monday of the last week in August. The program holds an orientation session on **the Thursday or Friday during the third week in August**. Please mark these dates on your calendar, as you are required to attend. The orientation session will address advising and registration, as well as various topics including professional responsibilities, educational support services, stress & time management and library resources. In addition, you will have an opportunity to interact with our faculty, staff, and current students. The department will provide breakfast and lunch. Please bring a valid photo ID with you to the department orientation in the form of a Driver’s License.

MASTER OF ARTS - GENERAL REQUIREMENTS

Our philosophy is to develop highly competent clinical practitioners. The intent is to educate students to embody the best of the clinician's rigorous approach to problem solving using the scientific method. The academic program provides a broadly-based fund of knowledge in communication sciences and disorders, with emphasis on a processing framework that helps the students analyze and synthesize information.

Mission

To educate students to become highly competent clinician researchers in the field of speech language pathology who contribute to their community. Our model future clinician demonstrates intellectual curiosity, cultural humility, integrity, high ethical standards, consistent professionalism, and the ability to evolve as an innovator in the future.

Programmatic Outcomes: 1. Students will successfully complete the graduate degree program as evidenced by completing coursework and clinical (experiences) in the areas of: Articulation, fluency, voice and resonance, receptive and expressive language, hearing, swallowing, cognitive aspects of communication, social aspects of communication and augmentative and alternative communication modalities. 2. Students will meet the educational and clinical credentialing requirements for licensure by the Ohio Board of Speech Language Pathology and Audiology. 3. Students will be eligible to take the PRAXIS examination and begin the speech language pathology clinical fellowship required for ASHA certification. 4. Students will be prepared for employment in a variety of professional environments including: educational/developmental programs, clinics, medical and research. They will be prepared by successful completion of academic/clinical requirements and by demonstration of ethical and professional conduct. 5. Students will demonstrate understanding of applied research as demonstrated in clinical and academic coursework.

The M.A. program is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association (ASHA). Upon completion of the master's degree program, graduates will meet the academic and clinical requirements for the Certificate of Clinical Competence in speech-language pathology from ASHA and the Ohio Board of Speech-Language Pathology and Audiology.

Students are required to complete a minimum of 44 credit hours of graduate coursework and 375 clock hours of supervised clinical practicum. Students must maintain a 3.0 GPA. In addition, they must satisfactorily pass written and oral examinations, in the form of a meta-analysis research project, or complete a master's thesis. Students who select the thesis option must enroll in six hours of thesis credit and pass an oral defense of their thesis.

An individual plan of study is designed with each student, based on their undergraduate background and professional goals.

Requirements and Procedures for Graduate Study (M.A.) in Speech-Language Pathology

1. General Requirements:
2. Admission to the School of Graduate Studies requires an application for admission, three letters of reference, and transcripts from all universities or colleges previously attended.
    a. See the Case General Bulletin.
    b. See the Graduate Studies website.
    c. See the departmental website.
    d. This coursework must be completed prior to matriculation: Phonetics, Language Development, Speech & Hearing Science, Anatomy & Physiology of the Speech & Hearing Mechanism, Introduction to Clinical Practice in Speech Language Pathology.
3. Students are responsible for observing the University's "Academic Regulations" for graduate study as printed in the Case General Bulletin, as well as the program requirements and procedures as outlined in this document. Students have the right to petition in writing for exceptions to these regulations and requirements. In such cases, students should consult their advisors.
4. Any deviations from program graduate coursework need written approval from the advisor and the Department Chair. The student will petition in writing the requested change and secure the signatures of the advisor and the chair as documentation of approval. If the request involves a required course, the request also must go to the Dean of Graduate Studies

*The Master of Arts (M.A.) in Speech-Language Pathology program {residential} at Case Western Reserve University is accredited by the **Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA)** of the American Speech-Language-Hearing Association, 2200 Research Boulevard #310, Rockville, Maryland 20850, 800-498-2071 or 301-296-5700.*

STUDENT COMMITMENT FOR RESEARCH ACTIVITY HOURS

As part of the graduation requirement for an M.A. in SLP, all COSI M.A. students are expected to assist with research and/or service activities in a research laboratory and/or the program, respectively. By the second week of the start of the graduate program, students should contact a faculty member and make arrangements for joining their research laboratory. Students are assigned their research/service obligations by their research advisor. For students who choose the meta-analysis project, 10 hours of required research activity will be devoted toward the selection of the meta-analysis research topic in the fall semester.

- Non-IGS M.A. students are required to complete 100 hours of research/service activity during their program of study. Up to 20 hours may be devoted toward service.
- IGS students are required to complete 50 hours of research/service activity during their program of study. Up to 10 hours may be devoted toward service.
- This is a program requirement; therefore, students may not be paid until the required hours are met.

Generally, these hours are completed during the first year in the program but are not restricted to the first year. It has been convention that students complete this requirement by assisting in research/service activities for 3-4 hours/week during the first two semesters of the graduate program; however, the distribution is flexible and should be arranged on an individual basis with the faculty supervisor.

STUDENT COMMITMENT FORM FOR RESEARCH ACTIVITY HOURS

This student commitment form for research activity hours, a requirement of all students enrolled in the graduate M.A. SLP program at CWRU, is made effective as of _____, 20__, by and between _____ and Professor _____.

1. **Description of services**. Non-IGS M.A. students are required to complete 100 hours of research activity during their program of study. IGS students are required to complete 50 hours of research activity during their program of study.
2. **Graduation requirement fulfillment**. Once all hours are completed, this requirement for graduation is fulfilled.
3. **Term**. This research requirement will terminate upon the above stated student's graduation date.

By signing this commitment form, I, _____, attest that I am aware of the above requirement and acknowledge that fulfilling these service hours are required for graduation as partial fulfillment of the receipt of degree.

Student's Signature: _____ Date: _____

Faculty Supervisor's Signature: _____ Date: _____

Once all hours are completed, the Faculty Supervisor must sign and date this form below.

By signing this commitment form, I, Professor _____, attest that the student named above has completed the above requirement.

Faculty Supervisor's Signature: _____ Date: _____

SEQUENCE OF COURSES – Plan B Meta-Analysis Option (47 Credit Hours) (effective Fall 2023)

First Year—Fall Semester
COSI 405: Neuroscience of Communication and Communication Disorders (3)

COSI 455: Fluency Disorders (3)

COSI 453: Articulation & Phonology Disorders (3)

COSI 457: Acquired Neurogenic Communication Disorders (3)

COSI 452A: Graduate Clinical Practicum I; Collaborative Practice I (2)

First Year—Spring Semester
COSI 444: Evidence-Based Practice (2)

COSI 444L: Evidence-Based Practice Lab (1)

COSI 557: Acquired Adult Language & Cognitive Disorders (3)

COSI 562: Medical Aspects of Speech Pathology III: Dysphagia (3)

COSI 456: Language Disorders 1: Birth to Five (3)

COSI 452B: Graduate Clinical Practicum II; Collaborative Practice I (2)

First Year—Summer Semester
COSI 452C/S: Graduate Clinical Practicum III (1)

Second Year—Fall Semester
COSI 443: Meta-Analysis Workshop (1)

COSI 556: Language Disorders 2: Language & Literacy (3)

COSI 600: Augmentative & Alternative Communication (2)

COSI 452C or E: Graduate Clinical Practicum III or V (1)

COSI 560: Medical Aspects of Speech Pathology I: Voice Disorders (3)

Second Year—Spring Semester
COSI 561: Medical Aspects of Speech Pathology II: Neuromotor & Craniofacial Disorders (4)

COSI 563: Medical Aspects of Speech Pathology IV: Pediatric Dysphagia (3)

COSI 452E: Graduate Clinical Practicum V (1)

SEQUENCE OF COURSES – Plan A Thesis Option (51 Credit Hours) (effective Fall 2023)

First Year—Fall Semester

COSI 405: Neuroscience of Communication and Communication Disorders (3)

COSI 455: Fluency Disorders (3)

COSI 453: Articulation & Phonology Disorders (3)

COSI 457: Acquired Neurogenic Communication Disorders (3)

COSI 452A: Graduate Clinical Practicum I; Collaborative Practice I (2)

COSI 651: Thesis (1-4)

First Year—Spring Semester

COSI 444: Evidence-Based Practice (2)

COSI 651: Thesis (1-4)

COSI 557: Acquired Adult Language & Cognitive Disorders (3)

COSI 562: Medical Aspects of Speech Pathology III: Dysphagia (3)

COSI 456: Language Disorders 1: Birth to Five (3)

COSI 452B: Graduate Clinical Practicum II; Collaborative Practice I (2)

First Year—Summer Semester

COSI 452C/S: Graduate Clinical Practicum III (1)

*COSI 651 credit hours must total 4 credit hours by the end of Year 1

Second Year—Fall Semester

COSI 651: Thesis (1)

COSI 556: Language Disorders 2: Language & Literacy (3)

COSI 600: Augmentative & Alternative Communication (2)

COSI 452C or E: Graduate Clinical Practicum III or V (1)

COSI 560: Medical Aspects of Speech Pathology I: Voice Disorders (3)

Second Year—Spring Semester

COSI 561: Medical Aspects of Speech Pathology II: Neuromotor & Craniofacial Disorders (4)

COSI 563: Medical Aspects of Speech Pathology IV: Pediatric Dysphagia (3)

COSI 452E: Graduate Clinical Practicum V (1)

COSI 651: Thesis (1)

COMMUNICATION SCIENCES (COSI) MA CLINICAL PROGRAM STRATEGIC PLAN 2023-2028

Mission: To educate students to become highly competent clinician researchers in the field of speech language pathology who contribute to their community. Our model future clinician demonstrates intellectual curiosity, cultural humility, integrity, high ethical standards, consistent professionalism, and the ability to evolve as an innovator in the future.

Objectives:

1. To continue the COSI MA Program's long-tradition of excellence by inspiring innovation, and building and strengthening community.
2. To foster excellence in targeted areas that align with department, university and community strengths and needs, particularly in the areas of interprofessional education/practice, community engagement, and the use of cutting-edge technology.
3. To provide all students with a strong, science-based education so they will always employ the best clinical practice, with a focus on patient-centered care.

Outcomes:

1. To maintain 100% student readiness to take the Praxis and be eligible to begin the required speech language pathology clinical fellowship required for ASHA certification.
2. To maintain 100% compliance of students' meeting educational and clinical requirements for conditional licensing by the Ohio Board of Speech Language Pathology and Audiology.
3. To maintain/expand faculty size so that students can successfully complete coursework and clinical experiences in the expected time frame for their plans of study.
4. To provide students with expanded coursework, interprofessional education, and community-based research and clinical opportunities.
5. To continue to provide students with opportunities to utilize campus/community technology.
6. To directly engage students to apply and demonstrate principles of high-quality research and its application to evidence-based practice.

Indicators of Success:

1. 100% of eligible students will take the Praxis and begin their clinical fellowships.
2. 100% of students applying for conditional licensure will attain it.
3. Maintain current faculty size of 4 tenure track positions, with the ultimate goal of expanding to 6 tenure track faculty.
4. Increased graduate course offerings, including interprofessional education.
5. Increased research and clinical opportunities for students.
6. Increased number of courses/clinic settings where technology is utilized.
7. 100% of students complete lab requirements, thesis/meta-analysis projects and poster presentations.
8. Increased number of students/graduates presenting and/or publishing their work.

ADVISORS & REGISTRATION

Each student is assigned to an academic/clinical advisor and to a research advisor upon entry into the program. After the orientation in the first semester and at the time of registration for each subsequent semester, the student must meet with the advisor to monitor progress of their course of study.

A student may request a change of advisor during the course of study. This change must be approved by the Department Chair.

Program Student Advisory Board (SAB): The SAB has 2 students per cohort who volunteer to serve as student leaders in our program. The SAB advises the faculty on matters of importance to program students. The SAB also helps with events such as admissions and the annual 2nd year student graduation party. The SAB meets with the program director twice/semester and meets with all faculty during the school year at least once during a program faculty meeting.

GUIDE FOR GRADUATE STUDENT ACADEMIC ADVISING

Student: _____Academic/Clinical Advisor: _____
Research Advisor: _____

Fall Semester – 1st year

Initial advising meeting with student ***Date: _____***

_____ a. Review transcript with student. Identify ASHA requirements which have been met and ASHA requirements which will need to be met during grad program, review Calipso KASA course checklist
_____ b. Talk to the student about the thesis/non-thesis option
_____ c. Set up a regular meeting during the first 8 weeks of the semester. Review Educational Support services available on campus if warranted.

Second advising meeting with student (after midterm) ***Date: _____***

_____ a. Meet with student to check on how they are doing in current coursework
_____ b. Advise student on courses for 2nd semester and release advising hold
_____ c. Discuss the purpose of the Academic Requirement Report on SIS and refer student to the link on the Graduate Studies website and advise student to check and record important dates/ deadlines on this site.

Research Advisor:

Notes:

Spring Semester – 1st year

Academic/Clinical Advisor:
Academic advising

_____ a. Check on student's performance after midterms
_____ b. At end of semester review courses and release advising hold.

Research Advisor:
Preparation for non-thesis option (Plan B)

_____ a. Student identifies a topic of clinical interest
_____ b. Faculty member reviews Program of Study Plan B information with student from the Graduate Handbook

Preparation for thesis (Plan A)

_____ a. Faculty member agrees to be chair of student's thesis.
_____ b. Student identifies a potential topic area and begins to review literature and develops possible question, and procedures under guidance of faculty member.
_____ c. Timeline for completion of project reviewed between thesis advisor and student.
_____ d. Faculty expectations defined (e.g., publication, student independence)
_____ e. Thesis committee identified and agreed upon (by members)
_____ f. Thesis prospectus prepared and given to committee members
_____ g. Prospectus meeting held and input provided
_____ h. Prospectus procedures approved by the committee
_____ i. Human Subjects Approval form submitted (may be done before prospectus meeting if approved by advisor) summer.
_____ j. Data collection

NOTES:

Fall Semester – Second Year

Academic/Clinical Advisor:

Academic Advising

_____ a. Check on status of student performance after midterms
_____ b. At end of semester, review courses and release advising hold.
_____ c. Final check by advisor to ensure that all COSI and ASHA academic requirements will be met within expected time frame. Review Calipso KASA course checklist with student.

Research Advisor:

Non-Thesis Option

_____ a. Continue to monitor
_____ b. Student completes project—written paper
_____ c. Student completes oral presentation
_____ d. Work is graded within one week of project completion

Thesis Option

_____ a. Data analysis completed and checked by thesis chair
_____ b. Student submits written drafts to thesis chair for approval

NOTES:

Spring Semester – Second Year

Final File Check

_____ a. Department Assistant reviews student's folder to ensure that all paperwork for academic requirements is documented in permanent file and organized correctly (see check sheet in front of student's file). DA has been reviewing file each semester.
_____ b. Student is notified in writing of any deficiencies in the file with a copy of the notification Placed in student's file and a copy sent to student's advisor.
_____ c. Review KAS with student.
_____ d. Student reviews graduation requirements located on graduate studies website and completes graduation application through SIS.
_____ e. Student reminded to meet with the Clinical Program Director to ensure that all clinical Requirements will be met.

Non-Thesis Option

_____ a. Student brings graduation paperwork to advisor for signature.

Thesis Option

_____ a. When thesis is approved by advisor, submits copies to committee members.
_____ b. Date set for oral defense of thesis
_____ c. Oral defense held
  _____ 1. Student brings graduation paperwork to meeting
  _____ 2. Department Assistant gives advisor the Request for Exam form
  _____ 3. When final form of thesis is approved by committee members paperwork is signed and returned to the office manager by the thesis advisor.
  _____ 4. Department Assistant files paperwork in student file and with graduate office
_____ d. Student provides department with copy of approved thesis
_____ e. Student submits appropriate paperwork/thesis to graduate school

NOTES:

FINAL CHECK-OUT PROCEDURES

Students should make an appointment to complete checks with clinical program director. Students should allow 10 working days for completion of all paperwork items within the COSI program.

_____ 1. Completes final check on clinic hours with clinical program director
_____ 2. Clinical program director completes KASA summary form on Calipso, documenting student's completion of ASHA requirements for CFY application.
_____ 3. Clinical program director writes verification letter for Ohio conditional licensure (if student intends to remain in Ohio for CFY).
_____ 4. Department Assistant does final check on student's permanent file to ensure that it is complete. Date:_____

SCHOOL OF GRADUATE STUDIES ACADEMIC INTEGRITY PROCEDURES & RULES

All students are responsible for reading and abiding by the University's policies, procedures, and rules. Take time to read all policies, procedures and rules described and linked on these pages and attest to your understanding of said policies, procedures and rules on page 53

Academic Policies
Academic Integrity

CWRU STUDENT HANDBOOK UNIVERSITY POLICIES

Discrimination Policy
Case Western Reserve University admits students of any race, religion, age, sex, color, disability, sexual orientation, gender identity or expression, and national or ethnic origin to all the rights and privileges, programs, and activities generally accorded or made available to students at the university. It does not discriminate on the basis of race, religion, age, sex, color, disability, sexual orientation, gender identity or expression, or national or ethnic origin in administering its educational policies, admission policies, employment, promotion and compensation policies, scholarship and loan programs, and athletic or other university-administered programs.

General Policy
Case Western Reserve University does not discriminate in recruitment, employment or policy administration on the basis of race, religion, age, sex, color, disability, sexual orientation, gender identity/expression, national or ethnic origin, political affiliation, or status as a disabled veteran or other protected veteran under US Federal Law. In addition, the university expects all employees, students, vendors, and associates to participate in its program of nondiscrimination. The university intends to maintain an environment free of sexual harassment and will not tolerate any form of harassment of employees or students. Retaliation against persons raising concerns about sexual harassment or harassment of any kind is prohibited and will constitute separate grounds for disciplinary action up to including discharge or expulsion from the University.

Compliance
The Office of Equity coordinates compliance with Title III (age), Title VI (race), Title IX (sex), Section 504 of the Rehabilitation Act (disability), and the Americans with Disabilities Act (disability) for the university.

Filing a complaint
A student with a complaint on the basis of race, sex, age, or disability may contact either the Office of Equity, 318 Thwing Center (216.368.3066) or the University Office of Student Affairs (216.368.2020). The Associate Vice President for Student Affairs and Dean of Students, or his/her designee, will investigate student complaints in collaboration with the Office of Equity. In resolving such discrimination complaints, the university will utilize the Grievance Process and/or the Disciplinary Process.

Accommodations
Requests for accommodations for disabilities should be directed to the Associate Dean/Director of Disability Resources (216.368.5230 or disability@case.edu).

Requests for accommodations for pregnancy or for students parenting young children should be directed to the Office for Equity (216.368.3066 or equity@case.edu).

Requests for religious accommodations should also be directed to the Office for Equity (216.368.3066 or equity@case.edu).

Policy
Please see the Discrimination & Harassment Non-Discrimination Policy as to students with disabilities, the Office of Equity, or the Office of Student Affairs for more details.

Students with Disabilities

Case Western Reserve University is committed to providing all students with opportunities to take full advantage of the university's educational programs. We recognize that students with documented disabilities may need assistance or accommodations in order to achieve this objective.

These policies and procedures are used in determining a student's eligibility for disability services and are applicable to all undergraduate students and all graduate students registered through the School of Graduate Studies, MSASS, the FPB School of Nursing, and the School of Medicine. Students in graduate programs at the Weatherhead School of Management, the School of Dental Medicine and the School of Law should consult with their student services' personnel for policy information.

For Case Western Reserve University's policies and procedures regarding students with disabilities, please refer to the office of Disability Resources.

A GUIDE FOR FUTURE PRACTITIONERS IN AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY: CORE FUNCTIONS

This document is intended as a guide for educational programs in speech-language pathology or audiology and individuals seeking a career in these professions. It identifies the core functions that individuals of such programs typically are expected to employ in didactic and clinical experiences to acquire the knowledge and demonstrate the competencies that will lead to graduation and successful entry into professional practice. This document replaces the Essential Functions document created by the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) in 2008. The document was updated to differentiate core functions from individual program requirements and to be inclusive of differences in behavioral and learning preferences associated with race, ethnicity, culture, sexual orientation, gender identity, language, and sensory, physical, or neurological status.

Instructions for Appropriate Use of this Document

This document may be used when:

- *informing individuals* about the core functions associated with the professions of audiology and speech-language pathology
- *initiating discussions* between students and programs regarding student success
- *empowering students* to make informed choices regarding their pursuit of professions in audiology and speech-language pathology
- *facilitating strategies* to achieve student success
- assisting programs and students in *identifying and advocating* for appropriate resources and accommodations
- *advancing* the professions of audiology and speech-language pathology through the lens of justice, diversity, equity, and inclusion.

This document must not be used:

- to *discriminate* against individuals for any reason
- as a measure of *acceptance or denial* into an educational program
- as a tool to *presumptively judge* individuals' potential for success
- as a *stand-alone* student assessment or intervention plan
- to *dismiss* students from a program
- Use of this document is **not required** by CAPCSD or any accrediting or credentialing body, including the Council on Academic Accreditation or the Council for Clinical Certification of the American Speech-Language-Hearing Association.

For the sake of this document, the term "core functions" refers to behavioral or cognitive functions that an individual must be able to perform with or without accommodations necessary to ensure equitable access. The document intentionally does not address how stated core functions are demonstrated, recognizing that there are multiple ways an individual can successfully meet the demands of clinical education and practice. The determination of possible accommodations exemplified in this document varies from institution to institution based on numerous factors not covered in the scope of this document. The degree to which accommodations are determined is under the governance of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973. It is the responsibility of the institution and the individual to work together to identify possible services and accommodations.

To ensure the integrity of the messaging in this document, a glossary of terms is included at the end of the document.

Communication

Statements in this section acknowledge that audiologists and speech-language pathologists must communicate in a way that is understood by their clients/patients and others. It is recognized that linguistic, paralinguistic, stylistic, and pragmatic variations are part of every culture, and accent, dialects, idiolects, and communication styles can differ from general American English expectations. Communication may occur in

different modalities depending on the joint needs of involved parties and may be supported through various accommodations as deemed reasonable and appropriate to client/patient needs. Some examples of these accommodations include augmentative and alternative communication (AAC) devices, written displays, voice amplification, attendant-supported communication, oral translators, assistive listening devices, sign interpreters, and other non-verbal communication modes.

- Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies
- Adapt communication style to effectively interact with colleagues, clients, patients, caregivers, and invested parties of diverse backgrounds in various modes such as in person, over the phone, and in electronic format.

Motor

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

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

Sensory

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

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

Intellectual/Cognitive

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

- Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level sufficient to meet curricular and clinical competencies
- Employ informed critical thinking and ethical reasoning to formulate a differential diagnosis and create, implement, and adjust evaluation and treatment plans as appropriate for the client/patient's needs
- Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills
- Critically examine and apply evidence-based judgment in keeping with best practices for client/patient care

Interpersonal

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

- Display compassion, respect, and concern for others during all academic and clinical interactions
- Adhere to all aspects of relevant professional codes of ethics, privacy, and information management

policies
- Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities

Cultural Responsiveness

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

- Engage in ongoing learning about cultures and belief systems different from one's own and the impacts of these on healthcare and educational disparities to foster effective provision of services.
- Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice

This document should be considered a living document and therefore reviewed by CAPCSD at regular intervals to ensure that current terminology, practice, and ideas are reflected.

Glossary

- **Cultural responsivity** involves “understanding and respecting the unique cultural and linguistic differences that clients bring to the clinical interaction” (ASHA, 2017) and includes “incorporating knowledge of and sensitivity to cultural and linguistic differences into clinical and educational practices”.
- **Evidence-based practice** involves “integrating the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (*Evidence- Based Practice in Psychology*, n.d.).

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

Evidence-Based Practice in Psychology. (n.d.). https://www.apa.org. Retrieved March 3, 2023, from https://www.apa.org/practice/resources/evidence

Council of Academic Programs in Communication Sciences and Disorders (2023). *A guide for future practitioners in audiology and speech-language pathology: Core functions. https://www.capcsd.org/academic-and-clinical-resources/*

Approved by the CAPCSD Board of Directors April 3, 2023

Reference update April 25, 2023

Students who are non-native speakers of Standard American English

The Program follows the American Speech Language and Hearing Association position that "students and professionals in the communication sciences and disorders (CSD) professions who speak with accents and/or dialects can effectively provide speech, language, and audiological services as long as they have the expected level of knowledge in normal and disordered communication, the expected level of diagnostic and clinical case management skills, and if modeling is necessary, the ability to model the target phoneme, grammatical feature, or other aspect of speech and language that characterizes the client's particular problem (ASHA, 1998a, p. 1)."

We are committed to providing students with resources to maximize their participation in clinical education. Resources for students include accent modification services which may be provided to students by faculty who are Compton P-ESL certified in 5- or 13-week courses. Accommodations for student use in clinical sessions such as computer applications or recordings are also available. Clinical faculty and students will collaborate on individualized plans to maximize students' participation and success in clinical education.

American Speech-Language-Hearing Association. (2011). *The clinical education of students with accents* [Professional Issues Statement]. Available from www.asha.org/policy/.

American Speech-Language-Hearing Association. (1998a). *Students and professionals who speak English with accents and nonstandard dialects: Issues and recommendations* [Position statement]. Available from www.asha.org/policy/.

PROGRAM OF STUDY (OVERVIEW)

Two plans of study are possible: Plan A-M.A. with a thesis based on individual research and an oral examination (thesis defense) and Plan B-M.A. meta-analysis project (non-thesis option).

The program of study the student pursues will be determined in part by the student's undergraduate background and their academic and career goals.

As a program accredited by the Council on Academic Accreditation of the American Speech-Language-Hearing Association, CWRU's M.A. degree in speech-language pathology fulfills the academic requirements for the Certificate of Clinical Competence. ASHA requirements are detailed in the Requirements for the Certificate of Clinical Competence, which is available on the ASHA website (www.asha.org). In addition, completion of the M.A. degree requirements meets the requirements for state licensure in Ohio.

