1. The Discipline

Speech-Language Pathology and Audiology are disciplines within the field of Communication Sciences and Disorders. Preparation toward degrees in this field requires a wide range of course work and a variety of clinical practicum experiences working with communicatively handicapped children and adults. Undergraduate students will receive their baccalaureate degrees through the College of Health and Human Services. The Master’s Degree is completed through the Graduate College in Speech-Language Pathology. Students entering this profession are advised that regardless of the intended work setting, clinical certification by the American Speech-Language-Hearing Association, as well as licensure in the state of Ohio, require the completion of a Master’s Degree or its equivalent.

2. Mission of the BGSU Speech and Hearing Clinic

A. To provide diagnostic and remedial clinical experiences for graduate students in Communication Sciences and Disorders. Such experiences are to be consistent with the standards of the American Speech-Language-Hearing Association and the State of Ohio Licensure Board of Speech-Language Pathology and Audiology.

B. To provide diagnostic and remedial speech, language and hearing services to the general public, and to the University community. Such services are to be consistent with the standards of the American Speech-Language-Hearing Association and the State of Ohio Licensure Board of Speech-Language Pathology and Audiology.
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Standards and Implementation Procedures for the Certificate of Clinical Competence
Effective September 1, 2014

The following items are downloadable at the American Speech-Language-Hearing Association website:


Standard I: The Degree
Standard II: Education Program
Standard III: Program of Study
Standard IV: Knowledge Outcomes
Standard V: Skills Outcomes
Standard VI: Assessment
Standard VII: Speech-Language Pathology Clinical Fellowship
Standard VIII: Maintenance of Certification

The following items are available on the American Speech-Language-Hearing Association website:

Code of Ethics of the American Speech-Language-Hearing Association:

http://www.asha.org/policy/ET2016-00342/

Scope of Practice in Speech-Language Pathology:

http://www.asha.org/policy/SP2016-00343/

Scope of Practice in Audiology:

This handbook is required as a text for students enrolled in practicum and is intended to serve as a guide concerning the policies and procedures of the clinical training program in Speech-Language Pathology within the Department of Communication Sciences and Disorders. Explanations and examples of requirements, formats, and information pertinent to the student’s successful completion of practicum are included. At any time, if a student is uncertain about clinic policies or procedures, or finds requirements unclear, s/he is strongly encouraged to seek clarification from his/her supervisor, the instructor of the practicum class, or the Clinic Director.

Should any change or update in this handbook be required, the Clinic Director will provide it as an addendum.

**POSITION STATEMENT**

It is the student’s responsibility to be familiar with and adhere to the ASHA Code of Ethics and the laws and regulations governing the provision of clinical services. The Code of Ethics and Scopes of Practice are available to download from the American Speech-Language-Hearing Association website. See page 6 or page 123 for the specific website addresses.

There are some activities that may place students in violation of the Code of Ethics and Ohio licensure laws. Some of these activities may include, but are not limited to, providing speech/language/hearing diagnosis and therapy while babysitting, engaging as a tutor for the purpose of providing speech/language/hearing services, implementing speech/language/hearing goals from a student’s Individualized Education Plan (IEP), and acting as a therapist in an Applied Behavior Analysis (ABA, Discrete Trial Therapy) program. If you are in question about a specific activity, contact the Clinic Director before engaging in the activity.
COUNCIL ON ACADEMIC ACCREDITATION (CAA) CONTACT

Concerns and questions relative to the academic and clinical training issues of the Department’s accredited program should be directed to the Department Chair. Students may also contact the American Speech-Language-Hearing Association, Council on Academic Accreditation (CAA) at 2200 Research Boulevard #310, Rockville, MD 20850-3289, telephone 800.498.2071 or 301.296.5700.

Procedures for Complaints to the CAA Against Graduate Education Programs:

A complaint about any accredited program or program in candidacy status may be submitted by any individual(s).

Criteria for Complaints

Complaints about programs must meet all of the following criteria:

a. be against an accredited graduate education program or program in candidacy status in audiology or speech-language pathology;
b. relate to the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech-Language Pathology (http://www.asha.org/uploadedFiles/Accreditation-Standards-Graduate-Programs.pdf), including the relationship of the complaint to the accreditation standards;
c. be clearly described, including the specific nature of the charge and the date to support the charge;
d. be within the timelines specified below:
   • if the complaint is being filed by a graduate or former student, or a former faculty or staff member, the complaint must be filed within one year of separation* from the program, even if the conduct occurred more than 4 years prior to the date of filing the complaint;
   • if the complaint is being filed by a current student or faculty member, the complaint must be filed as soon as possible, but no longer than 4 years after the date the conduct occurred;
   • if the complaint is being filed by other complainants, the conduct must have occurred at least in part within 4 years prior to the date the complaint is filed.

*Note: For graduates, former students, or former faculty or staff filing a complaint, the date of separation should be the date on which the individual was no longer considered a student in or employee of the graduate program (i.e., graduation, resignation, official notice of withdrawal or termination), and after any institutional grievance or other review processes have been concluded.

Complaints also must meet the following submission requirements:

a. include verification, if the complaint is from a student or faculty/instructional staff member, that the complainant exhausted all pertinent institutional grievance and review mechanisms before submitting a complaint to the CAA;
b. include the complainant’s name, address, and telephone contact information and the complainant’s relationship to the program in order for the Accreditation Office staff to verify the source of the information;
c. be signed and submitted in writing via U.S. mail, overnight courier, or hand delivery – not via e-mail or as a facsimile – to:

Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology  
American Speech-Language-Hearing Association  
2200 Research Boulevard, #310  
Rockville, Maryland 20850  
The complainant’s burden of proof is a preponderance, or greater weight, of the evidence. These procedures do not prevent the CAA from considering a complaint against an accredited or candidate program if the program is involved in litigation or other actions by a third party.

Additional information can be located on the ASHA web site, specifically at:

http://www.asha.org/academic/accreditation/accredmanual/
Eligibility Requirements and Essential Functions

In order to acquire the knowledge and skills requisite to the practice of speech-language pathology to function in a broad variety of clinical situations, and to render a wide spectrum of patient care, individuals must have skills and attributes in five areas: communication, motor, intellectual-cognitive, sensory-observational, and behavioral-social-professional. These skills enable a student to meet graduate and professional requirements as measured by entry level competencies for state licensure and national certification. Some of these skills are inherent and some can be taught and developed during the course of the graduate program through coursework and clinical experience.

A. COMMUNICATION *
A student must possess adequate communication skills to:
1. Communicate proficiently in both oral and written English language.
2. Possess reading and writing skills sufficient to meet curricular and clinical demands.
3. Perceive and demonstrate appropriate non-verbal communication for culture and context.
4. Modify communication style to meet the communication needs of clients, caregivers, and other persons served.
5. Communicate professionally and intelligibly with patients, colleagues, other healthcare professionals, and community or professional groups.
6. Communicate professionally, effectively, and legibly on patient documentation, reports, and scholarly papers required as part of course work and professional practice.
7. Convey information accurately with relevance and cultural sensitivity.

B. MOTOR
A student must possess adequate motor skills to:
1. Sustain necessary physical activity level in required classroom and clinical activities.
2. Respond quickly to provide a safe environment for clients in emergency situations including fire, choking, etc.
3. Access transportation to clinical and academic placements.
4. Participate in classroom and clinical activities for the defined workday.
5. Efficiently manipulate testing and treatment environment and materials without violation of testing protocol and with best therapeutic practice.
6. Manipulate patient-utilized equipment (e.g. durable medical equipment to include AAC devices, hearing aids, etc.) in a safe manner.
7. Access technology for clinical management (i.e. billing, charting, therapy programs, etc.).

C. INTELLECTUAL/COGNITIVE
A student must possess adequate intellectual and cognitive skills to:
1. Comprehend, retain, integrate, synthesize, infer, evaluate and apply written and verbal information sufficient to meet curricular and clinical demands.
2. Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.
4. Self evaluate, identify, and communicate limits of one’s own knowledge and skill to appropriate professional level and be able to identify and utilize resources in order to increase knowledge.
5. Utilize detailed written and verbal instruction in order to make unique and independent decisions.
D. SENSORY/OBSERVATIONAL
A student must possess adequate sensory skills of vision, hearing, tactile and smell to:
1. Visually and auditorily identify normal and disordered (fluency, articulation, voice, resonance, respiration characteristics, oral and written language in the areas of semantics, pragmatics, syntax, morphology and phonology, hearing and balance disorders, swallowing, cognition, social interaction related to communication).
2. Identify the need for alternative modalities of communication.
3. Visualize and identify anatomic structures.
4. Visualize and discriminate imaging findings.
5. Identify and discriminate findings on imaging studies.
6. Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.
7. Recognize when a client’s family does or does not understand the clinician’s written and/or verbal communication.

E. BEHAVIORAL/SOCIAL/PROFESSIONAL
A student must possess adequate behavioral and social attributes to:
1. Display mature empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others.
2. Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic backgrounds.
3. Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and university and federal privacy policies.
4. Maintain general good physical and mental health and self care in order not to jeopardize the health and safety of self and others in the academic and clinical setting.
5. Adapt to changing and demanding environments (which includes maintaining both professional demeanor and emotional health).
6. Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.
7. Accept appropriate suggestions and constructive criticism and respond by modification of behaviors.
8. Dress appropriately and professionally.
CLINICAL PROGRAM EXPECTATIONS

You are now a graduate student of Speech-Language Pathology. This is a full time commitment at BGSU. As such, you will be expected to manage graduate level coursework and your clinical assignments throughout each semester. Clinical practicum assignments can occur any time Monday through Friday from 8 am to 6 pm and will follow the BGSU academic calendar. You are expected to be available during these times when you are not in class and the semester is in session. You may receive a clinical assignment at any time during the semester. An exception to this may be your final internship, which will follow the particular site’s work schedule. Be aware that work outside clinic hours is required to be successful.

We acknowledge that it is not uncommon to feel overwhelmed at times with the combination of coursework and clinical assignments. In order to have a positive graduate experience, time management, organization, a positive outlook, initiative and motivation will provide you with the tools to be successful.
Program Applicant Agreement Statement

As an applicant to the MS program in Communication Sciences and Disorders at Bowling Green State University, I attest that I have read all pages of the Eligibility Requirements and Essential Functions document, that I understand its contents, and I am committed to the policies expressed therein.

___________________________________                             _______________
Applicant’s Signature                                                         Date

Program Participant Agreement Statement

As a current student in the MS program in Communication Sciences and Disorders at Bowling Green State University, I attest that I have read all pages of the Eligibility Requirements and Essential Functions document, that I understand its contents, that I am committed to the policies expressed therein, and that I may be eligible for dismissal from the program, via faculty vote, should I fail to demonstrate all of the Essential Functions despite reasonable accommodations and reasonable levels of support from the academic and clinical faculty.

___________________________________                                ______________
Participant’s Signature                                                                   Date

Final version: Jan. 2011
COMMUNICATION SKILLS POLICY
FOR GRADUATE STUDENTS
IN THE SPEECH-LANGUAGE PATHOLOGY MASTER'S PROGRAM

All clinical master’s graduate students enrolled in the Communication Sciences and Disorders Program at Bowling Green State University must demonstrate communication competence consistent with ASHA’s Standard IV-B for Certification in Speech-Language Pathology. Specifically, the student “must demonstrate communication skills sufficient to achieve effective clinical and professional interaction with clients and relevant others.” For oral communication, students must “demonstrate speech and language skills in English, which, at minimum, are consistent with ASHA’s most current position statement on students and professionals who speak English with accents and nonstandard dialects.” In addition to issues with spoken English proficiency, this policy applies to all types of communication differences and disorders with the potential to affect clinical competence. For written documentation, students must “be able to write and comprehend technical reports, diagnostic and treatment reports, treatment plans and professional correspondence.” (ASHA 2005) Information must be communicated in a succinct and comprehensible manner, in both written and oral contexts, including settings where time may be limited. These skills require the ability to assess and effectively communicate all relevant information and modify communication style to meet the needs of clients, caregivers, and other persons served. Also required is the ability to immediately assess incoming information to allow for appropriate follow-up inquiry. The student must be capable of responsive, empathic listening to establish rapport that promotes openness on issues of concern and sensitivity, including potential cultural differences. Further, the student must express ideas clearly and demonstrate a willingness and ability to give and receive feedback. It is expected that students may enter the program with need areas in the development of communication proficiency in professional contexts. The program of study will provide opportunities to all students to develop the needed communication skills at a level sufficient to meet the requirement that graduates be prepared to practice clinically at an entry level of proficiency, across the scope of practice.

Non-native English speakers. Master’s students who are non-native speakers of English are assessed prior to admission via submission of a speech sample that the Graduate Coordinator screens for intelligibility and ability to communicate orally in English. In addition, they are required to submit TOEFL scores by the university. Any student, whatever his or her native language, who is identified by an instructor, whether academic or clinical, as having spoken or written language proficiency that does not meet the above standard will be offered the opportunity to receive assessment and intervention through appropriate venues, to include the program’s Speech and Hearing Clinic. The student will not be required to participate as a client in therapy; however, the student will be held responsible for development of communication skills sufficient to achieve effective clinical and professional interaction with clients and relevant others. Efforts will be made to assist students in locating appropriate services/resources. Appropriateness of continuation as a student clinician in clinic will be made on a case-by-case basis if a student has been identified as presenting a deficiency in spoken and/or written English. Students who have been identified as needing services to improve their English must be approved by the Clinic Director and Graduate Coordinator for admission into, or continuation of, the clinical practicum experience.

Non-standard English speakers. Master’s students identified as presenting with language differences that may interfere with successful completion of clinical aspects of training will be alerted to that possibility by the Clinic Director and Graduate Coordinator. Strategies to improve their oral and/or written proficiency in Standard American English and resources to support this will be provided to the student via informal consultation with the Graduate Coordinator and/or Clinic Director, and via feedback received from instructors. If it appears that informal consultation is inadequate, attempts will be made to provide appropriate resources for individualized intervention, including, at the student’s request, the
program’s Speech and Hearing Clinic. The student will not be required to participate as a client in therapy; however, the student will be held responsible for development of communication skills sufficient to achieve effective clinical and professional interaction with clients and relevant others.

**Students with communication disorders.** Master’s students with communication disorders that may interfere with successful completion of clinical aspects of their training will be alerted to that possibility by the Clinic Director and the Graduate Coordinator. Students will receive information on assessment and intervention services available in the community, including the program’s Speech and Hearing Clinic. The student will not be required to participate as a client in therapy; however, the student will be held responsible for development of communication skills sufficient to achieve effective clinical and professional interaction with clients and relevant others.

**Policy on receipt of services in the Speech and Hearing Clinic.** Master’s students electing to receive services in the program’s Speech and Hearing Clinic will not receive services from a fellow Master’s student. Every effort will be made to assign them a clinician who is not involved in assessing their clinical or academic performance. Because this cannot be guaranteed in every case, students seeking services in the Speech and Hearing Clinic must be informed of the possibility that their clinician may be involved in assessing their academic and/or clinical skills at some point in the future. Clinicians may decline to take on a student case if they perceive a conflict of interest. CDIS Master’s students do not pay a fee for receiving services in the Speech and Hearing Clinic. An individual who has been involved with a student as his or her clinician may not discuss his or her case without a signed release, per standard confidentiality policies. Without such a signed release, individuals must recuse themselves from graduate student review discussions of the student in any respect that relates to the therapeutic relationship. The process of electing to receive services in the Speech and Hearing Clinic must be documented thoroughly, including a signed statement from both student and clinician showing that each was apprised of potential risks and benefits prior to entering into a therapeutic relationship.

**Remediation process.** Master’s students with communication disorders or differences that render them unable to meet the ASHA standards for communication proficiency and the technical standards required for provision of assessment and intervention are at risk for dismissal from the program. (See the BGSU Student Clinical Practicum Evaluation Form for details on specific criteria related to meeting technical standards.) The policy for remediation of academic and clinical deficits will be followed as outlined in the Master’s Student and Clinical Handbooks (see these documents for details on how deficits are documented and remediation plans are implemented). Students not able to complete remediation plans successfully will be dismissed from the program per the procedures outlined in those documents.

Concerns that arise as a result of any aspect of implementing these policies should be discussed with the Department Chair.
SEQUENCING OF COURSE CONTENT AND CLINICAL EXPERIENCES

CAA Standard 3.4 stipulates that students experience a sequence of training appropriate to prepare them for clinical work. CDIS addresses this by the following policy:

Each supervisor of incoming students will have access to each student’s check sheet filled out as part of the application process stating what courses and clinical experiences they have had in communication sciences and disorders. This will ensure that the supervisors will be aware of each student’s background and enable them to provide the requisite level of supervision.

Other steps that are taken to ensure appropriate sequencing include the following:

- In general, students are assigned clinical cases once they have completed or are concurrently taking the appropriate course work. However, since undergraduate preparation is diverse, it is the practice of the clinic to provide the following support to all students:
- Every student will be provided with individual teaching, clinical modeling/teaching and may also participate in co-treatment with the supervisor.
- Mentoring from a prior graduate clinician may occur in order for the current graduate to observe and ask questions. A review of the prior semester’s recordings of therapy will be provided when available.
- Evidence based practice will be identified for each client and reviewed by the student and the clinical supervisor in development of the treatment program.
- Students will be encouraged to collaborate with the expert(s) in the area of treatment, when appropriate.
- Specific readings will be provided/recommended to increase knowledge for specific areas of need identified by the supervisor and/or graduate student
- Grand Rounds presentations will be required for all first year graduate students in order to increase their exposure to different client profiles, current treatment strategies, evidence based practice and problem solving for additional treatment strategies and approaches to clinical questions.

Supervision of each individual graduate clinician is based upon his/her knowledge and skills. Greater amount of supervision will be provided to the new clinician and gradually be decreased as appropriate. Weekly supervisory meetings will allow for discussion, evaluation of progress and further development of clinical critical thinking skills.
DISABILITY STATEMENT

In accordance with the University policy, if a student has a documented disability and requires accommodations to obtain equal access in clinical practicum, the student should contact the Clinic Director at the beginning of his/her graduate program and the instructor of his/her practicum class each semester and make this need known. Students with disabilities must verify their eligibility through the Office of Disability Services for Students, 38 College Park Office Building, 419.372.8495.

LIABILITY INSURANCE

In order for students to do practicum at both on- and off-campus sites, they must enroll for liability insurance through Bowling Green State University. No application form is necessary. Insurance is effective immediately upon your registration in the first practicum (CDIS 6970). Coverage is continued through the full academic year (July to July only). Should the practicum fall within separate academic years (summer semester of one and fall semester of the next), it will be necessary for the student clinician, under the University’s policy, to be covered for both years. Cost for this coverage is free to the student clinician through Bowling Green State University. It is permissible for students to seek coverage through other carriers; however, proof of coverage is required.

