BGSU: Department of Communication Sciences and Disorders

Supervision Manual

Quality speech/language pathology programs cannot exist without cooperation and partnership with external clinical sites. The supervisors who contribute their knowledge, skills and time in supervising are paramount to the successful training of our graduate clinicians. This supervision manual has been prepared as a guide for clinical supervisors and outlines responsibilities and expectations of those involved in the internship experience.

The practicum experience should be utilized to develop graduate student clinicians into entry-level professionals. Therefore, the part-time and full-time internships are extremely important facets of the student’s clinical education and growth into CF ready professionals.

The graduate clinician should be placed in a facility that:
- Shares a common mission to educate and train the graduate clinician
- Demonstrates a diversity of approaches in instructional strategies
- Encourages use of evidence based practices
- Expects and supports continuous growth through reflective practice

The clinical supervisor has a very profound impact on the development of the graduate clinician, therefore, the graduate clinician should be placed with a clinical supervisor who:
- Has had success as a practicing speech/language pathologist
- Is aware of current principles and practices in speech/language pathology
- Employs evidence based practices
- Relates well to students
- Communicates effectively
- Continues to develop professionally and personally
- Exhibits the willingness and skills to train, nurture, and mentor a graduate clinician

The on-site university supervisor has a very important job in providing the initial and ongoing training in the clinical experiences that will develop the knowledge and skills required to be a successful graduate clinician. Therefore, it is important for providing a university supervisor who:
- Has had success as a practicing speech/language pathologist
- Is knowledgeable and skilled
- Is aware of current principles and practices in speech/language pathology
- Is a reflective practitioner
- Communicates effectively
- Relates well to the needs of current clients as well as the graduate students
- Has a desire to continually develop professionally and personally
- Encourages and utilizes evidence based practices
- Exhibits the willingness and skills to train, nurture and mentor graduate clinicians
Supervision Defined:
“Supervision is a process that consists of a variety of patterns of behavior, the appropriateness of which depends upon the needs, competencies, expectations and philosophies of the supervisor and the supervisee and the specifics of the situation (task, client, setting, and other variables).” McCrea, E. and Brasseur, J.A., The Supervisory Process in Speech-Language Pathology and Audiology, Allyn & Bacon, 2003, p. 8

Fundamentals of Supervision:

- The supervisory relationship is based on a foundation of mutual respect and effective interpersonal communication.
- Supervisors must be aware of the legal and ethical responsibilities of supervision.
- Supervision must be appropriate to the supervisee’s level of knowledge, experience, and competence.
- Recognize that supervisees will be at different stages on the continuum of supervision needs throughout their clinical training.
- Supervisory styles change based on the supervisee’s position on the continuum.
- Supervision is a dynamic process with the knowledge and skills of both the supervisor and the supervisee continually changing.

13 Tasks of Supervision:

- Developed for the ASHA Position Paper on Supervision (1985)
- Supports that supervision is a distinct area of practice
- Tasks and competencies were established by experts in the area of supervision and by peer review

1. Establishing and maintaining an effective working relationship with the supervisee.
   - Facilitate an understanding of the clinical and supervisory processes
   - Apply learning principles in the supervisory process
   - Organize and provide information on joint setting of goals and objectives, data collection and analysis and evaluation
   - Facilitate independent thinking and problem solving
   - Maintain professional and supportive relationship that supports growth
   - Interact with supervisee objectively
   - Joint communication regarding expectations and responsibilities
   - Ongoing evaluation of effectiveness of supervisory relationship

2. Assisting the supervisee in developing clinical goals and objectives.
   - Assist in planning effective clinical goals and objectives
   - Assist in assigning priorities to clinical goals and objectives
• Assist in developing supervisee goals and objectives for professional growth
• Assist in assigning priorities to supervisee goals and objectives for professional growth

3. Assisting the supervisee in developing and refining assessment skills
• Share and facilitate integration of current research findings in client assessment
• Assist in providing rationale for assessment procedures
• Assist in integrating findings and observations to make appropriate recommendations
• Facilitate independent planning of assessment

4. Assisting the supervisee in developing and refining clinical management skills.
• Share and integrate current research findings in client management
• Assist in providing rationale for treatment procedures
• Assist in identifying appropriate sequences for client goals
• Assist in adjusting steps in the progression toward a goal
• Assist in measurement and documentation of client and clinician change

5. Demonstrating for and participating in the clinical process.
• Determine jointly when demonstration is appropriate
• Demonstrate a variety of clinical techniques, materials and equipment and participate with supervisee in the clinical management
• Demonstrate or participate jointly in counseling of clients, family/significant others