Whereas deficiencies in background subject matter or skills will not prevent acceptance into the graduate program, students accepted under these circumstances will be required to make up deficiencies in a manner approved by the faculty and/or student's advisor. Students entering without an undergraduate major in communication sciences and disorders (CSD) will be required to take the essential undergraduate coursework in CSD (up to 18 hours of coursework) prior to matriculation. Students entering with an undergraduate major in CSD, but with deficiencies in their undergraduate program, will be required to make up the appropriate coursework. When a student is required to take courses at the undergraduate level, credits earned at the 300 level or below may not apply toward the credit hours required under either Plan A or Plan B as described in this document.

PROGRAM OF STUDY PLAN A: THE M.A. THESIS

To complete Plan A, students must first receive approval from their primary thesis advisor. It is up to the discretion of the thesis advisor as to whether or not they accept the student into their lab to complete the thesis option.

For Master's Plan A, the student must complete 6 credit hours of thesis research (COSI 651) in addition to the regular M.A. coursework. However, students completing the Plan A option are not required to register for or complete COSI 444L (Evidence-Based Practice Lab) or COSI 443 (Meta-Analysis Workshop). Students that select the thesis option will begin registering for COSI 651 (Thesis) as soon as possible within their academic program. Students are encouraged to register for four credits of COSI 651 within the first year of their program. These four credits can be split between the Fall and Spring semesters or taken within one of the two semesters of Year 1. The distribution of these four credits within year 1 is flexible. The remaining 2 credits will be taken in year 2 (1 in Fall semester and 1 in Spring semester). The schedule for registering for the 6 required COSI 651 credits should be discussed and agreed upon by the academic and thesis advisor(s). **It is the responsibility of the student to ensure the schedule of credits is determined at the outset of their thesis project. Delay in registration could result in greater cost to the student.**

It is recommended that students select the Plan A Thesis option during their first semester of the M.A. Program. The latest the selection of the Plan A Thesis option can be completed is the last day of classes in the first semester, with thesis advisor approval.

The student's thesis advisor, in consultation with the student and with the approval of the graduate committee of the department, will form a thesis committee. The thesis committee will consist of at least three faculty members from the department, at least one of whom must be a member of the regular faculty as defined by the College of Arts and Sciences.

Two formal presentations are required for the thesis option:

1. A formal presentation (approximately 20 minutes) proposing the thesis project. All members of the committee are required to be in attendance. This presentation may occur at the same time as the

presentations for the Plan B option students who will be taking COSI 444L during Year 1, Spring semester or earlier.
    a. The student must submit a written plan (between 5 – 10 pages) for the thesis to their committee for its approval prior to initiating the research. This document must be given to the committee two weeks prior to the proposal meeting. This document should include:
        i. A brief literature review and rationale for the study.
        ii. A proposed research method.
        iii. A proposed timeline for steps involved in the research.
        iv. A brief discussion of expected results and their potential significance.
2. A formal presentation (approximately 20 minutes) defending the results of the thesis project. Students are required to make the presentation public and advertise to the public (posted in the department, etc.). All members of the committee are required to be in attendance. The presentation will be followed by examination by the committee. The examination will be open to all members of the faculty, but will be otherwise closed. Only members of the thesis committee will vote on whether the thesis and its defense satisfy the requirements of the Department and the School of Graduate Studies for the M.A. degree.

Additional meetings may be required by the thesis advisor. The format of any additional meetings will be decided by the main thesis advisor and/or full committee.

The student must prepare a written thesis document describing the research and its significance. This document must be given to the committee two weeks prior to the oral defense of the thesis.
The student must submit an Application to the School of Graduate Studies in the semester in which they plan to graduate, and file two copies of the thesis according to the dates and guidelines of the School of Graduate Studies.

Suggested Guidelines for Students Electing a Thesis Option

A thesis provides the opportunity for those interested in research and/or planning to pursue a Ph.D. or academic career to actively engage in the research process, from idea generation through dissemination, in a content area of specific interest.

The process of research can begin as soon as the student is registered and should involve the following steps:

- 1st Semester
    - The identification of a broad area of research interest.
    - The selection of a thesis advisor and committee.
- 2nd Semester
    - The preparation and presentation of a research proposal (see below).
    - Application to the Institutional Review Board (IRB).
- 3rd Semester - summer
    - Data collection.
- 4th Semester
    - Write thesis document.
- 5th Semester
    - Oral defense and examination.
    - Final submission.

There should be regular meetings with the thesis advisor. Also, contractual arrangement should be drawn up regarding the frequency of meetings, the roles and expectations of the parties involved, the deadlines etc.

The Proposal/Prospectus

The research proposal document should comprise the following sections:

- Proposed title of research
- Background reading and rationale for study (approximately 2 pages)
- Research question
- Hypothesis

- Proposed Method (in explicit detail)
- Implications of the Study
- References consulted

This submission should coincide with the preparation of the application form for IRB review.

The proposal should be presented orally, and potentially in tandem, with the Plan B student Phase I presentations. This will enable an opportunity to modify and extend some aspects before embarking on the research. The written document (between 5 – 10 pages) must be given to the committee two weeks prior to the oral presentation.

Role of Research Supervisor/Committee

The thesis advisor, the student, and the committee should formalize a contract regarding regularity of meeting times, as well as the timeline for the submission and return of written work. Regular written submission and feedback is recommended.

Normally, the role of the committee is to advise on issues of content and research design, and to provide feedback at critical times (e.g., presentation of research proposal and presentation of results). Additional external consultation (e.g., elsewhere in the University, statistician) should only be done with the full knowledge and participation of the supervisor.

Format

The end product should not exceed 30-40 typed pages and should ideally fit as closely as possible the format of a research article for submission into a selected journal. Students should select the journal in which they would like to publish their research and follow the specified format for submission. The sections should include:

- Abstract (150 words)
- Introduction
- Methodology
- Results
- Discussion
- Conclusion
- References
- Acknowledgements
- Appendix

(See also the layout requirements of the Office of Graduate Studies)

An electronic version of the thesis should be submitted to the advisor to support immediate modification and submission to the relevant journals, if this is deemed appropriate.

Suggested Thesis Timeline

Per Graduate Studies: Thesis must be completed, defended, revised, approved, and submitted to Graduate Studies 6 weeks prior to anticipated graduation (approximately midterm of the final semester of graduate school).

1st Semester (Fall)

- *Weeks 3-6*
  - Meet with academic advisor and indicate interest in thesis and topic.
  - In consultation with academic advisor identify thesis advisor, gain approval from thesis advisor to complete Plan A, and create thesis committee.

2nd Semester (Spring)

- *Week 1*
  - Ensure registration of four credit hours for COSI 651 Thesis.
- *Weeks 5-8*
  - Submit prospectus to your committee.
  - Present prospectus to committee and peers in open forum revise as indicated.
- *Weeks 10-12*
  - Complete IRB application for approval – minimum one month wait.
- *Approximately Weeks 14-16 – Following IRB approval*

- Begin data collection and writing under advisement of committee.

3rd Semester (Summer) and 4th Semester (Fall)

- Continue and complete data collection and writing under committee advisement.
- Present preliminary results to committee.

5th Semester (Spring)

- *Weeks 1-2*
  - Data collection should be complete at this point.
  - Completion of written thesis and oral defense should be the focus.
  - Meet with thesis advisor and determine date (by the end of Week 8) for oral defense.
- *Weeks 4-5*
  - Written thesis due to all committee members.
  - Revisions back from committee (within one week).
- *Week 8*
  - Public oral defense with written thesis revisions to committee members.
- *Week 9*
  - Final revision of written thesis due.
  - Pass/no pass decision by committee.
- *Week 10 – Approximately midterm of the semester*
  - Submission to graduate studies (if appropriate).

Submission

In addition to the copies required by the School of Graduate Studies, additional copies should be submitted to the Department for members of the defense committee and one for the Departmental library.

Conference Presentation

It is recommended that research students have the opportunity to present their results, either in poster session or platform presentation form at a relevant conference, and that mechanisms be explored (with the advisor) for funding this opportunity. The Graduate Student organization has a funding mechanism that can be used for this purpose.

*All thesis and dissertation students must be registered during the semester in which the degree is awarded. Students also must be registered when they have their oral defense if it is not in the same semester as their graduation.

PROGRAM OF STUDY PLAN B: META-ANALYSIS PROJECT (non-thesis option)

Requires a minimum of 44 semester hours beyond the undergraduate degree. The coursework that supports the completion of the Plan B options includes 4-credit hours as follows:

- COSI 444 Evidence Based Practice (2)
- COSI 444L Evidence Based Practice Lab (1)
- COSI 443 Meta-analysis workshop (1)

Each candidate for the master's degree under Plan B must pass satisfactorily a final summative assessment including a written and oral component. A student must be registered during the semester in which any part of the project is conducted. If not registered for other courses, the student will be required to register for one semester hour of EXAM 600, Comprehensive Examination. If the student wishes to obtain ASHA certification, they must also meet competency requirements as specified by the ASHA standards.

Students who choose Plan B are required to complete a meta-analysis project. The selection of topic will take place in the first semester. The research question will be developed the first week of the second semester of study as part of required coursework (COSI 444 Evidence Based Practice in Communication Disorders and COSI 444L Evidence Based Practice Lab). The research advisor will serve as the primary advisor for the Plan B project. A second faculty member, selected by the research advisor, will serve as a grader for the project.

The project includes a two-phase process. Both phases have oral and written components. The process provides an opportunity for both formative and summative assessment.

I. **Phase I**: Written product and oral presentation of topic for the meta-analysis, including rationale and clinical research question are due at the completion of the COSI 444 course in the second semester of the graduate program (spring). Your research advisor should be provided information on your meta-analysis topic once it is confirmed within the COSI 444 and COSI 44L courses. Additionally, the due date for the final written product and oral presentation will be selected for the 4th semester.
II. **Phase II**: Final written product and oral presentation, including results of statistical analysis, interpretation of the data, and implications for clinical practice early in the 4th semester (fall). The final due date is determined by the end of the prior spring semester.

Format:

The Phase I written product is a 15-20-page paper (double spaced, APA format) including tables, figures and references. This paper is a systematic review of the literature about an assigned topic for which you have generated a clinically relevant PICO question. The PICO question should be shared with the research advisor during the COSI 444 and COSI 444L courses. The systematic review must be explicit in its statement of objectives, materials and methods; systematic in its identification of literature; transparent in its criteria for inclusion and exclusion of studies; reproducible in its methodology; and unbiased. The work must be completed independently. The Phase I oral component is a 10-minute presentation summarizing your paper for the faculty and students. The sections of the paper should include the following.

1. Introduction of problem
2. Statement of PICO question and hypothesis
3. Methods
    a) Search procedures and inclusion criteria (including flow chart)
    b) Table of sources of the identified studies
    c) Description of the included studies (including table of reviewed studies)
    d) Coding scheme for rating internal and external validity of studies
    e) Verbal description of effect size calculations
    f) Quality assessment

The Phase II written product is 30-40 pages. It includes the Phase I written product and the meta-analysis of the data gathered during the systematic review. The written paper will include methods for extraction of data from the included studies, synthesis of the data including calculation of overall effect sizes and confidence intervals, and interpretation of the results. The Phase II oral component is the preparation and presentation of a poster in a poster session for the faculty and public. All work must be completed independently. The written

document and poster should include the following:

1. Introduction of problem
2. Statement of PICO question
3. Methods
   a) Search procedures and inclusion criteria (including flow chart)
   b) Table of sources of the identified studies
   c) Description of the included studies (including table of reviewed studies)
   d) Coding scheme for rating internal and external validity of studies
   e) Calculation of effect size, adjustments, and confidence intervals
4. Results
   a) Quality assessment
   b) Forest plot(s)
   c) Summary of results
5. Discussion
6. References

Grading:

- *Phase 1*: Formative assessment for the oral presentation will be comprised from faculty feedback and will be summarized during a meeting with your research advisor. The grading rubric is below. Two faculty members will grade the written product.
- *Phase II*: Summative assessment. Two faculty members including the research advisor will grade the oral and written components of the project. The Phase II grading rubric follows.

Poster Sizing Guidelines

- Standard size for all student poster presentations is 36 inches (length) by 48 inches (width).
- Prior to printing, please discuss printing options with your research advisor.

META-ANALYSIS PROJECT PHASE I GRADING RUBRIC

Student Name: _____ Faculty Reviewer: _____

Meta-analysis Presentation

Code: √+ ⇒ criteria met at a high level; √ ⇒ criteria met; √− ⇒ more work needed

CRITERIA	MEASURES	Circle one			COMMENTS
Research Question	Clearly identifies the challenges and aspects of the research question. Considers and describes importance of meta-analysis, evidence-based practice, and research question. Position is clearly stated and hypothesis (with justification) is defined.	√-	√	√+	
Literature search	Evidence of search, selection and source well documented. Recognizes bias including selection bias. Examines evidence and its sources.	√-	√	√+	
Synthesis of information	Evidence that student is combining information from several sources. Provides personal perspective on topic and research question.	√-	√	√+	
Importance of treatment	Clearly state the importance of the tx with respect to the specific disorder. Why is the tx feasible, logical, etc.?	√-	√	√+	
Organization	Each slide makes just one point or a few closely related points; purpose of each slide in overall structure of argument is clear; good transitions between slides.	√-	√	√+	
Presentation Style	Presentation style uses language that clearly and effectively communicates ideas. Errors are minimal. Style is appropriate for all people in the audience (faculty through students). Good choice of words, images and metaphors; colloquialisms, clichés, and stale phrases avoided (unless specifically required). Presentation seems well practiced. Speaking rate and volume are appropriate for the audience.	√-	√	√+	

General Comments (see back of page):

META-ANALYSIS PROJECT PHASE II GRADING RUBRIC

Student Name: _____ Faculty Reviewer: _____

Meta-analysis Final Presentation

Code: √+ ⇒ criteria met at a high level; √ ⇒ criteria met; √− ⇒ more work needed

CRITERIA	MEASURES	Circle one			COMMENTS
Research Question	Clearly identifies the challenges and aspects of the research question. Considers and describes importance of meta-analysis, evidence-based practice, and research question. Position is clearly stated and hypothesis (with justification) is defined.	√-	√	√+	
Literature search	Evidence of search, selection and source well documented. Recognizes bias including selection bias. Examines evidence and its sources.	√-	√	√+	
Importance of treatment	Clearly state the importance of the tx with respect to the specific disorder. Why is the tx feasible, logical, etc.?	√-	√	√+	
Statistical analysis	Statistical analysis is appropriate and correct.	√-	√	√+	
Discussion/ Conclusion And synthesis of information	The discussion of the results of the meta-analysis is thorough. Discussion and conclusion provides concrete next steps forward regarding specific tx. Evidence that student has combined information from several sources. Provides personal perspective on topic and results.	√-	√	√+	
Presentation Style	Presentation style uses language that clearly and effectively communicates ideas. Errors are minimal. Good choice of words, images and metaphors; colloquialisms, clichés, and stale phrases avoided (unless specifically required). Presentation seems well practiced. Speaking rate and volume are appropriate for the audience.	√-	√	√+	

General Comments (see back of page):

META-ANALYSIS PROJECT PHASE II GRADING RUBRIC - FINAL PAPER

Student Name: _____ Faculty Reviewer: _____

Instructions: Please provide a check mark in the appropriate column for each concept.

CONCEPT	Exceeds Graduation Requirement	Meets Graduation Requirement	Requires minor editing to meet graduation requirement	Does not meet graduation requirement	Comments
Literature review is thorough and complete					
Literature review is well organized and well written (including good use of English grammar, APA formatting, etc.)					
Intervention is appropriately explained and detailed					
Study selection inclusion/exclusion criteria are justified and appropriate					
Internal and external validity markers are well established					
Coding of variables within studies is done correctly					
Statistical analysis is complete and correct					
Results are correctly interrupted and discussed based on statistical findings					
Conclusions are well thought out, clear and concise and valid based on statistical data					

Please circle one:

- Student meets meta-analysis graduation requirement
- meta-analysis requires minor revisions
- student does not meet meta-analysis requirement

A (4.0): Addresses critical aspects of the question. Shows clear understanding of the topic and methods for systematic review and meta-analysis. **B (3.0):** Demonstrates understanding of key concepts. Not all supporting information is included. **C (2.0):** Demonstrates understanding of some key concepts. Lacks information or includes incorrect information. **F (0.0):** Unacceptable. Failure to address the question. Seriously deficient in content. **Pass:** Average score of 3.0 or higher **Fail with Remediation:** Average score of 2.0 **Fail:** Average score lower than 2.0. Remediation is required for a grade of “Fail with Remediation”.

ACADEMIC PROGRESSION & REMEDIATION

Maintenance of Grade Point Average (GPA) (2022-2023 General Bulletin – School of Graduate Studies):
In calculating the quality-point average, courses taken as a student in the School of Graduate Studies at the 400 level and above, as well as any courses accepted toward fulfillment of degree requirements for which quality points are given, will be counted, including courses which may need to be repeated. Unless otherwise stated by the department a minimum cumulative quality-point average of 3.0 is required for the award of the Master's degree. Any department, school, or curricular program committee may choose to establish quality standards higher than those stated above if such additional requirements are made known in writing to the students upon matriculation, and are recorded with the Dean of Graduate Studies. In that case, the departmental standards supersede the minimum standards. Students whose quality point averages fall below minimum standards will be placed on probation until the minimum standards are achieved. The COSI MA Program observes the School of Graduate Studies GPA requirement.

COSI Program Remediation Process:
COSI Program Remediation Process: In order to prove a student's acquisition of the knowledge and skills described in the standards for the certificate of clinical competence, any one (1) course requirement earning a grade of less than B must be resubmitted to the course instructor within 2 weeks from the time it is returned to the student with all instructor comments satisfied. This resubmission will not result in a grade change. If the resubmission does not satisfy the requirements of the remediation, one additional resubmission is allowed, due no more than 2 weeks from the time that the original resubmission is returned to the student with instructor comments.

If a student earns a grade of less than B on 2 or more assignments, the student will need to see the course instructor and academic advisor to complete a remediation plan. The student's course instructor, academic advisor and Clinical Program director will review and sign the remediation plan. In the case of redundancy (e.g., the Clinical Program director is also the academic advisor) an alternate faculty member will review and sign the remediation plan.

If a student earns a grade of less than B on 2 or more assignments across more than 1 course in any semester, that student's performance and academic progress will be formally reviewed, according to the graduate studies policy ("Maintenance of Good Standing") by the student, academic advisor, Clinical Program director and Department Chair by the end of the semester to determine the student's status in the program. Status recommendations may include but are not limited to the following: Temporary leave when appropriate*, dismissal from program, specific plan for improvement.

*If a temporary leave is deemed appropriate, the student's program may need to be extended depending on factors which may include but are not limited to the length of the leave and the semester in which the leave is taken. In addition, the student may be asked to complete a readiness assessment prior to returning to the program depending on the length of their leave or other factors. Further, depending upon the length of the temporary leave, the student may forfeit any tuition benefit that had already been agreed to for that academic year.

A student will be subject to separation from the University for any of the following reasons:
"Maintenance of Good Standing" (from the 2022-2023 General Bulletin – School of Graduate Studies):

(1) Failure to achieve a grade point average of 2.50 or higher at the completion of 12 semester hours or 2 semesters of graduate study.
(2) Failure to achieve a grade point average of 2.75 or higher at the completion of 21 semester hours or 4 semesters of graduate study.
(3) Failure to receive a grade of S in thesis research 651 or dissertation research 701. A student who receives a grade of U in thesis (Course 651) or dissertation research (Course 701) will be placed on probation and be subject to separation. The student must be removed from probation by the end of the semester immediately following receipt of the grade of U by repeating the course for the same

number of credit hours, and achieving a grade of S. The tuition and associated fees for the repeated course may be the responsibility of the student. Although removal from probation restores the student's good standing, the grade of U received will not be canceled or substituted by the grade of S subsequently received. Separation will occur if the student placed on probation receives another grade of U in any following semester; or, if the School of Graduate Studies, in consultation with the academic unit, determines that the student is unlikely to be successful in working independently and productively toward the completion of the thesis or dissertation research.

(4) Failure of a conditionally or provisionally admitted student to satisfy the conditions or provisions stated in the letter of acceptance by the end of the first academic year (2 semesters) or after 18 credits of course work.

(5) Failure to make progress towards degree completion. If the student is not making progress towards degree completion, and it has been judged that the student is unlikely to be successful in working independently and productively toward the completion of clinical requirements, thesis or dissertation research the department and/or the dean of graduate studies (in consultation with the department) can recommend academic separation.

(6) In addition to disciplinary actions based on academic standards, on recommendation of the student's department or school, the School of Graduate Studies can suspend or separate a student from the University for failure to maintain appropriate standards of conduct and integrity. Such a suspension or separation will be implemented only for serious breaches of conduct that threaten to compromise the standards of a department or create concern for the safety and welfare of others. In the event of such suspension or separation, the student will be entitled to an appeal through the grievance procedure of the Graduate School.

Case Western Reserve University— Communication Sciences Program

Coursework Remediation

Student:
Academic Advisor:
Semester:

Course:

Instructor/Supervisor:

Course requirement to be resubmitted:

Comments: Due Date:

Student Signature: Advisor:
Course Instructor: Program Director:
Faculty (if needed):

Outcome:

Achieved: (yes/no) Date:

Comments:

Signatures:
Student: Advisor:
Instructor:
Program Director:
Faculty (if needed):

Date:

Adapted from University of Memphis Department of Audiology and Speech Language Pathology.

GRADUATE STUDENT ACADEMIC GRIEVANCE PROCEDURE

Graduate Student Rights and Responsibilities (2022-23 General Bulletin-School of Graduate Studies)
It is the responsibility of the student to become familiar with the general rules and regulations of the University, not just those of the School of Graduate Studies. These are including but not limited to the University Policies and University Code of Conduct. A member of the University community who is accused of violating any of these rules and regulations is subject to University disciplinary action. Due process procedures of adequate notice of all charges and a fair hearing will apply. Case Western Reserve University has established a mechanism whereby students may express a grievance against the actions of other students or members of the faculty and staff. The Academic Integrity Policies and Procedures to be followed in the case of academic infractions by graduate students may be obtained through the School of Graduate Studies. The University Office of Student Affairs should be consulted for non-academic infractions.

It is also the responsibility of the student to become acquainted with the general regulations and administrative procedures governing graduate study, together with the departmental or school regulations which apply to the student's course of study, and, in consultation with the faculty advisor or advisory committee of the supervising unit, to plan the program and carry out the work in accordance with these regulations and procedures.

Graduate Student Grievance Procedure
It is the responsibility of the School of Graduate Studies to ensure that all students enrolled for graduate credit at Case Western Reserve University have adequate access to faculty and administrative consideration of their grievances concerning academic issues. A three-step procedure has been established for graduate students to present complaints about academic actions they feel are unfair.

1. Students with complaints should first discuss their grievances with the person against whom the complaint is directed.
2. In those instances in which this discussion does not resolve a grievance to the student's satisfaction, a complaint should be presented in writing to the department chairperson. If the complaint is against the department chair and is not resolved with this individual, the complaint should be presented to the dean of the school/college.
3. In the event that a decision still appears unfair to the student, the student may bring the matter to the attention of the School of Graduate Studies. The Graduate Studies may ask the student to put the complaint in writing. They will then discuss the case with the student and the department chair to evaluate the particulars and to make a ruling on it. As the situation warrants, they may appoint a Grievance Committee to recommend what action should be taken. In this event, the Committee will be composed of two faculty members selected from the Committee on Graduate Studies of the Faculty Senate and two graduate students selected either from the Executive Committee of the Graduate Student Council, from the student members of the Committee on Graduate Studies, or from the Academic Integrity and Judicial Board members.

The Program's policies for student complaints related to clinical training also follow those described in the Graduate School for complaints concerning academic matters: There is a three step procedure that has been established for graduate students to present complaints about actions of their clinical supervisor that they feel are unfair.

1. Students with complaints should first discuss their grievance with the person against whom the complaint is directed. The goal is for the parties to be sure they understand each other before more formal steps are taken and to be sure that every opportunity has been taken for mutually satisfactory resolution.
2. In instances where discussion with the clinical supervisor involved does not resolve the grievance, the students should present the complaint in writing to the university clinical liaison. The liaison is responsible for reviewing the complaint with the student and the clinical supervisor in order to arbitrate the issue on the basis of all available information and the soundest judgment possible. In the event this discussion does not resolve the grievance to the student's satisfaction, the student may bring the matter to the attention of the Chair.
3. In those instances in which discussion with the Chair does not resolve the grievance to the student's

satisfaction, the student may bring the matter to the attention of the Dean of Graduate Studies. The Graduate Studies may ask the student to put the complaint in writing. They will then discuss the case with the student and the department chair to evaluate the particulars and to make a ruling on it. As the situation warrants, they may appoint a Grievance Committee to recommend what action should be taken. In this event, the Committee will be composed of two faculty members selected from the Committee on Graduate Studies of the Faculty Senate and two graduate students selected either from the Executive Committee of the Graduate Student Council, from the student members of the Committee on Graduate Studies, or from the Academic Integrity and Judicial Board members.

The dean of graduate studies has the responsibility for the final decision, and the ruling from the School of Graduate Studies will be considered final and binding on the persons involved in the grievance.

It should be understood that this grievance procedure relates solely to graduate student complaints concerning academic issues. Other issues including student conduct, community standards or sexual misconduct are covered through different policies.

Confidential records of grievances are kept in either the Chair's office in a locked file, or in the Dean's office, as applicable to the content of student grievance.

To report a grievance about the Communication Sciences Program at Case Western Reserve University that is specific to Standards for Accreditation of Entry Level Graduate Education Programs in Audiology and Speech-Language Pathology, please contact: *Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology American Speech-Language-Hearing Association 2200 Research Boulevard, #310 Rockville, MD 20850*

Complaints against a program must be filed in writing using the CAA's official Complaint Form
The Complaint Form must be completed in its entirety, which includes submitting a waiver of confidentiality with the complaint. Failure to provide a signed waiver of confidentiality will result in dismissal of the complaint. The CAA does not accept complaints over the phone.

Case Western Reserve University
Student Code of Conduct 2022-2023
Effective August 1, 2022

Preamble

The mission of Case Western Reserve University is to improve and enrich people's lives through research that capitalizes on the power of collaboration, and education that dramatically engages students. This goal is realized through scholarship and creative endeavors that draw on all forms of inquiry; learning that is active, creative and continuous; and promotion of an inclusive culture of global citizenship.