CRIMINAL BACKGROUND CHECK*

Many clinical placement sites require that graduate student clinicians comply with the facility’s employee screening/criminal background check policies and procedures. Therefore, prior to the first day of Graduate Student Orientation programs, each graduate student clinician will be required to submit to fingerprinting. Fingerprints will be submitted to both the Federal Bureau of Investigation (FBI) and the Bureau of Criminal Investigation (BCI) as required by Ohio Revised Code Section 3701.881 (Criminal records check of prospective employees responsible for child or direct care to older adult; when employment prohibited.) The cost of the FBI and BCI checks will be borne by the graduate student clinician. Fingerprints are valid for only one year; therefore, most students will be required to complete fingerprinting twice during their graduate program.

IMMUNIZATION RECORDS*

Some clinical placement sites require that graduate student clinicians comply with the facility’s employee immunization policies and procedures and/or sign a waiver of liability. It is required that the graduate student clinician provide copies of records of Hepatitis B, Tuberculosis, and Measles/Mumps/Rubella (MMR), Rubeola, Varicella (Chicken Pox), Tetanus/Diptheria immunizations and/or titres to the Clinic Director during the week of graduate orientation.

*NOTE: a delay in meeting the criminal background check and/or immunization records requirements may cause a delay in clinical placement and therefore impact the student’s actual graduation date.

DRUG TESTING

Some clinical sites require drug testing prior to placement at the facility. Each facility will provide the Clinic Director with the requirements (number of drug panels) to be completed.
GENERAL CLINICAL POLICIES AND PROCEDURES

of the

BOWLING GREEN STATE UNIVERSITY

DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS
and
SPEECH AND HEARING CLINIC
**CLINIC INCLEMENT WEATHER POLICY**

BGSU weather closures are announced in the media as “BGSU-Main Campus” not as “Bowling Green.” If classes at BGSU-Main Campus are cancelled, Clinic and any related Clinic meetings (supervisor meetings, diagnostic team meetings, etc.) will be cancelled also. If you are unsure about Clinic being open or closed, call the Clinic Office and listen to the message that will be on the machine. Any questions may be clarified with the Clinic Director.

**SPEECH, LANGUAGE AND HEARING SCREENINGS FOR CDIS MAJORS**

All CDIS pre-major students enrolled in CDIS 2240 must undergo a speech, language, and hearing screening. The Clinic Administrative Assistant will organize the screenings. Students who do not pass will be referred to the appropriate clinical staff for further recommendations (i.e., re-screening, complete diagnostic, therapy). The need for therapy will be determined on an individual basis upon recommendation of the entire faculty. This screening **must** be completed in order to be admitted into the CDIS major.

**CLINICAL PRACTICUM FEE**

A Clinical Practicum fee has been established to cover costs associated with experience as a student clinician. The fee will help to defray costs associated with students’ use of DVDs, diagnostic tests, test forms, therapy materials, computer equipment and printers, equipment repair, and expendable items such as tongue depressors, disposable gloves, and other disposables.

The fee is associated with enrollment in the graduate practicum courses and will be billed through the Bursar’s Office.

For CDIS 6970 Graduate Practicum in which students typically enroll four times during their matriculation through the program, there is a fee for each enrollment. There are occasions when a student might need to enroll in this class for more than four semesters. A student will be required to pay the practicum fee each time enrolled. Since use of clinic materials takes place throughout the first four semesters (e.g., during all diagnostic and therapy experiences), associating the fee to each enrollment in the practicum class is simply a mechanism to disperse the payments across several semesters. There is no practicum fee associated with enrollment in CDIS 6890 Internship during the final semester.

**TRANSPORTING CLIENTS**

Due to potential lawsuits, student clinicians may not transport clients in their own or borrowed automobiles during the course of a diagnostic evaluation or therapy.

**CELL PHONES, PAGERS, ETC.**

All cell phones, pagers, watch alarms, PDA alarms, etc. must not be taken into therapy or diagnostic sessions unless approved by the supervisor.
SOCIAL MEDIA POLICY

Graduate students in the Speech-Language Pathology program should not engage in social media communications via social media sites such as Facebook, Twitter, SnapChat, Tumbler, Instagram, etc. with their clients and/or client families, whether current or prior, unless part of the treatment program. The individual should exercise caution and follow all professional and ethical guidelines of the profession relative to the use of social media.

DATING POLICY

Dating/romantic involvement with a current or past client, while enrolled as a graduate student in CDIS at BGSU, is not allowed. Following graduation from the program, the individual should follow all professional and ethical guidelines in deciding the appropriateness of developing a non-therapeutic relationship with a former client.

DRESS CODE

The purpose of the Dress Code is to ensure that professional qualities are constantly and consistently adhered to in the Clinic. This will ensure that the public the Clinic serves is not offended. The Dress Code does not necessarily reflect the personal taste of staff members but rather reflects expected professionalism within the field. The Dress Code applies to apparel that is worn while conducting any on- and/or off-campus clinical business, activities and interactions. Clinic name tags must be worn at all times when involved in any Clinic activity (direct or observation).

Women

1. Shoes or sandals must be worn. No beach flip-flops, tennis shoes, or combat/work boots are allowed.
2. Shoulders, cleavage, midriff, navel, small of back, and/or posterior must be covered at all times; halter tops, tank tops, tube tops, strapless tops, off-the-shoulder attire are not appropriate.
3. Blue or other denim jeans, pants with patches, frayed or raveled edges, excessively worn spots, holes or cut-off edges are not permissible. Shorts and T-shirts are not appropriate.
4. No facial or intra-oral piercing/jewelry is allowed.
5. Tattoos must be covered.
6. Excessive jewelry (distracting or noisy) is not permissible.
7. Fragrances should be minimal.

Men

1. Shoes or sandals must be worn. No beach flip-flops, tennis shoes, or combat/work boots are allowed.
2. Dress shirts are desirable. Knit shirts and sweaters can be worn.
3. Blue or other denim jeans, pants with patches, frayed or raveled edges, excessively worn spots, holes or cut-off edges are not permissible. Shorts and T-shirts are not appropriate.
4. No facial or intra-oral piercing/jewelry is allowed.
5. Tattoos must be covered.
6. Excessive jewelry (distracting or noisy) is not permissible.
7. Fragrances should be minimal.
All student clinicians involved in practicum should exercise discretion in the amount and type of jewelry and body rings worn while providing clinical services. Appropriate attire may vary with the type of clinic assignment. Student clinicians should consult their Clinical Supervisor with any questions regarding proper attire. Off-campus assignments may have dress codes that differ; if so, then the off-campus assignment’s particular dress code must be followed.

**GIFTS/GRATUITIES**

In appreciation for services rendered, clients sometimes offer to give money or other gifts to the student clinicians. It is requested that this not be done; however, gifts of less than $25.00 may be accepted. Clients wishing to show appreciation for services received may make donations to the Communication Sciences and Disorders Fund and donations are tax deductible. If a client wishes to make a donation, see the Clinic Director for details and procedures. The Clinic also welcomes gifts of children’s toys or books that may be used in the provision of therapy.
**OBSERVATION and DVD RECORDING GUIDELINES**

A. The BGSU Speech Clinic has ten (10) treatment rooms in the Health and Human Services Building, each equipped with a video camera and observation windows.

B. Each clinician enrolled in practicum will be provided with DVDs for the semester. Students will be required to record therapy sessions on a regular basis throughout the term in order to self-evaluate the development of their clinical skills and to analyze client progress. The DVDs should be utilized until full and then finalized. At that time, a new DVD should be requested from the clinic secretary.

C. To protect client confidentiality, **DVDs and audiotapes of clients are not to leave the BGSU Clinic.** DVDs and audiotapes of clients are kept in the Clinic office in the DVD/audiotape drawers and are checked out when needed. Clinic activities are to be recorded only in the student workroom or in the Clinical Supervisor’s office. Students should review DVDs/audiotapes in the Student Workroom or in the Clinical Supervisor’s office. At the end of the semester, the DVD either will be archived for reference or destroyed.

D. Prior to recording any Clinic activity, a **Video Release form** (see page 63) **MUST** be signed by the client or parent and placed in the client’s file. If the client or parent refuses to sign this form, it should be noted on the form and placed in the client file. The Clinic Secretary should be made aware that the form was not signed. Also, if the client/parent has expressed that no one other than the Clinical Supervisor can observe the session, make note of this in the client’s file and indicate this information by placing a note on your therapy room observation window.

E. DVD recorders for student use are located in the Student Workroom. Follow all posted written instructions for operation of the DVD players. If there appears to be a problem, **do not touch anything.** Inform your supervisor immediately and they will fill out an Equipment Repair form if necessary.

F. Observation of therapy takes place via closed circuit television monitors or through observation windows. The main observation area for families of clients is located in room 202. The main observation area for students is the Student Workroom which has four (4) TV monitors and ten (10) DVD recorders. If this area is filled, students should ask their Clinical Supervisor or instructor (if a class assignment) to assist them in locating a monitor from which they can observe. Students may also observe through observation windows in the therapy room areas. **Under no circumstances** should a student be observing clinical activities from the Parent/Family Observation Room (202).

G. **Students must not alter the position of the video camera in the therapy room.** Rather, it is recommended that the table and chairs be moved in order to improve visibility of the clinician and client on screen.

H. **Students who are observing therapy sessions must adhere to confidentiality and professional behavior standards at all times. Failure to do so will constitute dismissal from practicum.** While observing using the observation windows, talking, laughing, and other loud noises must be avoided to prevent clients from hearing activity in the observation suites.

I. **Only supervisors and clinicians are allowed in the observation suites. Parents must observe in the Parent/Family Observation Room at all times. Due to client confidentiality, parents/family members should not be observing from the therapy observation windows at any time.**

J. Food and beverages are not allowed in the therapy suites by either supervisors or students unless being utilized specifically for assessment and/or treatment.

K. Undergraduate Observation Hours Form and Guidelines can be found on pages 115-116.
CLINIC RESOURCE ROOM PROCEDURES

The following procedures for the use of therapy materials and equipment located in the Clinic Resource Room (205A) were designed to provide an efficient and accurate means of distributing clinical materials and equipment as well as to provide a measure of security. Be sure to read and follow these guidelines.

Eligibility

Any full- or part-time student enrolled in practicum or any faculty/staff member may use the materials of the Clinic Resource Room for the purpose of working with a client. EVERYONE, students or faculty/staff, will be required to use the check-out procedure described below. Failure to follow procedures will result in the loss of privileges to use the materials.

Hours of Operation

Clinic Resource Room staffing will vary each semester. The hours of staffing will be posted outside the door of the Clinic Resource Room. In the event that the Clinic Resource Room is unmanned and you need assistance, see your Supervisor or the Clinic Secretaries.

Content of Clinic Resource Room

The Clinic Resource Room contains clinical forms, tests (manuals, score sheets, and picture plates), equipment (DAF machines, audiometers, auditory trainers, etc.) and materials for your use during clinical training in our program within the Speech and Hearing Clinic. Materials may not be checked out for use at non-BGSU off-campus practicum sites. Student Clinicians are expected to provide their own digital recorder, penlight and/or stopwatch.

Staff

The Clinic Resource Room is staffed by student assistants assigned to that duty under the supervision of the Clinic Director.
MATERIALS AREA PROCEDURES

1. A. Obtaining Requested Materials

1. Items must be signed out through the Clinic Resource Room Materials Binder.
2. Plastic tubs may be provided for transporting materials to therapy rooms.
3. **Do not take only a portion of a kit** (i.e. certain pictures, posters, pieces, etc.). Instead, check out the entire kit. This will help to prevent portions of the kit from being lost or misplaced.

B. Checking Out Materials

Be sure no one else has reserved the materials you are taking (ask the Clinic Resource Room worker). **Before removing any materials,** fill out the following information on the checkout log:

1. Name of borrower
2. **Specific** list of items taken - both item number and item name
3. Place of use (i.e. BGSU Clinic, Otsego School, etc.)
4. Time/date materials are checked out
5. Time/date materials are returned
6. Note any special arrangements for keeping materials out longer. You must obtain permission from the Clinic Director for this.

2. Materials may be kept only for the duration of the therapy or diagnostic session and must be returned **immediately following** the session for use by others. All returned materials must be signed in.

3. In cases necessitating overnight use of materials, indicate this in the checkout book. The materials may be checked out no earlier than 4:30pm and returned no later than 8:30am of the following day.

4. Written notices will be provided for overdue materials. No more than 3 notices are permitted. After the third notice, clinic checkout privileges will no longer be permitted. If checkout privileges have been revoked and materials are required for a diagnostic or class assignment, materials must be used in the Speech and Hearing Clinic, signed out by the instructor or supervisor.

5. Materials for Clinic use may be put on reserve. If a student clinician wishes to ensure that certain items will be available during a therapy period, fill out a “reserve slip” (obtained from the Clinic Resource Room worker) indicating the date and time the item(s) is needed. The item(s) will be gathered by the worker and placed on reserve for the student clinician.

6. If materials are broken or missing, notify the Clinic Resource Room worker. If no one is on duty at that time, leave a detailed written note with the Clinic Secretaries.

7. Protocol forms and score sheets for diagnostic tests are kept in the lateral cabinet in the Clinic Resource Room. If the number of forms is low, this should be **immediately** reported to the Clinic Director.
STUDENT WORKROOM KEYS / SECURITY AFTER HOURS

In order to have access to the student workroom outside of regular business hours of the clinic, you will be provided a key from the Department Secretary (Room 237). This key will work for the door in the faculty office hallway as well as for the Clinic Resource Room door. At the end of your graduate program, the key will be returned to the Department Secretary. Failure to return this key may delay the receipt of your diploma.

The following rules go along with the privilege of having access to the student workroom 24/7:

1. Make sure the door remains locked after hours (5:00pm to 8:00am).
2. Never prop open the hallway door with a chair, door wedge, etc. after hours.
3. Guests are not allowed into this room with you…no friends, family, significant others, etc.
4. Confidential information is to remain in this room; the same HIPAA rules apply, even after hours.
5. All file jackets are to be returned at the end of the business day to the clinic office staff, following standard practice. If a file jacket needs to be kept after hours, it should be given to or remain with a supervisor and never left anywhere in the Student Workroom.
6. Resource room materials must be returned to the return shelf and the door should be locked when the last clinician leaves the area.
7. University classroom policy applies after hours, i.e., no alcoholic beverages or smoking are allowed in the room.
8. This room is intended for the sole purpose of working on clinic material. This room is not intended to be used as a study space. The basement can be used for study purposes.
9. Be respectful of your classmates. Keep music, cell phones and other noise at a low level.
10. The computers are NOT to be used for web surfing, playing games, and/or personal e-mail.

Report any infractions of these rules to the Department Chair, Clinic Director, or Graduate Coordinator. Failure to heed these rules may cause loss of privileges for everyone.

In the case of an emergency, only one door will serve as the fire exit: the door to the faculty hallway (south door). Egress is then possible at either end of the hallway.
STUDENT WORKROOM COMPUTER.PRINTER USAGE

As of Fall 2014 the BGSU Speech and Hearing Clinic began utilizing OnBase Software for Electronic Medical Records (EMR). Due to the Health Insurance Portability and Accountability Act (HIPAA) confidential Clinic records can be accessed in OnBase only from on-campus Clinic computers. Clinic computers are equipped with the OnBase thick client that has been loaded to each desktop.

There are a number of computers located in the Student Workroom area. These computers are designated to be used only for clinical and class related purposes. Clinical use should take precedence over classroom purposes. These computers are not to be used for personal e-mail nor for web surfing.

Programs of any kind are not to be downloaded from the Internet to the university computers. This includes instant-messaging software. Likewise, documents of any kind are not to be saved to the hard drives.

A personal USB flash drive should be utilized in order to save any documents for class/personal use.

Because of HIPAA guidelines, clinical reports are never to be saved to a USB or to the computer hard drives. Also in order to protect confidentiality of client information, students should not utilize e-mail for transmission of SOAP notes or clinical reports. For more complete information refer to pages 35-36, Clinical Paperwork.

Information about technology and security at BGSU may be obtained at the BGSU Information Technology Services (ITS) website: http://www.bgsu.edu/its/it-policies.html (Policies Related to Data Access and Usage / BGSU Information Technology Policy). Each student is responsible for knowing this information and complying with ITS policies.

The printer in the Student Workroom is to be used for Clinic purposes only. (Students must supply their own paper.) Any other type of printing need (homework, journal articles, thesis drafts) should be done elsewhere on campus and paid for by the student. The printer for Clinic use in the Student Workroom is funded by Clinic budget monies and these monies are limited. If the cost of the printer in the Student Workroom becomes a strain on the Clinic budget, it may need to be changed from a free use machine to a pay-to-use printer. All students are expected to do their part to help keep the use of the printer in the Student Workroom free for Clinic use and to use a pay-for-print machine on campus to print journal articles/homework/thesis drafts, etc.
CLINICAL PROCEDURES

for

SPEECH-LANGUAGE PATHOLOGY PRACTICUM

at the

BOWLING GREEN STATE UNIVERSITY

DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS and SPEECH AND HEARING CLINIC
DIAGNOSTIC CLINIC PROCEDURES

Clients at the BGSU Speech and Hearing Clinic are typically seen initially for a complete speech-language diagnostic evaluation. The evaluations are conducted at regularly scheduled times during the week. Each evaluation is supervised by an ASHA Certified and Ohio State Licensed faculty or staff member and conducted by graduate students, usually in teams of two or three, who are participating in a diagnostic rotation.

Students assigned to the diagnostic evaluation should take the following preparatory steps:

Preparing for a Diagnostic Evaluation

1. Obtain the client’s file number and/or file jacket from a Clinic Secretary.
   a. Review the preliminary information contained in the client’s file in OnBase. Be sure that all requested pre-evaluation information has been obtained.
   b. If the client’s file jacket has been pulled, when finished with the file jacket, place it in the pink tub marked “To be re-filed.” The tub is located in the main Clinic Office.
   c. CLIENT FILE JACKETS AND ANY CONTENTS (i.e. TEST PROTOCOLS, ETC.) MAY NOT BE REMOVED FROM THE CLINIC OFFICE BY A STUDENT.
   d. Lack of work space has been an issue with both first and second year graduate students’ activity levels during the fall semester. You may use room 252 as an overflow room for clinic work only when it is not scheduled for clients, meetings, and classes. Check at the front desk with a Clinic Secretary to see if the room is available. Treat the room as a work area and maintain quiet and confidentiality as needed; keep the door closed if you are working in that area. The door requires a key for locking/unlocking and a Clinic Secretary will lock the door just before 5:00pm each evening.
   e. Clinic file jackets and/or contents must not be removed from the clinic area: you may use them in the workroom, room 252, or the supervisor’s office. Do not keep any of these materials overnight in the Student Workroom, in your mail cubbyhole or in other areas. They must be placed back in the secured file area overnight. You should plan on returning them to the pink tub before 5 pm. If you have materials after that time, you must give it to your supervisor to return. If the supervisor is not available, find another supervisor or faculty member and ask that person to secure the materials appropriately.
   f. Any chart information, such as test protocols, informal assessments, etc. must not be left in the workroom areas. Those items should be placed in the file jacket when you are finished with them or in the working file holders in the Clinic Resource Room behind the door. Be sure to secure the door by locking it at the end of the day. Do not carry file jackets/testing protocols/informal assessments/any client identifying information with you in folders or notebooks. They contain confidential protected health information (PHI).