6. Assisting the supervisee in observing and analyzing assessment and treatment sessions
• Assist supervisee in learning, selecting and executing a variety of data collection procedures
• Assist in accurately recording data
• Assist in objectively analyzing and interpreting data
• Assist in revising plans for client management based on data obtained

7. Assisting the supervisee in development and maintenance of clinical and supervisory records.
• Assist in applying record keeping systems to supervisory and clinical processes
• Assist in organizing records to facilitate easy retrieval of info
• Assist the supervisee in establishing and following policies and procedures to protect confidentiality of records
• Share information regarding documentation requirements of various accrediting and regulatory agencies and third party funding sources

8. Interacting with the supervisee in planning, executing and analyzing supervisory conferences.
• Determine with supervisee when a conference should be held
• Assist supervisee in planning conference agenda and involve the supervisee in joint discussion of items on agenda
Interact with supervisee in a manner that facilitates self-exploration and problem solving
Adjust conference content based on supervisee’s level of knowledge and experience
Assist supervisee in making commitments for changes/growth in clinical skills
Encourage and maintain supervisee motivation for self-growth

9. Assist the supervisee in developing skills of verbal reporting, writing and editing
   - Assist supervisee in use of clinical evaluation tools and development of self-evaluation skills
   - Assist supervisee in description and measurement of his/her progress and achievement
   - Evaluate supervisee’s clinical skills for purposes of grade assignment, completion of CF year, professional advancement, etc.

10. Assisting the supervisee in developing skills of verbal reporting, writing and editing.
    - Assist supervisee in identifying appropriate information for verbal or written report
    - Assist with use of professional terminology in a logical, concise and sequential manner
    - Assist the supervisee in adapting verbal and written reports to the work environment and communication situation
    - Ability to alter/edit report while preserving the supervisee’s writing style

11. Sharing in the formation of ethical, legal, regulatory and reimbursement aspects of the profession.
    - Ability to communicate to supervisee a knowledge of professional codes of ethics (ASHA, State licensure board, etc.)
    - Ability to communicate to supervisee an understanding of reimbursement policies and procedures of the work setting
    - Ability to communicate to supervisee an understanding of legal and regulatory documents and their impact on the practice of the profession (licensure, Medicare, Medicaid, PL 94-142, etc.)

12. Modeling and facilitating professional conduct.
    - Ability to assume responsibility
    - Ability to analyze, evaluate and modify own behavior
    - Ability to demonstrate ethical and legal conduct
    - Ability to meet and respect deadlines
    - Ability to maintain professional protocols (HIPAA, etc.)
    - Ability to provide current information regarding professional standards (licensure, certification, teacher certification, etc.)
    - Ability to communicate reimbursement information (billing procedures, fees, third party, etc.)
    - Ability to demonstrate familiarity with professional issues
    - Ability to demonstrate continued professional growth
13. Demonstrate research skills in the clinical and supervisory processes.
   - Ability to read, interpret and apply clinical and supervisory research
   - Ability to formulate research questions and investigate the questions
   - Ability to support and refute clinical and supervisory research findings
   - Ability to report results of clinical or supervisory research and disseminate as appropriate


Stages of Supervision:
(Anderson, 1988)

- **Direct communication** –
  - Utilize “telling, modeling, leading”
  - Supervisee needs greater structure and support
  - Concrete, frequent feedback (written and verbal)
  - Assist the supervisee in transitioning to the collaborative stage

- **Collaborative stage** –
  - Allows the supervisor to decrease their input in response to an increase in the involvement/knowledge/skills and independence of the supervisee
  - Supervisor/ee are actively involved in assuming responsibility for clinical and supervisor process
  - May use open ended questions, discussions, trial of new tasks/approaches with follow up evaluation
  - Encouragement of self-analysis of supervisee and client skills

- **Consultative stage** –
  - Final stage of supervision – the supervisee has transitioned to self-supervision and utilizes the supervisor as a consultant

The continuum of supervision allows for movement/shifts in supervisory style based on the needs/abilities of the supervisee.

Taken from: The Supervisory Process in Speech-Language Pathology and Audiology, Jean Anderson, 1988, College Hill
**Ethical Supervision of Graduate Students**

Supervision of graduate students in speech/language pathology and audiology is an extremely rewarding way to contribute to the future of our professions. University programs depend upon licensed, certified speech-language pathologists and audiologists to provide supervision to graduate students at various points in their clinical training. Without adjunct supervisors (clinical educators) who work in the “real world”, university programs would have a very difficult time providing the clinical training required to meet the appropriate standards set by the Council of Academic Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology (CAA), the Ohio Board of Speech-Language-Pathology and Audiology and the American Academy of Audiology.