The University Student Code of Conduct serves to support the overall mission and core values of Case Western Reserve University. This includes civility and the free exchange of ideas, civic and international engagement, appreciation for the distinct perspectives and talents of each individual, academic freedom and responsibility, positive treatment, and ethical behavior.

The scope of the University Code of Conduct is behavioral expectations of all undergraduate, graduate and professional students. This code is not applicable to sexual misconduct or academic integrity violations; both of which are covered under different policies. This code may be used in conjunction with other policies including but not limited to academic program policies, student organization policies, athletic and recreation policies. No policy will automatically pre-empt any other policy and more than one policy may be applied to the same incident in a parallel manner. Any internal behavioral conduct policies for student organizations must be consistent with the University Student Code of Conduct.

Students are expected to be members of the University community who respect others and are committed to personal and academic excellence. The goals of the University conduct process are (1) to promote a campus environment that supports the overall educational mission of the University; (2) to protect the University community from disruption and harm; (3) to encourage appropriate standards of individual behavior and citizenship; (4) to foster ethical standards; (5) to provide fair and consistent due process for students and organizations alleged to have violated the code of conduct.

Article I: Definitions

1. The term **University** refers to Case Western Reserve University.
2. The term **student** includes, but is not limited to, all persons taking courses at the University, either full-time or part-time, pursuing non-degree, undergraduate, graduate or professional studies. Persons who withdraw after allegedly violating the student code of conduct, who are not officially enrolled for a particular term but who have a continuing relationship with the University or who have applied and/or have been notified of their acceptance for admission are considered students.
3. The term **faculty member** means any person hired by the University to conduct classroom or teaching activities or who is otherwise considered by the University or individual academic program to be a member of the faculty.

4. The term **University official** includes any person employed by the University, on a full-time, part-time or temporary basis, performing assigned administrative or professional responsibilities.
5. The term **member of the University community** includes any person who is a student, faculty member, University official, person employed by the University, guest or visitor. If not clear, a person's status in a particular situation shall be determined by the Vice President of Student Affairs or designee.
6. The term **University premises** includes all land, buildings, facilities and other property in the possession of or owned, used, or controlled by the University.
7. The terms **student organization** or **student group** means any number of persons who have complied with the formal requirements for University recognition or that would otherwise be considered a student organization or student group. This could include but is not limited to recognized student organizations, Greek life chapters, athletic teams and performance groups.
8. The term **hearing board** or **hearing panel** means person or persons authorized by the Vice President of Student Affairs to determine whether a student or student organization has violated the student code of conduct and to impose sanctions when violation of the code of conduct has occurred.
9. The term **hearing officer** means a University official authorized by the Vice President of Student Affairs to unilaterally determine whether a student or student organization has violated the student code of conduct and to impose sanctions when violation of the code of conduct has occurred.
10. The term **appeal board or appeal panel** means any persons authorized by the Vice President of Student Affairs to consider an appeal from the hearing board or hearing officer's determination whether a student or student organization has violated the code of conduct or from the sanctions imposed.
11. The term **appeal officer** means a University official authorized by the Vice President of Student Affairs to unilaterality consider an appeal from the hearing officer's determination whether a student or student organization has violated the code of conduct or from the sanctions imposed.
12. The term **respondent** means any student or student organization accused of violating the student code of conduct.
13. The term **investigator** means any University official gathering information for a hearing officer or hearing board to determine whether a violation of the code of conduct occurred.
14. The term **witness** means any person providing relevant information related to a conduct incident as determined by the Director of Student Conduct & Community Standards or a designee.
15. The term **business day** means any day the University is conducting normal operations and most offices are open.
16. The term **shall** is used in the imperative sense.
17. The term **may** is used in the permissive sense.
18. The **Vice President of Student Affairs** is the person designated by the University to be responsible for the administration of the student code of conduct.
19. The **Director of Student Conduct & Community Standards** is the person designated by the Associate Vice President of Student Affairs/Dean of Students for daily operation of the student conduct process.

20. The term **policy** means any regulations, in written or electronic form, of the University including , but not limited to the student code of conduct, undergraduate, graduate and professional school academic integrity policies, , and undergraduate/graduate/professional school handbooks and catalogs.

Article II: Student Code of Conduct Authority

1. The Vice President of Student Affairs or designee shall determine the composition of hearing boards and appeal boards and determine which hearing board, hearing officer or appeal board shall be authorized to hear each matter.
2. The Vice President of Student Affairs or designee shall develop policies for the administration of the student conduct system and procedural rules for the conduct of hearings that are consistent with provisions of the student code.
3. Decisions made by hearing boards or hearing officers shall be final, pending the normal appeal process.

Article III: Proscribed Conduct

A. Jurisdiction of the University Student Code of Conduct

The University Student Code of Conduct shall apply to conduct that occurs on University premises, at University sponsored activities and to off-campus conduct that adversely affects the University community, the mission of the University and/or the pursuit of University goals. Each student shall be responsible for his/her conduct from the time of application for admission through the actual awarding of a degree, including periods immediately before classes begin or immediately after classes end, as well as during the academic year and during periods between terms of actual enrollment. This includes conduct that occurred while a student was enrolled but discovered after a degree was awarded. The Student Code of Conduct shall apply to a student even if the student withdraws from the University while a disciplinary matter is pending. The Vice President of Student Affairs or designee shall decide when the Student Code of Conduct may be applied to incidents of misconduct occurring off campus, on a case-by-case basis.

B. Conduct – Policies

1. Acts of dishonesty, including but not limited to:
    a. Furnishing false information to any University official, faculty member or office.
    b. Forgery, alteration or misuse of any University or government issued document, record or instrument of identification.
    c. Misrepresentation; including but not limited to misrepresentation of any University material, program or individual.

2. Disruption, tampering, misuse, or obstruction of teaching, research, administration, and other University activities including student organization elections, public service functions, or of other authorized non-University activities and services.

3. Inappropriate treatment of others, including but not limited to:

a. Causing physical harm to others
b. Verbal Abuse
c. Behavior that is threatening
d. Behavior that is intimidating
e. Harassment
f. Behavior that is coercive
g. Behavior that endangers the health or safety of any person

4. Theft, Damage, Vandalism, or Littering including but not limited to:
    a. Theft, defined as attempted or actual theft of property of the University or property of a member of the University community or other personal or public property, on or off campus.
    b. Damage, defined as attempted or actual damage to property of the University or property of a member of the University community or other personal or public property, on or off campus.
    c. Vandalism, defined as attempted or actual disfiguring or defacing of University or property of a member of the University community or other personal or public property, on or off campus.
    d. Littering, defined as leaving garbage or other unwanted items on University property or other public spaces.

5. Hazing is defined as an act which endangers the health or safety of a student, or causes or creates a substantial risk of causing mental or physical harm, including coercing another to consume alcohol or a drug of abuse as defined in section 3719.011 of the Revised Code, or an act which destroys or removes public or private property, for the purpose of initiation, admission, affiliation, or as a condition for continued membership in a group or organization. The express or implied consent of the victim will not be a defense. Apathy or acquiescence in the presence of hazing are not neutral acts; they are a violation of this policy. Also refer to Ohio Senate Bill 126.

6. Failure to comply with directions of University officials or law enforcement officers acting in performance of their duties, including but not limited to:
    a. Failure to identify oneself to these persons when requested to do so.
    b. Noncompliance with a No Contact Directive, Persona Non Grata, or other University directive.

7. Unauthorized access:
    a. Unauthorized possession, duplication, or use of keys, student identification cards or other means of access, to any University premises.
    b. Unauthorized entry to or use of University premises.
    c. Contributing to or participating in the unauthorized entry of an individual into a student room or building facility.

8. Violation of any University policy, rule or regulation.

9. Violation of any federal, state or local law.

10. Drugs, narcotics or other controlled substances except as expressly permitted by federal, state and local laws or University policies (medical marijuana is not permitted on University property as it is prohibited by law):
    a. Use of drugs, narcotics or others controlled substances
    b. Possession of drugs, narcotics or other controlled substances
    c. Use of any substance with the intention of causing illness or injury
    d. Manufacturing of drugs, narcotics or other controlled substances
    e. Distribution of drugs, narcotics or other controlled substances
    f. Possession or use of drug paraphernalia; items that a reasonable person would believe are used in conjunction with drugs, narcotics or other controlled substances.

11. Alcohol policy:
    a. Use of alcohol by an individual under the legal drinking age
    b. Possession of alcohol by an individual under the legal drinking age
    c. Distribution of alcohol to any individual under the legal drinking age
    d. Public intoxication by any individual
    e. Use or possession of alcohol in a public space
    f. Use of alcohol leading to illness or injury
    g. Use or possession of bulk quantity or common sources of alcohol including but not limited to kegs, large open containers, or a large number of individual servings likely for use as a common source.
    h. Participating in drinking games or other high risk behavior including funneling
    i. Use or possession of alcohol in any buildings or floors designated as First Year Experience living spaces except resident rooms where all assigned residents of the room are of legal drinking age.
    j. Violation of other University alcohol policy.
    k. Use or possession of alcohol by any individual in substance free University housing.

12. CWRU Tobacco-Free policy – CWRU prohibits the use of tobacco products at all times on campus property. "Tobacco" refers to any product containing tobacco in any form. Tobacco products include, but are not limited to, cigarettes (clove, bidis, kreteks, e-cigarettes); cigars and cigarillos; pipes; all forms of smokeless tobacco; any other smoking devices that use tobacco, such as hookahs; and any other existing or future smoking, tobacco or tobacco-related products. "CWRU Property" refers to all interior space owned, rented or leased by CWRU and all outside property or grounds owned or leased by CWRU, including parking areas and private vehicles while they are on CWRU property and CWRU vehicles. https://case.edu/tobaccofree/policy

13. Guest Responsibility – students are responsible for the behavior of their guests when on University property or at any event sponsored by or affiliated with the University. Students may be held accountable for violation of any policy by guests. Students who do not make reasonable efforts to inform guests of policies and control guest behavior will be more likely to be responsible for a violation. The University may take action with guests including but not limited to enacting a ban from campus or filing criminal charges. The definition of guests includes but is not limited to, any person, including other students, that a student allows into his/her room, residence hall or to campus, and/or any person that would be considered the

guest of a student by a reasonable person. With approval of all roommates/suitemates, overnight guests may be accommodated in residence facilities for a maximum of three (3) consecutive nights.

14. Weapons Policy - Possession or use of any item considered a weapon on University premises is strictly prohibited. Having any such item mailed, delivered or otherwise sent to any University premises is also considered a violation. This includes but is not limited to:
    a. Firearms of any kind
    b. Knives/Swords/Other sharp weapons
    c. Explosives/Ammunition
    d. Dangerous Chemicals
    e. Kitchen utensils not used for their intended purpose
    f. Blunt weapons
    g. Tasers, Mace, Pepper Spray
    h. Simulated Weapons (e.g. airsoft or BB guns)
    i. Athletic Equipment not used for intended purpose

15. Participating in a demonstration, riot or activity that unreasonably disrupts the normal operations of the University and/or infringes on the rights of other members of the University community; leading or inciting others to significantly disrupt scheduled or normal activities.

16. Gambling – Any kind of betting, gaming or competition where money or other items of value are at stake. This may exclude some raffles, philanthropy events or other events approved by the appropriate University office.

17. Conduct that is:
    a. Disorderly
    b. Lewd
    c. Indecent
    d. Breach of peace
    e. Violation of residence hall quiet hours or courtesy hours. Quiet Hours are in effect: Sunday – Thursday: 11:00pm-10:00am, Friday - Saturday: Midnight -10:00am. Courtesy hours are in effect 24 hours every day.
    f. Aiding, abetting, or procuring another person to breach the peace.
    g. Solicitation of materials, services, or commercial activities of any type in residence facilities without written permission or registration from the appropriate office.
    h. Making an audio, video, photographic or other record of any person while on University premises or at any event sponsored by or affiliated with the University without prior knowledge or effective consent when such a recording may cause harm, injury or distress.
    i. Creating/distributing pornographic material on University premises or at any event sponsored by or affiliated with the University or that uses University property or resources.
    j. Hall Sports - participating in unapproved physical recreational activities inside a residence hall.

k. Violation of any University Service Animal, Assistance Animal, Pet Policy or other policy related to companion or support animals.
l. Endangering, cruelty, neglect or harm to a companion, service or assistance animal.

18. Violation of the University fire safety policy including, but not limited to :
    a. Setting a fire/Arson
    b. Sounding a false alarm
    c. Falsely reporting fire, bomb threats, serious injury, or any other emergency
    d. Intentionally or negligently activating a fire alarm when no fire is present
    e. Tampering with a fire alarm pull station or fire suppression system
    f. Using a fire extinguisher in a non-emergency situation
    g. Not evacuating the building during a fire alarm
    h. Tampering with a smoke/particle detector; sprinkler heads, or other fire safety equipment
    i. The blocking of any inside or outside exit, fire doors, corridors, hallways or tampering with self-closing mechanisms.
    j. Use or possession of any CWRU Office of Environmental Health & Safety, Fire Safety Prohibited Items https://case.edu/ehs/safety-subject/fire-safety/prohibited-items

19. Technology - Theft or other abuse of computer facilities and resources including but not limited to:
    a. Unauthorized entry into a file, to use, read, or change the contents, or for any other purpose.
    b. Unauthorized transfer of a file.
    c. Use of another individual's identification and/or password.
    d. Use of computing facilities and resources to interfere with the work of another student, faculty member or University official.
    e. Use of computing facilities and resources to send obscene or abusive messages.
    f. Use of computing facilities and resources that interfere with normal operation of the University computing system.
    g. Use of computing facilities and resources in violation of copyright laws.
    h. Any violation of any University computer use policy.

20. Abuse of conduct system, including but not limited to:
    a. Failure to obey a notice from a conduct board or University official to appear for a meeting or hearing as part of any student conduct system.
    b. Falsification, distortion, or misrepresentation of information before any student conduct board.
    c. Disruption or interference with the orderly conduct of a student conduct board proceeding.
    d. Participating in a student conduct code meeting, hearing or other disciplinary process in a way that is dishonest.
    e. Attempting to discourage an individual's proper participation in, or use of the student conduct system.
    f. Attempting to influence the impartiality of a member of a hearing board prior to, and/or during the course of, the hearing board process.

g. Harassment (verbal and/or physical) and/or intimidation of a member of a hearing board prior to, during, or after a student conduct proceeding.
h. Failure to comply with the sanction(s) imposed under the student code.
i. Influencing or attempting to influence another person to commit an abuse of the code of conduct or processes associated with it.

C. Violation of Federal, State and/or Local Law and University Discipline

1. University disciplinary proceedings may be instituted against a student charged with conduct that potentially violates both the criminal law and the code of conduct (that is, if both possible violations result from the same factual situation or incident) without regard to the pendency of civil or criminal litigation in court or criminal arrest and prosecution. Proceedings under this student code may be carried out prior to, simultaneously with, or following civil or criminal proceedings off campus at the discretion of the Vice President of Student Affairs or a designee. Determinations made or sanctions imposed under this student code shall not be subject to change because criminal charges arising out of the same facts giving rise to violation of University rules were dismissed, reduced, or resolved in favor of the criminal law defendant.

2. When a student is charged by federal, state or local authorities with a violation of law, the University will not request or agree to special consideration for the individual because of his or her status as a student. If the alleged offense is also being processed under the student code of conduct, the University may advise off-campus authorities of the existence of the student code and of how such matters are typically handled within the University community. The University will attempt to cooperate with law enforcement and other agencies in the enforcement of criminal law on campus and in the conditions imposed by criminal courts for the rehabilitation of student violators (provided that conditions do not conflict with campus rules or sanctions). Individual students and other members of the University community, acting in their personal capacities, remain free to interact with governmental representatives, as they deem appropriate.

Article IV: Student Conduct Code Procedures

A. Determination of Conduct Charges and Resolution

1. Any person may allege that a student or student organization violated the student code of conduct.

2. Upon review of any allegation, the Director of Student Conduct & Community Standards or a designee will determine the appropriate conduct process for resolution and appropriate conduct charges. Possible conduct policy violations (Article III, Section B), mitigating and aggravating factors and prior misconduct will be considered in determining the resolution path.

    a. The Administrative Hearing Process (Article IV, B) will be appropriate when there is no possibility of Disciplinary Probation, University Separation or University Expulsion being imposed as sanctions.

b. The Formal Hearing Process (Article IV, C) will be appropriate if there is any possibility of Disciplinary Probation, University Separation or University Expulsion being imposed as a sanction or if the incident had a significant impact to the University community or other individuals.

c. The allegation will be referred to a different resolution process if there are possible policy violations that fall outside the scope of the Student Code of Conduct.

d. The allegation will be dismissed if the available information supports that the incident does not fall within the scope of the Student Code of Conduct or any other policy.

B. Administrative Hearing Process

1. The Director of Student Conduct & Community Standards or a designee may conduct an investigation to determine if there is sufficient information to find a possible violation. If there is insufficient information then the case will be dismissed. If there is sufficient information, then the Director of Student Conduct & Community Standards or a designee will determine if the charges can be resolved without a hearing by mutual consent of the parties involved on a basis acceptable to the Director of Student Conduct & Community Standards. This may include:

   a. Agreement regarding responsibility for alleged violations and imposed sanctions between the University official and the respondent as long as sanctions do not include Disciplinary Probation, University Separation or University Expulsion.

   b. Agreement to dismiss the case as lacking sufficient evidence to support any violation of the student code of conduct.

   c. Agreement that the University Medical Amnesty policy applies (Article IV, D).

   In any of these instances, such disposition shall be final and there shall be no subsequent proceedings or appeals.

2. If charges are not dismissed, if charges are not admitted to, if charges cannot be resolved by mutual consent, if sanctions are not agreed to, or if medical amnesty is not granted, the case will be referred to the Office of Student Conduct & Community Standards for resolution through the administrative hearing process.

3. An administrative hearing will be scheduled. The administrative hearing date, time and location will be communicated to the respondent at least five business days prior to the hearing. A respondent may choose to waive this notice in the interests of expediting resolution of the case.

4. The respondent may review all information relevant to the hearing. Information will be available at least five business days prior to the hearing.

5. Administrative Conduct Hearings shall be conducted according to the following guidelines:
    a. Administrative Conduct Hearings shall be conducted in private.
    b. A single hearing officer will determine responsibility for the alleged policy violations and possible sanctions.
    c. The respondent has the right to be assisted by an advisor of their choice, at their own expense. The respondent is responsible for presenting relevant information to the hearing officer. Advisors may advise their advisee but are not permitted to speak or participate in the hearing. Normally, hearings will not be delayed or rescheduled to accommodate advisors.
    d. The hearing officer, respondent, an advisor of the respondent's choice (if any), and the investigator (if any) shall be allowed to attend the entire portion of the administrative conduct hearing except for the hearing officer's deliberation.
    e. The respondent and the investigator (if any) will have an opportunity to present information relevant to the allegations.
    f. The respondent and investigator may request witnesses to present pertinent information to the hearing officer. The Director of Student Conduct & Community Standards or designee will determine relevancy of witnesses. Normally, hearings will not be delayed or rescheduled to accommodate witnesses.
    g. Approved witnesses shall be allowed to attend a portion of the hearing where they will present relevant information and answer questions.
    h. The hearing officer and the respondent may ask questions of the respondent, the investigator and witnesses.
    i. After all appropriate parties have had an opportunity to present information to the hearing officer and ask questions, the hearing officer will deliberate to determine responsibility for alleged violations. Deliberations will be in private. The hearing officer may confer with the Director of Student Conduct & Community Standards or designee during deliberations.
    j. If responsibility for any violation is determined, the hearing officer will deliberate to determine appropriate sanctions. Sanctions will be determined based on the violations for which the respondent is found responsible, prior misconduct, factors considered aggravating and factors considered mitigating. The hearing officer may confer with the Director of Student Conduct & Community Standards or designee during deliberations.
    k. In hearings involving more than one respondent, the Director of Student Conduct & Community Standards or designee may permit the respondents to participate in the hearing separately or together. Respondents may request to have decisions rendered separately or together.
    l. Pertinent records, exhibits and written statements (including student impact statements) may be accepted as information for consideration by the hearing officer at the discretion of the Director of Student Conduct & Community Standards or a designee. All relevant information must be submitted by the complainant and respondent at least two business days before the scheduled hearing.

m. All procedural questions are subject to the final decision of the Director of Student Conduct & Community Standards or designee.
n. The hearing officer's determination of responsibility for each violation shall be made on the basis whether there is a preponderance of the evidence, or whether it is more likely than not, that the respondent violated the student code of conduct.
o. Formal rules of process, procedure, and/or technical rules of evidence, such as are applied in a criminal or civil court, are not used in the student conduct proceedings.

6. If with proper notice, the respondent and/or investigator do not appear for a conduct hearing, the available information regarding alleged violations shall be presented and considered without such parties present.

7. The hearing officer may accommodate concerns for the personal safety, well-being, and/or fears of confrontation of the respondent, and/or witnesses during the hearing by providing separate facilities, by using a visual screen to separate participants, and/or by permitting participation by telephone, video conferencing, video recording, audio recording, written statement or other means. Decisions regarding participation will be made by the Director of Student Conduct & Community Standards or designee.

C. Formal Hearing Process

1. The Director of Student Conduct & Community Standards or a designee may conduct an investigation to gather information and determine if there is sufficient information to find a possible violation. If there is insufficient information then the case shall be dismissed. If there is sufficient information then the case shall proceed to a formal hearing.

2. A formal conduct hearing will be scheduled. The hearing date, time and location will be communicated to the respondent at least five business days prior to the hearing. A respondent may choose to waive this notice in the interests of expediting resolution of the case.

3. The respondent may review all information relevant to the hearing. Information will be available at least five business days prior to the hearing.

4. Formal Conduct Hearings shall be conducted according to the following guidelines:
   a. Formal Conduct Hearings shall be conducted in private.
   b. A hearing board normally consisting of three individuals who will determine responsibility for the alleged policy violations and possible sanctions as well as a non-voting board chair. For Greek Student Organizations, normally five individuals will serve on the hearing board.
   c. The respondent has the right to be assisted by an advisor of their choice, at their own expense. The respondent is responsible for presenting relevant information to the hearing board. Advisors may advise their advisee but are not permitted to speak or participate in the hearing. Normally, hearings will not be delayed or rescheduled to accommodate advisors.
   d. The hearing board, respondent, an advisor of the respondent's choice (if any) and the investigator (if any) shall be allowed to attend the entire portion of the formal conduct hearing except for the hearing board's deliberations.

e. The respondent and the investigator will have an opportunity to present information relevant to the allegations.
f. The respondent or investigator may request witnesses to present pertinent information to the hearing board. The Director of Student Conduct & Community Standards or designee will determine relevancy of witnesses. Normally, hearings will not be delayed or rescheduled to accommodate witnesses.
g. Approved witnesses shall be allowed to attend a portion of the hearing where they will present relevant information and answer questions.
h. The hearing board and respondent may ask questions of the respondent, the investigator and witnesses.
i. After all appropriate parties have had an opportunity to present information to the hearing board and ask questions, the hearing board will deliberate to determine responsibility for alleged violations. Deliberations will be in private. The hearing board may confer with the Director of Student Conduct & Community Standards or designee during deliberations.
j. If responsibility for any violation is determined, the hearing board will deliberate to determine appropriate sanctions. Sanctions will be determined based on the violations for which the respondent is found responsible, prior misconduct, factors considered aggravating and factors considered mitigating. The hearing board may confer with the Director of Student Conduct & Community Standards or designee during deliberations.
k. In hearings involving more than one respondent, the Director of Student Conduct & Community Standards or designee may permit the students to participate in the hearing separately or together. Respondents may request to have decisions rendered separately or together.
l. Pertinent records, exhibits and written statements (including impact statements) may be accepted as information for consideration by the hearing board at the discretion of the Director of Student Conduct & Community Standards or a designee. All relevant information must be submitted at least two business days before the scheduled hearing.
m. All procedural questions are subject to the final decision of the Director of Student Conduct & Community Standards or designee.
n. The hearing board's determination of responsibility for each violation shall be made on the basis whether there is a preponderance of the evidence, or whether it is more likely than not, that the respondent violated the student code of conduct.
o. Formal rules of process, procedure, and/or technical rules of evidence, such as are applied in a criminal or civil court, are not used in the student conduct proceedings.

5. There shall be a single verbatim record, such as a digital recording, of all formal hearings before a student conduct board. Deliberations shall not be recorded. The record shall be the property of the University.

6. If with proper notice respondent and/or investigator, do not appear for a conduct hearing, the available information regarding alleged violations shall be presented and considered without such parties present.

7. The Director of Student Conduct & Community Standards or designee may accommodate concerns for the personal safety, well-being, and/or fears of confrontation of the respondent, and/or witnesses during the hearing by providing separate facilities, by using a visual screen to separate participants, and/or by permitting participation by telephone, video conferencing, video recording, audio recording, written statement or other means. Decisions regarding participation will be made by the Director of Student Conduct & Community Standards or designee.

D. Greek Student Organization Hearing Process
   1. When an allegation against an entire chapter occurs, unless precluded by allegation severity, preexisting sanctions, or recent findings of responsibility, the chapter president will meet with a Vice-President of Administration (VPA) from the Panhellenic Council or the Interfraternity Council and a representative from the Greek Life Office to discuss the allegations, resolution options and possible sanctions.
      a. If the chapter accepts responsibility for all allegations, and possible sanctions do not include Recognition Removal, the chapter will follow the outlined process in the Panhellenic Council and Interfraternity Council bylaws. Based on chapter history, including preexisting sanctions, a Greek Life Joint Judicial Board hearing may take place.
      b. If the chapter does not contest the violations but does not accept responsibility, and possible sanctions do not include Recognition Removal, an Informal Greek Life Joint Judicial Board hearing will occur (IV, D, 2).
      c. If the chapter pleas not responsible, a formal Greek Life Joint Judicial Board hearing will occur (IV, D, 3).
      d. If Recognition Removal is a possible outcome, regardless of whether responsibility is accepted, a Formal University Greek Life Conduct Hearing will occur (IV, C).