2. Schedule a meeting with the assigned faculty/staff supervisor immediately following notification of the upcoming diagnostic evaluation. During this meeting, the student clinician(s) should plan to discuss with the supervisor the specific information contained in the client’s file. Be prepared
to discuss your thoughts and ideas relative to procedures, tests, and materials that might be useful
in the diagnostic evaluation.

3. Two to four (2-4) hours will be reserved for each diagnostic session. The student clinician(s)
should arrive 20-30 minutes before the evaluation is to begin in order to:

   a. Sign out test materials and forms from the Clinic Resource Room.

   b. Set up a DVD and/or tape recorder if needed and generally prepare the testing room.

   c. Attend to last-minute details.

   **NOTE:** Be sure to check the Client Contact Sheet (see page 57) and the Super Bill (see page 64-
67) found in the client’s file jacket. Complete any missing information on the Client Contact
Sheet i.e. the client’s cell phone number, date of birth, etc.

**Conducting the Diagnostic Session**

When final preparations for a diagnostic session have been completed, those in charge of the session
should:

1. Meet the client in the waiting room.

2. Introduce themselves to the client and/or his/her parent(s)/caregiver(s).

3. Describe the general procedures and approximate time schedule to be followed during the
evaluation.

4. Review and have signed the appropriate release forms (permission to record the session, release
of information and HIPAA Privacy Policy Acknowledgment Form).

Specific procedures will be left to the discretion of the faculty/staff supervisor. However, diagnostic
sessions usually will include the following:

1. Interview of the client and/or parent.

2. Completion of appropriate speech and language tests.

3. Pure-tone hearing screening; an audiologist may be consulted.

4. Staff conference concerning test results, interpretations, and recommendations.

5. Final counseling session for the purpose of communicating results, interpretations, and
recommendations to the client and/or his/her parent(s)/caregiver(s).

If more than one diagnostic session is required to complete the evaluation, or if additional hearing testing
is indicated, the client or his/her parent(s)/caregiver(s) should be informed. The Clinic Director and the
Clinic Secretary should also receive this information in order to schedule the additional evaluation.
After a Diagnostic Session

Upon completion of a diagnostic session, the following steps are to be taken by the student clinician(s) or supervisor:

1. The client’s paperwork in the file **MUST** be completed and returned to the Clinic Secretary. The **Client Contact Sheet**, **Disposition Sheet**, and **Super Bill** must be filled out as completely as possible (see pages 57, 66, 64 and 65).

2. All test materials and instruments used in the evaluation are to be returned to the Clinic Resource Room.

3. A double-spaced, first draft of the speech and language evaluation report and completed test forms, as required by the faculty/staff supervisor, should be generated in OnBase and sent to the supervisor on the date specified by the supervisor or no later than **4 DAYS** after the diagnostic session. [Exception: Social Security Administration (SSA) diagnostic report drafts should be sent to the supervisor within **2 DAYS**.] Guidelines for writing the Speech and Language Evaluation Report may be found on pages 69-75. The supervisor then will read and edit the first draft and return it to the student clinician(s) via OnBase. The student clinician(s) then will schedule a conference with the supervisor if deemed necessary to discuss suggested changes in the draft.

4. After the conference, the student clinician(s) will continue working on the report with the final draft due in the supervisor’s OnBase mailbox on the date specified by the supervisor. **The final draft should be completed no later than 2 weeks following the evaluation.** [Exception: SSA diagnostic final drafts are due in **6 DAYS**].

5. Be sure that the test score sheet or protocol for each examination administered is properly completed and included in the client’s file jacket. The supervisor will insure that the report is formatted properly and that the client’s file is complete. In addition, the supervisor will be sure that copies of the report are sent as requested to other professionals authorized by the client to receive them. The completed report then will be sent by a clinician to the Clinic Secretary for mailing and uploading to the client’s file in OnBase.
ON-CAMPUS CLINICAL ASSIGNMENTS

Note that students enrolled in clinical practicum are expected to be available for clinical assignments when not enrolled in other course work. Assignments will not be made to accommodate work schedules or other activities.

1. After registering for a practicum course (CDIS 6970), the student must submit a schedule of classes to the Clinic Director. Clinic assignments are made by the Clinic Director through consideration of the following criteria:
   a. student’s experience level
   b. student’s clinical hour needs (disorder type/client age)
   c. client’s requests and requirements
   d. placement site requirements
   e. available supervision
   f. client, clinician and supervisor schedules
   g. client availability

2. Students who are just initiating their practicum experience at BGSU will be assigned to clients in the BGSU On-Campus Clinic or to on-campus satellite sites (i.e. Sterling House, Bittersweet Farms, Grace Speaks). As more expertise is gained, graduate students will be placed at off-campus sites under the supervision of ASHA certified and Ohio licensed professionals. The Clinic Director will decide when an off-campus placement is appropriate. All students must provide their own reliable transportation to and from practicum sites.

3. Assignments will be made via electronic communication prior to the first week of the start of Clinic.

4. When the student receives his/her clinical assignment, s/he will be given the name code of the client(s), supervisor(s), the therapy schedule (specific days and times) for the semester, and the date that therapy is to begin. The therapy schedule and starting date may have been arranged and confirmed with the client already. The student’s first responsibility is to contact the assigned supervisor(s) as soon as possible in order to begin to prepare for the clinical assignment. A therapy room will be assigned to each student clinician prior to the first therapy session. Assigned rooms may not be changed without the permission of the supervisor and the Clinic Director.

5. When graduate students receive their off-campus assignments, they also will be given instructions concerning any orientation by the site supervisor. Students will not contact clients directly.

6. Whenever a student must be absent from his/her practicum site, s/he is required to immediately notify the Clinic Director and the supervisor via email and phone and contact the front desk as well.

7. Following case assignments, student clinicians will review client files which contain diagnostic and treatment information to date. Client files for the BGSU Clinic are located in OnBase. These records are confidential and may not be printed and/or removed from the clinic. If needed, file jackets for clients must be checked out and replaced by the Clinic Secretary. Student clinicians should read the file on designated Clinic computers in the Student Workroom. The student clinician and supervisor should thoroughly review the client’s file in conference and make
note of previous testing, treatment and progress, as well as any questions which may occur to them regarding the client.

8. There may be a DVD(s) or an audiotape(s) of some clients who have been seen previously at the BGSU Clinic. As with client files, DVDs and/or audiotapes must be checked out and replaced by the Clinic Secretary. Student clinicians should check with the Clinic Secretary or with their supervisors to determine if there are any DVDs or audiotapes of their clients.

9. Student clinicians should confirm their client’s schedule with their supervisor and consult their assignment sheet for the assigned therapy room. The Master Schedule of rooms is kept in the Main Office and maintained by the Clinic Secretary. This applies only to students who are working in the on-campus Clinic.

10. If schedule changes must be made, the supervisor will make the arrangements and inform the Clinic Director and Clinic Secretary.
PREPARATION FOR MEETING CLIENT(S)

1. Following review of the client’s electronic file, student clinicians should make an appointment with their supervisor to discuss the case and plan for therapy. Student clinicians should take the client file to the supervisor’s office.

2. Supervisors will review with student clinicians at this first meeting their expectations and due dates for written records (therapy plans, self-evaluations, data analysis, etc.) as well as to establish a weekly conference time to discuss the clinician’s overall performance and the client’s progress in therapy.

3. **Student clinicians must take their clients to see the Clinic Secretary in room 200 (Main Office) either before or after the first therapy session to complete a Clinical Service Agreement Form (see page 67). This must be done each semester that the client is in therapy.**

4. Clients/parents/guardians need to complete or update the Consent for Treatment Release/Obtain Information form (see page 61). Signature of the Video Release form (see page 63) will be requested; however if a client/parent/guardian refuses to sign the Video Release Form, documentation of such should occur on the form and, a similar chart note should be made on the client’s contact sheet in OnBase.

5. Payment for each client must be made before going into the therapy session. Each client will be assigned a green payment/billing sheet that will be created by the secretaries and placed in your mailboxes. Before getting your client, take the payment/billing sheet and present it to any of the front office staff to make sure that payment has been received. The secretary will confirm if they have or have not received payment. DO NOT take the client back to therapy until payment/billing has been confirmed. Clinicians are the “gatekeepers” to help insure this process is successful. The payment sheet will be marked by the front office staff and placed back in your mailbox for the following session. If you have questions, feel free to ask a Clinic Secretary or the Clinic Director.

6. Prior to engaging in any pre-therapy baseline testing with the client, the student clinician should speak alone with the parent or caregiver to discuss any changes that may have occurred since the client was last seen. If the client is an adult, obtain information specific to his/her feelings regarding therapy, goals and progress in previous therapy, likes, dislikes, family and medical history, if appropriate. Discuss what the client’s objectives are for the semester. Refer to page 80 regarding “Guidelines for Initial Conference.”

7. If the client is late, student clinicians must wait at least 20 minutes before requesting permission to leave. Student clinicians must notify the supervisor and Clinic Secretary before leaving the building.

8. If the client calls the Clinic to cancel therapy, the Clinic Secretary will provide an email notice to the clinician(s) and supervisor. Student clinicians should check their email and the bulletin board prior to preparing for therapy. The Clinic Director should be notified by the supervisor if clients have 3 unexcused consecutive absences or 4 absences within any 3-week period. If clients must take extended vacation leave during any term, the Clinic Director should be advised so that, if appropriate, scheduling changes may be arranged.
9. If the student clinician must miss a session, it is his/her responsibility to contact the supervisor to determine whether or not the session should be canceled. If it is to be canceled and/or rescheduled, it is the student clinician’s responsibility to inform the Clinic Secretary of the cancellation and/or the rescheduled session.

10. Students are not to leave the building with a client for therapy purposes unless approved by the supervisor.
**AUDIOLOGY CLINIC**

1. As part of their overall clinical activity, several graduate students each semester will be assigned to practicum in the Audiology Clinic under the supervision of a department audiologist.

2. Those students assigned to Audiology Clinic may participate in hearing screenings, tympanometry screenings, auditory training, speechreading, visual and listening checks to troubleshoot amplification issues and referral to other professionals for evaluation and management. Various other audiological activities deemed appropriate by the audiology supervisor may be assigned.

3. Students will be evaluated and graded on their Audiology Clinic practicum performance (see pages 106-109).
TELEPHONE CALLS/TEXTS/EMAILS TO CLIENTS/PARENTS/GUARDIANS

Reasons for contacts to be made to clients/parents/guardians:

- to schedule a diagnostic appointment – for speech and/or audiology
- to confirm an appointment – day before diagnostic
- to confirm therapy – day(s) and/or time
- to cancel an appointment – diagnostic or therapy

Before placing any telephone calls/texts/emails to a client/parent/guardian, check the file to determine if there are any indicated restrictions regarding how the person wishes to be contacted. Be sure to follow any client/parent/guardian instructions regarding how to contact him/her.


Record all attempts to reach the client on the client’s Contact Sheet in OnBase. Indicate when you called, the number called, and with whom you spoke. Also record the answering party’s response. On the Contact Sheet, record the purpose for the call; but remember when placing the call, do not indicate the nature of the call to anyone other than the concerned client/parent/guardian.

1. When calling a parent/guardian of a minor child or adult client (NOT A COLLEGE STUDENT; if client is a college student, see item #2):

   Ask to speak to the client/parent/guardian.

   The first time you call, if the client/parent/guardian is unavailable, give your name and indicate that you are from the BGSU Speech and Hearing Clinic. Ask when a good time would be to call back.

   When you call back, if the client/parent/guardian is still unavailable, or if an answering machine picks up the call, leave the same message. Ask the person who has answered the phone or leave a message to have the client or the client’s parent/guardian call you back; be sure to leave a phone number at which you can be reached.

2. When calling a client who is a college student, ask to speak to the student. If the student is unavailable, simply indicate that you will call back. DO NOT leave any other identifying information or phone number at which to reach you.

3. There may be special circumstances that require a different method of contacting a client (i.e. text message, e-mail). If either of these options are allowed, check that the consent form has been marked accordingly.
COMPUTERIZATION OF CLINICAL HOURS

1. For each on-campus client, one On-Campus Clock Hours form (see page 92) should be maintained throughout the semester. This form is located on the computer in the Student Workroom and should be updated after each session. Following the last therapy session for the semester, print LAST SESSION next to the hours and date.

2. For on-campus clients being serviced by a team of clinicians, one main billing/clock hour form should be maintained throughout the semester. Again this form should be updated after each session. However, at the end of the semester, meet with the supervisor to determine each individual clinician’s earned clock hours. Fill out individual clock hour forms for each clinician according to the individual’s earned clock hours for the client. Place the appropriate ICD-10 code on the top of the form. Have the supervisor sign each form. The supervisor will then submit, altogether, the single billing/clock hours form and each clinician’s clock hours form to the Clinic Secretary.

3. For students doing on-campus diagnostics, an On-Campus Diagnostic Hours form should be maintained throughout the semester to be submitted at the end of the semester. Be sure to indicate child or adult beside the date to insure proper documentation of hours. The form should be signed by the supervisor after each activity and the original copy submitted to the Clinic Secretary at the end of each semester.

4. For students doing therapy at off-campus locations, one Off-Campus Clock Hours form (see page 93) per site should be submitted to the Clinic Secretary. The form, located in the Student Workroom, should be submitted only at the end of the semester. This form does not need to summarize the number of clients seen; rather, it should summarize the total number of diagnostic and/or therapeutic hours provided at the site.
CLINICAL PAPER WORK

As of Fall 2014 the BGSU Speech and Hearing Clinic began utilizing OnBase Software for Electronic Medical Records (EMR). Due to the Health Insurance Portability and Accountability Act (HIPAA) confidential Clinic records can be accessed in OnBase only from on campus designated Clinic computers. Clinic computers are equipped with the OnBase thick client (non web-based application) that has been loaded to each desktop.

1. To ensure great security/confidentiality of information, **Semester Plans of Treatment, SOAP notes, progress reports, and diagnostic reports** will be generated and worked on in the OnBase Workflow environment. Reference pages 58 & 59 for more details about privacy/confidentiality.

2. Initial Portion of **Therapy Progress Summary** - This first part of the final semester report summarizes diagnostic, pre-testing and observational findings and delineates priorities for treatment. Term goals and treatment steps are established here (see pages 76-77).

3. **Therapy Plans** - The supervisor will let the student know what format to use (see pages 81-84). When submitting plans to the supervisor student clinicians should use the client initial system to identify the client that the plan is for: first letter of first name then first and second letters of last name, i.e. Bob Smith would be BSM. Plans should be attached to an email and sent to the supervisor.

4. **Self-Evaluations** - Student clinicians’ written self-evaluations of therapy sessions are required weekly. These should be sent as an attachment in an email to the supervisor (see pages 89-90).

5. **Written Evaluations by Supervisor** - The supervisor should send the student clinician a copy of his/her written comments following observation of all or part of a therapy session. These will be sent to the student clinician either after a session or following receipt of the student clinician’s self-evaluation for the week (see page 91 for examples). Feedback regarding the session may also be provided verbally.

6. **Daily S.O.A.P. Notes** - At the end of each session a written summary of the client’s performance is required in the form of a S.O.A.P. Note. Notes should be generated and edited in OnBase. The final version should be electronically signed by the student and the supervisor (see pages 87-88) then uploaded to the client file via OnBase.

7. **Data** - Graphs and charts of the client’s progress should be maintained throughout the semester. (see pages 85-86).

8. **Therapy Progress Summary Report** - At the end of the semester, a Therapy Progress Summary Report on each client will be generated and edited via OnBase (see pages 76-77). These must be submitted in a professional manner without error. Several drafts may be required before the final form is accepted. The final version will be submitted to the Clinic Secretary via OnBase for proofing, mailing, and uploading to the client’s electronic record.
OFF-CAMPUS CLINICAL ASSIGNMENTS

The Department of Communication Sciences and Disorders maintains a number of relationships with public and private agencies in the surrounding communities to allow the graduate students to gain clinical experiences off-campus. Typically two off-site clinic experiences will occur during the graduate program. One experience will be at an adult/medical site and one will be at a pediatric/educational site.

The first off-campus clinical assignment typically occurs during the fourth semester of the graduate program. This assignment is a 2-1/2 day assignment for 12-14 weeks. The second off-campus assignment occurs during the final semester of the graduate program and is a 15-week full-time placement during the spring semester or a 12-week full-time placement during the summer semester.

If the student is taking coursework to complete school licensure, one of the placements must be completed in an educational setting.

Placements will be assigned by the Clinic Director through consideration of the following criteria:

- student’s prior clinical experiences and training
- student’s clinical hour needs
- knowledge and skills relative to the demands of the site
- available supervision
- student’s interest and request for type of site and location

Students who are assigned to off-campus placements usually will have access to descriptive literature of the placement sites, which will be located in the Clinic Director’s office. Orientation to the site will be provided by the off-site supervisor(s).

A partial list of the various off-campus practicum sites located throughout the Greater Northwest Ohio area and beyond includes:

- Allen County Educational Service Center
- Bowling Green City Schools
- Elmwood at the Springs
- Encore Rehab: Heatherdowns Nursing Home
- Findlay City Schools
- Firelands Regional Medical Center
- Fisher Titus Medical Center
- Genesis HealthCare
- Hancock County Educational Services Center
- Heartland Rehabilitation (Perrysburg and Waterville)
- Henry Ford Hospital
- Kingston Care Center (Perrysburg and Sylvania)
- Lima Memorial Hospital
- Lake Erie West Educational Service Center
- Mercy St. Charles Hospital
- Mercy St. Vincent Medical Center
- Perrysburg City Schools
- ProMedica Memorial Hospital (Fremont)
- ProMedica Toledo Hospital
- ProMedica Total Rehab (Bay Park and Perrysburg)
- Regency Hospital
- Rehab Dynamics, Inc.
- Rossford City Schools
- St. Luke’s Hospital
- St. Rita’s Medical Center
- Social Security Administration Bureau of Disability Determination
- The Manor at Perrysburg
- University of Toledo Medical Center
- Wood County Educational Service Center
- Wood County Hospital
- Numerous School Systems in Ohio and Michigan

** All students must provide their own reliable transportation to and from practicum sites. It is the responsibility of the student to get to assigned practicum locations. Students may be placed as far as 60-90 miles from BGSU into a practicum site. Students will also be required to complete a transportation liability release/waiver form each semester prior to the first day of their off-site placement.
SUPERVISION OF PRACTICUM

1. Supervision for each student will be provided by individuals who are certified by the American Speech-Language-Hearing Association (ASHA) and licensed by the State of Ohio or hold another state’s licensure in Speech-Language Pathology or Audiology. Supervision of clinical practicum, according to ASHA standards, must entail the personal and direct involvement of the supervisor in any and all ways that will permit the supervisor to attest to the adequacy of the student’s performance in the clinical training experience. At least 25% of the student’s total contact with any client/patient must be directly supervised, with such supervision being appropriately scheduled throughout the training period. (Direct supervision is defined as on-site observation or closed-circuit TV monitoring of the student clinician.) The amount of direct supervision beyond these minimal amounts should be adjusted upward depending on the student’s level of knowledge, experience and competence. In addition to the required direct supervision, supervisors may use a variety of other ways to obtain knowledge of the student’s clinical work, such as conferences, audio- and DVD recordings, written reports, staffing, and discussions with other persons who have participated in the student’s clinical training.