Many supervisors have had little formal coursework or continuing education in the supervision process. Many supervise based upon their own experiences receiving supervision. They utilize techniques that worked well for them and eliminate techniques that were ineffective. In order to provide competent supervision, we must increase our supervision knowledge and skills through continuing education, peer learning, mentoring and self-study.

It is imperative that we have knowledge and understanding of our responsibilities in supervision. Our primary role as a supervisor is to be accountable for the supervisee’s performance. In order to protect ourselves and the supervisee, and to protect the welfare of the client, we must be aware of and follow the standards established by the accrediting agencies of the CAA (2004) and the Council for Clinical Certification (CFCC, 2005) and to abide by the ASHA Code of Ethics (2003).

The CFCC standards require that supervision of graduate clinicians should be provided by a certified SLP at a minimum of 25% of the total contact with each client. However, the amount of supervision “should be adjusted upward if the student’s level of knowledge, experience, and competence warrants” (CFCC, 2005). This standard allows the supervisor to adjust their direct involvement accordingly for each individual clinician and client.

ASHA’s Code of Ethics (2003) provides additional support and guidance needed for insuring that the supervisee and supervisor are providing optimal services to the clients. Principle of Ethics I indicates that the welfare of the client must always be held paramount. The supervisor is ultimately responsible for every client and should ensure that the treatment is provided competently and that all professional responsibilities are completed in a timely and accurate manner.

Principle of Ethics II gives direction in the area of professional competence; professionals should engage only in the areas of practice that are within their scope of competence. Therefore, the supervisor should not permit or require the supervisee to provide any service that exceeds their level of competence, education, training or experience.

Principle of Ethics III provides guidance in promoting the profession and providing accurate information to the public. The supervisor and supervisee should never misrepresent their credentials, competence, education, training and experience. Clients should always be made
aware that the supervisee is a graduate clinician and that the certified supervisor maintains ultimate responsibility for the client’s treatment. Further, diagnostic reports, notes, products dispensed, billing and statements to the public should never, in any way, be misrepresented.

Principle of Ethics IV describes the ethical responsibility to develop and nurture positive interprofessional and intraprofessional relationships and to accept the standards of the profession. Supervisors should not abuse their authority over students (ASHA 2003) and should be aware of potential problems that could arise in objectively evaluating the supervisee’s performance if they develop a social relationship with the supervisee. Further, the supervisor is responsible for prohibiting any practice that would violate any portion of the Code of Ethics.

Excellent supervision and adherence to the standards and ethics discussed above will support quality preparation of our future professionals. This, in turn, will provide assurance that our professions will continue to meet the needs of the communication impaired with superior quality.

REFERENCES:


Submitted by:
Donna Colcord, M.S., CCC-SLP
OSLHA Ethics Committee Chair
Oct. 2008
Hearsay
Basic supervision requirements:

- **Orientation to the practicum/facility**
  - Prepare individuals on your caseload for the grad intern’s arrival
  - Provide facility handbook, policies and procedures, regulations, etc.
  - Provide the grad intern with an overview of the caseload/intervention plans
  - Encourage questions

- **Transfer of Responsibility**
  - Establish goals, expectations, and a schedule for evaluation
  - Provide opportunities for the grad intern to show initiative and creativity
  - Allow the grad intern to gradually assume responsibility of the caseload (part-time @ 100 hours +, full-time internship @200 hours +)
  - By midterm, most interns can assume full responsibility for the caseload; however, it is understood that the clinical supervisor may need to maintain certain clients for whom a new therapist would negatively impact treatment/progress

- **Planning/Implementation of the therapy program**
  - Encourage planning for a wide variety of learning opportunities
  - Make the intern aware of materials and resources available at the facility
  - Assist in the development of all required paperwork (plans, SOAP notes, etc.)
  - Train in use of EMR, if utilized

- **Development of verbal and written communication skills**
  - Offer guidance in both verbal and written communication
  - Assist in the development of all required paperwork (plans, SOAP notes, etc.)
  - Train in use of EMR, if utilized

- **Evaluation of clinical skills/professionalism**
  - Provide written/verbal feedback at level needed by student (more often in the beginning – daily, at least and weekly on a consistent basis)
  - Encourage self-evaluation and active discussion of skills/progress
  - Provide objective feedback
  - Formal evaluation at mid-term and end of semester
  - Model appropriate professional behavior