   2. Informal Greek Life Hearing
      a. The Panhellenic Council/Interfraternity Council Judicial Board will review the available information and determine responsibility and possible sanctions.
      b. The chapter may have an advisor but witnesses may not be requested.

   3. Formal Greek Life Hearing
      a. The Panhellenic Council/Interfraternity Council Judicial Board will review the available information and determine responsibility and possible sanctions.
      b. The chapter may have an advisor and witnesses may be requested.

E. Non Greek Student Organization Hearing Process

   1. All other recognized student organizations will follow the conduct process outlined in Article IV, A-C.

F. Medical Amnesty:

Case Western Reserve University seeks to promote a community of care through providing Medical Amnesty for individuals and organizations who seek medical attention related to medical emergencies for alcohol and drugs. To ensure that a student obtains the help they need for these potentially life-threatening emergencies, CWRU seeks to reduce barriers to seeking assistance.

Case Western Reserve University's Medical Amnesty Policy eliminates Student Code of Conduct consequences for students and/or organizations seeking assistance, for the assisted individual and for others involved. The policy applies when the allegations under the Student Code of Conduct or other policies involve consumption of alcohol, use of drugs or disorderly conduct. The policy does not preclude disciplinary action regarding other policy violations, such as causing or threatening physical harm, sexual violence, damage to property, fake identification, unlawful provision of alcohol or other drugs, harassment or hazing.

In order for this protocol to apply, the assisted student must agree to timely completion of assigned alcohol and/or drug education activities, assessment, and/or treatment (assigned by Case Western Reserve University depending on the level of concern for student health and safety). Failure to complete recommended follow-up will normally result in revocation of Medical Amnesty. Repeated incidents may prompt a higher degree of medical concern with additional steps taken.

Likewise, organizations involved in an incident must agree to take recommended steps to address concerns, such as educational follow-up. Multiple incidents may result in revocation of an organization's recognition. Medical Amnesty does not negate the University's obligation to notify the CWRU Police Department as required by Ohio State Law. The Medical Amnesty Policy represents the University's commitment to increasing the likelihood that community members will call for medical assistance when faced with an alcohol and/or drug emergency. The Medical Amnesty Policy also promotes education for individuals who receive emergency medical attention related to their own use of alcohol or other drugs in order to reduce the likelihood of future occurrences.

G. Sanctions

1. The following sanctions may be imposed upon any student found to have violated the Student Code:

   a. Warning – A written notice to the respondent communicating that a violation of the code of conduct has occurred and that a conduct record is on file within the University.
   b. Deferred Disciplinary Probation – A written notice to the respondent that a violation of the code of conduct has occurred, that a conduct record is on file within the University and that any additional violations of the code of conduct will likely lead to Disciplinary Probation. Deferred Disciplinary Probation is for a set period of time.
   c. Disciplinary Probation – A written reprimand to the respondent communicating that a serious violation of the code of conduct has occurred and/or multiple violations of the code of conduct have occurred; that a conduct record is on file within the University and

that any additional violations of the code of conduct will likely lead to some level of separation from the University. Disciplinary Probation is for a set period of time and shall not exceed 18 months for a single incident that is a violation of the Student Code of Conduct. Disciplinary Probation may lead to a loss of privileges including, but not limited to, being ineligible to represent the University in intercollegiate activities, hold an elected or appointed office or committee leadership in any campus organization, study abroad and/or pledge a fraternity or sorority for the duration of the probationary period. University scholarships may be revoked for a period of time while the student is placed on Disciplinary Probation.

d. University Housing Separation – Separation of the student from University housing for a defined period of time, after which the student is eligible to petition to return to housing. Conditions for readmission to housing may be specified.
e. University Housing Expulsion – Permanent separation of the student from University housing. A ban from visiting, entering or being in the vicinity of any University housing is included as part of this sanction unless otherwise specified.
f. University Separation – Separation of the student from the University for a defined period of time, after which the student is eligible to petition to return to the University. Separation from the University shall not exceed 24 months for a single incident that is a violation of the Student Code of Conduct. A separated student may not enroll in classes or be a part of any University related activities. A ban from the University campus and from participation in University related activities and events is included as part of this sanction unless otherwise specified. Upon completion of separation period and approval of petition by the University, readmission to the University may occur.
g. University Expulsion – Permanent separation of the student from the University. A ban from the University campus and from participation in University related activities and events is included as part of this sanction unless otherwise specified.
h. Persona Non Grata – A ban from entry to specified areas of University premises, including the entire campus if directed, for a specified or permanent period of time.
i. No Contact Directive – Directive banning contact with another University community member while one or both are members of the University community.
j. Loss of Privileges – Denial of specified privileges for a designated period of time or permanently.
k. Restitution – Compensation for loss, damage or injury. This may take the form of appropriate service and/or monetary or material replacement.
l. Educational Sanctions – assignments, essays, service to the University or outside community or other related discretionary or educational assignments.
m. Revocation of admission and/or degree – Admission to or a degree awarded from the University may be revoked for fraud, misrepresentation, or other violation of University standards in obtaining the degree, or for other serious violations committed by a student prior to graduation.
n. Withholding Degree – The University may withhold awarding a degree otherwise earned until the completion of the process set forth in the code of conduct, including the completion of all sanctions imposed.
o. Mental Health Evaluation – The University may require the student to complete a specified mental health evaluation. Being allowed to return to the University or return to

other specified activities may be contingent on successful completion of such an evaluation.

2. More than one of the sanctions outlined above may be imposed for any single violation.

3. Prior misconduct and other factors may be taken into account when determining sanctions.

4. Other than University expulsion, revocation of a degree or withholding of a degree, sanctions shall not be made part of the student's permanent academic record. Instead, they shall become part of the student's disciplinary record.

5. The following sanctions may be imposed upon student organizations:
   a. Those sanctions outlined above in Article IV(B)(1);
   b. Loss of selected organizational rights and privileges for a specified period of time.
   c. Loss of recognition and all student organization privileges for a specified period of time.
   d. Discretionary sanctions that some or all members of the organization must complete.

H. Interim Measures

In certain circumstances, the Vice President of Student Affairs or designee may impose interim measures prior to a formal conduct hearing. Interim measures may include but are not limited to sanctions outlined in Article IV, Section G.1.

Additionally interim measures may include a temporary suspension of academic work within a semester where a student maintains enrollment but may not participate in academic work or other specified University related activities until such a suspension is lifted.

1. Interim measures may be imposed:
   a. to ensure the safety and well-being of members of the University community and/or preservation of University property;
   b. to ensure the student's own physical or emotional safety and well-being;
   c. if the student poses an ongoing threat of disruption or, or interference with, the normal operations of the University.
   d. for other reasons deemed appropriate by the Vice President of Student Affairs or a designee.

2. Interim measures do not replace the regular conduct process, which shall proceed normally as required. Upon resolution of the regular conduct process, any sanctions imposed at that time may take the place of interim measures.

3. In addition to the imposition of interim measures as outlined above, the University may also require some kind of specified mental health evaluation. Being allowed to return to the University or return to other specified activities may be contingent on successful completion of such an evaluation.

I. Appeals

1. A decision reached by a hearing officer or hearing board may be appealed by the respondent within five business days (days the University is open) from the time the hearing decision is made available. Appeal petitions shall be submitted in writing or electronically to the Office of Student Conduct & Community Standards.

2. The board chair or hearing officer will have an opportunity to review the appeal petition and submit a brief response within three business days (days the University is open) from the time the appeal petition is made available.

3. For cases heard by a formal hearing board, the appeal board shall consist of three members of the University Student Affairs leadership team or their designees.

4. For cases heard by a single administrator, the appeal board shall consist of a single member of the University Student Affairs leadership team or a designee.

5. An appeal shall be limited to a review of the appeal petition, response to the appeal petition, information available in the hearing, the verbatim record of the hearing and supporting documents for one or more of the following grounds:

    a. Evidence that established procedures were not followed in a manner that would have significantly affected the hearing outcome.

    b. New information not available at the time of the hearing, which would have significantly affected the hearing outcome.

    c. The sanctions are substantially disproportionate to the severity of the violation.

6. The role of the appeal board or appeal officer is not to adjudicate the case as a second hearing. The appeal board will limit the scope of the review to the grounds outlined above. If an appeal is granted on appeal grounds 5a or 5b, the case may be returned to the original conduct hearing board for re-opening of the hearing to allow reconsideration of the original decision. If an appeal is granted on appeal ground 5c, the appeal board may render new sanction(s). If an appeal is not granted, the matter shall be considered final and binding upon all involved.

7. Independent of the normal Appeal Process, the University reserves the right to rehear a case if the Vice President of Student Affairs or designee determine that established procedures were not followed in a manner that significantly affected the hearing outcome.

Article V: Interpretation and Revision

A. Any question of interpretation or application of the student code shall be referred to the Vice President of Student Affairs or a designee for final determination.

B. The University student code of conduct shall be reviewed every year under the direction of the Vice President of Student Affairs or a designee.

SECTION 2: CLINICAL REQUIREMENTS

CLINICAL REQUIREMENTS IN SPEECH-LANGUAGE PATHOLOGY

Clinical education is viewed as a dynamic process, which prepares practitioners who manifest the following characteristics:

- A broadly-based foundation of knowledge in communication sciences and disorders, with emphasis on a processing framework that helps the student analyze and synthesize information.
- A problem-solving attitude of inquiry and decision making as represented in the scientific method.
- A high level of applied skill competency in clinical diagnosis and treatment.
- An ability to participate in the inter-professional rehabilitation management of clients.
- The ability to communicate effectively and professionally with clients, their families and with other professionals.

Clinical education offers preparation necessary to meet requirements for the following:

1. **ASHA Certificate of Clinical Competence** in Speech-Language Pathology
2. **Ohio Licensure** in Speech-Language Pathology

Appropriate application forms and specific requirements for each of these certificates and licenses are available in the office of the Department of Communication Sciences.

Clinic Manual Self-Assessments
On the following pages, you will find 4 quizzes designed to ensure your awareness and understanding of issues critical to successful completion of the clinic education program.

All students must pass the self-assessments prior to the completion of their first semester of clinic. All students must pass the self-assessments to receive a clinic grade for their first semester. The standard for passing is 80% on all 4 quizzes.

Please read this clinic manual and complete each quiz.

Turn your completed quizzes in to the Clinic Program Director by mid-term of your first semester of clinic.

Students who do not pass will re-write and re-submit their responses until a passing score is reached.

GRADUATE STUDENT MANUAL – SELF ASSESSMENTS

Name: _____

Date of Assessment:	**Score:**	**Retake Date/Score:**
Quiz 1. _____	**Quiz 1. _____**	**_____/_____**
Quiz 2. _____	**Quiz 2. _____**	**_____/_____**
Quiz 3. _____	**Quiz 3. _____**	**_____/_____**
Quiz 4. _____	**Quiz 4. _____**	**_____/_____**

QUIZ 1

1. What are the requirements you must complete prior to clinic placement?

2. What is HIPPA and how does it apply to clinical work?

3. What are Universal Precautions? Why are they important?

4. Which professional behaviors do you think will be most important for you to exhibit in your clinical work?

5. Clinical placements are determined by the _____. I can/cannot (circle) change the terms of my clinical placement/contract as long as the clinical instructor agrees. As a student, it is my responsibility to notify _____ and _____ in the unlikely event of an absence from my placement.

6. What are the minimum number of clinical hours required by ASHA? By this program? What are the categories of clinical hours?

QUIZ 2

1. What is evidence-based practice and why is it important?

2. How can learner outcomes be used in your clinical setting?

3. Explain what you would do if you had a question about a client's diagnosis.

4. How often should you expect feedback from your clinical supervisor? What would you do if this expectation is not met?

QUIZ 3

1. When confronted with questions regarding professional boundaries, what ASHA documents should be consulted?

2. What part(s) of the ASHA Code of Ethics do you consider most important in clinical practice and why?

3. What is KASA and what does it ensure?

4. Why do you think ASHA is important?

5. Where are your clinical hours, evaluations and KAS requirements recorded each semester?

6. I have read the CALIPSO student guide and understand how to manage my record on CALIPSO.
(Circle one) YES NO

I have reviewed and understand all CWRU, graduate Studies and COSI program policies and procedures included in this manual.

Signature: _____

QUIZ 4

1. Who is responsible for ensuring that all paperwork and deadlines are met/complete for graduation?

2. What are the requirements for:
    a. Taking the comprehensive examination? (Plan B- Meta-Analysis)

    b. Writing a thesis? (Plan A)

    c. Graduation?

3. Where can you access information regarding the PRAXIS exam?

4. List the steps required to ensure successful checkout form the department.

SPECIFIC CLINICAL REQUIREMENTS AND PROCEDURES

Student Clinicians
Student externs work in cooperation with certified speech-language pathologists and/or audiologists in the delivery of services to communicatively impaired persons. The practicum experience is designed to facilitate application of principles and procedures gained through academic course-work and clinical observations to the actual delivery of services. Practicum assignments are chosen to allow for the gradual development of those skills required for independent functioning as clinical speech-language pathologists. Student responsibilities during each practicum assignment are determined based on 1) American Speech-Language and Hearing Association (ASHA) certification standards, 2) the student's level of competence, and 3) the policies and procedures of the facility where the student is placed.

During each semester of enrollment in the Master's degree program students are required to participate in clinical practicum and enroll in COSI 452: Graduate Clinical Practicum. All Master's students must have completed an undergraduate course in Clinical Procedures before enrolling in COSI 452.

COSI Program Clinical Simulation Policy
In 2016, the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) gave CAA-accredited programs* the option of obtaining clinical hours through the use of clinical simulation. Please see the Clinical Simulation FAQ's from ASHA for more information about this option:

In the CWRU COSI program, students may earn up to 25 clinical hours, with no more than 5 hours per clinical category permitted, toward their minimum clinical hour requirements through use of SimuCase. The clinical program director may allow a student to add more SimuCase hours in extenuating circumstances (e.g., student illness). SimuCase is an online program that allows practice in assessment and intervention with virtual patients. https://www.simucase.com/

SimuCase studies have been incorporated into COSI program required coursework beginning in the spring semester of the first year of graduate study.

SimuCase studies completed by students outside of required coursework for clinical clock hours must receive prior approval by the clinical program director, to ensure compliance with supervision requirements set forth by the CFCC.

**The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) is the semi-autonomous accrediting arm of the American Speech-Language Hearing Association. Accreditation by the CAA ensures that graduates of accredited programs possess the knowledge and skills for entry into their clinical fellowship year in speech language pathology.*

Procedures for Obtaining Clinical Assignments
Students must have a 3.0 GPA to be enrolled in clinic. Clinical assignments are made by the clinic program director in collaboration with CHSC and externship supervisors. Procedures for clinical assignments are as follows:

1. The first semester clinical practicum assignments are completed by the first week of the fall semester. Every effort is made to provide each student with experience in pediatric and adult clinics, for the fall and spring semesters of the first year.
2. Starting at the end of the first semester of graduate school, students meet with the clinical program director to discuss their first semester clinical experience, and coursework as well as their clinical career aspirations. Long term plans for extern clinical placements are discussed.
3. Students are eligible for extern placements in the summer semester after the first year of their program.
4. The clinic program director contacts CHSC and/or externship supervisors to determine potential placements for the student to fulfill clinical hour requirements and to address clinical career aspirations.
5. In the first year, assignments are given to students by the beginning of the first week of classes. Students should contact their clinical supervisors immediately and make arrangements to begin clinical assignments. In the second year for extern assignments, students will complete all onboarding tasks up to 2 months prior to their clinic start date; assignments are given prior to onboarding requirement completion.
6. Any revisions in schedule are completed by the end of the second week of classes.
7. Students begin clinical work by the second week of classes. Students should contact the clinic program director immediately if there are any difficulties/concerns related to their clinical assignment (e.g., decrease

in hours projected; change in supervisor's schedule; concerns about skills in clinic).

8. Students terminate clinical work at the END of regularly scheduled courses. (No clinic final exam week.) Students may continue their placements for a longer period of time if approved by their supervisor and the clinic program director.
9. In some cases, a student's clinical assignment may continue across a two-semester period. Extension of an assignment for more than one semester should benefit the student's training needs. Such decisions are made at the discretion of the clinic program director with input from the clinical supervisor/instructor and the student. It should be noted that some externships require specific coursework completion, and/or interviews. The clinical program director will inform all students of these requirements by midterm in the spring semester of the first year of study. Student interest, and faculty and CHSC supervisor feedback regarding student readiness for extern assignment is considered in the placement process.

Graduate Practicum Course Requirements

1. All students participating in Graduate Practicum assignments must be enrolled in COSI 452.
2. All full-time graduate students will initially be assigned to clinical duties at CHSC for approximately 4-8 hours per week. Once a student has successfully completed approximately 100 contact hours, they can be considered for an externship site placement. Externship placements are typically made for 20-40 hours per week during the second year of graduate work.

   During the summer semester, students are encouraged to schedule 2-4 full days per week of clinical assignments (8 weeks minimum). This allows students to simulate the professional expectations and hours of a speech-language pathologist in a typical job setting. It also allows students to complete a large number of clinical hours during a period of time when coursework is minimal.

   Externship sites vary in the time commitments required. Some sites require that students work 4-5 days per week; other sites vary their expectations in relation to the goals and needs of the student. Some sites interview potential student externs from CWRU and other area programs prior to selecting the candidate for the position. Faculty and CHSC supervisor feedback regarding student readiness for extern assignment is considered in the extern placement process.
3. Students enrolled in Graduate Clinical Practicum are required to attend all sessions of the practicum course. Unexcused absences from this course will result in the lowering of the student's semester grade by one letter grade.
4. All students must submit two (2) completed Evaluation of video/audio recorded sessions per semester.
5. All clinical hours are recorded by students and approved by clinical supervisors on CALIPSO. The Clinic Program Director reviews approved hours at the end of each semester.
6. A student's grade for the Graduate Practicum course (COSI 452) will be determined from their clinical performance (as evaluated by their clinical supervisor(s)), their attendance at COSI 452 class, and their performance on class assignments. When students are placed with more than one supervisor, their clinic grade will be weighted in relation to the number of hours earned with each supervisor.
7. Students must meet with the Clinic Program Director 30 days prior to graduation to initiate a final clinical hours certification check.

Expectations

Students should view themselves as professionals while participating in their clinic assignments. It is assumed that graduate clinicians are responsible and will take initiative in meeting all clinical and professional expectations in their clinical assignments. Students are expected to conform to procedures used at each of their educational sites. Specific guidelines will be provided at CHSC and each externship.

Clinical Contracts

When students approach one of the Clinical Supervisors to arrange clinical assignments, THEY ARE, IN EFFECT, ENTERING INTO A VERBAL CONTRACTUAL AGREEMENT WITH THE INSTRUCTOR. Students <u>may not</u> alter the contract unless the changes are approved by the clinical supervisors and the clinic program director. In addition to the verbal agreement, clinical supervisors will complete a written clinical contract with the student. A copy of that contract is provided in Appendix B. Despite requirements of coursework, obligations to clients and supervisors may not be offset.

Absences from Assignments

Clinical absences require notification of the supervisor, clinical program director (and client when appropriate) within

a timely fashion. Rules regarding absence from clinical duties are as follows: with exception of illness, family emergencies, and university holidays, your contractual agreement with your clinical supervisor must be honored. Students should inform their clinical instructors of upcoming university holidays and deadlines (i.e., date of end of the semester). Other causes for absences, such as religious holidays, will be considered on an individual basis by the clinic program director and the clinical supervisors upon submission of absence request. If there are more than two absences from a clinical assignment, your supervisor and clinical program director will notify you of the corrective action that must be taken to complete the clinical assignment.

Dress Code

The first impression a person often makes about another is their manner of dress. This is especially true when one seeks professional services. As a clinician, it is important that your appearance underscore and not distract from your professional image. Professional dress is conservative. This professional dress must be followed when seeing clients and when observing therapy. Failure to follow dress code will result in a less favorable evaluation.

1. Each student must purchase a polo shirt to be worn in clinic with khaki style/ chino style pants or black scrub pants.
2. The polo shirt must be worn tucked into the pants. When bending over, the shirt must touch the pants.
3. Makeup and jewelry must be worn conservatively.

Dress should not distract or inhibit a graduate clinician's ability to conduct clinical duties effectively. Dress codes at externships may vary from the polo shirt/ khaki pants/black scrub pants uniform (e.g., scrubs at a hospital). Please talk with supervisors at each site to clarify dress expectations.

Professional Language

Any type of profanity or swearing is not allowed. This restriction includes swearing that may be allowed on television or PG rated movies. In addition, when dealing with clients or their families, one should be careful in using other examples of unprofessional language such as slang or inappropriate humor. Your communications with clients, their families, the clinical staff, and the secretarial staff should always be polite. All supervisors should be addressed formally; thus, they should be addressed as Dr., Mrs., Ms., or Mr. at all times. Adult clients and parents of child clients should always initially be addressed formally.

Professionalism

Professionalism encompasses the above areas of professional dress and professional language. It also includes other behaviors, which are expected of a professional. As you are in training to become a professional, it is essential that you develop appropriate professional behaviors. Among these professional behaviors are:

1) Punctuality for meetings, deadlines, and therapy sessions
2) Dependability
3) Ability to take and act upon constructive criticism
4) Ability to voice appropriately your opinions to your supervisors
5) Being aware of what you do and do not know
6) Appropriate non-verbal behaviors
7) Self- evaluating your performance
8) Demonstrating confidence
9) Intellectual curiosity
10) Ethical behavior
11) Non-discrimination
12) Emotional control
13) Demeanor
14) Attitude

As you will throughout your career, you need to independently seek out information to improve your clinical knowledge and skills. Most importantly, professionalism entails a dedication to helping your clients improve in their ability to communicate. To that end, the American Speech Language Hearing Association has published the Code of Ethics, which serves as a guideline for professional, ethical conduct. Please review ASHA's Code of Ethics

External Placements

External placement decisions in speech-language pathology are made by the clinical program director with advice from the supervisory staff and faculty. Students must have 80-100 clinic hours before they can be considered for most external sites. Many sites require other specific requirements such as previous hospital experience. The

student must have an overall GPA of at least 3.0 to be considered for an external placement. Many sites require each student to complete a clinically oriented project as part of the practicum experience. Some externships also require that the student be interviewed before being accepted as an extern. Several factors will be taken into consideration for being given an external placement. Among them are the following:

1. Previous clinical experiences-types of clients seen
2. Number of clinical hours earned
3. Opinion of previous supervisors that you can make clinical decisions with a certain degree of independence
4. Previous coursework and classroom performance
5. Date of graduation-those near graduation will be given priority
6. Success in previous external practicum
7. Level of professionalism in interaction with others
8. Transportation available to site
9. Willingness and/or ability to follow requirements of the site
10. Number of hours available per week to give to site
11. Schedule flexibility
12. Interest in populations seen at a given available site
13. Availability of extern site placements

It should be stressed that being assigned any external placement is something that must be earned and is **not** a right. If a student has more than 50 hours from an undergraduate program other than CWRU, they will still be required to complete at least 25 hours in the CHSC before being considered for an external placement.

It is of paramount importance that you take full advantage of your external placements. External placements are invaluable training for future employment. Employers are highly impressed with a positive evaluation from an external supervisor. You should also remember that external supervisors are not paid for taking students and do it because they are dedicated to helping train future speech-language pathologists. They are, as a group, patient and willing to help students who demonstrate a sincere desire to improve their skills. Be sure to take advantage of attending team meetings and other experiences such as observing at other sites affiliated with your site.

From conversations with various external supervisors, the following will result in a more favorable evaluation:

- Enthusiasm toward working with the populations seen at the facility
- Completing independent reading on the types of disorders the clients at the site have
- Asking pertinent questions
- Requesting reading materials to increase fund of knowledge
- Independently searching for information for improving your therapy techniques
- Familiarizing yourself with assessment techniques used at the site
- Flexibility to changing schedules and demands
- Willingness to change approach if client is having difficulty
- Willingness and ability to counsel the families of clients seen
- Ability to empathize with client needs
- Willingness to try new procedures
- Punctuality in all areas
- Using time effectively
- Adapting to the note and report writing style used at the site
- Presenting in a positive constructive way at interdisciplinary meetings
- Ability to interpret diagnostic information
- Demonstrating the ability to use supervisor feedback successfully
- Willingness and ability to become more independent in clinical skills as the practicum experience proceeds
- Overall professionalism while at the site

Evaluation Procedures

The following outline presents the steps for evaluating students' progress during a semester of Clinical Practicum. All grading completed by supervisors will be documented on each students' CALIPSO data management system. The clinical program director will review CALIPSO documentation for each student at least twice a semester. Students should follow CALIPSO instructions for students. (see appendix A)

1. Evaluation of clinical skills is an ongoing process throughout the student's clinical education. At any point during the course of the semester, a Clinical Supervisor may request a conference to discuss a student's progress. The clinical supervisor needs to apprise the clinic program director of any issues or concerns that

arise relating to clinical education. (Sample forms for session feedback and midterm/end-of-semester evaluation are included in Appendix B of this document.) Students are also encouraged to make an appointment to meet with the clinic program director at any time during the semester to discuss their progress and performance in their practicum assignments.

2. At the beginning of each clinic, practicum students will meet with their supervisors and complete the supervisor and student forms to help identify how the supervisor can best help the student. (See Appendix B)
3. A midterm evaluation will be held by each student and supervisor to review performance and identify strengths and areas to be improved. A written copy of the midterm evaluation will be sent to the clinic program director.
4. At the conclusion of the semester the following should be completed:
    a. A written evaluation of the student's progress will be completed by the clinical supervisor, reviewed orally with the student and sent to the clinic program director.
    b. The student clinician will complete the Supervisor Evaluation Form and Student Evaluation of Clinical Placement on CALIPSO.
    c. The student will enter clinical hours for supervisor approval on CALIPSO.
    d. The student will make an appointment to meet with the clinic program director to review clinical strengths and areas to improve. This meeting will also provide an opportunity to discuss upcoming clinic placements and to update the clinic program director on progress toward ASHA requirements (clinical hours).
5. Within the final two weeks of the semester, the clinic program director and the clinical supervisors and externship clinical supervisors will share the following information:
    a. The student's clinical strengths and weaknesses
    b. Recommendations for clinical status and progress toward extern placement (as appropriate)
6. **Clinical Remediation**. Clinical practicum assignments are a privilege and students are expected to act in a professional manner. Students judged as acting in an unprofessional manner or making inadequate progress will be placed on clinical remediation. Clinical remediation status will be considered on an individual basis. When a student is placed on clinical remediation, the clinic program director will meet with the faculty and the clinical supervisors to define expectations for the student. These expectations will be defined in writing on the clinic remediation form (Appendix B) to the student and placed in their student file. The student's response to the requirements will determine whether they are returned to regular clinical status or dismissed from the clinical education program. Students who have not met the stipulations of the clinical remediation may not be permitted to complete their clinical requirements.
7. Grades will not be issued until all reports and clinical duties are completed to the supervisor's satisfaction. The student's grade may be lowered one letter grade each week that reports are overdue.