2. Supervisors will schedule weekly conferences with student clinicians to discuss treatment progress, client needs, clinician’s performance, etc. When appropriate, conference sessions may be held on a small group basis, combining student clinicians to share information.

3. Supervisors will provide written and verbal feedback on therapy and diagnostic sessions, therapy plans, data, and reports submitted by the student clinicians. The supervisor is responsible for conveying clinical requirements to the student and conveying information on the student’s specific areas of strength and weakness in a constructive manner.

4. Supervisors will maintain records on each student clinician including a “Log of Supervision” and copies of all written feedback on sessions observed. At mid-term and at the end of a semester, the supervisor will evaluate the student’s practicum performance using the BGSU Practicum Evaluation Form - Therapy (PEF-TX) (see pages 94-109). A conference will be scheduled with each student to discuss the evaluation. The results of the evaluation will be submitted to the Clinic Director for review of final grade.

5. Students will complete evaluations of their practicum supervisor(s) at the end of their practicum class (see pages 110-111).
EVALUATION OF PRACTICUM

Clinical supervisors shall inform students at the beginning of the semester of the specific learning outcomes that are expected in the student practicum experience. These learning outcomes are consistent with, and follow the numbering of, the new Standards III, IV and V for the Certificate of Clinical Competence in Speech-Language Pathology.

Clinical supervisors assess students’ knowledge and skills based on their clinic experience. Each supervisor completes one ASHA Standards Record Form for each clinical experience each semester, indicating student performance as either “met”, “emerging”, or “remediate”. The records of all students are compiled by a secretary dedicated to this task onto a cumulative form for each student.

The following are the terms utilized in the assessment of knowledge and skills:

Met:

Clinical skills can be considered “met” if they are appropriate for a given student’s clinical experience level.

Emerging:

Student has demonstrated progress towards the objective, but not enough to meet it. Ratings of emerging do not count positively towards the completion of an ASHA standard. A student who received more than one “emerging” in an area or in a semester may be required to complete extra work until that objective has been met.

Remediate:

Student has not demonstrated appropriate progress towards the objective. This rating is similar to “failing”. Any student who receives a “remediate” will receive a Clinical Remediation Plan of Action (POA) and be required to successfully complete the specific criteria identified in the POA. Instructors are encouraged to attempt to remedy any weak areas during the semester to avoid the need for remediation plans.

Knowledge:

The fact of knowing a thing. Knowledge of a person, thing, or perception gained through information or facts about it rather than by direct experience.

Skill:

Practical knowledge in combination with ability. An ability to perform a function, acquired or learned, with practice.

1. Students will be evaluated and graded on their practicum performance through the following methods:

   a. Participation in practicum/clinical assignments.
b. Clinician competency levels will be assigned by the Clinic Director based on the number of treatment and diagnostic hours the student has obtained by the beginning of each semester. This competency level will be utilized for assessment at both mid-term and at the end of the semester. (See Clinicians’ Competency Levels form on pages 95-96)

c. The BGSU Practicum Evaluation Form - Therapy (PEF-TX) is completed by the supervisor during an evaluation conference at midterm and again at the end of the semester. Graduate students are graded on an S/U basis (see pages 94 and 97-101 for grading scale and evaluation forms). If a graduate student receives a grade of “U” from a supervisor, none of the clinical clock hours evaluated as a “U” obtained during that semester can be counted toward the minimum practicum requirements for the Certificate of Clinical Competence established by ASHA.

d. For those students doing on-campus speech-language diagnostic evaluations, the BGSU Practicum Evaluation Form - Diagnostics (PEF-DX) is completed by the supervisor following the completion of each semester’s diagnostic activity (see pages 102-105).

e. For those students doing on-campus Audiology Clinic, the BGSU Practicum Evaluation Form - Audiology (PEF-AUD) is completed by the supervisor during an evaluation conference at midterm and again at the end of the semester (see pages 106-109).

2. Practicum grades are based primarily on the ratings obtained from the PEF-TX. In those cases when the student has more than one supervisor, the Clinic Director will assess all supervisors’ evaluations in an integrative manner. A meeting of all on-campus supervisors will take place quarterly, midterm and at the end of the semester to discuss integration of supervisors’ input. The ultimate decision regarding the final practicum grade is at the discretion of the Clinic Director.

Practicum grades for diagnostic activity will be determined by assessing all supervisors’ evaluations from the PEF-DX in an integrative manner. The ultimate decision regarding the final grade is at the discretion of the Clinic Director.

3. When concern exists about a graduate student’s clinical performance, all parties concerned (e.g. the supervisor(s), the Graduate Coordinator, and the Clinic Director) will meet to discuss and compare all evaluative information. Following the meeting, if the student receives a grade of “U” in CDIS 6970 Practicum, a Clinical Remediation Plan of Action (POA) will be designed and implemented.

Clinical Remediation Plan

Remediation plans are designed to improve a student’s knowledge and skills in a specific area of weakness. Three scenarios can result in the implementation of a remediation plan.

- An individualized clinical Plan of Action (POA) automatically will be implemented whenever a student receives a grade of “U” in a practicum experience. If the student receives a grade of “U” in CDIS 6970 Practicum, none of the clinical clock hours evaluated as “U” during that semester will be counted toward the minimum practicum requirements for the Certificate of Clinical Competence established by ASHA. In addition, the student will be placed on clinical probation and advised so by the Graduate Coordinator.
• A POA may be instituted if a student receives either multiple scores of “emerging” within an individual clinical experience, or multiple scores of ‘emerging” on the same ASHA standard. The decision to implement a remediation plan under these circumstances will be made jointly by the supervisor(s) who gave the “emerging” scores and the Clinic Director.

If a POA is necessary, the following steps will take place:

1. The Graduate Coordinator and the Clinic Director will meet with the student following discussion with the supervisor(s) involved.
2. The POA will be created outlining the activities and/or experiences the student must complete to demonstrate adequate improvement of their knowledge and/or skills. This plan must include measurable goals that can be completed within one semester.
3. The Clinic Director will share this plan with the student.
4. Mid-term initiated POAs will use the currently assigned supervisor as a mentor, end-of-semester initiated POAs will use the following semester’s assigned supervisor as a mentor to assure implementation and successful completion of the plan. Other mentors may be assigned as needed by the Graduate Coordinator and/or Clinic Director.

The student will enroll in the next CDIS 6970 Practicum course in sequence. If a student completes a POA successfully, they will receive an “S” in the Practicum class. The ASHA Standards Assessment Form will also be updated to include a “met” in the appropriate row(s) of a new column entitled “remediation”. If the student fails to improve the practicum grade to an “S” during the following semester, s/he will be eligible for dismissal from the graduate program. Also, any student who receives more than one grade of U in practicum during his/her graduate study will be eligible for dismissal from the program.

4. If a graduate student receives a grade of “U” in CDIS 6890, Internship during his/her last semester of study, s/he will be placed on clinical probation and therefore, will not be eligible for graduation. The student will be required to enroll in the appropriate clinical course the following semester and complete an additional internship in order to demonstrate satisfactory performance. Failure to do so will result in termination from the program.

5. Policy changes may be made throughout the year. Students and faculty/staff will be notified of any changes and their effective dates via a memo from the Clinic Director.
END-OF-TERM PROCEDURES

1. Student clinicians will complete therapy progress summary reports on each client they have been assigned for the semester. Off-campus practicum site supervisors will specify the format used at each facility. For on-campus clients, the Therapy Progress Summary Report form will be used (see pages 76-77). The initial draft will be generated in OnBase and is due on the date specified on the Clinic Calendar provided to each student clinician. Once edits have been completed and approved by the supervisor, electronic signatures are placed on the document. The final version will be submitted to the Clinic Secretary via OnBase for proofing, mailing, and uploading to the client’s electronic record. If copies are to be sent to other agencies, it should be specified at the end of the report, e.g., “copies to ___” and the Clinic Secretary should be notified in writing by the supervisor.

2. Each student enrolled in practicum (CDIS 6970) will be required to go through a Clinic Check-Out procedure with his/her supervisor. Graduate students in off-campus placements will be required to hand deliver the appropriate forms to the clinic office. A memo to all student clinicians from the Clinic Director detailing specific guidelines for clinic check-out will be provided near the end of the semester.

3. Each student enrolled in the full-time clinical internship (CDIS 6890) will be required to go through a Clinic Check-Out procedure with his/her supervisor at the internship facility. In addition, a mandatory check-out meeting will be scheduled on-campus with the Clinic Director to assure that all clinical requirements have been met for graduation and certification eligibility.

NO GRADE WILL BE GIVEN FOR PRACTICUM UNLESS EACH REQUIRED TASK IS COMPLETED.

*** CLINICIANS SHOULD ALWAYS MAINTAIN A PERSONAL COPY OF THEIR COMPLETED CLOCK HOURS ***
STANDARDS OF PROFESSIONALISM

A definition of professional ethics includes many factors, some of which involve beliefs and attitudes that can be judged only on a subjective basis. Whenever students are involved in professional contacts with clients (directly or indirectly), they are expected to exhibit professionalism as demonstrated by being prompt, prepared, appropriately dressed, maintaining confidentiality, and following the policies and procedures set forth in this manual. The ASHA Code of Ethics is available on the ASHA website: [http://www.asha.org/policy/ET2016-00342/](http://www.asha.org/policy/ET2016-00342/) (pdf version: [http://www.asha.org/uploadedFiles/ET2016-00342.pdf](http://www.asha.org/uploadedFiles/ET2016-00342.pdf)). Each graduate student majoring in CDIS is expected to be familiar with, and comply with, the principles inherent in this Code.
CONFIDENTIALITY

1. All information concerning clients is confidential. Instruction in specific guidelines regarding Protected Health Information (PHI) as it relates to HIPAA (Health Insurance Portability and Accountability Act) will occur during orientation. In addition, an on-line training and quiz will be required during graduate orientation week and annually thereafter.

2. Clients may be discussed with supervisors, CDIS faulty members, and CDIS students only when such discussions serve a clinical or educational purpose.

3. Clients are not to be identified or discussed with friends, roommates, or any other person outside of the Clinic.

4. Extreme care should be taken when having conversations in the Clinic facility as clients and families are likely to be within hearing distance. During any conversations, be aware of and follow confidentiality guidelines.

5. Information in the client’s electronic file and/or file jacket may never be taken from the designated/appropriate areas or left unattended.

6. Materials from a client’s electronic file may not be photocopied.

7. Student clinicians are not to exchange information regarding clients with other agencies without permission from the supervisor and a signed release from the client/guardian.

8. At no time should student clinicians be engaging in speech/language-related discussion about and/or regarding clients outside of the Clinic facility. Nor should suggestions/materials be provided to the client or family unless done so under the direction of the supervisor during the time therapy services are being provided at the Clinic.
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
COMPLIANCE TIPS


Abbreviations:

HIPAA Health Insurance Portability and Accountability Act
PHI Protected Health Information
TPO Treatment, Payment, and Operation

- Be certain that the client (or his/her representative) has signed all needed consent forms before using and disclosing PHI.
- Make every attempt to keep oral communication with or about a client private, as circumstances allow (e.g., move to a private room, do not do consultations in the waiting area).
- Do not discuss clients in hallways, elevators, classrooms, or other public spaces.
- Turn computer screens inward or provide protective screens so that passersby can’t read client information.
- Keep paper medical records in locked rooms and/or locked cabinets. Limit access to authorized staff members.
- Be aware of posting client information (e.g., treatment schedules or charts showing results of activities) on walls.
- Dispose of unneeded client information in confidential shredding containers, never place in unsecured waste bins.
- Account for all client lists, reports, therapy plans, and other loose records in conference/staffing rooms, work rooms, etc.
- Account for all recordings of clients (i.e., videotapes and audiotapes). Never leave unattended in an unsecured area.
- Never remove client records from the health care facility.
- Do not leave client records in computer printers.
USE OF CLIENTS ON RESEARCH PROJECTS

BGSU faculty, supervisors, students, and others who wish to use BGSU Speech and Hearing Clinic clients in research projects should, prior to initiating such research:

1. Secure the authorization approval from BGSU Human Subjects Review Board (HSRB) for the research project.

2. Secure the permission of the Clinic Director and the clinical supervisor to access client information.

3. Secure the informed consent of any individuals who may be involved in the research project.
INFECTION CONTROL PROCEDURES

Basic Principles

The purpose of infection control procedures is to prevent the spread of infectious diseases by clients and Clinic personnel as the result of direct contact with blood or other body fluids and/or articles contaminated by these materials.

All students must comply with the ASHA Code of Ethics regarding confidentiality of clients’ medical diagnoses and refusal to treat.

ASHA Legislative Council action provides the following additional guidelines:

“RESOLVED, That it is the position of the American-Speech-Language-Hearing Association that persons with HIV disease (including individuals with AIDS/ARC and individuals who are seropositive) and those who are regarded by others as having the disease should be entitled to civil rights protection under Section 504 of the Rehabilitation Act of 1973, as amended.” (LC 29-88)

The following infection control procedures are organized by two sources of contamination: Environmental and Human.

Environmental Infection Control & Basic Housekeeping Practices

Surface Disinfection

Surface disinfection is a two-step process. The general policy is first to clean to remove gross contamination, then disinfect to kill the germs. A bleach-water mixture (3 parts water: 1 part bleach) may be used for both cleaning and disinfecting. This protocol will be used on:

a. Table tops and chairs in therapy and evaluation rooms by the clinician after each session.

b. The reception counter in the morning, at noon, and after closing.

c. Headphones used with tape recorders, delayed auditory feedback machines, and portable audiometers will be disinfected between clients using a disinfectant towelette.

d. Any equipment routinely handled or manipulated by clients will be disinfected after each client.

e. Therapy materials (i.e., score sheets and picture cards) will be laminated or sealed and disinfected after each client.

f. Objects used by clients (game pieces, toys, computer keyboards, pens, pencils, or microphones) will be disinfected after each client.

g. Toys or objects used by clients in the waiting room will be disinfected after each client. All waiting room toys will be disinfected each week on Friday before closing.

h. Waiting room tables, chairs, and doorknobs will be disinfected in the morning, at noon, and after closing.
i. Earmolds, specula, and ITE/CIC instruments that do not contact blood will be disinfected after each client.

Surface disinfection will incorporate the following steps:

1. Always wear gloves while handling or disinfecting contaminated objects or surfaces.
2. Wipe away all gross contamination using a paper towel, or coarse brush if necessary.
3. Spray surface with bleach-water or wipe with disinfectant towelette.
4. Spray or wipe surface again, leaving it wet for 1 minute, then wipe dry.

Handling ITE/CIC Instruments and Earmolds

ITE and CIC instruments and earmolds are assumed to be contaminated and therefore should always be handled with gloved hands or with a disinfectant wipe prior to disinfection. The following steps will be taken when handling these items:

1. Receive the hearing instrument or earmold in a disinfectant towelette or gloved hand. Using a disinfectant towelette, wipe the towelette over all surfaces, disinfecting the item(s).
2. A hearing instrument stethoscope may only be used on an instrument that has been disinfected properly. Disinfect the stethoscope using a disinfectant towelette prior to attaching it to another instrument.

Waiting Room or Motivational Toys

It is assumed that toys will be mouthed by children, potentially becoming infectious. The following steps will be taken to address this issue:

1. Nonporous, easily cleaned toys will be provided. This will allow the use of a spray disinfectant, disinfectant towelette, or placement in a dishwasher with a hot cycle of 155 degrees.
2. These toys will be disinfected after a child plays with them.
3. Latex exam gloves or household gloves will be worn when routinely cleaning toys. Gloves will be worn when handling toys known to have been exposed to bodily substances. Hand washing, using a liquid medical grade antibacterial soap, will be completed after cleaning and disinfecting toys.

Sterilization

Non-disposable instruments that contact mucus and/or saliva are critical instruments and must be sterilized prior to reuse or storage. The procedures in speech-language pathology that require sterilization of instruments are limited to the invasive procedures that require laryngeal mirrors, videostroboscopy, etc. Instruments that contact blood, ear drainage, or cerumen containing items are also critical instruments. This includes probe tips, specula, curettes, etc. Due to the nature of the items to be sterilized, cold sterilization with 2% glutaraldehyde (Procide, Wavicide, Cidex, Aurasept, Metricide) will be practiced. The following steps will be completed:
1. The solution will be used in a covered, plastic tray that is approved for use with glutaraldehyde. Gloves will be worn when handling the solution. This material will not be used in an ultrasonic cleaner unless the instruments have been cleaned first, because glutaraldehyde will not clean. Also it will only be used in an ultrasonic cleaner with a lid in order to contain potentially irritating fumes.

2. Instruments will be cleaned whether in the ultrasonic machine or with a disinfectant towelette, followed by overnight submersion in glutaraldehyde.

3. Instruments will be removed and wiped with a disinfectant wipe the following morning.

4. The solution will be changed every 28 days as instructed on the label, or sooner if the solution becomes visibly soiled or viscous.

5. A dated label will be attached to the plastic tray with the date the solution was prepared and the 28 day expiration date.

6. The solution will be properly disposed of as directed on the label.

**Controlling the Human Source of Infection**

**Hand Washing**

1. Hands will be thoroughly cleaned before and after each client. When water is not available, a no-rinse antibacterial hand disinfectant will be used. When water is available, a hospital grade medicated soap, containing emollients, will be used.

2. The hand washing procedure to be followed is: remove rings, start the water, and lather the soap, scrubbing palms, the backs of hands, between fingers, under fingernails, over the wrists, and onto the forearms. Rinse the soap off with running water, dry the hands using a paper towel, then turn off the water using the damp towel, not clean hands.

3. Hands will be washed after removing gloves, applying cosmetics or lip balm, smoking, using the toilet, and routine cleaning.

4. Hands will be washed before and after providing services to each client, eating, adjusting contact lenses, handling waiting room toys, undisinfected hearing aid molds, or ITEs and CICs.

**Gloves**

Gloves will be worn when any therapy or evaluation procedure may create exposure to bodily substances. Hearing screenings and immittance screenings will begin with a thorough inspection of the ear and surrounding scalp and face. A determination of the need for gloves will be made. If the client has visible ear drainage, sores, or lesions, gloves will be worn before performing the screening. In addition, gloves will be worn during cerumen removal and while working on hearing aids on the repair bench. Gloves will also be worn when handling glutaraldehyde, and when cleaning up spills of infectious material (e.g., blood, vomit, urine). Two pairs of gloves will be worn when treating clients known to be infected with HIV or hepatitis B. Gloves will be available in the sizes appropriate for each employee who requires them. Housekeeping will be called immediately to clean up bodily fluid spilled on floors. The clinician
and client will evacuate the contaminated room and complete the therapy session or evaluation in another area.