- **Assessment forms/Student Records Form (SRF)**
  - Use of BGSU Therapy Evaluation and Diagnostic Evaluation Forms at mid-term and end of semester;
  - Completion of the Student Records Form (SRF) with the graduate intern assisting
Education Internship Syllabus

Education (school) internships are typically scheduled in either the fourth or fifth (final) semester of the Graduate Program in Speech/Language Pathology. If this clinical assignment is in the fourth semester of the graduate program, it will be a two and one-half day placement for 13 - 14 weeks. If the placement occurs during the final spring semester of the graduate program, it will be 15 week, full time placement. Arrangements for this internship are made between the Bowling Green State University Department of Communication Sciences and Disorders and the specific school system. An affiliation agreement (contract) is required.

The objectives for the graduate intern in a school setting are as follows:

- to provide the graduate intern with direct clinical experiences in the areas of evaluation and treatment;

- to provide the graduate intern with opportunities to develop professional interaction skills with other speech-language-pathologists, audiologists, teachers, and other professionals in related disciplines;

- to provide the graduate intern the opportunities to experience the daily operations of a speech-language pathologist in the schools, which may include the following:
  - roles and responsibilities of each member of the educational team;
  - documentation of services (i.e. daily notes, IEP reports, etc.)
  - involvement in IEP meetings
  - introduction to various types of service delivery routinely provided in the school district
  - caseload management

- to provide the graduate intern with a full time transitional experience between the university and professional employment;
Healthcare Internship Syllabus

Healthcare internships are typically scheduled in either the fourth or fifth (final) semester of the Graduate Program in Speech/Language Pathology. If this clinical assignment is in the fourth semester of the graduate program, it will be a two and one-half day placement for 13 – 14 weeks. If the placement occurs during the final spring semester of the graduate program, it will be a 15 week, full time placement (36-40 hours per week). If the final placement occurs during the summer semester, it will be a 12 week, full time placement (36-40 hours per week). Arrangements for this internship are made between the Bowling Green State University Department of Communication Sciences and Disorders and the specific Healthcare Facility. An affiliation agreement (contract) is required.

The objectives for the Healthcare Intern are as follows:

- to provide the graduate intern with direct clinical experiences in the areas of evaluation and treatment;
- to provide the graduate intern with a full time transitional experience between the university and professional employment;
- to provide the graduate intern with opportunities to develop professional interaction skills with other speech-language-pathologists, audiologists, and other professionals in related disciplines;
- to provide the graduate intern the opportunities to experience the daily operations of a speech-language pathology program, which may include:
  - roles and responsibilities of each member of the rehabilitation team;
  - documentation of services (i.e. SOAP notes, reports, etc.)
  - introduction to billing and reimbursement issues
  - caseload management and productivity criteria
  - patient satisfaction, quality improvement
Medicare Rules for Supervision

**Part A** inpatient hospital therapy services: students will be considered to be under the direct supervision of a qualified speech-language pathologist if the clinician is present on the same unit or same floor while the patient is treated. The SLP must be "immediately available according to the circumstances appropriate to the service rendered," sign all documentation, and actively participate in treatment. This change in policy helps speech-language pathology students better learn how to practice on their own, and also allows qualified SLPs to treat other patients while the student is performing treatment activities.

**Part B** outpatient services: the supervising SLP must be present and directly overseeing the evaluation or treatment session. The therapist may bill and be paid for the services when “the qualified practitioner is present and in the room for the entire session”. The student may participate “in the delivery of services when the qualified practitioner is directing service, making the skilled judgment, and is responsible for the assessment and treatment”. The SLP must be present in the room, guiding the student in services delivery while the student is participating in the provision of services and the SLP is not engaged in treating another patient or doing other tasks at the same time.

Expectations for Internship Students

- Observe the policies, hours, and regulations of the cooperating facility
- Recognize that the internship is his/her primary responsibility and understand that outside activities must not interfere with carrying out this obligation (students will be allowed to leave early if they have a class on an assigned internship day; thesis students will complete 4 full days instead of 5 during their final internship to allow for completion of the thesis)
- Gradually assume responsibility for the caseload (plan on obtaining clinical hours at part-time internship @ 100 hours +, full-time internship @ 200 hours +)
  - By midterm, most interns can assume full responsibility for the caseload; however, it is understood that the clinical supervisor may need to maintain certain clients for whom a new therapist would negatively impact treatment/progress.
- Dress, act, talk and conduct him/herself as a professional
- Observe the standards of conduct set forth by the ASHA Code of Ethics and the facility standards
- Maintain confidentiality with respect to information given by or about clients/patients; this includes information derived from client performance, client records, personnel records, department meetings, or any other source
- Maintain regular attendance
- Participate in professional activities of the cooperating facility
- Remember that the clinical supervisor is legally responsible for the caseload and that the intern should not assume authority that has not been delegated to him/her by the clinical supervisor.
- Understand that the internship students are guests in the host facility and act accordingly.
The University Clinic Director