Clinical Remediation Plan
Case Western Reserve University- Department of Communication Sciences

Areas Requiring Attention

Student: _____ Course: _____

Academic Advisor: _____ Instructor/ Supervisor: _____

Semester: _____ _____

Area(s) Needing Attention:

Recommendations: Date: _____

Student Signature: _____ Advisor: _____ I/S:
Outcome:

Achieved: (Yes/No) Date: _____

Comments:

Signatures: Date: _____

Student: _____

Advisor: _____

Instructor/ Supervisor: _____

Adapted from University of Memphis Department of Audiology and Speech Language Pathology

Clinical Requirements

Name Badge: All graduate clinicians will be provided with a CWRU name badge at the beginning of fall semester. Badges must be worn whenever services are provided at CHSC. Some externship sites also require identification badges. If your clinic name badge, provided to you by the department, is lost or stolen, please contact the department office for a replacement badge.

Equipment*:* All practicum students are required to have a digital recorder for use in their practicum experience. Equipment should allow for quality recordings to enable students to do accurate transcription of speech/language samples.

Student Liability Insurance: All students participating in clinical practicum are required to purchase student liability insurance annually. Proof of insurance must be given to the clinic program director and filed in the student's clinic file. Insurance may be purchased through NSSHLA or through OSHA.

Student Externship Medical Statement*:* May be completed by a family physician or by Case Student Health Services 216-368-2450 at no cost. See attached form.

Copy of Current Immunizations including COVID vaccinations

Verification of Bloodborne Pathogen Training (please see page 71 for more information.)

Clinical: Signed CHSC/CWRU PSSC Clinic Workforce Confidentiality Agreement (see form)

Documentation of CPR Certification

Student Background Checks*:* You must complete fingerprinting/ background check prior to clinical practicum placement. Background checks are completed at orientation.

Documentation of Flu Shot: required by our community partners for placements October through March; documentation should be submitted to the program as soon as the flu shot is available in the fall of each year

CASE WESTERN RESERVE UNIVERSITY
COLLEGE OF ARTS AND SCIENCES

PROGRAM OF COMMUNICATION SCIENCES STUDENT EXTERNSHIP MEDICAL STATEMENT

Student name _____ Date of Exam _____

Date of Birth _____ Student ID# _____

This is to certify that I have examined the above-named person and have found them to be:

1. Free from apparent communicable disease.

2. Free from tuberculosis verified by two-step skin test (except for those with documentation of previously significant reaction).

3. Physically fit for work in a health care facility.

4. List known allergies

Signature Physician _____

Street Address _____ Telephone No. _____

City, State, Zip code _____

Note: This does not take the place of a complete physical examination. The physician may exempt the student from the above immunization requirements for medical reasons. This form was adapted from the ODHS Child Care Center/Type A and Certified Type B Family Day Care Homes. (9/97) (Most recent review date 6/17)

HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT

What is HIPAA?
The Health Insurance Portability and Accountability Act of 1996 (PL 104-191), also known as HIPAA, is a law designed to improve the efficiency and effectiveness of the nation's health care system. HIPAA is divided into two parts:

- Title I: Health Care Access, Portability, and Renewability
  - Protects health insurance coverage when someone loses or changes their job
  - Addresses issues such as pre-existing conditions
- Title II: Administrative Simplification
  - Includes provisions for the privacy and security of health information
  - Specifies electronic standards for the transmission of health information
  - Requires unique identifiers for providers

Who needs to comply with HIPAA?
The HIPAA regulations apply to covered entities and business associates, defined as health plans, health care clearinghouses, and health care providers who conduct certain electronic transactions.

Find out if you are a covered entity under HIPAA.

Definition of Business Associate
The 2013 Final Rule [PDF] expands the definition of a business associate to generally include a person who creates, receives, maintains, or transmits protected health information (PHI) on behalf of a covered entity. This now includes:

- Subcontractor—person (other than a business associate workforce member) to whom a business associate delegates a function, activity, or services where the delegated function involves the creation, receipt, maintenances, or transmission of PHI.
- Health information organizations, e-prescribing gateways and other person that "provide data transmission services with respect to PHI to a covered entity and that require access on a routine basis to such PHI"
- Persons who offer a personal health record to one or more individuals "on behalf of" a covered entity.

For more information on business associates, see:

- Office of Civil Rights Health Information Privacy website
- Office of Civil Rights Sample Business Associates Contracts

What happens if I don't comply?
The interim final rule [PDF] on HIPAA Administrative Simplification Enforcement ("Enforcement Rule") was issued on October 30, 2009. It includes categories of violations and tiers of increasing penalty amounts.

Categories of violations include those:

- that occur without the person's knowledge (and the person would not have known by exercising reasonable diligence)
- that have a reasonable cause and are not due to willful neglect
- due to willful neglect but that are corrected quickly
- due to willful neglect that are not corrected

Monetary penalties vary by the type of violation and range from $100 per violation with a yearly maximum fine of $25,000 to $50,000 per violation and a yearly maximum of $1.5 million.

The final rule [PDF] published in 2013 is an enhancement and clarification to the interim rule and enhances the definition of the violation of compliance as a breach—an acquisition, access, use, or disclosure of protected health information in a manner not permitted under the rule unless the covered entity or business associate demonstrates that there is a low probability that the (PHI) has been compromised based on a risk assessment of factors including nature and extent of breach, person to whom disclosure was made, whether it was actually

acquired or viewed and the extent to which the PHI has been mitigated.

The final rule removed the harm standard, but increased civil monetary penalties in general while taking into consideration the nature and extent of harm resulting from the violation including financial and reputational harm as well as consideration of the financial circumstances of the person who violated the breach.

Additionally, the final rule defines other areas of compliance including the individual's right to receive information, additional requirements to privacy notes, use of genetic information.

- See also: Health Information Technology for Economics and Clinical Health Act (HITECH)

Additional Resources

The following is provided for informational purposes only. Please consult with your legal counsel and review your state laws and regulations.

- Policy Analysis: New Patient Privacy Rules Take Effect in 2013
- Bottom Line: Privacy Act Basics for Private Practitioners
- National Provider Identifier (NPI) Numbers
- Health Information Privacy
- Electronic Transaction Code Sets
- Security Rule
- Health Information Technology for Economics and Clinical Health (HITECH) Act
- Centers for Medicare & Medicaid Services: HIPAA FAQs
- American Medical Association HIPAA website
- Department of Health and Human Services Model Privacy Notices

What is Protected Health Information (PHI)?

Protected health Information is (1) any individually identifiable health information transmitted or maintained in a medical record paper or electronic, or (2) designated data set that was created, disclosed, or used in the course of providing a health care service such as diagnosis, payment or treatment.

List of 18 Identifiers considered being PHI under HIPAA:

1. Names;
2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, ZIP code, and their equivalent geocodes, except for the initial three digits of the ZIP code, if according to the current publicly available data from the Bureau of the Census:
    a. The geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people; and
    b. The initial three digits of a ZIP code for all such geographic units (1) The geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people; and
    c. The initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000;
3. All elements of dates (except year) for dates that are directly related to an individual, including birth date, admission date, discharge date, death date, and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Phone numbers;
5. Fax numbers;
6. Electronic mail addresses;
7. Social Security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;

14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographic images and any comparable images; and
18. Any other unique identifying number, characteristic, or code (note this does not mean unique code assigned by the investigator to code the data).

FERPA

FERPA is the federal law that addresses student records, including who can have access to these records. This law ensures that parents/guardians have an opportunity to have the records amended and provides families some control over the disclosure of information from the records. According to FERPA, educational records are defined as records that are (a) directly related to the student and (b) maintained by an educational agency or institution or by a party acting for the agency or institution [20 U.S.C. 1232g(a)(4)(A); Moore, 2010b]. The legislation provides clarification on parental access to student records and limits the transfer of records by requiring consent for record transfers.

There is a difference between allowing access to records and providing copies under FERPA. FERPA does not require copies of documents to be provided. Rather, FERPA establishes the right of parents/guardians "to inspect and review the student's education records" (Section 99.7). The law requires that schools establish procedures enabling parents/guardians to review their children's records within a reasonable time after a request is made. FERPA requires that a copy be provided only where a parent/guardian would not otherwise be able to review the student's record (e.g., a parent/guardian is disabled and cannot travel to the school).

American Speech-Language-Hearing Association. (n.d.). Documentation in schools [Practice Portal]. https://www.asha.org/Practice-Portal/Professional-Issues/Documentation-in-Schools/

Retrieved from http://asha.org/Practice/reimbursement/hipaa/ June 14, 2023.

CLEVELAND HEARING & SPEECH (CHSC) / CWRU PSSC CLINIC WORKFORCE CONFIDENTIALITY AGREEMENT

I understand that CHSC/CWRU PSSC Clinic has a legal and ethical responsibility to maintain patient privacy, including obligations to protect and safeguard the confidentiality of patient information. In addition, I understand that I may see or hear other confidential information such as financial data and operational information.

As a condition of my employment/affiliation with CHSC/CWRU PSSC Clinic, I understand that I must sign and comply with this agreement. By signing this document, I understand and agree that:

I understand that any patient or confidential information that I access at CHSC/CWRU PSSC Clinic does not belong to me.

I will disclose patient/confidential information only if such disclosure complies with CHSC/CWRU PSSC Clinic policies and is required for the performance of my job.

I will not discuss any information pertaining to CHSC/CWRU PSSC Clinic in an area where unauthorized individuals may hear (e.g., hallways, elevators, social events). I understand that it is not acceptable to discuss patient or confidential information in public areas even if specifics such as patient name are not used.

I will not make inquiries about patient or confidential information for any individual or party who does not have proper authorization to access such information.

I will not access or view any information other than what is required to do my job. If I have any question about whether access to certain information is required, I will ask my supervisor.

I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or purgings of patient or confidential information. Such unauthorized transmissions include, but are not limited to removing and/or transferring patient or confidential information from CHSC/CWRU PSSC Clinic's computer system to unauthorized locations (e.g., my home).

Upon termination from CHSC/CWRU PSSC Clinic, I will immediately return all property (e.g., keys, documents).

I agree that my obligations under this agreement regarding patient information will continue after the termination of my employment/affiliation with CHSC/CWRU PSSC Clinic.

I understand that violation of this Agreement may result in disciplinary action, up to and including termination and/or suspension, restriction or loss or privileges, in accordance with CHSC/CWRU PSSC Clinic's policies, as well as potential personal civil and/or criminal legal penalties.

My personal access code(s), user ID(s), access key(s) and password(s) used to access computer systems or other equipment are kept confidential at all times.

I have read the above agreement and agree to comply with all its terms as a condition of continuing employment.

_____ _____

Signature Date

_____

Name

SUPERVISION

Each student should print the following Supervisor Packet and take it to each clinical placement for completion.

At the beginning of the semester, each student and supervisor should complete the Clinical Contract, Student Information Form, and Supervisor Information Form.

At the end of the semester, students should complete the Student Evaluation of Clinical Placement and the Supervisor Evaluation Form (located on CALIPSO).

At the end of each semester, supervisors who do not regularly supervise are locked out of Calipso for security purposes.

Supervision:
Clinical Education is a process toward developing clinical and professional skills. Skill development is dependent in large measure on the quality of the student-supervisor relationship. Supervisors are clinicians who have a special interest in working with students to develop and refine their skills. These professionals have completed continuing education in supervision and give of their time and expertise to help students learn the art and science of clinical work.

The promotion of critical thinking is a key component in clinical skill growth. Supervisors promote their students critical thinking skills in many ways, for example:

- By asking questions that "activate student's knowledge and promote analysis, synthesis and evaluation" (ASHA practice portal)
- Providing feedback
- By requiring reflective practice after sessions (e.g., self-evaluation) which leads to the student's ability to modify behavior "in the moment"

Supervisors also teach their students specific skills through use of modelling, scaffolding and coaching strategies before, during and after clinical sessions.

According to Standard V-E of the 2020 SLP Certification Standards, "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." (retrieved on 7/10/2023 from https://www.asha.org/certification/2020-slp-certification-standards/)

ASHA's position statement on Supervision in Speech Language Pathology and Audiology may be found here: https://www.asha.org/policy/ps1985-00220/

The position statement includes the following tasks of supervision, which help students further understand what they may expect from their supervisors:

1. establishing and maintaining an effective working relationship with the supervisee;
2. assisting the supervisee in developing clinical goals and objectives;
3. assisting the supervisee in developing and refining assessment skills;
4. assisting the supervisee in developing and refining clinical management skills;
5. demonstrating for and participating with the supervisee in the clinical process;
6. assisting the supervisee in observing and analyzing assessment and treatment sessions;
7. assisting the supervisee in the development and maintenance of clinical and supervisory records;
8. interacting with the supervisee in planning, executing, and analyzing supervisory conferences;
9. assisting the supervisee in evaluation of clinical performance;
10. assisting the supervisee in developing skills of verbal reporting, writing, and editing;
11. sharing information regarding ethical, legal, regulatory, and reimbursement aspects of professional practice;
12. modeling and facilitating professional conduct; and
13. demonstrating research skills in the clinical or supervisory processes.

COLLEGE OF
ARTS AND SCIENCES
CASE WESTERN RESERVE
UNIVERSITY

Student Information form

Student Name: _____

Semester/Year: _____

Please complete this form prior to beginning your extern and share it with your supervisor, so that your supervisor may have a better understanding of your experience, expectations and preferences. Student and supervisor information forms will serve as a basis for a discussion of the supervisory process with your supervisor for your semester placement.

1. Clinical experience (setting/age of client(s)/diagnoses/individual or group format(s))

_____

_____

2. General experience working with people: _____

_____

3. Specific treatment methods/program experience: _____

_____

4. Academic coursework/research experience: _____

_____

5. Cultural responsiveness training/experience: _____

6. Perceptions of clinical strengths/needs _____

_____

7. Anxieties about setting/caseload: _____

8. Perception of self in terms of independence/dependence: _____

9. Perceptions of responsibility for bringing data & questions to supervisor meetings: _____

_____

10. Expectations for learning/clinical skill development: _____

_____

11. Expectations for supervisor feedback (frequency/format): _____

12. Preference for supervisor feedback (frequency/format): _____

COLLEGE OF ARTS AND SCIENCES
CASE WESTERN RESERVE UNIVERSITY

Supervisor Information Form

Supervisor: _____

Semester/ Year: _____

Please complete this form prior to beginning your extern and share it with your student, so that your student may have a better understanding of clinical and professional roles, expectations and your preferences for their placement. Supervisor and student information forms serve as a basis for a discussion of the supervisory process with your supervisor for your semester placement.

1. General clinical and supervisory experience: _____
_____
_____

2. Caseload characteristics: _____

3. Theoretical and practical approaches used: _____
_____
_____
_____

4. Cultural responsiveness training/experience: _____

5. Preferred or customary supervision style: _____
_____

6. Expectations of students:
_____
_____

7. Preferred methods of feedback (frequency/format): _____
_____

8. Preferred schedule for supervision meetings (frequency/time): _____

9. Methods of evaluation (dates of meetings to review Calipso): _____

COLLEGE OF ARTS AND SCIENCES
CASE WESTERN RESERVE UNIVERSITY

DEPARTMENT OF COMMUNICATION SCIENCES
CLINICAL CONTRACT

Student _____ Supervisor _____

Semester/Year _____ Facility _____

The following document is to be completed by the clinical instructor in consultation with the student clinician. The original is to be retained by the clinical instructor and returned to the Clinic Program Director, as quickly as possible. The student may wish to make a copy to serve as a guide. In addition to the general performance criteria outlined in the Semester Evaluation Form, this contract is designed to provide specific requirements for each practicum assignment. Revisions may be agreed upon during the course of the semester. Questions should be directed to the Clinic Program Director.

Contract Points:

STUDENT SCHEDULE (days/times):

STUDENT RESPONSIBILITIES & TIMELINE (lesson plans, report due dates, lesson materials, outside readings, self-evaluation, etc.):

EVALUATION DATES/PROCEDURES (i.e., midterm eval):

STUDENT CLINICAL GOALS:

OTHER COMMENTS:

We, the undersigned, agree to meet the above stated contract:
Initial conference date _____

Student _____ Instructor _____

HEALTH & SAFETY

Students should be knowledgeable about procedures that can help protect themselves and their clients from the transmission of communicable diseases. These policies have been taken from the Policies & Procedures Manual of the Cleveland Hearing & Speech Center.

Blood Borne Pathogen Training:
CWRU Environmental Health & Safety offers biohazardous materials training weekly for students in health fields. Students should register for one CWRU Zoom training session before they begin clinic. When the training is complete, click on the "check your training" and download verification of training completion. Send this verification to Kellie Shaffer at kds28@case.edu for inclusion in your student file.

Many common diseases are transmitted through contact with the body fluids of an infected person. To minimize the risk of transmission of these diseases, these guidelines describe universal precautions, which are to be used with all clients at all times. ***They assume that blood and other body fluids from all clients are potentially infective and that exposure to these body fluids may occur during routine performance of job duties.***

Universal Precautions
All students who work directly with clients in the course of Graduate Practicum must recognize that certain health risks are inherent in the practice of speech/language pathology. In order to protect themselves in this work environment, students should strictly adhere to the universal precautions, which are described below. Universal precautions are recognized by infection control specialists as the best defense against the spread of infectious diseases. They are listed in the box below and described in more detail in the following sections.

Practicum students should treat all blood and OPIM (other potentially infectious materials) as though they are infectious and use universal precautions at all appropriate times. (Saliva and gingival fluids are considered to be potentially infectious material since they often may be contaminated with blood.

1. ROUTINE HAND WASHING
Wash hands carefully and thoroughly:

- ✓ **BEFORE AND AFTER EACH CLINICAL SESSION**
- ✓ when hands become contaminated with saliva, blood, or other body fluids (e.g., after sneezing coughing, or wiping a nose)
- ✓ after you use the toilet or help a client with toileting
- ✓ after diapering
- ✓ after handling soiled items, such as used tissues or dirty toys
- ✓ before preparing or eating food

2. DISPOSABLE GLOVES
Wear disposable gloves when in contact with urine, stool, blood, or saliva, such as during oral examinations, cleaning wounds, or testing blood glucose.

- ✓ wash hands immediately after removing gloves
- ✓ dispose of gloves in plastic-lined container

3. DISINFECT
Sanitize potentially contaminated surfaces and objects:

- ✓ Toys & other objects if soiled with blood, feces, vomit, or urine must be disinfected or discarded immediately. ***Mouthed toys must be washed with soap and water or disinfected***.
- ✓ Dishes wash with dishwashing liquid and hot water (120 degrees F), air dry.
- ✓ Ear probe tips if contaminated with blood or other visible substance, wash with soap and water. Disinfect in 70% alcohol solution for a minimum of 30 minutes. This solution should be changed daily.
- ✓ Diapering
  - **Wear disposable gloves when changing child. Dispose gloves after each child has been changed.**

- Changing surfaces should be non-porous. Disinfect surface after each diaper change.
- Place soiled clothes in plastic bag to be sent home with child.
- Clean child with dampened paper towels. Dispose of these materials in plastic-lined container.
- Diaper & dress child.
- Wash child's hands in sink.
- Clean changing mat with disinfectant.
- Wash your hands thoroughly with soap and water.

✓ *Environmental spills of blood (e.g., nosebleeds), vomit, or other body fluids:

- Wear disposable gloves
- Wipe up spill with paper towels. Immediately dispose of this material in plastic-lined container
- Wash area with soap and water
- Douse with disinfectant or bleach (1:10 ratio of bleach to water)
- Dispose of gloves in plastic-lined container
- Wash hands thoroughly with soap and water

Exposure control

The following job classifications at the Cleveland Hearing and Speech Center are at moderate risk for occupational exposure to blood or other potentially infectious materials (OPIM): Speech/Language Pathologists; Audiologists; Interpreters; and **Graduate Students** working with CHSC clients under CHSC staff supervision.

Clinical tasks and procedures associated with occupational exposure, which may occur during speech/language pathology practicum assignments:

1. Oral Mechanism Screenings
2. Intervention that has potential for splattering (i.e., patients with tracheostomy or tracheostoma).
3. Servicing or routine cleansing of specialized medical equipment.
4. Performing dysphagia assessment and therapy.
5. Cleaning a blood of OPIM spill.
6. Coming into contact with blood or OPIM.
7. Assisting with toileting.
8. Disposing of medical waste including but not limited to blood or OPIM in either liquid, semi-liquid, or solid form.

Clinical tasks and procedures associated with occupational exposure which may occur during practicum assignments under the supervision of audiologists include the following:

1. Cleaning a blood or OPIM spill.
2. Coming into contact with blood or OPIM.
3. Disposing of medical waste including but not limited to blood or OPIM in either liquid, semi-liquid, or solid form.

CLINICAL STAFF

Clinical Program Director
The clinic program director oversees all aspects of clinical education and is responsible for clinical assignments and records of all Speech-Language Pathology students. The clinical program director meets with all students at least once per academic term to discuss the student's clinical long and short-term goals, and clinical progress.

Communication Sciences Program Faculty
Faculty, through coursework, assist students in developing a theoretical basis in communication sciences and disorders. They act as resources for both students and clinical instructors. Clinical faculty meet monthly with CHSC supervisors and visit extern placements every semester.

CWRU Psychological Sciences (PSSC) Clinic
The CWRU PSSC Clinic is an initial clinical educational site for speech language pathology and audiology. Communication Sciences (COSI) faculty members who are ASHA certified and licensed to practice in the state of Ohio provide student supervision for

- Speakeasy Neurogenic Group
- Simucase

Cleveland Hearing and Speech Center Directors: Speech, Language and Hearing Services:
The directors help develop clinical supervisors' schedules and serve as supervisors for all CHSC clinicians. They hold clinical appointments in the COSI program.

Clinical Supervisors:
Clinical supervisors have broad academic and clinical bases in the area of communication disorders, as well as special areas of expertise and interest, which qualify them to educate students. Clinical education, like all teaching/learning paradigms, requires the involvement of both the instructor and the student. The clinical instruction process is characterized by exchanges between the instructor and student and is highly interactive in nature.

Clinical instructor appointments within the COSI program:

- **Clinical Instructors:** CHSC: The primary initial affiliation for clinical education is with Cleveland Hearing & Speech Center. CHSC clinical supervisors are responsible for direct instruction in the students' clinical education experience. The professional staff of the CHSC may hold appointments as Adjunct Clinical Instructors at CWRU.
- Instructors at externship locations may hold appointments as Adjunct Clinical Instructors. Their responsibilities are also to provide direct instruction in the student's clinical education experience.

CLINICAL FACILITIES

CWRU Psychological Sciences (PSSC) Clinic

The CWRU PSSC Clinic is an initial clinical educational site for speech language pathology and audiology. Communication Sciences (COSI) faculty members who are ASHA certified and licensed to practice in the state of Ohio provide student supervision for

- Speakeasy Neurogenic Group https://psychsciences.case.edu/graduate/graduate-comm-sciences-programs/training/
- Simucase

Case Western Reserve University and the CWRU PSSC Clinic/SpeakEasy program are inclusive of people of all racial, ethnic,cultural, socioeconomic, national and international backgrounds, welcoming diversity of thought, religion, age, sexual orientation, gender identity/expression, political affiliation and disability. We believe in a culture of inclusion that encourages relationships and interactions among people of different backgrounds, a culture that enhances human dignity, actively diminishes prejudice and discrimination and improves the quality of life for everyone in our community.

Cleveland Hearing & Speech Center

The Cleveland Hearing & Speech Center is the primary initial clinical educational site for Speech-Language Pathology. The COSI program is committed to assisting CHSC in providing quality clinical services that involve student intern participation. The personnel and facilities of the CHSC provide exceptional clinical experiences for students. The professional staff are vitally involved in the clinical education of students seeking clinical certification in Speech-Language Pathology.

Clinical services at CHSC include:

<u>In-house Diagnosis and Treatment of:</u>

- Speech Production Disorders-- Articulation Disorders, Phonological Disorders, Voice Disorders
- Fluency Disorders
- Developmental Language Disorders
- Language-Learning Disabilities
- Aural Rehabilitation Services
- Augmentative/Alternative Communication (AAC)
- Neurogenic Language Disorders--Aphasia, Dysarthria, Apraxia
- Structural/Neurologic Disorders: Craniofacial Anomalies, Brain Injury, and Neurologic Disease

<u>Contracted Services throughout the greater Cleveland area:</u>

- Provide diagnostic and treatment services in community settings. Sites include HeadStart programs, Day Care Centers, Charter and Private Elementary, and Secondary Schools.

<u>Audiology</u>

- Comprehensive Audiologic Evaluation
- Otoacoustic Emissions Testing
- Hearing Aid Services including consultation
- Hearing Aid Fitting and Repairing
- Aural Rehabilitation
- Hearing Conservation Programs
- Hearing Screening
- Case Reviews

CHSC Procedures

Students participating in practicum assignments with CHSC staff will follow procedures of the CHSC. Clinic supervisors will review procedures, which are relevant to the caseload being covered by the student's assignment.

Diagnostic and Therapy Materials
The COSI Program has a collection of diagnostic and intervention materials located in the supply room. Materials must be returned within a three-hour period.

Students may also use the diagnostic and therapy materials of the CHSC when working with CHSC clients. Check out materials by signing your name and the name of your supervisor as follows:

CHSC Pediatric Materials Room Procedures: Graduate Students
Check Out:
1. Sign out all materials on the white bulletin board/sign out sheet and date/time checked out.
2. List your name, the name of the clinician who is supervising you, the name of the material, and date/time checked out.