Use the following procedure to safely remove gloves, making sure that the hands do not make contact with potentially infectious material on the surface of the glove. First, peel off one glove from wrist to fingertip and then grasp it in the gloved hand. Next, using the bared hand, peel off the second glove from the inside, tucking the first glove inside the second glove as it is removed. Wash hands thoroughly when completed.
CLIENT ACCIDENT/ILLNESS RESPONSE PROCEDURE

If a client becomes ill or has an accident while in the BGSU Clinic, respond as follows:

1. Assess the seriousness of the illness or injury to determine the need for first aid or the need for instituting an emergency response (9-1-1).

2. If first aid can be offered, proceed as appropriate.

1. If an emergency response is required (i.e. 9-1-1):
   
a. **DO NOT** leave the client; instead, open the door and shout, “Help needed in room ____.” Repeat the call until you get a confirmation from another student/clinician, faculty or staff person that help is on the way.

b. Stay with the client until emergency help arrives.

c. Report the incident to the Supervisor/Clinical Instructor and to the Clinic Director.

d. Complete the appropriate paperwork describing the incident. (See Injury and Illness Incident Report, page 53)
INJURY AND ILLNESS INCIDENT REPORTING

Occasionally a client or student clinician may suffer an injury (abrasion, cut, bite, etc.) or illness during or following a therapy session.

When this occurs, the Student Clinician and Clinical Supervisor will go to the BGSU Risk Management website: http://www.bgsu.edu/content/dam/BGSU/envhs/documents/Injury-and-illness-report-form.pdf to complete the on-line Injury and Illness Reporting Form. Print and sign the form. This report should be completed within 24 hours of the incident and given to the Department Secretary for further reporting to Environmental Health and Safety. A copy will be made and remain on file with the Clinic Director.

If the injury/illness involves a BGSU employee or graduate student, an Injury and Illness Follow-Up Report must be submitted within 5 calendar days of the date of the injury or illness.
BGSU EMERGENCY RESPONSE PROCEDURES

Police/Fire/Medical Emergency: 9-1-1
BGSU Department of Public Safety: 419-372-2346

FIRE

- Activate the nearest fire alarm pull station, leave the building and call 9-1-1 from a safe location to report the location and cause of the fire, if you know what it is.
- EVERYONE MUST LEAVE IMMEDIATELY! Close doors behind you when a fire alarm is activated, even if there are no obvious signs of an emergency.
- If there is a fire, confine it by closing all doors and windows if possible.
- Use the stairs. DO NOT use the elevator!
- Remain calm.
- Follow directions given by emergency personnel.
- Do not re-enter the area until authorized to do so by public safety officials.
- Note: Use portable fire extinguishers only if you have been trained and it is safe to do so. Use on very small fires only. Safe evacuation is your main priority.

TORNADO/SEVERE WEATHER

- Familiarize yourself in advance with your building's designated shelter area.
- Follow all warnings and procedures as indicated by local law enforcement and the National Weather Service.
- If you hear a tornado-warning siren, seek shelter in the nearest building until notified that it is safe to leave.
- If flooding occurs, seek higher ground and avoid walking through standing or moving water.
- Stay away from downed electrical lines and electrical appliances (e.g. land-line telephones and TVs).
- Stay tuned to local radio and TV stations for up-to-date forecasts, road conditions and closures.

OFFICIAL BGSU COMMUNICATIONS

During a campus emergency, BGSU will distribute information to the campus community utilizing the following:

- The AlertBG text-messaging system
- BGSU radio WBGU-FM 88.1 or WFAL-AM 1610
- BGSU Web site at www.bgsu.edu
- Residence Hall Directors and Resident Advisors
- BGSU Police Officers
- Local TV broadcasts
- 419-372-SNOW (7669)
- 419-37ALERT (372-5378) (off campus)
- ALERT (2-5378) (on campus)

SEVERE ILLNESS OR INJURY

- Check the scene. Do not place yourself in a life-threatening situation.
- CALL 911 - Give location and description of incident.
If you are trained in CPR and/or first aid, assess the need for support.

CRIMES IN PROGRESS OR SUSPICIOUS PERSONS

- CALL 911 and give information on the person and situation.

SUSPICIOUS OBJECT OR PACKAGE

- Do not continue to touch or disturb the object or package.
- Leave the object and vacate the room. If others are in the affected room or area, inform them of the situation and ask them to vacate as well.
- Call 911 and describe the package in detail.
- Follow Dispatcher's instructions. Wait for emergency officials.
- Wash hands if you have handled the object or package.

HOSTILE INTRUDER

- Occupants should escape the building or area immediately through exits or windows if it is safe to do so upon learning a hostile situation is occurring in the building.
- When exiting the building, keep your hands up with open palms so responding officers can see that you do not have a weapon.
- Call 911 when you reach a safe location and describe what you saw or heard in detail.
- If it is not safe to escape, secure yourself in a room and do your best to lock or barricade entry ways – call 911 to report what you know about the situation if possible, and prepare yourself and others in the room to confront the intruder if they enter your room.
- Wait for further instructions from emergency responders.
- Do not try to overtake the shooter or hostile person unless they have entered your safe area.
- If the suspect enters your safe area, attempt to do the following:
  - Scream and throw objects at the suspect.
  - Flee the area and run far away from the danger.
  - Do not make yourself an easy target – avoid sitting still or ducking behind something that will not conceal you or protect you from attack.
  - If you feel subduing the intruder is your best option, swarm the person using your body weight to take them to the ground and control them until police arrive.
  - Do not handle the suspect’s weapon – keep it away from the suspect and secure it under something in the room like a trash can or box.
  - Call 911 and notify the police.

BGSU CLINIC APPENDICES

for

SPEECH-LANGUAGE PATHOLOGY PRACTICUM

at the

BOWLING GREEN STATE UNIVERSITY

DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS and

SPEECH AND HEARING CLINIC
# CLIENT CONTACT SHEET

<table>
<thead>
<tr>
<th>CLIENT NAME:</th>
<th>FILE NO.: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.D.</td>
<td>HIPAA INFO DIST: ____________________</td>
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<tr>
<td>SP/L</td>
<td>FORMS SENT: __________________________</td>
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<th>PGH</th>
<th>STDT</th>
<th>OTHER</th>
<th>AUD</th>
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<th>SEX: _______</th>
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<td>ADDRESS:</td>
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<td></td>
<td>Adult / Child</td>
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<td>ZIP: _______</td>
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<td>DAYTIME PHONE:</td>
<td>EVE: _______</td>
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<td>RELATION:</td>
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<tr>
<td>EMAIL CONTACT:</td>
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<td></td>
<td>FIRST NAME:</td>
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<td>BILLING/WINTER ADDRESS:</td>
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<tr>
<td>CITY:</td>
<td>STATE: _____</td>
<td>ZIP: _______</td>
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</table>

REFERRED BY: ____________________________
(Name) (Professional Position) (Employer)

REASON FOR REFERRAL: __________________________
DX SUPERVISOR: __________________________
APPOINTMENT DATE: __________________________
DX TEAM: __________________________

FORMAT FOR CHART NOTES BELOW; REMEMBER TO PUT MOST RECENT NOTE AT TOP:
Date - First Initial, Last Name
Diagnosis/Recommendations/Comments; HIPAA-Recipient/Info Disclosed/Purpose

_______________________________________________________________________
BGSU Speech and Hearing Clinic Privacy Policy
200 Health and Human Services Building
Bowling Green, OH 43403-0149
Telephone: 419.372.2515

This notice describes how medical information about our patients/clients may be used and disclosed and how they can obtain access to this information. Please review it carefully.

Clients who have questions or require additional information should ask the reception desk secretary. Clients who have complaints can submit them on the forms available at the reception desk. The Clinic Director will review the complaint. Clients who have complaints that require immediate attention should ask for the Clinic Director or the Department Chair. Clients whose complaints have not been resolved to their satisfaction can address complaints to the Secretary of the United States Department of Health and Human Services. The Speech and Hearing Clinic will not retaliate against any individual for filing a complaint.

Terms:

Any medical information, which could in any way identify an individual client, is considered Protected Health Information (PHI). PHI will be used and disclosed only as needed for the Speech and Hearing Clinic to perform continuity of care regarding Treatment, Payment and Health Care Operations (TPO). Any other disclosure will require the written authorization of the client. In general, use or disclosure of PHI for purposes other than treatment, or a disclosure requested by the client, is limited to the Minimum Necessary to accomplish the intended purpose.

Access:

The following people will have access to PHI:

- The client.
- Any person to whom the client has authorized in writing the release of information.
- Speech and Hearing Clinic staff who are involved in providing care to the client will have access as indicated below:
  - Audiologists, speech/language pathologists, speech/language supervisors, faculty and student clinicians (graduate and undergraduate).
  - Secretarial staff needs access to the entire medical record in order to file all components of the chart.
  - Secretaries who assist clients with insurance problems may need access to the entire record in order to determine dates of service, etc.
  - Custodial staff do not have access to PHI
- The client’s health insurance company, for payment purposes.
- Public Health Services and regulatory officials, when required by law.
- Research that contributes to the public good; with individual authorization, or without individual authorization under limited circumstances set forth in the Privacy Rule 45 CFR 164.501, 164.508, 164.512(i).
- Courts, when the request is accompanied by a duly executed subpoena and reviewed by BGSU legal counsel.
- Parents or legal guardians of a minor.
- Referring physicians and/or therapists, and physicians and/or therapists involved in continuity of care.
Minimum Necessary:

Requests for disclosure of PHI for all purposes will be reviewed by the Privacy Contact (Speech and Hearing Clinic secretaries) to assure that they meet the minimum necessary requirement. The Privacy Contact may consult the Privacy Officer (Clinic Director) for assistance in making this determination.

Patient/Client Rights:

- Clients have a right to see and obtain a copy of their PHI.
- Clients have a right to request limitations to the routine use of PHI for TPO.
- Clients have a right to request changes in their PHI.
- Clients have a right to choose someone to act for them (Medical POA or Legal Guardian).
- Clients have a right to request confidential communications about their PHI.
- Clients have a right to choose to participate in Clinic marketing/media.
- Clients have the right to see a list of all people to whom PHI has been disclosed. In order to meet this requirement, the Speech and Hearing Clinic must keep a disclosure log. The log must record all disclosures, both written and verbal.
- Clients have a right to file a complaint if they feel their rights have been violated.

Privacy and Security:

- The BGSU Speech and Hearing Clinic is required by law to maintain the privacy and security of your PHI.
- Faculty, staff and student clinicians will not use or share your information other than as described here unless authorized in writing. Changes/revisions may be made at any time by written request.
- All faculty, staff, and student clinicians will receive instruction about and be familiar with the Speech and Hearing Clinic Privacy Policy.
- Faculty, staff and student clinicians will exert due diligence to avoid being overheard when discussing PHI.
- All records will be kept secured. When the Speech and Hearing Clinic is open, exposed patient records are not left unattended in unlocked offices. When the Speech and Hearing Clinic is closed, all files are placed in cabinets inside a locked room.
- The BGSU Speech and Hearing Clinic will provide prompt notification if a breach occurs that may have compromised the privacy or security of a client’s PHI.
- Faculty, staff and student clinicians must follow the duties and privacy practices described in this notice and give you a copy of it.

Administration:

The Speech and Hearing Clinic secretaries serve as the Privacy Contact. The Clinic Director serves as the Privacy Officer. A designee of the University Information Technology Services (ITS) department serves as the Security Officer.
PRIVACY POLICY
ACKNOWLEDGMENT FORM

BGSU Speech and Hearing Clinic
200 Health Center Building
Bowling Green, OH  43403-0149
Telephone:  419.372.2515

Under the Federal Health Insurance Portability and Accountability Act (HIPAA), health care providers may use and share Protected Health Information for the purposes of Treatment, Payment, and Health Care Operations, without written consent from the client. Almost all other use or disclosure requires signed authorization by the client. Also, the provider is required to provide the client with a copy of the policies it follows to protect patient/client privacy. You may review this and/or ask questions. You may request special restrictions to the use and disclosure of your Personal Health Information.

I, _________________________________, acknowledge receipt of a copy of the BGSU Speech and Hearing Clinic Privacy Policy.

Client’s Name (please print): _________________________________

Signature: ___________________  Relationship to Client: ________________

Date: ________________________

rev 10/2013
I hereby give permission for the Bowling Green State University Speech and Hearing Clinic to both release to and obtain from the following persons or agencies Protected Health Information not limited to but may include prior test results, treatment notes, Individualized Education Plans (IEP) and/or Multifactored Evaluations (MFE).

(Client name; please print)

(Signature of person granting permission)  (Relationship to client)

On the lines below, please indicate to/from whom information and/or reports should be requested/sent to by listing the COMPLETE name and address (please know if complete name and/or address are NOT provided, the Clinic will mail you a copy of the report and it will be your responsibility to forward/provide a copy of the report to any doctors, etc.):

1. .......................................................... 2. ..........................................................

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[ ] SEND TO  [ ] RECEIVE FROM  [ ] SEND TO  [ ] RECEIVE FROM

3. .......................................................... 4. ..........................................................

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[ ] SEND TO  [ ] RECEIVE FROM  [ ] SEND TO  [ ] RECEIVE FROM

I expressly understand and agree that no liability of any nature shall attach to either the above designated organization or employees of said facility in acting upon this request.

Initials  Date  Initials  Date  Initials  Date  Initials  Date

______  ________  ________  ________  ________  ________  ________  ________

______  ________  ________  ________  ________  ________  ________  ________

______  ________  ________  ________  ________  ________  ________  ________

** OVER PLEASE **

rev 10/2012
EVALUATION/CONSULTATION/TREATMENT CONSENT

I hereby consent and agree to permit the Bowling Green State University Speech and Hearing Clinic to conduct assessments for the purpose of consultation and/or evaluation, and development and/or implementation of a treatment plan for:

______________________________
(Client name; please print)

______________________________  ______________________________
(Signature of person granting permission)  (Relationship to client)

MESSAGES CAN BE LEFT WITH:

[ ] Call back information only or

[ ] Detailed message okay

PERMISSION TO CONTACT CLIENT VIA:

[ ] cell phone: ____________________________  [ ] text message
[ ] home phone: ____________________________  [ ] email: ____________________________
[ ] all of these methods

PERMISSION TO CONTACT PARENT VIA:

[ ] cell phone: ____________________________  [ ] text message
[ ] home phone: ____________________________  [ ] email: ____________________________
[ ] all of these methods

PERMISSION TO CONTACT GUARDIAN VIA:

[ ] cell phone: ____________________________  [ ] text message
[ ] home phone: ____________________________  [ ] email: ____________________________
[ ] all of these methods

** OVER PLEASE **

rev 10/2012
VIDEO RELEASE

The Bowling Green State University Speech and Hearing Clinic is a training clinic for students in Communication Sciences and Disorders under the close supervision of qualified faculty/staff members. To provide the best educational experience in such a program, it is often necessary that audio- and/or digital video recordings of diagnostic and therapy sessions be made and studied. These recordings and other clinical information in my file will be considered confidential and they will not be used for anything other than educational and/or research purposes.

Please check one:

[ ] I am willing to cooperate in this program and give my consent for audio- and/or digital video recording as deemed necessary by the student clinician or faculty/staff supervisor and may be used for educational and/or research purposes.

[ ] I am willing to cooperate in this program and give my consent for audio- and/or digital video recording as deemed necessary by the student clinician or faculty/staff supervisor to be used for diagnostic purposes only. The tape(s) will be erased after two weeks.

[ ] I do not authorize audio- and/or digital video recording for any purpose.

______________________________  ____________________
Client’s Name (printed)              Relationship to Client

______________________________  ____________________
Signature                          Date

++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++

I expressly understand and agree that no liability of any nature shall attach to either the above designated organization or employees of said facility in acting upon this request.

Initial/date(s) continued authorization granted:

<table>
<thead>
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<th>Initials</th>
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rev 08/2016
Audiological Assessment Procedures

- 92551 Screening test, pure tone, air only
- 92552 Pure tone audiometry (threshold); air only
- 92553 Pure tone audiometry; air and bone
- 92555 Speech audiometry; threshold
- 92556 Speech audiometry w/speech recognition
- 92557 Comprehensive audiometry threshold evaluation and speech recognition
- 92567 Tympanometry
- 92568 Acoustic reflex testing
- 92569 Acoustic reflex decay test
- 92579 Visual reinforcement audiometry (VRA)
- 92582 Conditioning play audiometry
- 92583 Select picture audiometry
- 92587 Evoked otoacoustic emissions, limited
- 92588 Evoked otoacoustic emissions, comprehensive
- 92625 Assessment of tinnitus (includes pitch, loudness matching, and masking)

Hearing Aid Assessment and Fitting Procedures

- 92590 Hearing aid exam and selection; monaural
- 92591 Hearing aid exam and selection; binaural
- 92592 Hearing aid check; monaural
- 92593 Hearing aid check; binaural
- 92594 Electroacoustic evaluation for hearing aid; monoaural
- 92595 Electroacoustic evaluation for hearing aid; binaural
- V5010 Assessment for Hearing Aid

Cerumen Management Services

- 69210 Removal of impacted cerumen, one or both ears

With my signature below, I hereby authorize BGSU Speech and Hearing Clinic to release any information acquired in the course of treatment.