The BGSU Clinic Director will assist with the supervision process by:

- Encouraging development of knowledge and skills and communicating with the graduate intern throughout the internship via phone, e-mail and meetings
- Communicating with the clinical supervisor via phone, e-mail, and face to face meetings to discuss the progress of the intern
- Answering any questions or concerns that the clinical supervisor may have regarding the intern, evaluation forms utilized, etc.
- Providing support in the development of supervisory skills
- Providing appropriate paperwork required by the hosting facility (liability insurance, medical records, fingerprints, etc.)
- Assuming responsibility for submitting the final grade, based on the clinical supervisor’s recommendation

Please feel free to contact me with any comments, questions or concerns:
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Your dedication, time and effort to help train the future speech-language pathologists of tomorrow is greatly appreciated!
BEGINNING LEVEL COMPETENCIES:

(0-35 treatment clock hours)
(0-10 diagnostic clock hours)

5 = Very Good/Excellent: Exhibits basic understanding of treatment/diagnostic principle(s). Inconsistently demonstrates desired clinical behavior(s). Exhibits awareness and ability to monitor and effectively adjust behavior as necessary. Requires only general direction from the supervisor.

4 = Good: Exhibits basic understanding of treatment/diagnostic principle(s). The desired clinical skill(s) or behavior(s) is beginning to develop. Awareness and ability to monitor and adjust behavior requires supervisory assistance and/or demonstration.

3 = Developing: Exhibits emerging understanding of treatment/diagnostic principle(s) with supervisory input. Attempts to modify the desired clinical behavior(s)/skill(s) are moderately successful. Moderate supervision with additional learning experience/practice/role playing is necessary.

2 = Inadequate: Exhibits limited understanding of treatment/diagnostic principle(s). Attempts to modify desired clinical behavior(s)/skill(s) are generally unsuccessful. Relies on the supervisor to direct most aspects of the treatment/diagnostic process.

1 = Not Evident: Exhibits no understanding of treatment/diagnostic principle(s). The desired clinical behavior(s) is not evident. Is unaware of the need to change and makes no effort to modify behavior. Maximum supervision required during the session as well as prior to the session. Ineffective in above specified areas.

PRIMARY LEVEL COMPETENCIES:

(35-60 treatment clock hours)
(10-20 diagnostic clock hours)

5 = Very Good/Excellent: Exhibits basic understanding of treatment/diagnostic principle(s). Consistently demonstrates desired clinical behavior(s). Exhibits awareness and ability to monitor and effectively adjust behavior as necessary. Requires minimal direction from the supervisor.

4 = Good: Exhibits basic understanding of treatment/diagnostic principle(s). Inconsistently demonstrates desired clinical behavior(s). Exhibits awareness and ability to monitor and effectively adjust behavior as necessary. Requires only general direction from the supervisor.
3 = Developing: Exhibits some understanding of treatment/diagnostic principle(s). The desired clinical skill(s) or behavior(s) is beginning to develop. Awareness and ability to monitor and adjust behavior requires supervisory assistance and/or demonstration.

2 = Minimally Evident: Exhibits emerging understanding of treatment/diagnostic principle(s) with supervisory input. Attempts to modify the desired behavior(s)/skill(s) are moderately successful. Moderate supervision with additional learning experience/practice/role playing is necessary.

1 = Not Evident/Inadequate: Exhibits little to no understanding of treatment/diagnostic principle(s). The desired clinical behavior(s) is not evident. Attempts to modify desired behavior(s)/skill(s) are generally unsuccessful. Relies on the supervisor to direct most aspects of the treatment/diagnostic process. Maximum supervision required during the session as well as prior to the session. Ineffective in above specified areas.

**Intermediate Level Competencies:**

**All Part Time Internship Students**

**Or:**

(60-150 clinical clock hours)

(20-40 diagnostic clock hours)

5 = Very Good/Excellent: Exhibits appropriate understanding of a variety of treatment/diagnostic principles and how to apply them. Consistently demonstrates desired clinical behavior(s). Exhibits awareness and ability to monitor and effectively adjust behavior as necessary. Exhibits movement toward independence with minimal direction from supervisor.