For Check-in:
1. Note date returned on the right side of your name.
2. Cross out your name.
3. Return item(s) to their correct location on shelves.

It is imperative that you sign out materials as described above. MATERIALS MUST BE RETURNED TO THEIR APPROPRIATE LOCATION BY THE END OF THE DAY. Remember that the use of these materials is a privilege.

Materials cannot be checked out overnight unless approved by a CHSC clinician. Overnight materials can be taken after 4:30 and MUST be returned by 8:30 the next morning.

Materials Room (2nd floor CHSC)
Organization of materials:
1. All toys/objects are located on the shelves (including script kits, dolls, etc. on the back wall and the right-hand side of the room). Shelves are labeled and items should be returned to their appropriate location.
2. Intervention materials are on the shelves. They are organized by topics (i.e., infant; phonology/arctic; voice; reading; writing). Please return items to their correct location.
3. The file cabinet with diagnostic forms has been reinstituted. Forms are filed in alphabetical order. DO NOT TAKE THE LAST FORM! Each test has 1 form (for Xeroxing only) in the file. Please do not use the forms in the test box/kit.
4. Diagnostic materials are filed alphabetically on the shelves. Please return to the appropriate location when you have finished with the materials.

EXTERNSHIP SITES

After students have completed approximately 100 clinical hours of service under the supervision of Cleveland Hearing & Speech Center clinical instructors, they may begin their externship assignments. During these initial hours, a student may be directly observed by the clinical supervisor up to 100% of the time. As the student grows in independence, consistent with that student's attainment of clinical skill competency as indicated on clinical evaluation forms, the amount of direct observation by the supervisor may be modified from 100% observation. However, at no time will students be supervised less than 25% of the time. The COSI program draws upon clinical resources in University Circle and the Greater Cleveland area offering students a diversity of settings to select from.

The following facilities are among those that serve as externship sites for clinical education:

Facility	**Clinical Education**	**Opportunities for skill development by site type**
*Akron Children's Hospital	Assessment & treatment of children who have medical & developmental diagnoses	articulation, fluency, voice & resonance, receptive & expressive language, hearing, swallowing, cognitive aspects of communication, social aspects of communication, AAC
ALS Association	Assessment & management of communication systems for individuals with ALS	AAC
Cleveland Clinic Center for Autism	Outpatient treatment for children with autism	
Cleveland Clinic Hospitals: Euclid, South Pointe, Hillcrest Cleveland Clinic Children's, Fairview, Lutheran	Diagnosis & treatment therapy of children and adults with varying communication disorders in acute & skilled nursing settings	articulation, fluency, voice & resonance, receptive & expressive language, hearing, swallowing, cognitive aspects of communication, social aspects of communication, AAC
Cleveland Clinic Rehabilitation Hospitals (Avon, Beachwood, Edwin Shaw)	Assessment & treatment of adults with varying communication disorders in an inpatient rehabilitation setting	articulation, voice & resonance, receptive & expressive language, swallowing, cognitive aspects of communication
*Louis Stokes VA Medical Center	Assessment, treatment & remediation of communication disorders in the veteran population. Acute care; outpatient center; polytrauma unit	articulation, voice & resonance, receptive & expressive language, swallowing, cognitive aspects of communication, AAC
Communicare	Skilled nursing facility	
Cuyahoga County Board of Developmental Disabilities	Diagnosis & remediation of children and adults with developmental disabilities at schools, sheltered settings & in home-based services	
Galvin Therapy Center	Interdisciplinary pediatric evaluation & therapy services	
Genesis Rehabilitation Services	Assessment & treatment of adults in skilled nursing facilities	
HealthPRO Heritage	Skilled nursing facility	
Kindred/RehabCare	Assessment & treatment of adults in rehabilitation & skilled	

	nursing settings	
Lake County Board of Developmental Disabilities	Assessment & treatment therapy of adults with developmental disabilities in homes & sheltered workshops	
Legacy Health Services	Assessment & treatment of adults in skilled nursing facilities	
Mayfield Schools	Assessment & treatment of children in a public school setting	articulation, receptive & expressive language, hearing
McGregor PACE		articulation, fluency, voice & resonance, receptive & expressive language, hearing, swallowing, cognitive aspects of communication, AAC
Menorah Park	Skilled nursing facility & rehabilitation	articulation, receptive & expressive language, swallowing, cognitive aspects of communication
MetroHealth Medical Center	Diagnosis & remediation of speech language disorders & a comprehensive program for extended rehabilitation of brain injured clients	articulation, fluency, voice & resonance, receptive & expressive language, hearing, swallowing, cognitive aspects of communication
Monarch Center for Autism	Assessment & treatment of individuals age 3-21 who have a diagnosis on the autism spectrum	
Nicole Gerami LLC	Individual & group treatment for pediatric outpatients with specialty in Autism Spectrum	articulation, receptive & expressive language, social aspects of communication
Rainbow Babies & Children's Hospital University Hospitals	Assessment & treatment of infants, toddlers & preschoolers with varying communication disorders. Feeding and craniofacial team experience	articulation, fluency, voice & resonance, receptive & expressive language, hearing, swallowing, cognitive aspects of communication, AAC
Select Specialty Fairhil	Long term acute care	
Shaker Heights Public Schools	Assessment & treatment of children in a public school setting	
Southwest General Hospital	Diagnosis and remediation of speech, language, & hearing disorders in children and adults in inpatient & outpatient settings	articulation, fluency, receptive & expressive language, hearing, swallowing, cognitive aspects of communication, social aspects of communication
Sprenger Health Care		receptive & expressive language, swallowing, cognitive aspects of communication
United Cerebral Palsy of Greater Cleveland	Therapy services, including AAC, for children and young adults who have a range of developmental disabilities	receptive & expressive language, hearing, AAC
University Hospitals campuses include University Circle, Ahuja, UH Neurorehabilitation	Diagnosis and treatment of communication problems in adult neurogenic and ENT	articulation, fluency, voice & resonance, receptive & expressive language, hearing,

Outpatient, Parma	patients. Acute care, Outpatient & Neuro Rehab	swallowing, cognitive aspects of communication, social aspects of communication, AAC

**Interview required at these sites prior to placement consideration.*

APPENDIX A: CLINICAL DOCUMENTATION FORMS AND PROCEDURES: CALIPSO

The CALIPSO system is used for your documentation of clinical hours for COSI 452 and observation hours (COSI 352 at CWRU).

Please carefully read and follow instructions for students to record and obtain approval of clinical hours. Your hours for each semester of clinic must be recorded and approved.

To address skill outcomes necessary for certification eligibility a minimum of 20 clinical clock hours are required in each category (adult evaluation, adult therapy, child therapy and child evaluation for speech and language)

1. Speech (includes swallowing): A total of 20 hours is required for both child and adult categories. At least 10 hours must be attained in speech for each category – adult and child. (that is, at least 10 of the 20 hours must be speech related activities)
2. Audiology: A total of 20 hours is required in evaluation/screening and aural rehabilitation. At least 10 hours must be attained in evaluation/screening

Hours should be calculated to the nearest quarter hour (e.g., 10.25, 10.5, 10.75).

In addition, the following forms may be useful:

- Summary of Clinical Observations form- this form may be used to document any observation hours completed through CASE. The original form should be kept in the student's permanent file in the Department Office.
- Practicum log: to record your daily hours if you do not have access to your computer to record daily hours in CALIPSO

CALIPSO Login Instructions for Students

- Before registering, have available the PIN provided in the CALIPSO registration e-mail.
- Go to https://www.calipsoclient.com/case
- Click on the "Student" registration link located below the login button.
- *Be sure to enter your alphanumeric Case e-mail address*
- Please note: *PIN numbers are valid for 40 days*. Contact your Clinical Coordinator for a new PIN if 40 days has lapsed since receiving the registration e-mail.

PRACTICUM LOG

STUDENT ____________________________ SEMESTER _____________

NOTE DURATION OF TIME SPENT IN MINUTES: _____________

DATE	SUPRV	AD/CH	SWALLOWING /SPEECH Diag Tx		COGNITIVE/LANG Diag Tx		AUD/AR	DESCRIPTION/ CLIENT

APPENDIX B: COSI 452 CLINICAL PRACTICUM ASSIGNMENTS

Instructions for Initial Case Management: CHSC Assignments

Information in this appendix is included to help students plan for their first supervisory conference, and the first sessions of therapy.

1. Your supervisor will help you access pertinent records from the EMR (electronic medical records) at CHSC. Read your clients' files thoroughly.
2. Complete the Summary of Case Management side of the form from information that may be obtained through thorough review of past therapy reports, diagnostic reports, reports from other professionals, and case history information. Summarize the data that you collect. Think about the factors (e.g. cognitive, audiological, environmental etc.) that are contributing to the client's current communication status. Record these factors on your form in the appropriate spaces. Record the client's current communication skills on the form in the appropriate categories. This information should include, but is not limited to, testing information (i.e. standard scores and percentiles) from the previous semester report. Statements regarding the severity of the client's disorder should also be noted (i.e. mild, moderate, severe, profound).
3. Prior to completing the reverse side of the form entitled "Assessment Plan", think about what you now know and what you do not yet know about this client. What additional questions/measures are needed in order to have a more complete knowledge about the client? How do you plan to get this information? (e.g. standardized testing, stimulability testing, etc.) List these items/ideas/instruments on your Assessment Plan side of the form, in the appropriate categories. What are possible goals for intervention? (If not already determined.)
4. Be prepared to discuss this information in an organized manner during your next conference with your supervisor.
5. Student should write a treatment hierarchy for each goal. This hierarchy should be used to help guide your lesson planning. Examples of hierarchies may be found in the Goldberg text (on reserve in the graduate carrel room).
6. Clinicians/supervisors should familiarize themselves with evidence-based practices and apply them to clinical practice consistent with ASHA guidelines. See ASHA Preferred Practice Guidelines and Knowledge and Skills documents and Evidence Based Practice Guidelines available on ASHA website (www.asha.org).
7. Lesson plan and SOAP progress note forms and procedures are located in this section.
8. Suggestions for Language Sample Collection and Behavior Management are also included in this section.

9 Learning Outcomes for all CHSC assignments are located in Appendix C, and may be used to provide a framework for addressing clinical skills during the semester.

Semester Outline of Requirements for CHSC Speech-Language Pathology Practicum Placements

This form may be used by supervisor/supervisee to ensure activities are completed for each CHSC placement.

Please place a check before each item when completed:

_____ Summary of Case Management (initial meeting)
_____ Clinical contracts should be signed at this time

_____ Baseline Data Collection (by 2nd therapy session)

_____ Treatment Plan (signed following 4th therapy session)

_____ Treatment Hierarchy (by 5th therapy session)

_____ Midterm Grade (on or about 8th week of semester; on or about 4th – 5th week of summer session)

_____ Research article summary (midterm)

_____ Progress component of treatment plan according to client schedule

_____ Final grade (last week of semester or finals week)
_____ Supervisor evaluations completed at this time

Copies of the following forms should be turned into the Clinic Program Director:

- Clinical Contract

SUMMARY OF CASE MANAGEMENT

CLIENT/SEMESTER _____

CLINICIAN _____

SUPERVISOR _____

Audiological/ENT/ Neurological/Other Evaluations Include latest date of testing; any medical follow-up; Diagnoses: results; recommendations	**Cognitive/Academic Considerations** Cognitive status c Indicate any presence of learning disability; emotional disturbance; developmental delay; grade in school; school classroom placement; therapy received at school	**Family/Parent Support System** Indicate client's family situation (e.g. foster care, group home, intact); family stressors; involvement of social services; incidence of communication disorder in family
Voice/Fluency Typical quality of voice; any vocal fold pathology; presence of dysfluencies c type of frequency and severity	**Oral Mechanism** Include assessment of structures and functions. Any oral/motor problems, apraxia or surgeries.	**Articulation** Include testing from last report; indicate sounds in error and severity. Include past treatment methods found to be effective in therapy.
Semantics Include test results from past report; knowledge and use of words and word relationships (vocabulary)	**Syntax** Include test results. Language sample analyses; MLU; use of simple or complex sentences; use of standard vs non-standard forms, etc.	**Phonology** Include tests and analyses from past report; list developmental and non-developmental processes displayed; statement of awareness
Pragmatics Include analyses of conversational Skills; verbal and non-verbal interactions	**Comments/Special Needs** May include clinical impressions; progress; parent-child interaction; physical limitations; recommendations from previous semester; goals not attained previous semester.	

SUMMARY OF CASE MANAGEMENT

CLIENT _____ **SEMESTER** _____

CLINICIAN _____ **SUPERVISOR** _____

Audiological/ENT/ Neurological/Other Evaluations	**Cognitive/Academic Considerations**	**Family/Parent Support System**
Voice/Fluency	**Oral Mechanism**	**Articulation**
Semantics	**Syntax**	**Phonology**
Pragmatics	**Comments/Special Needs**.	

ASSESSMENT

Audiological Evaluation **Other Referral** Include reason for referral	**Cognitive/Academic Referral/Consultation** Does this client need to be seen for psych. /educational assessment? If so, note here. Also indicate need for consultation with school SLP.	**Social Service Referral** Does this client need to be seen by social worker or other social service agency? Do you need to consult with SW?
Voice/Fluency Measures Diagnostic measures of voice/fluency. Visipitch, commercially available instruments, speech sample, etc.	**Oral Mechanism** Describe procedures for oral mech. exam if needed. Need for Dental/Orthodontic/ Otolaryngolic consult.	**Articulation** Tests to be given; other measures of articulation and intelligibility. **Stimulability** List phonemes to be tested and reason.
Semantics **Receptive** List tests to be given; contexts to investigate. **Expressive** List tests to be given; contexts to investigate.	**Syntax** **Receptive** List tests to be given and probes to be utilized. **Expressive** Lists tests to be given; procedures for obtaining and scoring language sample.	**Phonology** List tests/analyses to be given. **Stimulability** Phonemes to assess; phonetic contexts.
Pragmatics Conversational analysis; tests; procedures, surveys to be used.	**Interview** What questions will you ask client/family?	**Tentative Goals** List possible goals for intervention.

ASSESSMENT

Audiological Evaluation **Other Referral**	**Cognitive/Academic** **Referral/Consultation**	**Social Service Referral**
Voice/Fluency Measures	**Oral Mechanism**	**Articulation** **Stimulability**
Semantics **Receptive** **Expressive**	**Syntax** **Receptive** **Expressive**	**Phonology** **Stimulability**
Pragmatics	**Interview**	**Tentative Goals**

Lesson Plans and Progress (SOAP) Notes

Lesson plans must be completed and turned in to your supervisor prior to your clients' sessions according to the schedule outlined in your clinical contract. Failure to turn in lesson plans for any session will result in loss of clinical hours for that session. You are to complete your analysis of the session including session strengths, areas to improve and suggestions, and turn it in to your supervisor following the session. Lesson plans may be written on the following "Detailed Lesson Plan Form (an editable version may be found on the COSI MA program website here: https://psychsciences.case.edu/graduate/graduate-comm-sciences-programs/ on the CHSC supervision materials link)"

Progress notes are to be completed after each session following the SOAP format working file.

For CHSC lesson plans and SOAP notes: When sending emails regarding clients to CHSC supervisors, students need to be sure to password protect documents and send their password in a separate email.

Instructions

Open document you wish to send
- Click on "Save as"
- Click on tools button in lower left corner
- Choose "general options"

Where it says "file encryption options for this document" enter your password in the box provided. Your password is your first name (all lowercase).
- Click "OK"

You will be asked to re-enter your password. Do so.
- Click "OK"
- Then "Save"
- You can exit the document.

Go to your email.
- Open new email and address to recipient.
- Along top toolbar click on "insert" tab.
- Click on "attach file" tab.
- Locate the file you want to send and double click on it.

You can include a message and subject being careful not to have client information in your messages or subject line.

IN A SEPARATE EMAIL, SEND THE RECIPIENT THE PASSWORD. DO NOT SEND THE PASSWORD IN THE SAME EMAIL AS THE DOCUMENT.

To safeguard the personal information of clients, lesson plans and SOAP notes should have the following identifying information: client first initial, day of session, week in semester (1, 2, etc.).

LESSON PLAN

Clients Clinician Date Time Supervisor

Short Term Objectives:

1. _____
2. _____
3. _____
4. _____

Antecedent Events		Subsequent Events			
Treatment Procedures/ Materials	Cues	Session Behavioral Objective Response Level and Conditions	Feedback and Reinforcement	Reinforcement Schedule	Clinical Response if target behavior is not produced

STRENGTHS:

AREAS TO IMPROVE:

SUGGESTIONS TO IMPROVE THOSE AREAS:

Sample Session Plan for CHSC Parent Toddler Group

Client Name: _____ CA: (in Years; Months) _____

Parent Report:
Example questions:

1. Have you heard anything about XX's preschool arrangements?
2. How has XX been over the last week?
3. Have you noticed any changes?
4. Is he using any additional gestures or verbalizations at home?
5. Do you have any additional questions/concerns about XX?

Child will request with gesture, sign, or verbalization 10x a week.
Example questions:

1. Push the Big Mack – Your turn XX!
2. Do you want the_____? (Will result in head shaking or nodding or verbal yes/no)
    a. Clinician will withhold the objects he would be requesting (ideally, objects that he desires to obtain – which we will ask mom next week if there are any specific toys he enjoys at home)
    b. Possible options
        i. Beanbags
        ii. Ball
        iii. Rings (for the stacker)
        iv. Puzzle piece
        v. Plastic food
        vi. Mail (for the mailbox – child seemed to like those)
3. Do you want more _____ XX?
    a. (Then model the "more gesture")
    b. Example: more bean bags, more plastic food, more puzzle pieces
4. Do you want to play with the ball? (Will result in head shaking or nodding or verbal yes/no)
5. Use of intentional eye gaze to make a request when using "1,2,3 go!"
6. Use of "Me" gesture with HOH assistance from clinician (unless we want to avoid working on gestures since ideally, we want child to speak)
7. Use of "all done" gesture when done with a task (to maintain structure)
8. "Point to the toy that you want to play with" (when out in the hallway and child is deciding which toy he wants to play with next… this way child doesn't just grab a toy and run down the hallway)
    a. I will try and build some structure this way
9. Do you want more bubbles? (Use the "more gesture'
    a. Wait for intentional eye contact, pointing, or a verbalization to blow more bubbles
    b. Could also use the Big Mack for requesting more bubbles

Child will attend and engage in 3 different activities for 3- 5 minutes each per session (e.g. mailbox, ball rolling) to increase staying on task.
Examples of how to keep him engaged:

1. Toys are out of sight-out of reach (lined up in the hallway)
2. "XX, sit on the floor." OR…
    a. Sit at the table.
    b. Sit in your chair, XX.

3. We are not done with this activity, XX.
4. Let's focus on this game right now!
5. Your turn!
6. "All done activity" (when completed)
7. During this time of engagement, XX will work on following his 1-step directions and the clinicians will try and elicit yes/no responses
    a. Your turn to bounce the ball.
    b. Your turn to throw the beanbag.
    c. Does the ball bounce XX? You show me.

Child will imitate actions and follow verbal routine in a song and/or play gestures (e.g. Happy and you know it) 5 times each week.

Example phrases:

- "If You're Happy and you Know It."
    - Clapping
    - Spinning
    - Stomping
- "Five Little Monkey's Jumping on the Bed."
    - Change to 5 Little XX's (this is something he is interested in)
- "1, 2, 3 go!"
- Imitate actions:
    - Knock on door
    - Open door
    - Put ring on your head
    - Waving hello and goodbye (does this go here?)
- "Ready, set, go"
    - Could be used with the stomp-pads and line them up and jump from one to the next

SEE BELOW:

- **This is the document I will print for every session to collect data with!**

XX. _____ CA: _____Date: _____

Parent Report:

Child will request with gesture, sign, or verbalization 10x a week.

Child will attend and engage in 3 different activities for 3- 5 minutes each per session (e.g. mailbox, ball rolling) to increase staying on task.

(Other verbalizations or notes)

XX. _____ CA: _____ Date: _____

Request with: (use tally marks and jot down any other gestures)
Sign more

Sign me

Shake head yes

Shake head no

Point

Verbalizations to request: (list)

Other verbalizations: (list)

Routines attempted: (can list after too)

Imitate <u>actions</u> in verbal routine:

<u>Follow verbal direction</u> in verbal routine:

Attended 3-5 minutes to these tasks (can recall this at end of session):

3+ Ways to Play with 5 Toys (accompanies the preceding example session plan)

1. Bean-Bag Toss
    a. "Do you want the bean bag?"
        i. Response: Shake head yes, shake head no, sign "more"
    b. 1,2,3 (pause) go!
        i. Response: Intentional eye gaze as a request
        ii. Practice wait time in verbal routine Verbal direction of wait or go
    c. "Does XX want a turn?" "Does XX want more?"
        i. Response: Shake head yes, shake head no, sign "more"
    d. "Who threw the bean bag?" "Did XX throw the bean bag?"
        i. Response: "Me" gesture
    e. "Where did the bean bag go?"
        i. Response: XX points to the location (across the room)
    f. Use of Big Mack to request more
        i. "I want bag" (with HOH)

2. Mailbox
    a. "Is the mail in the mailbox?"
        i. Response: Shake head yes or shake head no
    b. Withhold the mail from XX
        i. Response: XX requests "more" with gesture
    c. "Is the mailbox open/closed?"
        i. Response: Shake head yes or shake head no
    d. "Knock-knock" the mail man is here
        i. Response: XX imitates knocking imitate action

Follow verbal directions with open or close or give me? I know can be tricky with him as may just start doing stuff or grabbing and not purposeful.

3. Ring Stacker
    a. Withhold the rings from XX
        i. XX requests with the "more" gesture to get the rings
    b. "Do you want to put a ring on?"
        i. Block stacker with hand until XX uses a verbalization or shaking of the head (yes/no)
    c. "Do you want to get a new toy?"
        i. Response: Shake head yes or no

Put rings on head to see if imitate action? Could add a verbal routing to this

4. Tent
    a. 1,2,3 (go) _____.
        i. Shake tent!
        ii. Pick tent up!
        iii. Put tent down!
    b. "Who is inside the tent?"
        i. XX gestures "me"
    c. Peak-a-boo "Hi XX!"
        i. XX imitates "Hi"
    d. XX waves "Hi" from inside the tent

5. Colorful Squares & "If You're Happy and You Know It."

a. XX with imitate actions in verbal routine:
    i. Clap your hands
    ii. Stomp your feet
    iii. Turn around
b. XX will follow verbal directions in song (actions stated above) yes, both verbal directions and imitate action in verbal routine
c. "Is XX happy?"
    i. Response: shake head yes/no or verbalize yes or no

Routines attempted: (can list after too)
Happy and you know it
Tent
Bye to toys

Imitate <u>actions</u> in verbal routine:
This is a tricky difference and maybe not worth making! Most of our routines have verbal directions that go with the action. So not many options to imitate actions that do NOT have a verbal direction with it. I suppose peek a boo might be? Or roll ball with ready set go (we don't say roll ball).
<u>This falls under same goal so don't stress over the difference but great question!</u>
Peek a boo with tent
Wave bye to toys- if we don't say it?
Put bean bags on head over and over without saying to do it….just achoo or boom?

<u>Follow verbal direction</u> in verbal routine:
Turned around in song
Clap hands in song
Shake tent when we say shakey shakey

And each of these could be listed as what items he engaged in for 3-5 minutes, hopefully!

How to use COUNSELEAR to see a CHSC client's chart

Go to the Website: www.Counselear.com and Log in

- Username: your CWRU email
- Student password: Student21

You can search by patient name and see anything in their chart but you can NOT add info. Your supervisor will do all the actual charting.

Directions:

1. Enter patient name in top right corner. You could also search via your supervisor schedule if you select the correct clinic and provider in the top left options on the schedule tab.
2. Click on name to open chart. OR if in schedule, hover over name and slide into gray box. Then hover over name and click on name when it is black font.

Once in chart the tabs you will want to look at include:

- General and Contact tab have most demographic info you will need.
- Appts/Visits tab will show past chart notes. The bottom portion of this screen are the notes from an actual visit. Click on most recent visit to view it.
    - Once in the visit, click on Chart note tab to see the actual note or click on top layer of tabs to chart note PDF. (ignore most other tabs within visit)
    - Professional Report tab within the visit will be any evaluation that was completed in CounselEar (after 5/1/21). The PDF version is also a good way to view the evaluation but you need to be in the evaluation visit.

When done viewing info within that one visit, click on BACK-Patient Admin to return to chart (to no longer be only in one specific a visit).

Questionnaire tab is where you can find any case hx and other questionnaires that were sent via email in CE (again, if intake was after 5/1/21).

Documents tab is where all info prior to 5/1/21 will have been migrated into. Many client's evals will be in this area in the folder "Information Prior to CE" as that is where our past EMR systems records were dumped.

- If they have a newly received IEP, it will be in the "IEP/ETR" folder.
- If they had an eval completed by a grad student or an outside agency, it will be in the "evaluations" folder. Currently, most of these are empty.
- *For past info, your supervisor can either help you get into our old EMR system or print out past documents.*

Be sure to log out of CounselEar.com when you are finished.

Any questions your supervisor can not answer can be emailed to Linda Lange at llange@chsc.org.
If you are having a technical issue, the Help tab has a live chat feature with someone from CE and is very speedy!

Problem-Oriented Progress Notes for SOAPS

Problem oriented progress notes include four components:

- S = subjective information
- = objective information
- A = assessment of the objective information
- P = a plan

The initial goal is to identify a problem list, which provides for initial format for long range planning. This list will define every problem the child has which may potentially interfere with or relate to the communication process. Thus, although you may not treat all of the problems, you will list all of them. A sample problem list appears elsewhere in this handout.

Once you have devised the problem list, you then write a SOAP for each problem. Even though you may not immediately, or ever, treat each problem, you should write a SOAP on it. For example, one problem may be "Velopharyngeal incompetency due to an unrepaired cleft," where the child is also under the care of a physician who will soon be performing the necessary surgical repair work. You would write an initial SOAP describing this problem. Since you are not directly treating the problem, follow-up SOAP would not be required.