Signature: ____________________________
Date: ____________________________

Other Procedures

- 92700 Otorhinolaryngological service or procedure
  Explain: ____________________________
- 92700 Hearing Aid Consultation/2nd Opinion (charge subtracted from cost of HA purchased from this facility within 3 months)
- 92700 HA service; site visit ($60)
- 92700 HA Program/Re-program HA not sold by BGSU ($50 per 1/2hr or $250/year)

Accessories (V5267; specify #; MCd PA req)

- $8.00 Battery Tester
- $15.00 Dry-Aid Kit
- $160.00 Original Dry & Store
- $110.00 Global Drying Unit
- $4.00 Replacement Brick
- $12.00 Replacement Brick/Tri-pack
- $10.00 Sanitizer
- $8.00 Tube Blower
- $15.00 Wax Guard-6pk
- Other: ____________________________

Repairs (V5014; specify #; MCd PA req)

- $150.00 1yr Extended Warranty
- $230.00 DigiProg Hearing Aid Repair
- $130.00 Analog Hearing Aid Repair
- $10.00 Door Replace
- $10.00 Tube Change
- $5.00 Mic Screen
- $5.00 Tone Control Door
- $5.00 Tone Hook
- $5.00 Volume Control
- Other: ____________________________

TOTAL DUE: ____________________________

PAID BY: [ ] CASH [ ] CHECK # ____________
[ ] CREDIT/DEBIT: AmEx / Discover / MC / Visa
Hearing Aids (HCPCS Level II Codes)

- V5011 Fitting/Orientation/Checking of Hearing Aid
- V5050 Hearing Aid, Monaural, in the ear (ITE)
- V5060 Hearing Aid, Monaural, behind the ear (BTE)
- V5090 Dispensing fee, Unspecified Hearing Aid
- V5110 Dispensing fee, bilateral
- V5130 Binaural, ITE
- V5140 Binaural, BTE
- V5160 Dispensing fee, binaural
- V5170 Hearing Aid, CROS, ITE
- V5180 Hearing Aid, CROS, BTE
- V5200 Dispensing fee, CROS
- V5210 Hearing Aid, BICROS, ITE
- V5220 Hearing Aid, BICROS, BTE
- V5240 Dispensing Fee, BICROS
- V5241 Dispensing Fee, Monaural Hearing Aid
- V5242 Hearing Aid, Analog, monaural, completely in the ear canal (CIC)
- V5243 Hearing aid, analog, monaural, in the canal (ITC)
- V5244 Hearing aid, digitally programmable analog, monaural, CIC
- V5245 Hearing aid, digitally programmable analog, monaural, ITC
- V5246 Hearing aid, digitally programmable analog, monaural, ITE
- V5247 Hearing aid, digitally programmable analog, monaural, BTE
- V5248 Hearing aid, analog, binaural, CIC
- V5249 Hearing aid, analog, binaural, ITC
- V5254 Hearing aid, digital, monaural, CIC
- V5255 Hearing aid, digital, monaural, ITC
- V5256 Hearing aid, digital, monaural, ITE
- V5257 Hearing aid, digital, monaural, BTE
- V5258 Hearing aid, digital, binaural, CIC
- V5259 Hearing aid, digital, binaural, ITC
- V5260 Hearing aid, digital, binaural, ITE
- V5261 Hearing aid, digital, binaural, BTE
- V5264 Earmold/insert, not disposable, any type ($65/ea; $80/pr Swim; $150/pr Filtered, Musician Plugs)
- V5265 Earmold/insert, disposable, any type
- V5266 Battery for use in hearing device (6pk)
  - V52661 Size 10
  - V52662 Size 13
  - V52663 Size 312
  - V52664 Size 675
- V5268 Assistive listening device, telephone amplifier, any type
- V5269 Assistive listening device, alerting, any type
- V5270 Assistive listening device, television amplifier, any type
- V5271 Assistive listening device, television caption decoder
- V5272 Assistive listening device, TDD
- V5273 Assistive listening device, for use with cochlear implant
- V5274 Assistive learning device not otherwise specified
- V5275 Ear impression, each
- V5299 Hearing Service, Miscellaneous
SPEECH-LANGUAGE PATHOLOGY SERVICES SUPERBILL
BGSU SPEECH & HEARING CLINIC
200 Health and Human Services
Bowling Green, OH 43403-0149
PH: 419.372.2515 / Fax: 419.372.8089
Tax I.D. #34-6402018

CLIENT NAME: ________________________  FILE#: ________________

DATE OF SERVICE: ____________________  PROVIDER SIGNATURE: ______________________

DIAGNOSIS:
PRIMARY (Speech-Language Pathology/Audiology): ________________________________  ICD-10 CODE: ________________
SECONDARY (Medical): ____________________________________________________________  ICD-10 CODE: ________________

Speech and Language - Dx
____ 92511 Nasopharyngoscopy w/ endoscope
____ 92520 Laryngeal function studies
____ 92521 Evaluation of speech fluency (eg, stuttering, cluttering)
____ 92522 Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);
____ 92523 Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (eg, receptive and expressive language)
____ 92524 Behavioral and qualitative analysis of voice and resonance
____ 92626 Evaluation of auditory rehabilitation status, 1st hour
____ 92627 each additional 15 minutes
____ 96105 Assessment of aphasia with interpretation and report, per hour
____ 96110 Developmental testing; limited, w/ interpretation and report
____ 96111 Extended, with interpretation and report
____ 96125 Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional’s time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
____ 31575 Laryngoscopy; flexible fiberoptic; diagnostic
____ 31579 Laryngoscopy; flexible or rigid fiberoptic, with stroboscopy

Swallowing Function - Dx
____ 92610 Evaluation of oral & pharyngeal swallowing function

Swallowing Function - Tx
____ 92526 Treatment of swallowing dysfunction and/or oral function for feeding

With my signature below, I hereby authorize BGSU Speech and Hearing Clinic to release any information acquired in the course of treatment.

Signature: ________________________________  Date: ________________

Speech and Language – Tx
____ 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder, individual
____ 92508 Group, two or more individuals
____ 92633 Auditory rehab; post-lingual hearing loss
____ 97532 Development of cognitive skills to improve attention, memory, problem solving, direct one-on-one patient contact by the provider; each 15 minutes
____ 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands; each 15 minutes

Augmentative and Alternative Communication (AAC) - Dx
____ 92605 Evaluation for prescription of non-speech generating augmentative and alternative communication device
____ 92618 each additional 30 minutes
____ 92607 Evaluation for prescription for speech-generating augmentative and alternative communication device; face-to-face with the patient; first hour
____ 92608 each additional 30 minutes

Augmentative and Alternative Communication (AAC) - Tx
____ 92606 Therapeutic service(s) for the use of non-speech generating augmentative and alternative communication device, including programming and modification
____ 92609 Therapeutic services for the use of speech-generating device, including programming and modification
____ V5336 Repair/Modification of AAC device (excluding adaptive hearing aid)

Other Procedures
____ 92700 Otorhinolaryngological service or procedure

TOTAL DUE: $ ________________

PAID BY:  [ ] CASH  [ ] CHECK # ________________
[ ] CREDIT/DEBIT: AmEx / Discover / MC / Visa
# CLIENT DISPOSITION FORM

**DATE:** ________________________________

**CLIENT’S NAME:** ___________________________  **CLIENT’S DOB:** ___________________________

**PARENT/GUARDIAN’S NAME:** ___________________________

**DAYTIME PHONE:** ___________________________  **CELL PHONE:** ___________________________

**EMAIL:** ___________________________

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<tr>
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<th>Presenting Problem:</th>
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<td>_____ Sessions per week</td>
<td>_____ New</td>
<td>_____ Preschool</td>
<td>_____ Articulation</td>
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<tr>
<td>_____ Minutes</td>
<td>_____ Continuing</td>
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<td>_____ Dysphagia</td>
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<td>_____ Sessions per week</td>
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<td>_____ Minutes</td>
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</table>

For **Fall / Spring / Summer** Semester, 20 ______

Please circle below any **PREFERRED** times that you may have. We will do our best to honor these times as long as scheduling permits:

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] 1st preference</td>
<td>M T W R F</td>
</tr>
<tr>
<td>[ ] 2nd preference</td>
<td>M T W R F</td>
</tr>
<tr>
<td>[ ] 3rd preference</td>
<td>M T W R F</td>
</tr>
</tbody>
</table>

Unsure of your preference? … please have secretary call: daytime phone # (______________)

---

**Office Use Only**

Previous schedule: ____________________________________________

Previous clinician/supervisor: ________________________________ / ______________________

<table>
<thead>
<tr>
<th>Clinician</th>
<th>Supervisor</th>
<th>Confirmed:</th>
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<tbody>
<tr>
<td>Schedule</td>
<td>Starting Date</td>
<td>Assigned:</td>
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<tr>
<td>M T W R F</td>
<td>M T W R F</td>
<td>Room:</td>
</tr>
</tbody>
</table>
Clinical Services Agreement

[ ] Spring  [ ] Summer  [ ] Fall  Semester, ______

(Client's Name)  (Address)

will be seen for evaluation and/or treatment at the Bowling Green State University Speech and Hearing Clinic on the following schedule:

Day(s):  [ ] Mon  [ ] Tue  [ ] Wed  [ ] Thur  [ ] Fri

Times: ____________________________

Fees for these services will be:

$ ____________ per 0-15 minute session,
$ ____________ per 16-30 minute session,
$ ____________ per 31-45 minute session,
$ ____________ per 46-60 minute session,

payable by the client at the time services are provided. Any adjustment to this fee must be requested PRIOR to receiving services.

A sliding fee scale is available with eligibility based on family size and income. A copy of the previous year's submitted 1040 Individual Tax Statement is required as proof of income. If a 1040 Individual Tax Statement was not submitted, then other means of documenting total family income are required.

The Clinic is not a provider for any of the insurance carriers and will no longer submit claims directly to insurance companies. Since coverage and/or payment of services by insurance providers cannot be guaranteed to the Clinic, it is the policy of the Clinic to collect fees for service on the date of service rather than attempt to collect payment from insurance companies. Clients will be provided with a summary of dates of service for a semester at the end of each semester. The individual may then seek reimbursement directly from their insurance company by submitting the summary of dates of service and a copy of the semester’s therapy progress report. Note: Providing this summary and report is not a guarantee that an insurance carrier will pay/reimburse a client for payment of services. The Clinic will not be responsible if your claim is denied or rejected for any reason by your insurance company.

Claims submission will remain as usual for clients covered under the regular Ohio Medicaid and BCMH programs.

If for some reason a client cannot attend a scheduled session, the Clinic should be notified by phone as soon as possible (419.372.2515). The Clinic will notify clients if it becomes necessary to cancel therapy due to clinician illness or other legitimate reason.

Treatment may be terminated if a client has three consecutive unexcused absences or four absences within any three-week period.

The undersigned agrees to follow the above Clinic policies:

________________________________________  ____________________________
Clinic Representative  Parent/Caretaker/Client
Speech and Hearing Clinic

________________________________________  ____________________________
Date  Date

Additional Information: ____________________________

(Rev. 08/2012)
# Client Payment Grid

Client: 

Clinician: 

Session Day/Time: 

Cost per Session: 

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<th>Date</th>
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**GUIDELINES FOR WRITING THE SPEECH AND LANGUAGE EVALUATION REPORT**

BOWLING GREEN STATE UNIVERSITY
Speech and Hearing Clinic
200 Health and Human Services
Bowling Green, Ohio 43403-0149

SPEECH AND LANGUAGE EVALUATION

CLIENT: (full name)  DATE OF BIRTH: (Use slashes, //)

ADDRESS:  DATE(S) OF EVALUATION: (Use slashes, //)

PARENT(S)  (or guardian, if a minor)

TELEPHONE:  (include area code)  INFORMANT(S):  (full names)
(Note: refers to informant(s) interviewed at evaluation)

I. STATEMENT OF THE PROBLEM  (major headings are CAPITALIZED and underlined.)

The purpose of this section is to “set the stage” for the rest of the report.

(Double space between all paragraphs; text is single-spaced)

In the first sentence, state the client’s name and age (in years and months, as of the date of the evaluation).

Other information typically in this section includes the following:

A. Who brought the client to the evaluation.

B. Who referred the client to the clinic.
   1. Report the person’s full name and where applicable, his/her professional degree.
      (e.g., Dr. Peter M. Brown, or Peter M. Brown, M.D., or Peter M. Brown, Ph.D.)
   2. Where applicable, include the name and address of the agency the person represents; (e.g., Jones Elementary School, Anytown, Ohio; Anytown General Hospital, Anytown, Ohio; Bureau of Services for Crippled Children, Anycity, Michigan).
   3. Where applicable, state the relationship of the person to the client (e.g. client’s teacher, client’s pediatrician, family social worker).

C. The reason(s) that the evaluation was requested by the professional making the referral.

D. A brief statement about the nature of the client’s problem(s), as reported by informant(s) noted above in the identifying data (i.e., the informant(s) whom you interview on the day of the evaluation).

II. PERTINENT HISTORY AND BACKGROUND  (double space)

Information of diagnostic and therapeutic significance is presented in this section. Therefore, you need to carefully select information about the client’s personal development and background that will contribute to the reader’s understanding of the client’s speech and/or language problem (if one exists).
This section does not include the results of any tests that you administer to the client. It should only include information that has been reported to you verbally and/or by written correspondence.

Typically, such information will be obtained from the informant(s) noted above in the identifying data. However, additional information may also be provided by other informants (by teachers, guidance personnel, physicians, social workers, clergy, etc.) and/or by the client.

It is important that you clearly cite the source of your information, e.g., by stating “Mrs. Jones reported/stated/said/noted/indicated/etc. that....” For clarification, in some cases, it may be advantageous to quote the informant directly.

In cases where all the information in a paragraph or in several paragraphs has been reported by one person, you can avoid redundancy in citing your source by beginning with a statement such as “The following information was reported by Dr. Samuel Smith, the client’s pediatrician, during a telephone conversation with the examiner on 9/11/91”.

Do not include any of your own comments about the history in this section. If you have pertinent comments to make about the informant(s) and/or the information that has been reported to you, you should do so in the IMPRESSIONS section of this report.

Since what is pertinent to the understanding of a clinical problem will vary from client to client, it is not possible to specifically indicate what information you should include in this section. However, below is a list of the areas that are typically explored by a speech-language pathologist under the broad topic of PERTINENT HISTORY AND BACKGROUND. Under each subheading are some examples of the kinds of information that are germane to the area.

(Note that subheadings should begin at the margin and should be underlined. In contrast to major headings, only the first letter of each word is capitalized.)

Birth and Medical History

(Note again that the lists under this and subsequent subheadings only reflect examples of the kinds of information that may be appropriately discussed.)

A. Pre-natal, para-natal, and post-natal events of significance.
B. Discussion of significant illnesses or accidents.
C. Hospitalization or extended medical treatment.
D. Description of general health.

Reporting of medical findings should be made with extreme discretion. Generally, it is preferable to quote exactly from the medical records, using QUOTATION MARKS. Include the date(s) of the examination and/or the report, and identify the examiner by name.

DO NOT INCLUDE FINDINGS IF THE REPORT IS MARKED “CONFIDENTIAL” (usually at the top). However, you should note where, when, and by whom the particular examination was conducted so that the reader may request access to the information directly from the examiner/examining agency if he/she wants such information.
General Developmental History

A. Motor developmental milestones (sitting unaided, walking unsupported, toilet-training, etc.).
B. General growth norms.

Generally the information is reported in chronological order.

Speech and Language Development

A. Pre-language behavior.
B. Speech and language milestones (first word, two-word utterances, etc.)
C. When and by whom problem was first noticed.
D. Management of problem to date, including any speech, language and/or hearing evaluations, and/or any therapeutic intervention. (Be sure to report when, where, by whom. Duration of therapy should also be included.)
E. General ability to express himself/herself.
F. Current speech and language status, including auditory skills. (Note that this refers to status as reported by informant/informants, NOT to your evaluation of the client’s status.)
G. Environmental reactions to speech and language development.
H. Client’s reactions to his/her communication skills.

Educational History

A. Extent and nature of education to date (pre-school, Kindergarten, high school, etc.)
B. General Academic record (including grade retention or acceleration).
C. Specific academic strengths and weaknesses.

This section may also be expanded, where appropriate to include pertinent information about the client’s work experiences. In some cases, it may even be desirable to add a separate section to report Occupational History.

Psycho-Social History

A. Extent and quality of social relationships among family, peers, community.
B. Interests, hobbies, use of free time, participation in family and community activities.
C. Self-help skills.
D. Positive/negative behavioral characteristics.
E. Psychological or psychiatric evaluations and/or intervention. (Be sure to report when, where, and by whom. Duration of any therapy should also be included.)

As with medical findings, psychological and psychiatric findings should be reported with extreme discretion. Refer back to Birth and Medical History for guidelines.

Family Background

A. Presence of other speech, language and/or hearing problems in the family (including management of and reaction to problems).
B. Other languages spoken in the home.
C. Members of family unit (i.e. people living in the home); home size and type.
D. Education, occupation(s) of parent(s)/spouse; source(s) of income.
E. Parental disciplinary practices.
F. Age and health of family members.
It is not mandatory to use subheadings such as those above when reporting PERTINENT HISTORY AND BACKGROUND. Your decision with respect to using them should be based on an appraisal of how the information can most effectively be communicated to the reader. For example, if you have an extensive amount of relevant information, the headings may assist the reader in locating certain kinds of information easily. On the other hand, if the pertinent information is relatively brief, a number of subheadings may be distracting to the reader.

Whether or not your format incorporates subheadings, you should always establish paragraphs that retain the organizational intent of the headings. In other words, you should group information according to logical topics. Do not feel that it is incumbent upon you to report information in the order in which it was reported by the informant(s). Frequently, such a tact leads to a very disjointed report and leaves the reader with the task of attempting to “pull together” related information.

III. CLINICAL EXAMINATION

This section is to be utilized to report the results of the formal and informal tests you administered to the client and to report any pertinent observations that you made during the course of your examination.

Some guidelines for reporting formal test data are as follows:

A. The first time you mention a formal test in your report, you should present and underline its full title; e.g., Goldman-Fristoe Test of Articulation.
B. If you only administered part of a test, you should specifically cite the subtest, e.g., Sounds-in-Sentences subtest of the Goldman-Fristoe Test of Articulation.
C. If the test has more than one form, you should cite which form you administered, e.g., Peabody Picture Vocabulary Test, Form B; or Peabody Picture Vocabulary Test (Form B).
D. If you plan to mention a test more than once and do not want to use its full title each time, you may place an abbreviation in parenthesis after the initial use of the full title, and use the abbreviation thereafter, e.g., Illinois Test of Psycholinguistic Abilities (ITPA), Peabody Picture Vocabulary Test (PPVT).
E. If you deviate from the protocol of a standard test in any way, you need to report what changes you made.

If you question the reliability of any formal or informal test results, you should state so, along with your reason(s), when you report your findings.

Although the nature of the referral as well as the presenting problem(s) will ultimately determine the specific abilities that are explored, you typically will report information in the areas presented below. In some cases it may be advantageous to modify this format by adding or deleting particular subheadings, or by eliminating subheadings entirely. However, you should discuss such changes in format with your supervisor prior to writing your report.

(Note that subheadings should be used under the major heading of CLINICAL EXAMINATION. You should follow the same typing format as discussed in Section II above.)
General Behavior

The description given here should provide the reader with a general picture of the client’s behavior in the clinic. Information such as the following may be valuable to include:

- Interaction and separation from parents.
- Relationship to examiner.
- Attention to test items.
- Cooperation.
- Spontaneity.
- Ability to follow test instructions.
- Unusual or bizarre behavior.

Language

Typically, receptive language data are reported before expressive language data. Both formal and informal findings can be included.

Frequently, it is helpful to report receptive and expressive findings under separate subheadings, instead of combining the information under one subheading.

Kinds of information that pertain to language include the following:

- Auditory memory and sequencing.
- Extent of vocabulary.
- Ability to follow commands.
- Ability to process verbal analogies.
- Understanding and use of concepts such as size, quantity, and color.
- Syntactic competence and performance.
- Mean length of utterance.
- Appropriateness of content.

Speech

Information to be reported under this subheading may include:

- Intelligibility of the client’s speech; differences in intelligibility at the single-word level vs. connected speech, and in situations where the context is known vs. where the context is not known to the examiner typically are noted.
- Results of formal/informal articulation tests and analysis of results.
- Stimulability.
- Frequency and accuracy of spontaneous self-correction.

The client’s fluency and voice characteristics should also be described in this section unless one or both constitute(s) the reason for referral and/or constitute a major finding. In such cases, the findings should be reported under separate subheadings.

Peripheral Speech Mechanism

This section includes a discussion of the functional and structural adequacy of the lips, tongue, teeth, palates, facial musculature, etc. for speech. Normal findings should also be reported, but not necessarily with extensive detail.
Hearing

In this clinic, you usually will just conduct a puretone air conduction screening test as part of the speech and language evaluation. Typically, the report of results can be expressed in one or two sentences in which you indicate:

B. the frequencies tested.
C. the results.

In some cases, you may determine air/bone thresholds, and should include an audiogram with your report. An audiogram is not needed if you conducted a screening test.