4 = Good: Exhibits adequate understanding of a variety of treatment/diagnostic principles and how to apply them appropriately. Consistently demonstrates desired clinical behavior(s). Exhibits awareness and ability to monitor and effectively adjust behavior with input from supervisor. Exhibits movement toward independence though still requires some direction from supervisor. Independently seeks additional supervisory input as needed.

3 = Developing: Exhibits basic understanding of a variety of treatment/diagnostic principles and how to apply them appropriately. Inconsistently demonstrates desired clinical behavior(s), but with supervisory input exhibits awareness and ability to monitor and adjust behavior. Movement toward independence is limited. Continues to rely on substantial direction from supervisor.

2 = Minimally Evident: Exhibits limited understanding of a variety of treatment/diagnostic principles and how to apply them appropriately. The desired clinical skill(s)/behavior(s) is inadequate. Awareness and ability to monitor and adjust behavior requires maximal supervisory assistance and/or demonstration. Movement toward independence is not observed. Continues to rely on supervisor for all treatment/diagnostic decisions.

1 = Not Evident: Exhibits minimal or no understanding of a variety of treatment/diagnostic principles and how to apply them appropriately. The desired clinical skill(s)/behavior(s) is not
evident. Awareness and ability to modify behavior/skill is not evident. Movement toward independence is not observed. Supervisor direction is required for all treatment/diagnostic decisions. Fails to seek and/or appropriately utilize guidance from supervisor.

**Full Time Internship Level Competencies**

* (150+ treatment clock hours)  
* (40+ diagnostic clock hours)

*Most graduate clinicians in their full time internship will practice in settings that are unfamiliar to them and will see new client populations. Supervisors are to consider the complexities of the environment and the caseload and the intern’s “beginner” status when applying these guidelines.*

5 = Very Good/Excellent: Exhibits thorough understanding of a variety of treatment/diagnostic principles and how to apply them appropriately. Consistently demonstrates desired clinical behavior(s). Exhibits awareness and ability to monitor and adjust behavior as necessary. Exhibits appropriate degree of independence in most facets of treatment planning and implementation. Minimal direction from supervisor is required except when addressing new or complex problems.

4 = Good: Exhibits appropriate understanding of a variety of treatment/diagnostic principles and how to apply them. Consistently demonstrates desired clinical behavior(s). Exhibits awareness and ability to monitor and effectively adjust behavior as necessary. Exhibits movement toward independence with minimal to moderate direction from supervisor.

3 = Developing: Exhibits adequate understanding of a variety of treatment/diagnostic principles and how to apply them appropriately. Inconsistently demonstrates desired clinical behavior(s). Exhibits awareness and ability to monitor and effectively adjust behavior as necessary with input from supervisor. Exhibits movement toward independence though still requires significant direction from supervisor.

2 = Minimally Evident: Exhibits basic understanding of a variety of treatment/diagnostic principles and how to apply them appropriately. Inconsistently demonstrates desired clinical behavior(s), but with supervisory input exhibits awareness and ability to monitor and adjust behavior. Movement toward independence is limited. Continues to rely on substantial direction from supervisor.

1 = Not Evident: Exhibits limited understanding of a variety of treatment/diagnostic principles and how to apply them appropriately. The desired clinical skill(s)/behavior(s) is inadequate. Awareness and ability to monitor and adjust behavior requires maximal supervisory assistance and/or demonstration. Movement toward independence is not observed. Continues to rely on supervisor for all treatment/diagnostic decisions.

BGSU Graduate Catalog states that “a grade of B or better is equivalent to a grade of “S” (satisfactory). Competency Levels Revised: April 2012
BGSU Practicum Evaluation Form – Diagnostics
Graduate Speech-Language Pathology

Clinician: ________________________________  Term: ________________________________
Supervisor: ________________________________  Competency Level: ________________________________
Number of Clients: ________________________________  Practicum Site: ________________________________
Disorder Type(s): ________________________________  Age of Clients: ________________________________
Total number of child hours obtained (IVF-1): ________  Total number of clock hours (IV-D): __________
Total number of adult hours obtained (IVF-2): ________  Total number of hours obtained for
Culturally/
Language Diverse clients (IVF-3): ________

** Refer to attached Clinicians’ Competency Levels for Performance Rating. **

* BGSU Graduate Catalog 2011-12, Grading System, page 24 states:
"A grade of S is equivalent to a letter grade of B or higher."