For problems/objectives that you are treating, a SOAP will take the place of daily logs. SOAPs are written and provide subjective, objective, assessment, and planning information for each objective targeted in a session.

- *Subjective (S) data*: List subjective impressions of the particular objective. This may include your feelings and impressions (or parent's, or child's feelings) with respect to the problem. Generally, this will consist of information, which may account for unexpected changes, either negative or positive, in your O data. Examples can be found on in following pages.
- *Objective (O) data*: The information is to be written in operational, objective terms. This means that anyone could examine the measures and come up with the same information. This may include percentages, numbers, amount of time engaged in particular behavior, etc. Complete sentences are not necessary. No interpretation of the data is necessary - rather, just report the results.
- *Assessment (A)*: This is where you interpret your O as well as your S data. You make judgments as to whether the child is regressing, improving or maintaining. This is also the place where you will indicate changes in treatment goals. For example, if you had been working on establishing an SVO syntactic structure on which the child had achieved productivity as indicated in the O data, you might have the following statement: As productivity has been achieved on SVO, this structure will no longer be the main focus of treatment." Note that you will not specify what the new treatment goal will be; that information belongs in the plan.
- *Plan (P)*: A concise, complete statement of a) the behavior to be established, and b) the means to be used to establish the behavior. SOAPs will be short if they are stated concisely. Remember not to be redundant. You will probably not have totally new S, O, A and P information each week. In fact, your plan will probably frequently stay the same. In this case, all you need is, "same as SOAP dated...." Since you will be obtaining weekly language samples, your O and A data will probably always change. Remember, every time you have O data you will need to have A data. Your subjective information will probably not change significantly unless you have weeks where your child does not seem to feel well and you think it is important to mention this. Your plan will only change as criteria for targets is reached and you need to establish new targets or if there is no change in behavior and you need to modify your means for establishing a behavior.

S and P may or may not change. O and A usually change.

Sample Problem List:

- P1 Semantic/ syntactic abilities not age – appropriate
- P2 Inappropriate social-interactive skills with peers
- P3 Disruptive crying behavior
- P4 Fluctuating Conductive hearing loss
- P5 Vocabulary size not age-appropriate

Examples of SOAPS

- P1
  - S: Child seemed very shy and rarely talked directly to clinician. Generally talked to a doll.
  - O: MLU = 1.43. One-word declarative statements comprised 75% of the 100 utterance sample. In the remaining 25 utterances, the following semantic relations were present. Nomination - 15%; Recurrence - 50%; Notice - 10%; Action & Object - 15%; Agent & Action - 10%. Of the relations expressed, only nomination was productive. There was no evidence of the heuristic or informative social language functions. No grammatical morphemes or transformations evidenced in sample.
  - A: Child exhibits severe delay in semantic/syntactic skills. MLU should be 3.5 for age level. Further, all grammatical morphemes as well as the question, negative, and imperative transformations should be present.
  - P: Target: Establish productive use of the following two-term semantic relations: recurrence, action, object, and agent. Procedure: Following child's lead in imitative play and modeling appropriate target structures. Treatment on grammatical morphemes and more complex structures will be delayed until prerequisite syntactic (i.e., two-term relations) have been established. Target behaviors to be established by (date).
- P2
  - S: Parent very defensive about child's social behavior: claims, "They're shy and will outgrow it."
  - O: 30 minutes of 30-minute group session spent alone in corner. Tantrumed every time effort (6 times) was made to require group participation.
  - A: Child attended to activity while in the corner. However, a child of this age should be actively participating with peers.
  - P: Target: Establish 10 minutes of group participation by (date). Procedure: Engage in imitative play with child and model introduction of other children into activity. If child resists, physical manipulation will be used to keep them in proximity to other children.
- P3
  - S: Child did not seem scared, rather was angry, at having to stay in individual treatment instead of going to large playroom.
  - O: Cried 20 of 30-minute individual session.
  - A: Child does not cry in group treatment. Seems to use crying as a manipulation behavior to obtain own way.
  - P: Target: Eliminate crying by (date). Procedure: Clinician will ignore child when crying and immediately attend when crying ceases.
- P4
  - S: Parent reports "frequent" ear infections
  - O: Audiometric evaluation reported a mild (30 db) bilateral conductive hearing loss due to fluid in ears.
  - A: None
  - P: Child currently under care of physician. No direct treatment in this clinic.

- P5
    - S None
    - O: TTR of .10
    - A: This is a low ratio of new words to total number of utterances.
    - P: Target: To increase number of lexical terms. Procedure: While engaging in imitative play and modeling, two-term semantic relations, clinician will also model a variety of lexical terms.

Language Sample Collection: Some Techniques and Considerations for Intervention

The clinician who needs to collect a representative spontaneous language sample from a child faces no small test. Beginning student clinicians may have the notion that language-sampling procedures involve little advance thought and planning, just some sharpened pencils for transcription, a working recording device and some toys or books to "make the child want to talk". Experience has shown that collecting a spontaneous language sample from children is a challenge. The language measures derived when the sample is analyzed will be as valid as the sample is both accurate and representative. Therefore, it is important that we consider the following:

1. When interacting with a child, do I share information as well as the opportunity to generate the topic of conversation?
2. Am I able to converse at an interest level appropriate for the child?
3. Do I constrain the child's productions by using too many interrogative forms? Are there ways of increasing the open-endedness of questions?
4. How often do I tell children what to do, think or feel rather than give opportunities for them to tell me?
5. Do I really listen when children speak to me? Am I sure that my "listening behavior" is evident to the client?
6. How often do I use incomplete sentences, sentence fragments and automatic (stereotypical) speech? Do I sound redundant?
7. Do I set up activities conducive to speech and thus, exchange of information?
8. How many different speaking environments do I provide for the child with different settings, expectations and listeners?
9. Are the situations I choose reality-based? Do they lead to positive feeling between client and clinician?

Several types of intervention strategies follow. Many are fancy labels for sensical, natural dialogues, which occur daily at home or in the classrooms. Two categories of strategies, *adult initiated* and *child initiated*, are delineated.

<u>Adult Initiated</u>

1. *Parallel Talk*: As the adult and child are interacting together in an activity such as water play or making juice, the adult describes the activities, <u>names the objects, etc</u>., which correspond with the immediate situation: "Sherry is stirring the juice", "You are pushing the boat", and so on. The adult could also narrate what she/he is doing as they interact together: "I'm using the big white spoon", or could narrate the actions of a doll, puppet, etc., "The girl jumped in the water". The child could be nonverbally cued (a nod, glance) to join in the verbalizing. A more direct procedure would be warmly instructing the child to: "Tell about what you are doing".
2. <u>Question-Answer-Question</u>: To insure a more positive situation for question answering, this technique provides the child a question, the answer, the question again and their opportunity to spontaneously respond correctly: "What is on the table? A <u>cup</u> is on the table. What is on the table?" Child response: "_____."
3. <u>Answer-Question</u>: A variation on the preceding is offering the answer, asking the question and giving the child the opportunity to spontaneously answer: "this is a toy dog. What is this?" Child response: "_____. "
4. <u>Close Technique or Open Ended</u>: When beginning a project such as making play dough, the adult could begin with an open-ended comment such as:
    a. Adult: "Let's make play dough...we'll need uh..." Child: "spoo", etc., or when the adult and child are prepared for an activity and have materials spread out, the adult might say:
    b. Adult: "We have a lot of stuff; I wonder what we could do with it..." Child: "Cut,"

etc.

5. Backward Chaining: The adult provides a picture or object stimulus. The child should be familiar with the label/action represented. The sentence presented by the adult has the target deleted at the end. The follow- up offering by the adult omits the final two words, and so on. The sequence builds to the entire sentence being given by the child:
    a. Adult: "This is a _____" Child: "car", etc.
    b. Adult: "This is _____" Child: "a car", etc.
    c. Adult: "This _____" Child: "is a car", etc.
    d. Adult: No verbal output but Child: "This is a car", etc. holds the item

Child Initiated

Note: Each of these procedures requires at least a single-word utterance generated by the child.

1. Expansion: This form of parent-child verbal interaction has been found to be very natural and frequent. This is an immediate measure to acknowledge and expand the child's reduced comment at the time when it was uttered to insure relevance. An example could be:
    a. "Car go" (child) "Yes, the car is going" (adult)
        i. There seems to be some controversy over the usefulness of this technique. Some pitfalls of this intervention strategy have been suggested. First, because this technique focuses heavily upon structure, it may restrict the idea/intent of the child rather than extend it. Secondly, as the adult builds upon the child's utterance through the addition of grammatical elements, the final product may not represent the child's intent. An utterance such as "car go" could mean a variety of things and the adult's expansion may not focus upon the accurate intention of the child. Thirdly, the child's attention span may not accommodate an overabundance of expansions since they would be hearing basically an instant replay of their original utterance in a gramatically correct form. No new information of interest would have been added. Thus, this method has been shown more successful in the building of syntax than in enhancing the child's semantic variety.
2. Expatiation or Semantic Extension: This seems to be a higher level of intervention strategy. Example:
    a. Child: "ball roll" Adult: "The ball is red and round. It rolls on the floor or you could throw it. I like to play with the ball."
        i. It is important to bear in mind that the two procedures, expansion and expatiation, occur naturally together. Expatiation or semantic extension addresses itself to areas of syntax and semantics and supplies experience in the instrumental employment of language, rather than being restricted to syntax only as in expansion.
3. Interrogative Stimulus/Divergent Thinking Model: The adult encourages the child's ability to think abstractly. Alternative means of expressing a though are the target. No attempt is made to correct syntax. Example:
    a. Child: "car go" Adult: "Is it a fast car or a slow one? Why do cars go?"

Combination of Techniques

Scene: Child and adult are using the water table together.

1. Adult: "I'm pushing my boat." (Parallel Talk) Child: "Me boat." (holds boat close to self to indicate possession)
2. Adult: "Yes, that's your boat." (Expansion) "Here's my boat." (adult draws boat close to self to indicate possession)
3. Adult: "What are you doing? Pushing. What are you doing?" (Question-Answer-Question) Child: "Push"

4. Adult: “You are pushing the boat in the water.” (Expansion, Expatiation, Parallel Talk)
   Child: “Me push.”(child says as she/he pushes boat again)
5. Adult: “Look at the waves you make when you push your boat.” (Expatiation)
6. Adult: “Ah, here’s a duck. I wonder what I could do with it...I could...” (Close Technique)
   Child: “Put in water.”
7. Adult: “The duck and the boat are both in the water now.” (Expansion, Expatiation, Parallel Talk)

Some Additional Helpful Hints for Language Sample Collection

1. Ask the parent or teacher about areas of interest the child has. Perhaps the child has a favorite toy, a pet, a favorite television show, a special occasion may be coming.
2. Use age-appropriate materials.
3. Present only a few items at a time to the child, and avoid overloading the child with either materials or questions. Let the child make a selection from the several items presented.
    a. Demonstrate what you would like the child to do if s/he fails to initiate with some language and/or activity.
4. Vary situations, materials, listeners. Avoid very specific questions, asking the child to tell you very familiar stories, using stimulus materials that limit both vocabulary and syntax as well as “boy-like” or “girl-like” toys or pictures.
5. Be aware of the different language constructions you want to target and before the collection session, think through methods, which might elicit such constructions.

***This handout pulled together information from several others. Acknowledgments are due to Nancy E. Green and Joan G. Erickson among others, for materials compiled while affiliated with the University of Illinois.*

Behavior Management Principles

1. Observe behaviors that are conducive to therapy and learning. Catch the child being "good" and reinforce. Praise the behavior not the whole child. As much as possible, ignore inappropriate behavior.
2. Observe behaviors, which are disruptive to therapy and learning. Look for reasons why these behaviors may be occurring: task too difficult, materials distracting, drill too slow, etc. Restructure the therapy environment to eliminate these.
3. Do not allow blank spaces between activities. Children dink around and "get in trouble" when they have nothing to do.
4. Don't ask for cooperation if you aren't willing to accept "no" for an answer. That is, don't say, "Will you sit down" if you really mean "Sit down!" A good way to handle this firmly but fairly is to give the child a choice: "Do you want to sit in this chair or that chair?"
5. Establish the "rules" behavioral limits, early with children. Also, establish the "punishment" for breaking the rules- we'll use Time-Out from group activities. The idea is to be <u>fair</u>.
6. Establish the contingencies for getting a reward. "If you want to play with the car, then do this." "After we do this, then we'll blow bubbles."

<u>If You Use Time Out</u>

7. When a child is acting as a disruptor of group activities or a therapy activity, give them a warning or choice. Examples: "You have a choice. You can sit at the table and play with us, or you can sit in the corner by yourself." "If you don't stop whistling, you'll have to sit in the corner."
8. Act immediately and be consistent with behavior management.
9. Check periodically on the child in Time-Out, saying, "When you're ready to follow the rules, you may come back and join us."
10. <u>Follow through</u>!
11. Use activities, tokens, etc., that <u>the child</u> considers reinforcing. Group activities must be FUN, or else Time-Out won't work, for example.
12. Apply Time-Out matter-of-factly. Always separate "bad behavior" from "bad child." If the limits are clearly established and you apply the consequences immediately, then you'll be less likely to get angry and violate this principle.
13. Above all, respect children as people who have rights to fair treatment.

<u>Steps to Follow in Dealing with Inappropriate Behavior</u>

1. Give clear directions to the child. State the rule simply.
2. Reinforce those who have followed directions, ignore inappropriate behavior at this time, excepting situations of danger.
3. Restate the rule.
4. Model desired behavior.
5. Remove materials. ("When you're ready to sit in your chair, you can have this back.")
6. Move chair slightly away from table or push chair slightly away from group. (We'd really like you to be here with us. When you're ready to sit in your chair, you can push it back and join us at the table.)
7. Provide an alternative for them. ("Either you sit in your chair with us, or you'll have to sit there by yourself.")
8. Remove child from the group or reinforcing situation. (Time-Out)
9. Remove child from the classroom.
10. Reinforce appropriate behavior whenever possible.

<u>Prevention Techniques</u>

1. Provide many, clear directions.
2. Make sure each child knows where they are supposed to be and what they supposed to be doing at all times. Gestures or physical guidance may be necessary with some of them. Don't assume they understand until you get sufficient feedback.
3. Designate a specific place for each child to sit. ("Here's your place on the floor," while pointing to their spot or "This is your chair.")

4. Call on children individually to direct, instead of directing them as a group.
5. Call on children at the beginning who may have difficulty waiting for their turn. Giving them an extra turn during games or songs often helps.
6. During games, remind children that everyone will get a turn.
7. Utilize teacher aides. Call on them first to stand by the door or to go to a certain place before directing the children. Use them as models to go through the process as visual reinforcement for your “clear” directions.
8. When directing an activity, center yourself with the bulk of the children. Direct your aides to help a child having difficulty.
9. Have your children seated were you want them before you bring out materials. Bring out only the materials you need at one given time; replace them before bringing out others.
10. Seat yourself at a place at the table where you can easily reach all children. This will help you assist all the children, promotes more interactions, and puts you in a spot for easy intervention.
11. Keep all materials out of children’s reach unless you want them to be touched.
12. Careful planning is a great preventive measure. Have everything you need on your tray so you won’t have to leave the group.
13. Remind children when it is almost time to finish an activity so they have time to finish up and prepare for the next activity. Give them time to do this for themselves. Be aware of their timing as well as your schedule.
14. Keep the children occupied and interested. Make use of emergency equipment (books, play doh, puppets, etc.)
15. If a child finishes an activity sooner than the others and is having a hard time waiting, give them a special job (wiping the table, collecting papers, gathering equipment, helping others).
16. Keep things moving. There’s no excuse for nothing to do. Everything is intriguing to preschoolers if you work through the tips they give you.
17. Use much eye contact, especially while reinforcing.
18. If you need to refocus a child’s attention, calling their name and directing a question to them usually helps. A gentle pat on the back or pat on the leg adds a personal touch.
19. If necessary, <u>casually</u> separate children who set each other off. Seat such children apart and you in the middle if needed.
20. Your voice and mood will be a key factor in the children’s reactions to an activity. (If an activity is boring to you, it will probably be boring to them, too.) Putting a little pizzazz in your voice helps get the kids more excited. Don’t be afraid to smile and laugh with them when appropriate and don’t be afraid to use firmness. Talking quietly and slowly sets another mood.
21. Be absolutely sure all behavior expectations are feasible for <u>each</u> child. Avoid setting demands for the children; give them choices. Make sure you always <u>follow through</u> with any demands you have made. (Threats without follow-through can do more harm than good.)
22. Don’t be over stifled by structure! If a lesson plan calls for 3 turns and you can see it’s bombing after 1, go on to something else; make the session interesting, but try to stick to the main objective. Flow with the kids.
23. Try to out-guess certain behaviors to avoid a conflict situation. If someone always goes to their favorite toy, stand by the toy shelf and assume they are on their way to the appropriate place.
24. <u>POSITIVE REINFORCEMENT</u> cannot be overemphasized. Children are innocent until proven innocent! It’s a circular phenomenon, using it will probably alleviate most of your problems before they even occur.

Compiled by Cathy Healy, University of Illinois, Colonel Wolfe Preschool. 403 E Healy, Champaign IL 61820.

APPENDIX C: LEARNING OUTCOMES/SESSION FEEDBACK FORMS

The following outlines are the learning outcomes for clinical placements at CHSC and CWRU PSSC Clinic (Speakeasy), as well as session evaluation forms for use by your supervisor. Please take a moment to review those learning outcomes that correspond with your clinical placements. Students, as a reminder, your COSI 452 text serves as a resource to help you achieve these outcomes. Copies of the Goldberg text in the grad carrel room are also resources for clinical skill development.

Session evaluation forms are designed to help the student/supervisor partners focus, in written form, on the attainment of specific learning outcomes. Please copy those forms that you will need for the semester.

LEARNING OUTCOMES FOR INDIVIDUAL SESSIONS

In accordance with Evidence Based Practices, by the end of this semester, you will attain proficiency in the following:

1. Read relevant literature, review chart.
2. Collect and analyze data.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Formulate goals, initiate treatment plan.
5. Modeling and cueing target behavior
6. Increase client response rate.
7. Corrective feedback.
8. Explaining goals, rationale, and techniques to client/parent(s).
9. Writing daily progress notes (complete treatment plan).
10. Develop home program/homework assignments.
11. Introduce and conclude therapy goals/activities.

SESSION FEEDBACK FORM: INDIVIDUAL SESSIONS

Supervisor:

Circle appropriate learning outcome (2-3 per session)

1. Read relevant literature, review chart.
2. Collect and analyze data.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Formulate goals, initiate treatment plan.
5. Modeling and cueing target behavior.
6. Increase client response rate.
7. Corrective feedback.
8. Explaining goals, rationale, and techniques to client/parent(s).
9. Writing daily progress notes (complete treatment plan).
10. Develop home program/homework assignments.
11. Utilize behavior management techniques effectively.
12. Introduce and conclude therapy goals/activities.

Strengths	
1. 2. 3.	
Areas for Improvement	**Suggestions for next session**
1. 2. 3.	1. 2. 3.

Supervisor Signature

Student Clinician Signature

LEARNING OUTCOMES FOR SPEAKEASY NEUROGENIC GROUP

In accordance with Evidence Based Practices, first adult placement students will obtain proficiency in the following:

1. Learn to interact with ANCD survivors with a broad range of communication disorders, adjusting speech rate, prosody and linguistic content accordingly.
2. Leading a large group, using a directive role, obtaining responses from over 40% of group members.
3. Writing lesson plans including cognitive linguistic targets and specific communication targets.
4. Explaining activity targets and goals to small group members.
5. Modeling appropriate speech and language to group members.
6. Cuing for responses appropriate to group members goals
7. Verbal reporting of patient performance.
8. Producing a written summary of specific group members' strengths and weaknesses.
9. Designing and presenting an appropriate 10-minute educational seminar to group members.
10. Evaluating strengths and areas to improve for each session

Students with one or more adult placement experiences will obtain proficiency in 1, 3, and 4-10 of above, in addition to:

1. Leading a large group using a facilitative model, engaging over 60% of group members with focus on pragmatic targets noted in Survivor goal #1.
2. Explaining group targets and members performance to significant others.
3. Utilize appropriate evidence to make at least one adjustment in small group therapy goals for a survivor.
4. Independently generating ideas to structure environment to facilitate performance.
5. Providing models and mentorship for first semester students.

CWRU SPEAKEASY

PURPOSE, LEARNING OUTCOMES AND DOCUMENTATION REQUIREMENTS FOR CWRU SPEAKEASY NEUROGENIC GROUP

SpeakEasy Purpose:

For Group members:

- To provide opportunities for individuals with ANCD to connect with each other via visual and auditory modalities
- To provide an environment that supports successful communication for individuals with ANCD and their caregivers as appropriate
- To encourage structured discourse opportunities for all members on relevant topic/s each week
- To provide successful engagement in activities that promote cognitive-linguistic skills (and speech production skills as indicated)
- **EBP**: Overall engagement addresses the use it or lose it principle and all activities when well-planned address principles important for functional neuroplasticity.

For Graduate Students:

- To utilize clinical skills: lesson planning, data collection, communication supports (hierarchies, modeling, cuing, reinforcement,) that result in above goals being achieved for members.

- To utilize planning and intervention strategies that achieve an error free environment for group members.

For All:

- Case Western Reserve and the SpeakEasy program are inclusive of people of all racial, ethnic, cultural, socioeconomic, national and international backgrounds, welcoming diversity of thought, religion, age, sexual orientation, gender identity/expression, political affiliation and disability. We believe in a culture of inclusion that encourages relationships and interactions among people of different backgrounds, a culture that enhances human dignity, actively diminishes prejudice and discrimination and improves the quality of life for everyone in our community.

Learning Outcomes:

In accordance with Evidence Based Practices, first adult placement students will obtain proficiency in the following:

1. Learn to interact with ANCD survivors with a broad range of communication disorders, adjusting speech rate, prosody and linguistic content accordingly.
2. Leading a large group, using a directive role, obtaining responses from over 40% of group members.
3. Writing lesson plans including cognitive linguistic targets and specific communication targets.
4. Explaining activity targets and goals to small group members.
5. Modeling appropriate speech and language to group members.
6. Cuing for responses appropriate to group members goals
7. Verbal reporting of patient performance.
8. Producing a written summary of specific group members' strengths and weaknesses.
9. Designing and presenting an appropriate 10-minute educational seminar to group members.
10. Evaluating strengths and areas to improve for each session

Students with one or more adult placement experiences will obtain proficiency in 1, 3, and 4-10 of above, in addition to:

1. Leading a large group using a facilitative model, engaging over 60% of group members with focus on pragmatic targets noted in Survivor goal #1.
2. Explaining group targets and members performance to significant others.
3. Utilize appropriate evidence to make at least one adjustment in small group therapy goals for a survivor.
4. Independently generating ideas to structure environment to facilitate performance.
5. Providing models and mentorship for first semester students.

Student Documentation Responsibilities:

- Lesson plans will be submitted to supervisor. For privacy purposes all lesson plans use first names only. No other identifying information is to be provided.
- When data is collected all data is identified by first initial only, reviewed with supervisor and then shredded.

SESSION FEEDBACK FORM: LEARNING OUTCOMES FOR SPEAKEASY NEUROGENIC GROUP

Supervisor:
List learning outcome (2-3/session)

Strengths	
1. 2. 3.	
Areas for Improvement	Suggestions for next session
1. 2. 3.	1. 2. 3.

Supervisor Signature

Student Clinician Signature

LEARNING OUTCOMES FOR PARENT TODDLER GROUP

In accordance with Evidence Based Practices, by the end of the semester, you will attain proficiency in the following:

1. Collecting and analyzing data.
2. Formulating treatment goals consistent with evidence based practices.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Modeling language facilitation techniques.
5. Managing challenging behavior.
6. Delivering corrective feedback.
7. Leading group therapy.
8. Leading parent discussion.
9. Explaining therapy goals and techniques to parents.
10. Introduce and conclude therapy goals/activities.

SESSION FEEDBACK FORM: PARENT TODDLER GROUP

Supervisor: Circle appropriate learning outcome (2-3 per session)

1. Collecting and analyzing data.
2. Formulating treatment goals consistent with evidence based practices.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Modeling language facilitation techniques.
5. Managing challenging behavior.
6. Delivering corrective feedback.
7. Leading group therapy.
8. Leading parent discussion.
9. Explaining therapy goals and techniques to parents.
10. Demonstrate effective behavior management strategies.
11. Introduce and conclude therapy goals/activities.

Strengths	
1. 2. 3.	
Areas for Improvement	Suggestions for next session
1. 2. 3.	1. 2. 3.

Supervisor Signature

Student Clinician Signature

LEARNING OUTCOMES FOR LANGUAGE LEARNING DISABLED GROUP

In accordance with Evidence Based Practices, by the end of the semester you will have gained proficiency in the following:

1. Completing a review of pertinent LLD literature.
2. Collecting and analyzing data in a group setting.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Leading group therapy.
5. Using a commercially available Written Language Program.
6. Delivering corrective feedback.
7. Using appropriate behavior management techniques.
8. Modeling a variety of conversational skills.
9. Formulating long and short-term goals.
10. Discussing LLD issues with parents.
11. Explaining goals and progress to parents and school personnel.
12. Introduce and conclude therapy goals/activities.

SESSION FEEDBACK FORM: LANGUAGE LEARNING DISABLED GROUP

Supervisor: Circle appropriate learning outcome (2-3 per session)

1. Completing a review of pertinent LLD literature.
2. Collecting and analyzing data in group setting.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Leading group therapy.
5. Using a commercially available Written Language Program
6. Delivering corrective feedback...
7. Using appropriate behavior management techniques.
8. Modeling a variety of conversational skills.
9. Formulating long and short term goals
10. Discussing LLD issues with parents.
11. Explaining goals and progress to parents and school personnel.
12. Introduce and conclude therapy goals/activities.

Strengths	
1. 2. 3.	
Areas for Improvement	Suggestions for next session
1. 2. 3.	1. 2. 3.