In addition to, or in some cases instead of, puretone results, you may want to include informal observations of the client’s auditory behavior, e.g., his responses to:

A. environmental stimuli.
B. conversational-level speech.
C. low-intensity speech and/or noises.

Results of auditory discrimination testing may also be discussed here, unless the extent of information makes a separate heading more desirable.

Other Observations

Findings which do not fit into any of the above subheadings may be reported under this subheading. However, if there is a relatively large amount of information that logically could be placed under a more definitive heading (e.g., Motor Functioning), it is permissible to add an additional category.

IV. IMPRESSIONS

A summary description of the nature and severity of the client’s speech and/or language problem(s) should head this section. You should also include a statement which summarizes the areas in which functioning is considered to be within normal limits.

The summary should be based upon your analysis of formal and informal test results, the client’s history, and your observations of the parent(s)/spouse and/or client. In other words, here you are telling the reader what you believe all this information means. Possible etiological and/or maintaining factors may be specified. A prognostic statement may also be included. A specific diagnostic statement can/may be made when appropriate.

Be sure that this section provides the reader with an adequate basis for understanding the recommendations that you make in the following section.

V. RECOMMENDATIONS

Recommendations should be as specific as possible. They typically are directed toward providing the reader with your assessment of the client’s needs in areas such as the following:
SPEECH AND LANGUAGE EVALUATION
Date(s) of Evaluation
Page Number

A. The nature of speech/language therapeutic intervention, including, e.g.:
   1. type of therapy (articulation, language, voice, and/or fluency).
   2. frequency of therapy (once per week, three times per week, etc.).
   3. whether the client should be seen individually, in a group, or both.
   4. suggested starting date.
   5. best day(s) and time(s) to be scheduled.
   6. suggested therapeutic goals.

B. Abilities to be explored, re-evaluated, or explored more fully than was possible during the present evaluation.

C. Other evaluations indicated (medical, psychological, etc.).

D. Classroom management.

E. Counseling support for client, parent(s), spouse.

In addition, you should indicate if specific referrals have been made to agencies/professionals which provide the services that you recommend. If further contact with this clinic has been recommended, you should specify who is to initiate the contact, e.g., parent(s), spouse, client. You also should summarize any suggestions made to the parent(s), spouse, or client after the clinical examination.

Suggested Format:

It is recommended that: - OR - the following recommendations were made: 

1. 
   (double space between recommendations)

2. 

3. 
   (leave 4-6 spaces)

(Student’s signature) ........................................... (Supervisor’s signature) ...........................................

Student’s name and degree (typed) 
Graduate Student Clinician

Supervisor’s name and degree (typed) 
Clinical Supervisor

Date: ________________________________
(Use slashes)

If two clinicians, signature lines should be as follows:

(Student’s signature) ........................................... (Student’s signature) ...........................................

Student’s name and degree (typed) 
Graduate Student Clinician

Student’s name and degree (typed) 
Graduate Student Clinician

(Supervisor’s signature) ......................... Date: ________________________________

Supervisor’s name and degree (typed) 
Clinical Supervisor

(Use slashes)

If xerox copy is to be sent, give full name and address as in the following format:
xc: James P. Nelson, M.D.
Neurology Service
Anytown General Hospital
323 Main Street
Anytown, Ohio 44444
Plan of Treatment for Fall 2014 (change semester and year as needed)

Name:                        Age:                        Birthdate:                        
Parents: (or guardian, if a minor) Phone: (include area code) 
Address:                        
Referred by:                        
Therapy Site: Bowling Green State University Speech and Hearing Clinic 
Frequency and duration of treatment: (example: 2X/Wk for 45 min. sessions) 

BACKGROUND INFORMATION

Information in this section should include diagnostic date and recommendations, number of semesters attending at BGSU Speech and Hearing Clinic, IEP information (if applicable), remarkable medical history. 

GOALS

The following goals have been established for this semester: 

Long-Term Goal #1: This/these goal(s) is/are what the client is expected to achieve by the end of the semester or by the time of discharge. You may have more than one long-term goal. 

Short-Term Goal #1: This/these goal(s) is/are what the client is expected to achieve within one semester. You may have numerous short-term goals depending on the type of client. 

Short-Term Goal #2: If applicable. 

Long-Term Goal #2: If applicable. 

Short-Term Goal #1: add as many goals as needed. 

This treatment plan will be reviewed frequently and amended as needed. 

Name of Student, Degree Name of Supervisor, Degree and Credentials 
Graduate Student Clinician Clinical Supervisor 

Date
Therapy Progress Summary

Name: (full name) Date: 00/00/00

Age: Birthdate: Therapy Site:

Parents: (or guardian, if a minor) Phone: (include area code)

Address:

Therapy Period: From dated (00/00/00) to date (00/00/00)

Number of Sessions Attended: Length of Sessions: i.e. 25min., 2X/wk

Number of Sessions Absent:

Status at Beginning of Therapy

Provide a brief synopsis of information leading to entrance in therapy this term. Give overview of speech/language behavior performance at beginning of term.

Summary of Therapy

A. General behavioral observations/information

B. Goals established for term

The following evidence was used to develop a treatment plan for this client:

Goal #1 (written in behavioral terms: “The client will . . .”)

1. Baseline: information (At the beginning of the semester, Johnny was able to produce the /s/ in isolation given a model with 50% accuracy.)
   a.
   b.

2. Procedures: steps used to achieve goal (include information about home assignments.)

3. Progress: made toward reaching goal (At the end of the semester, Johnny was able to say the /s/ sound in all positions at the sentence level with 80% accuracy.)

Goal met/Not met

Goal #2 (follow same sequence as above for all other goals)

(after all goals and before Recommendations, triple space)
Recommendations

Indicate need for:
   a. further treatment (when, where, how often, how long, etc.)
   b. referrals
   c. further testing (what areas)
   d. dismissal from treatment

(Student’s signature) ________________________________  (Supervisor’s signature) ________________________________
Student’s name and degree (typed)  Supervisor’s name and degree (typed) CCC-SLP
Graduate Student Clinician  Clinical Supervisor

*Note: When writing your rough draft, double space ENTIRE report. Items in bold MUST appear in your report as headings the same way they appear on this sample. On the Final Copy, double space between headings and paragraphs. Single space the body of the report.
PATIENT REQUEST TO AMEND RECORDS
(rev 08/2007)

I hereby request to amend my medical record as follows:

[  ] Separate document attached.
[  ] Add the notation below:

________________________________________________________________________

________________________________________________________________________

Provide a specific reason for requesting the amendment described above:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I understand that the office of which I am requesting this amendment must determine if the amendment is allowed, but, certain conditions specified in the Healthcare insurance portability and Accountability Act of 1996 (HIPAA) and the regulations thereunder, is not obligated to allow it. I will be notified of their decision within 60 days, as allowed by law.

If the amendment is allowed, it will be maintained as part of my medical record for as long as the office holds the record. I understand that the office may make a written response to my amendment, which will also become a part of my medical record, and that I will be notified of any such response in writing within 60 days of its being made.

| Client Name: |
| Name of Person Making Request: | Relationship: |
| Signature: | Date: |

OFFICE USE ONLY

| Reviewed By: | Initials: | Date: |
| Decision: [ ] Approved [ ] Denied [ ] Response | Decision notification Sent: |
| Response Approved By: | Date: |
DENIAL OF PATIENT REQUEST TO AMEND RECORDS

RE: Request for Access to Medical Record

For: _______________________________ (Client)
DATE: _______________________________

Dear ,

We have reviewed your request to amend the protected health information and/or medical record as indicated above and are notifying you that we are denying your request as provided in 164.526 paragraph (a)(2) of the Healthcare Portability and Accountability Act of 1996 (HIPAA) as follows:

[  ] We did not create the information for which you requested an amendment, and we reasonably believe that the true originator of this information is no longer available to act on your request.
[  ] It is not part of the designated record set.
[  ] It is not part of the record set available to patients as described in HIPAA 164.524.
[  ] It is accurate and complete based on our review:

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

You have a right to submit a statement disagreeing with this denial by writing to us, in two pages or less, explaining your reason for disagreement with the denial reason provided above.

We may prepare a written rebuttal to your statement of disagreement. In the event that we do, we will provide a copy of this rebuttal to you.

You may file a written complaint with this office at the address above, Attention: Privacy Officer, or in writing to the Department of Health and Human Services, Office of Civil Rights, 200 Independence Ave. S.W. Washington, D.C. 200201.

If you do not submit a statement of disagreement, you may request in writing that we provide your request for amendment and our denial with any future disclosures of the protected health information that is the subject of your request.

Sincerely,

Donna Colcord, M.S., CCC-SLP
Clinic Director

08/2007
Guidelines for Initial Conference

The following is a suggested format for your initial conference with your client/parent. If your client is an adult, follow these same procedures as you would with a parent. THESE ARE ONLY GUIDELINES! You may have to vary the questions according to your individual client. The conference should be approximately 20 minutes in length. The child should remain in the waiting room during the parent conference. If necessary, arrange to have someone sit with the client during this time. If the therapy session is only scheduled to be 30 minutes in length, you may need to provide written questions to a parent so that he/she can respond to them while you work with the child.

1. Description of the problem.
   “How would you describe your child’s speech, in your own words?”

2. “Have you noticed any improvements in your child's speech in the past six months?” (Or since the termination of therapy last term, or since the diagnostic, if the client has not been in therapy before.)

3. “What are your impressions about previous therapy your child has received at our clinic?” If the parent/guardian should ask “why” their child never has the same clinician twice, a possible explanation might be:
   a) This is a training institution.
   b) Gives variety of experiences for the clinician.
   c) Gives experience to the clinician.

   NOTE: If the parent is insistent upon having the same clinician for more than one term, indicate that the request will be made on the Disposition Form for the Clinic Director to take under consideration when scheduling for the next semester.

4. “What is your child’s reaction to therapy?”
   (Ask reasons why she/he approved or disapproved.)

5. “What home-programs have you employed to carry-over therapy?”
   “Was the home-program initiated by the therapist or by you (parent)?”
   “How did the child react to the home-program?”

6. “Do you feel that she/he has been progressing at an adequate rate?”
   (If the parent is dissatisfied with the child’s rate, you must explain progression of the therapy programs, development, etc.)

7. “Has she/he received any additional professional services since she/he was last seen at our clinic?”
   (i.e. This would not only include previous speech and hearing services, but also medical, psychological, etc.) “How is his/her health?”

8. “Have there been any changes in the home/school environment that may have affected your child?”

9. “What types of activities games, rewards, etc. are motivating and reinforcing to your child?” (May want to list likes and dislikes here.)

10. Inform the parent of the test(s) that you will be administering to the client as pre-tests for therapy.

   NOTE: In some instances, the child will have just received a diagnostic the previous term. Parents may be concerned as to “why” additional testing is necessary. One explanation might be: “This is baseline data that will help indicate to me where to begin therapy with your child.”
BGSU Speech and Hearing Clinic
Sample Therapy Plan

Clinician: ___________________________  Client: ___________________________  Dates Effective: ______________________

Supervisor: ___________________________

Term Objectives:

<table>
<thead>
<tr>
<th>Stimulus Procedure</th>
<th>Expected Response</th>
<th>Consequence</th>
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</table>
## Sample Therapy Plan

**Clinician:** ____________________________  **Client:** ____________________________  **Dates Effective:** ____________________________  
**Supervisor:** ____________________________

**Term Objectives:** The client will say the /k/ sound in all positions of words in phrases with 90% accuracy at the elicited level.

<table>
<thead>
<tr>
<th>Stimulus Procedure</th>
<th>Expected Response</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A. Clinician will present story about a King who talked in a “special way” and only said (k). Also will provide instructions about placement. (“He made his sound way in the back of his mouth”). Each time the King jumps, he makes his sound. Clinician will model. Materials: small figure of King; story book</td>
<td>1. Client will say /k/ in isolation given a model and instructions with 90% accuracy.</td>
<td>Correct: “Yes! That’s the King’s sound way at the back of your mouth.” N.R. – Recue with model. I.R. (produces /t/) – “Oops – you made a sound a the front of your mouth. The King says his sound way back, like this” (model and give visual cues). Continuous schedule.</td>
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<tr>
<td>B. Clinician will introduce “King walks through the forest” game. Sound is modeled. If client says correctly, he can move King on path. Materials: King; gameboard</td>
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<tr>
<td>C. Clinician will model /k/ and provide placement cues. “Remember, the King’s sound is way in the back of our mouth.” Treasure hunt: follow footprints each time sound is made.</td>
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</tbody>
</table>
### Sample Therapy Plan (continued)

<table>
<thead>
<tr>
<th>Stimulus Procedure</th>
<th>Expected Response</th>
<th>Consequence</th>
</tr>
</thead>
</table>
| 2. A. Clinician will have client produce sound each time he “mails” a letter to the King.  
Materials: mailbox and cards | 2. The client will say /k/ sound in isolation given materials and instructions with 90% accuracy.  
3. Client will say /k/ sound in initial position of CV syllables given a model and materials with 90% accuracy. | Correct: verbal/social on a variable ration.  
“That’s right – the King says /k/!” or “Yes, you made the King’s sound way at the back of your mouth!”  
N.R. Recue with model.  
I.R.  1. Request repetition: “Is that what the King says?”  
2. Repeat error (“t”?)  
3. Give model and request repetition.  
Correct: Verbal Confirmation  
N.R.}  
I.R.} same as above  
Tangible – place pictures on board. |
| B. Clinician will have client say /k/ sound each time the King takes a “cookie”.  
Materials: play dough (cookies); King |                                                                                                         | N.R.                                                                                              |
| 3. A. Clinician will present story about the forest animal friends of the King. They talked a different way. The fox said “kee, kee” and the bird said “coo”.  
Cue: The fox said “kee.” You say “kee.”  
Materials: flannel board, pictures of fox and bird and kings and trees. | 3. Client will say /k/ sound in initial position of CV syllables given a model and materials with 90% accuracy. | I.R.  1. Request repetition: “Is that what the King says?”  
2. Repeat error (“t”?)  
3. Give model and request repetition.  
Correct: Verbal Confirmation  
N.R.}  
I.R.} same as above  
Tangible – place pictures on board. |
BGSU Speech and Hearing Clinic
Therapy Plan

Clinician: ____________________________  Dates Effective: ____________________________
Client: ____________________________  Supervisor: ____________________________

I. What are the term goals of therapy with this client? (Write behaviorally)

II. What objectives will you target in this session? (Write behaviorally)

III. List the instructions to client, activities and materials you will use for each of the above objectives in the sequence you will perform them in the session.

IV. For each activity listed above, indicate the kind of feedback you will give the client for correct and incorrect responses, and explain how you will demonstrate progress to the client.
# Data Sheet

<table>
<thead>
<tr>
<th>Date</th>
<th>Step</th>
<th>Stimulus</th>
<th>Expected Response</th>
<th>Reinforcer</th>
<th>Criterion</th>
<th>Responses</th>
<th>Comments</th>
<th>Data Summary</th>
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S.O.A.P. NOTES (NARRATIVE)
Bowling Green State University
Speech and Hearing Clinic

CLIENT: 
DATE: 

S: Describe your impressions of the client in the subjective section.
For example: The client appeared very alert and cooperative. He stated, “I’m ready to work hard today.”

O: Write measurable information in the objective section. (Short term goals.)
For instance: The client produced four syllable phrases with 80% accuracy in 40 out of 50 trials (40/50).

1. 
2. 

A: Describe your analysis of the session in the assessment section.
You also may compare the client’s performance across sessions in this section. For example: (a) Production of /r/ increased from 65% accuracy during the last session to 90% accuracy during today’s session. (b) Withdrawal of visual models resulted in a decrease in accurate production of single syllable words from 90% to 65%.

P: Outline the course of treatment in the plan section.
You might simply state: (a) Continue current treatment activities. (b) Continue training production of functional CVC words at the imitative level.

Graduate Clinician signature 
临床监督员签名
Typed Name of Student, degree
 Typed Name of Supervisor, Degree and Credentials
Graduate Student Clinician
Clinical Supervisor
# S.O.A.P. NOTE
**Bowling Green State University**  
**Speech & Hearing Clinic**

<table>
<thead>
<tr>
<th>Client Name</th>
<th>Date</th>
<th>Date of session</th>
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<thead>
<tr>
<th>Clinician Name</th>
<th>Your name and your degree go here.</th>
<th>Supervisor</th>
<th>Your Supervisor’s name and her credentials go here.</th>
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<tr>
<th>Subjective</th>
<th>Place subjective information here.</th>
<th>Example: The client was eager to begin the session as evidenced by him taking the clinician’s hand and pulling her down the hallway. The client was cooperative for all tasks.</th>
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<thead>
<tr>
<th>Objective</th>
<th>Write measureable and qualitative information here.</th>
<th>Example: The client was able to produce initial /k/ in words with 30% accuracy with maximal prompting/cueing from the clinician. He responded well to tactile cueing as the clinician touched his neck for the production of /k/. He was able to independently follow directions for spatial concepts 6/10x (60% accuracy).</th>
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<tr>
<th>Assessment</th>
<th>Compare how the client performed today in relation to previous sessions.</th>
<th>Example: The client’s production of initial /k/ in words shows an increase of 20% since baseline on 9/7/12. His ability to independently follow directions for spatial concepts is improving weekly.</th>
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<thead>
<tr>
<th>Plan</th>
<th>This is what you plan to do next session. This is not a detailed plan, just a general comment about what you are going to do next.</th>
</tr>
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<tr>
<th>Signatures:</th>
<th><strong>Graduate Clinician:</strong> Once supervisor’s signature appears below, copy/paste your electronic signature here.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Clinical Instructor:</strong> When your supervisor’s electronic signature appears here, that means the note is ready to upload to the client file in OnBase.</td>
</tr>
<tr>
<td>Date:</td>
<td>date you sign the note</td>
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<td>Date:</td>
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Guidelines for Self-Evaluation of Therapy

The self-evaluation is one of the most important factors in becoming a successful therapist. With effective self-evaluation, you, the clinician, are able to make judgments regarding your client, the changes necessary in the program and the planning of steps to use in reaching goals. It is therefore essential that time and thought be put into the self-evaluation after each session! It is often helpful to write your comments as soon as possible after your therapy sessions. Address each of the following areas in as much detail as necessary to give a clear description of your performance.