Use the following symbols to indicate each semester’s ratings:
Check mark ( x ) for Mid-term and Plus sign ( + ) for Final Ratings

** Place specific comments in the space below each item. **

A. DIAGNOSIS/REPORTING (IVG-1)

2. Selects appropriate evaluation procedures and testing. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]
3. Uses evidence based practice (EBP) in selecting evaluation procedures and testing. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]
4. Adapts evaluation procedures to meet client/patient needs. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]
5. Formulates relevant questions during case history interview. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]
6. Uses appropriate language when communicating with client and/or family. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]
7. Gives clear instructions and explanations of activities and objectives to client and/or family. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]
8. Responds appropriately to client's and/or family's questions or concerns. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]
10. Deals effectively with client's reactions to diagnostic setting. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]
11. Collects data accurately and completely during diagnostic evaluation. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

12. Demonstrates skill in use of instrumentation for data collection or analysis. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

13. Demonstrates skill in test administration. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]


15. Interprets test results and observations accurately. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

16. Provides smooth transitions between activities and appropriate closure of diagnostic evaluation. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

17. Integrates pertinent diagnostic information into valid hypotheses concerning the clinical problem(s). 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

18. Makes valid and appropriate recommendations and/or referrals consistent with diagnostic findings. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]


Other: 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

B. PERSONAL/PROFESSIONAL QUALITIES (IVG-3)

22. Is prompt and prepared for pre-diagnostic conference with supervisor. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

23. Is well prepared and begins the diagnostic on time. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]


25. Collaborates effectively with client and family relative to needs and desires for therapy, referral, etc. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

26. Demonstrates ability to counsel families/clients/relevant others and provide them with needed information regarding needs and concerns. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

27. Communicates effectively with clients/caregivers/relevant others with sensitivity to multilingual and multicultural differences. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]


29. Meets deadlines in completing paperwork and assignments. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

30. Learns from mistakes. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

31. Demonstrates open attitude toward supervisor’s suggestions
and/or recommendations. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

32. Follows Clinic policies and procedures. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

33. Demonstrates initiative and motivation. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

34. Demonstrates a positive attitude toward learning. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

35. Adheres to ASHA Code of Ethics. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]
__ Other: 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

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Midterm Performance/Grade and Supporting Comments

_____ Satisfactory (S) _____ Unsatisfactory (U)

Comments supporting performance/grade (type any comments below):

My supervisor has reviewed this evaluation with me and I understand the grade that was given.

________________________
Student’s Signature/Date

________________________
Supervisor’s Signature/ Date

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Final Performance/Grade and Supporting Comments

_____ Satisfactory (S) _____ Unsatisfactory (U)

Comments supporting performance/grade (type any comments below):

My supervisor has reviewed this evaluation with me and I understand the grade that was given.

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*** Supervisors, in addition, please remember to complete the Standards Record Form. ***

rev 09/2012.rm
BGSU Practicum Evaluation Form – Therapy  
Graduate Speech-Language Pathology

| Clinician: _______________________________ | Term: _______________________________ |
| Supervisor: ______________________________ | Competency Level: ____________________ |
| Number of Clients: _______________________ | Practicum Site: ______________________ |
| Disorder Type(s): ________________________ | Age of Clients: ______________________ |

| Total number of child hours obtained (IVF-1): _______ | Total number of clock hours (IV-D): _______ |
| Total number of adult hours obtained (IVF-2): _______ | Total number of hours obtained for Linguistically Diverse clients (IVF-3): ________ |

** Refer to attached Clinicians’ Competency Levels for Performance Rating. **

* BGSU Graduate Catalog 2011-12, Grading System, page 24 states:
  “A grade of S is equivalent to a letter grade of B or higher.”

** Use the following symbols to indicate each semester’s ratings:
Check mark ( x ) for Mid-term and Plus sign (+) for Final Ratings

** Place specific comments in the space below each item. **

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A. CLINICAL WRITING (IVG-2)

1. Writes clear, concise initial portion of Therapy Progress Summary.
   5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

2. Writes clear, concise Therapy Progress Summary.
   5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

3. Presents final report(s) in professional form.
   5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

4. Completes administrative reporting functions as necessary (SOAP notes, billings, lesson plans.)
   5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

5. Includes documentation of evidence based practice (EBP) in SOAP note/plan of treatment and progress summary.
   5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

   _ Other:
   5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

B. THERAPY PLANNING (IVG-2)

6. Writes behavioral and achievable objectives on a session by session basis.
   5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