Supervisor Signature

Student Clinician Signature

LEARNING OUTCOMES FOR SCHOOL AGED FLUENCY GROUP

In accordance with Evidence Based Practices, by the end of this semester, you will attain proficiency in the following:

1. Collecting and analyzing speech samples.
2. Formulating semester goals.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Implementing a commercially available fluency treatment program.
5. Implementing appropriate behavior management strategies.
6. Modeling a variety of fluency shaping strategies.
7. Delivering corrective feedback.
8. Collecting data in a group setting.
9. Leading group therapy.
10. Leading parent group discussion/education sessions.
11. Explaining therapy goals and techniques to parents.
12. Introduce and conclude therapy goals/activities.

SESSION FEEDBACK FORM: SCHOOL AGED FLUENCY GROUP

Supervisor: Circle appropriate learning outcome (2-3 per session)

1. Collecting and analyzing speech samples.
2. Formulating semester goals.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Implementing a commercially available fluency treatment program.
5. Implementing appropriate behavior management strategies.
6. Modeling a variety of fluency shaping strategies.
7. Delivering corrective feedback.
8. Collecting data in a group setting.
9. Leading group therapy.
10. Leading parent group discussion/education sessions.
11. Explaining therapy goals and techniques to parents.
12. Introduce and conclude therapy goals/activities.

Strengths
1. 2. 3.

Areas for Improvement	Suggestions for next session
1. 2. 3.	1. 2. 3.

Supervisor Signature

Student Clinician Signature

LEARNING OUTCOMES FOR ADOLESCENT FLUENCY GROUP

In accordance with Evidence Based Practices, by the end of this semester, you will attain proficiency in the following:

1. Collecting and analyzing speech samples.
2. Formulating semester goals.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Modeling a variety of fluency shaping strategies.
5. Delivering corrective feedback.
6. Leading relaxation exercises.
7. Leading group therapy.
8. Leading parent group discussion.
9. Explaining therapy goals and techniques to parents.
10. Introduce and conclude therapy goals/activities.

SESSION FEEDBACK FORM: ADOLESCENT FLUENCY GROUP

Supervisor: Circle appropriate learning outcome (2-3 per session)

1. Collecting and analyzing speech samples.
2. Formulating semester goals.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Modeling a variety of fluency shaping strategies.
5. Implementing appropriate behavior management strategies.
6. Delivering corrective feedback.
7. Leading relaxation exercises.
8. Leading group therapy.
9. Leading parent group discussion.
10. Explaining therapy goals and techniques to parents.
11. Introduce and conclude therapy goals/activities.

Strengths	
1. 2. 3.	
Areas for Improvement	**Suggestions for next session**
1. 2. 3.	1. 2. 3.

Supervisor Signature

Student Clinician Signature

LEARNING OUTCOMES FOR PRESCHOOL SPEECH GROUP

In accordance with Evidence Based Practices, by the end of the semester, you will have attained proficiency in the following:

1. Demonstrating knowledge of basic characteristics of developmental apraxia, phonological processes, and pre-reading skills.
2. Collecting and analyzing data.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Formulating treatment goals.
5. Applying cueing hierarchy to elicit accurate responses.
6. Managing challenging behavior.
7. Delivering corrective feedback.
8. Leading group therapy activities.
9. Explaining therapy goals/progress and techniques to parents.
10. Developing a home practice program.
11. Implementing a commercially available phonological awareness program.
12. Introduce and conclude therapy goals/activities.

SESSION FEEDBACK FORM: PRESCHOOL SPEECH GROUP

Supervisor: Circle appropriate learning outcome (2-3 per session)

1. Demonstrating knowledge of basic characteristics of developmental apraxia, phonological processes, and pre-reading skills.
2. Collecting and analyzing data.
3. Demonstrate sensitivity to cultural/linguistic differences
4. Formulating treatment goals.
5. Applying cueing hierarchy to elicit accurate responses.
6. Managing challenging behavior.
7. Using appropriate behavior management techniques.
8. Delivering corrective feedback.
9. Leading group therapy activities.
10. Explaining therapy goals/progress and techniques to parents.
11. Developing a home practice program.
12. Implementing a commercially available phonological awareness program.
13. Introduce and conclude therapy goals/activities.

Strengths	
1. 2. 3.	
Areas for Improvement	Suggestions for next session
1. 2. 3.	1. 2. 3.

Supervisor Signature

Student Clinician Signature

LEARNING OUTCOMES FOR HEAD START SERVICES LANGUAGE CLASSROOM

In accordance with Evidence Based Practices, by the end of this semester, you will attain proficiency in the following:

1. Demonstrate knowledge of theoretical underpinnings of the Prevention Model.

2. Demonstrate knowledge of Head Start services and placement in language classroom.

3. Demonstrate sensitivity to cultural/linguistic differences.

4. Deliver corrective/reinforcing feedback.

5. Collaborate with teachers/parents and administrators.

6. Structure the environment toward effective service delivery.

7. Create/implement age appropriate lesson plans, which target skills in the small group setting.

8. Demonstrate effective behavior management strategies.

9. Promote communication development in the classroom and home (creating parent/teacher handout).

10. Data keeping in a small group format.

11. Introduce and conclude therapy goals/activities.

SESSION FEEDBACK FORM: HEAD START SERVICES LANGUAGE CLASSROOM

Supervisor: Circle appropriate learning outcome (2-3 per session)

1. Demonstrate knowledge of theoretical underpinnings of the Prevention Model.
2. Demonstrate knowledge of Head Start services and placement in language classroom.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Deliver corrective/reinforcing feedback.
5. Collaborate with teachers/parents and administrators.
6. Structure the environment toward effective service delivery.
7. Create/implement age appropriate lesson plans which target skills in the small group setting.
8. Demonstrate effective behavior management strategies.
9. Promote communication development in the classroom and home (creating parent/teacher handout).
10. Data keeping in a small group format.
11. Introduce and conclude therapy goals/activities.

Strengths	
1. 2. 3.	
Areas for Improvement	**Suggestions for next session**
1. 2. 3.	1. 2. 3.

Supervisor Signature

Student Clinician Signature

LEARNING OUTCOMES FOR HEAD START SERVICES FOR THERAPY

In accordance with Evidence Based Practices, by the end of this semester, you will attain proficiency in the following:

1. Read and summarize relevant research/literature.
2. Collaborate with parents/teachers and administrators.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Structure the environment toward effective service delivery.
5. Demonstrate the ability to take the child's perspective.
6. Establish age appropriate therapy goals.
7. Formulate relevant lesson plans for therapy.
8. Increase response rate.
9. Deliver corrective and reinforcing feedback.
10. Collaborate with parents, teacher, and administrators.
11. Demonstrate effective behavior management strategies.
12. Introduce and conclude therapy goals/activities.

SESSION FEEDBACK FORM: HEAD START SERVICES FOR THERAPY

Supervisor: Circle appropriate learning outcome (2-3 per session)

- Read and summarize relevant research/literature.
- Collaborate with parents/teachers and administrators.
- Demonstrate sensitivity to cultural/linguistic differences.
- Structure the environment toward effective service delivery.
- Demonstrate the ability to take the child's perspective.
- Establish age appropriate therapy goals.
- Formulate relevant lesson plans for therapy.
- Increase response rate.
- Deliver corrective and reinforcing feedback.
- Collaborate with parents, teacher, and administrators.
- Demonstrate effective behavior management strategies.
- Introduce and conclude therapy goals/activities.

Strengths
1. 2. 3.

Areas for Improvement	Suggestions for next session
1. 2. 3.	1. 2. 3.

Supervisor Signature

Student Clinician Signature

LEARNING OUTCOMES FOR HEAD START SERVICES SCREENING/EVALUATION

In accordance with Evidence Based Practices, by the end of this semester, you will attain proficiency in the following:

1. Collect and analyze speech samples.
2. Administer and score screening and evaluation instruments.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Structure the environment toward effective service delivery.
5. Demonstrate the ability to take the child's perspective.
6. Interpret test results.
7. Write cohesive/concise evaluation reports.
8. Demonstrate effective behavior management strategies.
9. Collaborate with parents, teachers, and administrators.

SESSION FEEDBACK FORM: HEAD START SERVICES SCREENING/EVALUATION

Supervisor: Circle appropriate learning outcome (2-3 per session)

1. Collect and analyze speech samples.
2. Administer and score screening and evaluation instruments.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Structure the environment toward effective service delivery.
5. Demonstrate the ability to take the child's perspective.
6. Interpret test results.
7. Write cohesive/concise evaluation reports.
8. Demonstrate effective behavior management strategies.
9. Collaborate with parents, teachers, and administrators.

Strengths	
1. 2. 3.	
Areas for Improvement	**Suggestions for next session**
1. 2. 3.	1. 2. 3.

Supervisor Signature

Student Clinician Signature

LEARNING OUTCOMES FOR DIAGNOSTIC CLINIC

In accordance with Evidence Based Practices, by the end of the semester, the student will demonstrate proficiency in the following areas:

Preparation:

1. Critically review all information on case and present hypothesis/es regarding upcoming patient.
    a. Provide rationale for hypothesis/es
    b. Outline suggested interview plan with rationale related to hypothesis/es
    c. Suggest areas and test procedures with rationale related to hypothesis/es.

Interviewing:

1. Establish professional atmosphere with client
2. Conduct interview:
    a. collecting all relevant information
    b. demonstrating the abilty to sequence and switch topics smoothly

Completing Diagnostic Testing:

1. Administer standardized and non-standardized tests according to procedures
    a. Administer feedback and reinforcement consistent with test procedures
    b. Modify testing procedures with supervisor support
    c. Handle and manipulate all test materials efficiently

Post Diagnostic Skills

1. *Interpret* test finding consistent with procedures and coursework level
    a. score standardized tests according to procedures
    b. identify current performance levels w/ supervisor support
    c. make appropriate recommendations based on findings to supervisor
2. *Report* information in written form that is accurate
3. *Repor***t** information in written form that is pertinent
4. *Self-evaluate* their own strengths and weaknesses consistent with supervisor observations.

SESSION FEEDBACK FORM: DIAGNOSTIC CLINIC

Supervisor:

Circle appropriate learning outcome (2-3 per session)

1. Critically review all info on case & present hypothesis/es re: upcoming patient.
2. Establish professional atmosphere w/ client.
3. Conduct Interview.
4. Administer standardized & non standardized test according to procedures.
5. Interpret test finding consistent with procedures & coursework level.
6. Report information in written form that is accurate.
7. Report information in written form that is pertinent.
8. Self-evaluate their own strengths & weaknesses consistent w/supervisor observations.

Strengths
1.
2.
3.

Areas for Improvement	Suggestions for next session
1.	1.
2.	2.
3.	3.

Supervisor Signature

Student Clinician Signature

LEARNING OUTCOMES FOR CHARTER SCHOOL SERVICES FOR THERAPY

In accordance with Evidence Based Practices, by the end of this semester, you will attain proficiency in the following:

1. Read and summarize relevant research/literature.
2. Formulate and utilize treatment hierarchies.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Structure the environment toward effective service delivery.
5. Demonstrate the ability to take the child's perspective.
6. Establish relevant goals for child's grade level
7. Formulate relevant lesson plans for therapy.
8. Increase response rate.
9. Deliver corrective and reinforcing feedback.
10. Modify activities to address different goals.
11. Demonstrate effective behavior management strategies.
12. Introduce and conclude therapy goals/activities.
13. Demonstrate adequate skills for data collection.

SESSION FEEDBACK FORM: CHARTER SCHOOL SERVICES FOR THERAPY

Supervisor:

Circle appropriate learning outcome (2-3 per session)

1. Read & summarize relevant research/literature.
2. Formulate & utilize treatment hierarchies.
3. Demonstrate sensitivity to cultural/linguistic differences.
4. Structure environment toward effective svc delivery.
5. Demonstrate ability to take child's perspective.
6. Establish relevant goals for child's grade level.
7. Formulate relevant lesson plans for therapy.
8. Increase response rate.
9. Deliver corrective & reinforcing feedback.
10. Modify activities to address different goals.
11. Demonstrate effective behavior mgmt. strategies.
12. Introduce & conclude therapy goals/activities.
13. Demonstrate adequate skills for data collection.

Strengths
1.
2.
3.

Areas for Improvement	Suggestions for next session
1.	1.
2.	2.
3.	3.

Supervisor Signature

Student Clinician Signature

APPENDIX D: ASHA MEMBERSHIP & CERTIFICATION/OHIO BOARD OF SPEECH LANGUAGE PATHOLOGY AND AUDIOLOGY LICENSING

Information on the academic and clinical requirements in order to become eligible for applying for the ASHA Certificate of Clinical Competence and licensure by the Ohio Board of Speech Language Pathology.

After reviewing this information, you should be able to answer the following questions:

- What is ASHA?
- What is the Certificate of Clinical Competence (CCC)?
- What is membership in ASHA?
- What must I do to obtain membership and certification?
- What is a clinical fellow?
- What is the National Examination in Speech-Language Pathology and how do I take it?

As a student, you will be most concerned with section III. Standards and Implementation Procedures for the Certificate of Clinical Competence, which outlines all academic and clinical requirements to become certified in Speech-Language Pathology. READ THIS INFORMATION CAREFULLY.

At the end of your program, you will need to complete the "Application for Membership/Certification". A current copy of the Membership and Certification Handbook and the "Application for Membership/Certification" can be found on ASHA's website: www.ASHA.org.

Ohio Board of Speech-Language Pathology and Audiology Licensure

In addition to ASHA certification, most states require a license to practice speech-language pathology. Ohio is one of these states. At the end of your master's program, you will apply for a conditional license in Ohio or the state in which you will practice. Below are the requirements you will meet throughout your master's program that will allow you to apply for licensure in Ohio. If you intend on practicing in another state, you must check with their governing board for the appropriate requirements.

Please see the following letter from the Ohio Board, outlining new licensing application procedures

Ohio Board of Speech-Language Pathology and Audiology

77 South High Street, 16th Floor
Columbus, Ohio 43215-6108
www.slpaud.ohio.gov **Direct Dial:** 614-644-9046 **Fax:** 614-995-2286 **E-mail:** Gregg.Thornton@slpaud.ohio.gov

June 9, 2017

Dear University Partner:

The Ohio Board of Speech-Language Pathology and Audiology (Board) is excited to announce it will be transitioning to a new licensing system designed for the State of Ohio occupational licensing boards. The Board will transition to the new Ohio eLicense System on June 19, 2017.

The purpose of this letter is to explain the new licensure application process that your graduates will experience when applying for licensure in Ohio. This communication will assist everyone with navigating the new licensure system and understanding the application process.

Please refer to the attached "Instructions on Creating a User Account in Ohio eLicense 3.0 System." It provides step-by-step instructions, the eLicense homepage web address, and screen shots in order to create a user account.

After the applicant creates a user account, they will be able to select our licensure board and license type they are applying for under the drop down menu. The license type will be "Conditional Speech-Language Pathology" for graduates applying to complete their professional experience year or "Audiology" for Au.D. graduates applying for their audiology license.

1. After registering for your account, you will be taken to the "Welcome to your eLicense Dashboard" page.
2. Click the "Apply For A New License"
3. For "Select a Board," choose "Speech-Language Pathology & Audiology Bd" from the dropdown menu;
4. For "Select a License," choose the license you are applying for, e.g., 'Speech-Language Pathology Conditional License' for SLP graduates, and 'Audiologist' for Au.D. graduates;
5. For "Application Type" choose 'General Application' for Speech-Language Pathology Conditional License and 'Doctoral Degree in Audiology' for Audiologist License;
6. Answer the 'Eligibility' Question(s);
7. Carefully review the "Application Instructions";
8. Enter your "Personal Information" as required;
9. **Under "Additional Information" you must provide your ETS Candidate ID number. Be sure to have your ETS Candidate ID number available in order enter it on the application. IMPORTANT NOTE: YOUR APPLICATION CANNOT BE SUBMITTED WITHOUT ENTERING YOUR ETS CANDIDATE ID NUMBER. ALSO, APPLICANTS MUST HAVE PROVIDED THE BOARD'S REPORTING CODE NUMBER (7938) TO ETS AT THE TIME THE TOOK THE PRAXIS EXAM.**
10. Select your 'License Mailing Address'; (this is the address used for all postal communications from the Board for this license);

11. Select your 'License Public Address'; (Note: only the city and state provided in this address will be viewable by the public);
12. Complete the "Military Service" questions as appropriate;
13. Complete the "Background" section as appropriate;
14. Complete the "Questions" section as appropriate;
15. Complete the "Attachments" section as appropriate;
    a. For the "Headshot Photograph," click the "Add Attachment" to upload your photo electronically;
    b. For the "Verification Letter," click the "Attest" indicating that you will upload your university verification letter through the "Submit Additional Documentation" service request. To do this, go the Dashboard and click 'Options' on your license tile. Select "Submit Additional Documentation." **NOTE: Your university will determine the most appropriate time to provide you with your university verification letter. You can still complete the application pending receipt of your verification letter. Remember to log back in to your eLicense account Dashboard and submit your verification letter by clicking "Options" and selecting "Submit Additional Documentation" to upload your verification letter electronically. The Board will not accept the verification letter via mail, e-mail, or fax.**
    c. Complete the other "Attestation" statements and proceed to the "Review and Submit" section;
    d. Electronically sign your application, and complete to payment option via major credit card or electronic check. The application fee is $210 for a conditional license and $200 for an audiology license. (Note a mandatory transaction fee of $3.50 will be added to the licensure fee.)
16. **Note that Conditional Licensees will receive information about submission of their Supervised Professional Experience Plan, Amended Plan, and Report and Contacts Log. These forms are available from our website at: http://slpaud.ohio.gov/application2.stm**

If you have any questions, please feel free to let me know.
Sincerely,

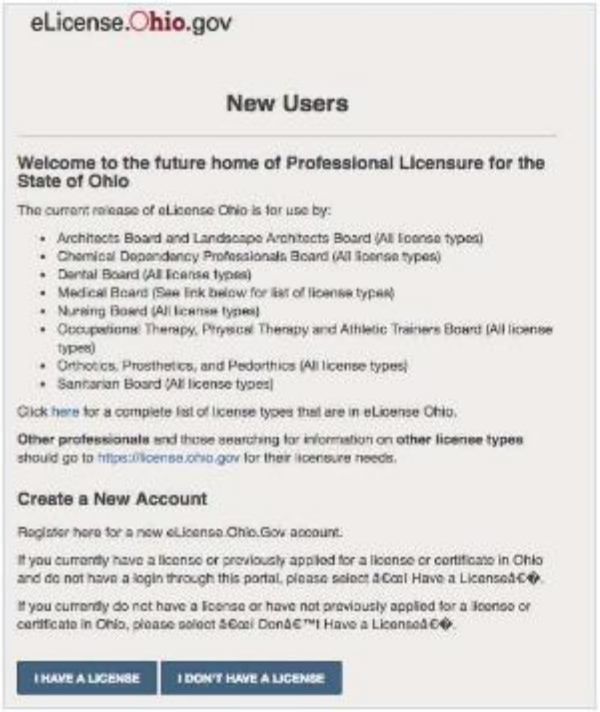
Gregg B. Thornton, Esq.
Executive Director
E-mail: Gregg.Thornton@slpaud.ohio.gov
Direct Dial: (614) 644-9046

How first-time applicants can create your User Account in Ohio eLicense 3.0 System

- To create a user account, go to the Ohio eLicense homepage https://elicense.ohio.gov
- You must use a newer version of Google Chrome, Safari or Firefox web browsers. Internet Explorer users, must use IE 11 or Edge. The Google Chrome web browser is recommended for best results.
- Click on the **LOGIN/CREATE YOUR ACCOUNT** box/button in the middle of the screen.

New Users Must Complete a One-Time Registration Process to Create a User Account

To begin the registration process, choose one of two options and click on the box (see screen shot below).


eLicense.Ohio.gov

New Users

Welcome to the future home of Professional Licensure for the State of Ohio

The current release of eLicense Ohio is for use by:

- Architects Board and Landscape Architects Board (All license types)
- Chemical Dependency Professionals Board (All license types)
- Dental Board (All license types)
- Medical Board (See link below for list of license types)
- Nursing Board (All license types)
- Occupational Therapy, Physical Therapy and Athletic Trainers Board (All license types)
- Orthotics, Prosthetics, and Pedorthics (All license types)
- Sanitarian Board (All license types)

Click here for a complete list of license types that are in eLicense Ohio.

Other professionals and those searching for information on **other licensee types** should go to https://license.ohio.gov for their licensure needs.

Create a New Account

Register here for a new eLicense.Ohio.Gov account.

If you currently have a license or previously applied for a license or certificate in Ohio and do not have a login through this portal, please select â€œI Have a Licenseâ€.

If you currently do not have a license or have not previously applied for a license or certificate in Ohio, please select â€œI Don't Have a Licenseâ€.

I HAVE A LICENSE | I DON'T HAVE A LICENSE

I DON'T HAVE A LICENSE Select this if you have never been licensed or certified by the Nursing Board and have never applied for a license/certificate. No Security Code is required.

Steps Toward Certification and Licensure/CWRU COSI Program Checkout

**Take your Praxis exam and send your scores to CWRU, ASHA, and the state in which you are applying for your license (State where you will do your CFY). In Ohio, you must have passed the Praxis to begin your CFY.

I. ASHA Certification**:** Obtain Certification and Membership application forms from the ASHA website.

II. Ohio Conditional License**:** Apply for conditional SLP licensure by following the directions on the Ohio Board of SLP website (follow new application at the top of the page): http://slpaud.ohio.gov/

***you must obtain a new background check for Ohio conditional licensure*

III. Other State Licenses: If you are interested in pursuing employment for your CFY in a state other than Ohio, you are responsible for reviewing that state's regulations for the CFY. Links to state associations may be found on the ASHA website.

Upon Completion of coursework, and practicum:

1. Complete final course and practicum requirements. Make sure you that all of your clinical clock hours have been approved by your supervisors in Calipso. If your hours have not been approved, you may not check out.
2. Make an appointment to meet with the clinic program director for a final check on practicum requirements. This meeting should be held 1-2 weeks prior to submitting application materials to the Ohio Board. The clinic program director will write a letter to the Ohio Board verifying your completion of all requirements, as transcripts will not be available until later in the summer, typically. You may upload this letter to the Board as part of your application for conditional license. This letter will suffice for the application review, *but you will have to send your transcript in to the Ohio Board when it is available.*
3. Print out the ASHA certification and membership application. ASHA requires the clinical program director to complete page 5 of the application. This will be completed at your check-out meeting.

THE PROGRAM UNDERSTANDS THAT YOU ARE EAGER TO BEGIN YOUR PROFESSIONAL CAREER, HOWEVER, IT IS YOUR RESPONSIBILITY TO MAKE SURE THAT YOU HAVE ALL APPLICATION MATERIALS TOGETHER AND SUBMITTED TO THE APPROPRIATE PEOPLE IN A TIMELY MANNER. NO EXCEPTIONS!

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

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: (1) 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).

negligence

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.

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.

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 or a letter from the registrar that verifies the date on which the graduate degree was awarded. The official graduate transcript or letter from the registrar must be received by the ASHA National Office no later than one (1) year from the date on which the application was received. Verification of the applicant's graduate degree is required before the CCC-SLP can be awarded.

Applicants educated outside the United States or its territories must submit documentation that coursework was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants outside the United States or its territories must meet each of the standards that follow.

Standard III: Program of Study

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

Implementation: The minimum of 36 graduate semester credit hours must have been earned in a program

that addresses the knowledge and skills pertinent to the ASHA *Scope of Practice in Speech-Language Pathology*.

Standard IV: Knowledge Outcomes

Standard IV-A

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

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

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

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

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 Before December 31, 2022

See the COVID-19 Guidance From CFCC

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

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 and have completed a minimum of 9 months of full-time, post-certification (or its part-time equivalent) clinical experience, and (b) must complete 2 hours of professional development/continuing education in clinical instruction/supervision. The professional development/continuing education must be completed after being awarded ASHA certification and prior to the supervision of a student. Direct supervision must be in real time. A clinical educator must be available and on site to consult with a student who is providing clinical services to the clinical educator's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills.

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

Standard V-F

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

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

Standard VI: Assessment

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

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

Standard VII: Speech-Language Pathology Clinical Fellowship

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

Implementation: The CF experience 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.

For CF experiences beginning before December 31, 2022: See the COVID-19 guidance and accommodations.

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.

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

Standard VII-B: Clinical Fellowship Mentorship

The Clinical Fellow must receive ongoing mentoring and formal evaluations by the CF mentor. Mentorship must be provided by a clinician who holds the CCC-SLP 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 complete 2 hours of professional development/continuing education in clinical instruction/supervision after being awarded the CCC-SLP and before mentoring the Clinical Fellow. 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 and may include both on-site and virtual (telesupervision) observations. 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. Mentoring may also include real-time 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. Mentoring must include on-site and in-person observations; however, the use of real-time, interactive video and audio-conferencing technology (telesupervision) may be permitted as a form of observation. At least three (3) observations per segment must be completed on site and in person with the Clinical Fellow and clients/patients (not through telesupervision).

Additionally, supervision must include 18 other monitoring activities. *Other monitoring activities* are defined as the evaluation of reports written by the Clinical Fellow, conferences between the CF mentor and the Clinical Fellow, discussions with professional colleagues of the Clinical Fellow, and so forth, and may be 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.

If the Clinical Fellow and their CF mentor want to use supervisory mechanisms other than those outlined

above, they may submit a written request to the CFCC prior to initiating the CF experience. Written requests may be emailed to cfcc@asha.org or mailed to: CFCC, c/o ASHA Certification, 2200 Research Blvd. #313, Rockville, MD 20850. Requests must include the reason for the alternative plan for mentorship, a detailed description of supervisory process to be implemented (i.e., type, length, frequency, etc.), and signatures from both the Clinical Fellow and the CF mentor. On a case-by-case basis, the CFCC will review the circumstances and decide whether to approve the supervisory process to be conducted in other ways. Additional information may be requested by the CFCC prior to approving any request.

Standard VII-C: Clinical Fellowship Outcomes

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

Implementation: At the completion of the CF experience, the applicant must have acquired and demonstrated the ability to:

- integrate and apply theoretical knowledge;
- evaluate their strengths and identify their limitations;
- refine clinical skills within the *Scope of Practice in Speech-Language Pathology*; and
- apply the ASHA *Code of Ethics* to independent professional practice.

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

The CF mentor must document and verify a Clinical Fellow's clinical skills using the *Clinical Fellowship 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.