7. Has appropriate rationale for selected treatment objectives.
   5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]
8. Develops appropriate procedures for selected objectives.  5/A [ ]  4/B [ ]  3/C [ ]  2/D [ ]  1/F [ ]
9. Uses materials appropriate to client's level of functioning.  5/A [ ]  4/B [ ]  3/C [ ]  2/D [ ]  1/F [ ]
10. Appropriately sequences therapy steps.  5/A [ ]  4/B [ ]  3/C [ ]  2/D [ ]  1/F [ ]
11. Uses self and supervisor evaluations to make timely, constructive changes in therapy.  5/A [ ]  4/B [ ]  3/C [ ]  2/D [ ]  1/F [ ]
13. Seeks answers to questions before asking others.  5/A [ ]  4/B [ ]  3/C [ ]  2/D [ ]  1/F [ ]
15. Plans means of motivating client and demonstrating progress to client.  5/A [ ]  4/B [ ]  3/C [ ]  2/D [ ]  1/F [ ]
   Other:  5/A [ ]  4/B [ ]  3/C [ ]  2/D [ ]  1/F [ ]

C. THERAPY IMPLEMENTATION (IVG-2)

16. Gathers appropriate baseline information.  5/A [ ]  4/B [ ]  3/C [ ]  2/D [ ]  1/F [ ]
17. Uses variety of materials and techniques to stimulate client.  5/A [ ]  4/B [ ]  3/C [ ]  2/D [ ]  1/F [ ]
18. Gives clear instructions and explanations, using appropriate language for client's level of functioning.  5/A [ ]  4/B [ ]  3/C [ ]  2/D [ ]  1/F [ ]
19. Provides appropriate stimuli.  5/A [ ]  4/B [ ]  3/C [ ]  2/D [ ]  1/F [ ]
20. Gives client sufficient time to respond.  5/A [ ]  4/B [ ]  3/C [ ]  2/D [ ]  1/F [ ]
22. Provides appropriate cueing/prompting.  5/A [ ]  4/B [ ]  3/C [ ]  2/D [ ]  1/F [ ]
25. Accurately measures and interprets data on client performance.  5/A [ ]  4/B [ ]  3/C [ ]  2/D [ ]  1/F [ ]
26. Elicits adequate response rate from client within a session.  5/A [ ]  4/B [ ]  3/C [ ]  2/D [ ]  1/F [ ]
27. Provides good transitions between activities.  5/A [ ]  4/B [ ]  3/C [ ]  2/D [ ]  1/F [ ]
29. Manipulates environment to facilitate client's optimal behavior.  5/A [ ]  4/B [ ]  3/C [ ]  2/D [ ]  1/F [ ]
30. Demonstrates understanding and skill in dealing with unacceptable behavior.  5/A [ ]  4/B [ ]  3/C [ ]  2/D [ ]  1/F [ ]
31. Provides client with appropriate home assignments. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

32. Provides client/family with on-going information about therapy progress and concerns. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

33. Exhibits sensitivity and responsiveness to client. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

34. Demonstrates appropriate degree of independence. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

35. Self-evaluations identify positive clinical skills and clinical skills that require further development. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]


_ Other:_ 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

**D. PERSONAL/PROFESSIONAL QUALITIES (IVG-3)**

37. Demonstrates professional appearance (follows dress code) and conduct. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

38. Is prompt and prepared for supervisor conferences and therapy. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

39. Begins and ends therapy sessions on time. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

40. Uses professional oral communication skills for varied audiences and purposes. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

41. Demonstrates initiative and motivation. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

42. Demonstrates a positive attitude toward learning. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

43. Assumes responsibility for learning and making necessary change(s). 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

44. Acknowledges and accepts consequences of his/her actions. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

45. Learns from mistakes. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

46. Demonstrates effective use of time and resources (in writing, therapy planning and/or therapy implementation.) 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

47. Meets deadlines in completing paperwork and assignments. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

48. Demonstrates open attitude toward supervisor suggestions. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

49. Demonstrates active listening skills. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

50. Follows clinic policies and procedures. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

51. Respects cultural and personal differences of others. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

52. Effectively communicates with clients/caregivers/relevant others with sensitivity to multilingual and multicultural differences. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]
Midterm Performance/Grade and Supporting Comments

_____ Satisfactory (S)  _____ Unsatisfactory (U)

Comments supporting performance/grade (type any comments below):

My supervisor has reviewed this evaluation with me and I understand the grade that was given.

__________________________
Student’s Signature/Date

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Supervisor’s Signature/ Date

Final Performance/Grade and Supporting Comments

_____ Satisfactory (S)  _____ Unsatisfactory (U)

Comments supporting performance/grade (type any comments below):

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