1. What activities and materials did you consider successful and why?
2. What parts of your session did not go as well as planned and why?
3. Was your reinforcement effective? (type and schedule) Why?
4. Were your demonstrations, instructions, explanations, cueing and transitions between activities effective? Why?
5. Was your data keeping consistent, organized, smoothly kept and informative?
6. Were you able to follow and modify your therapies appropriately based on your client’s behavior? e.g., Did the client relate appropriate information and how did you respond?
7. Did you ask relevant questions and relate appropriate information?
8. What methods did you use to control the client’s behavior effectively?
9. Based on your performance, were the client’s responses appropriate? (correct, incorrect, self-corrections, additional cueing)
10. What is your perception of the client’s attitudes toward therapy and you?
11. If homework was given, was it appropriate for carry-over?
12. What is your perception of your interpersonal relationship with your client? (empathy, sincerity, respect)

***WHAT CHANGES WILL YOU MAKE FOR THE NEXT SESSION TO INCREASE EFFECTIVENESS***
(consider all aspects above and also refer to next page for Analyzing and Improving Therapy)
Analyzing and Improving Therapy

***To be used for self-evaluation guide as an aid in analyzing and improving therapy.

1. **YOUR GOAL:**
   A. Is it developmentally appropriate?
   B. Did you begin program with emerging behaviors? (strengthen these first?)
   C. Does the client have the prerequisite behaviors to accomplish the task?
   D. Did you consider environmental needs when selecting your goal -- what is important for the client to know outside the clinic?
   E. Are the steps to reach the objective small and sequential?
   F. Is the client aware of the behavior he is supposed to produce?

2. **YOUR CUING:**
   A. Are your cues developmentally appropriate? (length, complexity, grammatical structure)
   B. Are you consistent with your cuing?
   C. Are materials interesting and appropriate to the goal?
   D. Is there competing stimuli? (i.e., sounds, materials, additional nonverbal cues, biological needs of client, etc.)
   E. Is pacing of the activities appropriate?
   F. Are transitions between activities smooth?
   G. Are incorrect responses given additional cuing appropriately?

3. **YOUR REINFORCEMENT:**
   A. Is it meaningful to the client? Does he know what he is being reinforced for?
   B. Is reinforcement presented on the correct schedule?
   C. Are you consistent in reinforcement?
   D. If you are using an activity reinforcer -- can he perform the task or is it frustrating?
   E. If your reinforcement too time-consuming? (Does it reduce client’s response rate?)
   F. Are you reinforcing at the appropriate level? (i.e., primary, secondary)
   G. Do you stay at a particular reinforcement level too long -- has the client saturated on that form?
   H. Is the reinforcement distracting? (Client sits and plays with it)
   I. Is client involved somehow in the reinforcing process?

4. **GENERALIZATION:**
   A. Are your keeping regular contact with the parents/family -- are they aware of what you are trying to accomplish, and do they understand the importance?
   B. Are your home assignments appropriate, clearly explained, and accountable? (How do you know if it has been done?)
   C. Are you using an increasing variety of activities and materials to “destructure” the behavior so that it will approximate the natural environment?
AREAS TO EVALUATE DURING OBSERVATION OF CLINICAL SESSION

1. Stimulus cues (developmentally appropriate, consistent, keeps response rate high, etc.)
2. Reinforcement (meaningful, consistent, distracting, time-consuming, right level?)
3. Data keeping (consistent, smooth, organized appropriately, graphed for client and parents, accurate?)
4. Materials (variety, appropriate to goal, presented correctly, placement and organization.)
5. Behavior management (control of negative behavior appropriate and consistent, awareness of appropriate/inappropriate behavior and what is reinforcing/nonreinforcing to individual client, reinforcement specific, i.e., client understands why he is being reinforced.)
6. Transitions and pacing (smooth, clear, appropriate?)
7. Flexibility (adapts to changes in need, follows logical plan.)
8. Closure of sessions (summarizes progress, prepares for next time, explains rewards, asks for questions and comments.)
9. Carry-over (outside assignments, appropriate, clearly explained, accountable?)
10. Parent/other contact (information well-communicated, asks for questions, field questions well, instructs or demonstrates for home assignments.)
## SPEECH-LANGUAGE PATHOLOGY ON-CAMPUS CLOCK HOURS FORM

**BGSU Speech and Hearing Clinic**

<table>
<thead>
<tr>
<th>SPEECH DISORDERS</th>
<th>Format</th>
<th>Articulation</th>
<th>Dysphagia</th>
<th>Fluency</th>
<th>Voice</th>
<th>Cognitive</th>
<th>Com Modalities</th>
<th>Rec/Exp Lang</th>
<th>Social Aspects</th>
<th>Audiology</th>
<th>Cult/Ling</th>
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<tbody>
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**Instructions**
- Date: Enter month/day/year (i.e., 07/10/1992)
- Clinical Services: 0-15min: = 25, 16-30min: = 50, 31-45min: = 75, 46-60min: = 1.0
- Split Sessions: If you have provided several different services within one hour, you can split (i.e., 0.5 under articulation, 0.5 under language)
- CLD Column: Record the number of Dx/Tx hours within a category that were with a Culturally/Linguistically Diverse (CLD) client.
- WHEN LAST SESSION FOR TERM IS COMPLETED, Indicate "Last Session" under the last hours entered.
- PRINT OFF, HAVE SUPERVISOR SIGN AND VERIFY

**Billing Hours ONLY:**
(no clock hour credit)

**Clock Hours Earned:**

**Supervisor’s Signature**

**Date:**

*rev 07/2016*
<table>
<thead>
<tr>
<th>Date</th>
<th>Client Initials</th>
<th>Adult or Child</th>
<th>Speech-Language Type of Disorder*</th>
<th>Audiology**</th>
<th>CLD</th>
<th>Supervisor's Signature and Credentials</th>
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* A/Articulation; D/Dysarthria; F/Flexion; V/Voice; C/Cognition; CM/Communication Modalities; L/Language; SA/Social Aspects
** AS/Audiology Screening; AP/Audiology Prevention; AR/Aural Rehab

Column Totals:

rev 07/2015-rm
OFF-CAMPUS CLOCK HOURS FORM
Bowling Green State University
Speech and Hearing Clinic

Student’s Name ____________________________________________________________

Location of Service: ____________________________________________________________________________________________

Primary Supervisor: _____________________________________________________________________________________________

Supervisor’s Ohio License#: SP-________ ASHA Certification #: ______________________________________________________________________

Services provided during the: Fall / Spring / Summer (please circle one) Year: __________

Total Hours of Client Contact
  IVF-1: Child  IVF-2: Adult  IVF-3: Culturally/Linguistically Diverse

SPEECH-LANGUAGE PATHOLOGY EXPERIENCES

<table>
<thead>
<tr>
<th>Dx</th>
<th>Tx</th>
<th>CLD*</th>
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<tbody>
<tr>
<td>Articulation:</td>
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<tr>
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<td>Dysphagia:</td>
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AUDIOLOGY

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NOTE: 01-15min. = 0.25  
16-30min. = 0.50  
31-45min. = 0.75  
46-60min. = 1.00

TOTAL hours this semester: __________

Supervisor’s Signature Date

*** TURN IN THIS FORM AT THE END OF EACH SEMESTER ***

* Record the total number of Diagnostic (Dx) and/or Therapy (Tx) hours within a category that were with a Culturally/Linguistically Diverse (CLD) client.

rev 08/2005
USE OF THE BGSU PRACTICUM EVALUATION FORM
THERAPY (PEF-TX) / DIAGNOSTICS (PEF-DX) / AUDIOLOGY

To measure student’s performance in clinical practicum activities, a continuum scale is used ranging from exceptional (towards the left) to failure (towards the right). Performance ratings can be defined as follows:

5/“A” - clinical performance far exceeds expectations and reflects superior clinical knowledge and skills,
4/“B” - clinical performance meets expectations given level of experience and background,
3/“C” - clinical performance falls below expectations given level of experience and background,
2/“D” - clinical performance falls significantly below expectations,
1/“F” - clinical performance falls significantly below expectations and does not exhibit satisfactory progress toward clinical competency in one or more areas.

It is important to note that the majority of students should not expect to receive an “exceptional” grade. Competencies are grouped into four major skill categories: Report Writing, Therapy Planning, Therapy Implementation, and Personal/Professional Qualities.

The form is completed by placing a “√” at midterm and a “+” for the final evaluation along any point on the continuum scale that best describes the student’s performance for that competency item. Clinical competency areas can be weighted at the supervisor’s discretion provided the student has been informed of where emphasis in clinical performance is placed. The mid-term and final grades are established by gathering a general impression of where the bulk of the ratings (“Xs”) fall. The same form should be used for both the mid-term and final evaluations.* Spaces for “Other” competency items (you may have as many as you like) and “Comments” are provided on the form. Please feel free to use an additional page or pages if necessary.

Practicum grades of “S” (Satisfactory) or “U” (Unsatisfactory) are based primarily on the ratings obtained from the PEF-TX. In those cases when the student has more than one supervisor, the practicum instructor will assess all supervisors’ evaluations in an integrative manner. The ultimate decision regarding the final practicum grade is at the discretion of the practicum instructor in consultation with the Clinic Director.

*The Individual Session Evaluations forms (see pages 75 and 76) should be used to provide immediate feedback to the students on the competencies displayed throughout the semester.
### BOWLING GREEN STATE UNIVERSITY SPEECH AND HEARING CLINIC
### COMPETENCY LEVELS

#### 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) with supervisory input. Attempts to modify the desired behavior(s)/skill(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.

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BGSU Graduate Catalog states that “a grade of B or better is equivalent to a grade of “S” (satisfactory). Competency Levels Revised: April 2012
COMPETENCY LEVELS

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. Inconsistently demonstrates desired clinical behavior(s), but with supervisory input exhibits awareness and ability to monitor and adjust behavior. 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. Inconsistently demonstrates desired clinical behavior(s), but with supervisory input exhibits awareness and ability to monitor and effectively adjust behavior as necessary with input from supervisor. Exhibits movement toward independence with minimal to moderate direction from supervisor.

1 = Not Evident: Exhibits minimal or no understanding of a variety of treatment/diagnostic principles and how to apply them. 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. Continues to rely on substantial direction from supervisor.

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 – 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 Culturally/
Linguistically Diverse clients (IVF-3): ______

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

* BGSU Graduate Catalog, Grading Policies states:
“A grade of S is equivalent to a letter grade of B or higher.”
http://www.bgsu.edu/content/dam/BGSU/general-counsel/documents/Grading-Policies.pdf

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

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

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, therapy plans.)  5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]
5. Includes documentation of evidence based practice (EBP) in any of the following: SOAP note, plan of treatment or 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.

9. Uses materials appropriate to client's level of functioning.

10. Appropriately sequences therapy steps.

11. Uses self and supervisor evaluations to make timely, constructive changes in therapy.

12. Shows resourcefulness in obtaining information.

13. Seeks answers to questions before asking others.

14. Effectively identifies and uses EBP.

15. Plans means of motivating client and demonstrating progress to client.

C. THERAPY IMPLEMENTATION (IVG-2)

16. Gathers appropriate baseline information.

17. Uses variety of materials and techniques to stimulate client.

18. Gives clear instructions and explanations, using appropriate language for client's level of functioning.

19. Provides appropriate stimuli.

20. Gives client sufficient time to respond.

21. Discriminates error from target behavior.

22. Provides appropriate cueing/prompting.


24. Accurately records data.

25. Accurately measures and interprets data on client performance.

26. Elicits adequate response rate from client within a session.

27. Provides good transitions between activities.

28. Demonstrates flexibility when following treatment plan.

29. Manipulates environment to facilitate client's optimal behavior.
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 [ ]

53. 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 [ ]
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

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.

________________________________________
Student’s Signature/Date

________________________________________
Supervisor’s Signature/ Date

*** Supervisors, in addition, please remember to complete the Standards Record Form. ***
BGSU Practicum Evaluation Form – Diagnostics
Graduate Speech-Language Pathology

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<th>Clinician:</th>
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<tr>
<td>Number of Clients:</td>
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<tr>
<td>Total number of child hours obtained (IVF-1):</td>
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<tr>
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http://www.bgsu.edu/content/dam/BGSU/general-counsel/documents/Grading-Policies.pdf

Use the following symbols to indicate each semester’s ratings:
Check mark ( √ ) 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.


10. Deals effectively with client's reactions to diagnostic setting.

11. Collects data accurately and completely during diagnostic evaluation.

12. Demonstrates skill in use of instrumentation for data collection or analysis.

13. Demonstrates skill in test administration.


15. Interprets test results and observations accurately.

16. Provides smooth transitions between activities and appropriate closure of diagnostic evaluation.

17. Integrates pertinent diagnostic information into valid hypotheses concerning the clinical problem(s).

18. Makes valid and appropriate recommendations and/or referrals consistent with diagnostic findings.

19. Writes clear, concise accurate diagnostic report.

20. Completes report in timely manner.


_ Other:

B. PERSONAL/PROFESSIONAL QUALITIES (IVG-3)

22. Is prompt and prepared for pre-diagnostic conference with supervisor.

23. Is well prepared and begins the diagnostic on time.

24. Accurately records data.

25. Collaborates effectively with client and family relative to needs and desires for therapy, referral, etc.

26. Demonstrates ability to counsel families/clients/relevant others and provide them with needed information regarding needs and concerns.
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 [ ]
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

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.

________________________________________
Student’s Signature/Date

________________________________________
Supervisor’s Signature/ Date

_____________________________________________________________________

*** Supervisors, in addition, please remember to complete the Standards Record Form. ***
BGSU Practicum Evaluation Form – Audiology  
Graduate Speech-Language Pathology

Clinician: ____________________________  Term: ____________________________

Supervisor: ____________________________ Competency Level: __________________

Number of Clients: ____________________ Practicum Site: ______________________

Age of Clients: ________________________ Total number of clock hours (IV-D): _______

Total number of child hours obtained (IVF-1): ______  Total number of hours obtained for Culturally/

Total number of adult hours obtained (IVF-2): ______  Linguistically Diverse clients (IVF-3): ______

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

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http://www.bgsu.edu/content/dam/BGSU/general-counsel/documents/Grading-Policies.pdf

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

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

A. EQUIPMENT (IVG-1)

1. Able to operate equipment for otoscopic examination, tympanometry and pure tone tests. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

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

B. HISTORY TAKING/COUNSELING

2. Shows evidence of having reviewed case history and previous reports. (IVG-1) 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

3. Asks relevant questions during case history. (IVG-1) 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]


5. Conveys appropriate information during counseling and conference. (IVG-3) 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

6. Questions/comments are probing in nature. (IVG-3) 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

C. BASIC TESTING SKILLS

9. Modifies instructions when necessary. (IVG-1) 5/A[] 4/B[] 3/C[] 2/D[] 1/F[]
10. Effectively deals with client's reactions to testing. (IVG-3) 5/A[] 4/B[] 3/C[] 2/D[] 1/F[]
12. Performs immittance tests with speed and accuracy. (IVG-1) 5/A[] 4/B[] 3/C[] 2/D[] 1/F[]

D. HEARING AID SKILLS

14. Demonstrates a basic understanding of the parts of a hearing aid. (IVG-1) 5/A[] 4/B[] 3/C[] 2/D[] 1/F[]
15. Able to clean and perform a listening-check of a hearing aid. (IVG-1) 5/A[] 4/B[] 3/C[] 2/D[] 1/F[]
16. Able to answer simple questions regarding hearing aid use. (IVG-3) 5/A[] 4/B[] 3/C[] 2/D[] 1/F[]

E. INTERPRETATION (IVG-1)

17. Able to evaluate status of ear canal and tympanic membrane during otoscopic exam. 5/A[] 4/B[] 3/C[] 2/D[] 1/F[]
18. Able to provide a basic interpretation of tympanogram and audiogram results. 5/A[] 4/B[] 3/C[] 2/D[] 1/F[]

F. REPORT WRITING (IVG-1)

19. Writing is concise and professional. 5/A[] 4/B[] 3/C[] 2/D[] 1/F[]
20. History, results, observations, impressions and recommendations are accurate. 5/A[] 4/B[] 3/C[] 2/D[] 1/F[]
21. Reports are grammatical. 5/A[] 4/B[] 3/C[] 2/D[] 1/F[]
22. Reports are proofread. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

23. Reports reflect differentiation according to intended recipient. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

24. Findings can be summarized in a short paragraph. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

25. Reports/revised drafts completed in allotted time. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

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

G. PERSONAL/PROFESSIONAL QUALITIES (IVG-3)


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


29. Respects confidentiality of Clinic information. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

30. Volunteers for additional clinical activities when they are presented. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

31. Uses professional oral communication skills. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

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

33. Projects self-confidence and poise in professional situations. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

34. Learns from mistakes and seldom repeats them. 5/A [ ] 4/B [ ] 3/C [ ] 2/D [ ] 1/F [ ]

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


   Other: 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

____________________________________
Supervisor’s Signature/ Date

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.

____________________________________
Student’s Signature/Date

____________________________________
Supervisor’s Signature/ Date

*** Supervisors, in addition, please remember to complete the Standards Record Form. ***
SPEECH-LANGUAGE PATHOLOGY PRACTICUM SUPERVISION EVALUATION
Bowling Green State University
Department of Communication Sciences and Disorders

<table>
<thead>
<tr>
<th>Supervisor’s Name</th>
<th>Practicum Site</th>
<th>Semester/Year</th>
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Please circle the number that corresponds to your evaluation.

1. How clearly were expectations explained at the beginning of therapy/diagnostics, regarding grades, therapy plans, clinic policies, etc.?
   - very good 5
   - adequate 4
   - poor 3
   - 2
   - 1

2. Availability of the clinical supervisor was _____ during the semester.
   - very good 5
   - adequate 4
   - poor 3
   - 2
   - 1

3. Openness of communication between the clinical supervisor and me as a clinician was _____.
   - very good 5
   - adequate 4
   - poor 3
   - 2
   - 1

4. The clinical supervisor provided _____ direction in therapy and/or diagnostic testing of clients.
   - very good 5
   - adequate 4
   - poor 3
   - 2
   - 1

5. The clinical supervisor provided _______ direction in establishing therapy/diagnostic goals.
   - very good 5
   - adequate 4
   - poor 3
   - 2
   - 1

6. The clinical supervisor provided _______ direction in developing clinical methods.
   - very good 5
   - adequate 4
   - poor 3
   - 2
   - 1

7. The clinical supervisor provided _______ direction in writing the final report(s).
   - very good 5
   - adequate 4
   - poor 3
   - 2
   - 1

8. The quantity of feedback on therapy preparation (e.g., therapy plans, self-evaluations, data, etc.) was _______.
   - very good 5
   - adequate 4
   - poor 3
   - 2
   - 1

9. The quantity of feedback on therapy sessions/after the diagnostic was completed was _______.
   - very good 5
   - adequate 4
   - poor 3
   - 2
   - 1

10. Supervisor feedback was generally _______ in nature.
    - constructive 5
    - non-constructive 4
    - 3
    - 2
    - 1

11. I would rate the overall quality of the supervision I received this term as:
    - excellent 5
    - very good 4
    - average 3
    - below average 2
    - poor 1

(SEE OTHER SIDE)
CONSTRUCTIVE FEEDBACK:
AUDIOLOGY PRACTICUM SUPERVISION EVALUATION
Bowling Green State University
Department of Communication Disorders

Supervisor’s Name  Practicum Site  Semester/Year

Please circle the number that corresponds to your evaluation.

1. How clearly were expectations regarding grades, test selections, clinic policies, etc., explained?
   very good  adequate  poor
   5  4  3  2  1

2. Availability of the clinical supervisor was ________ during the semester.
   very good  adequate  poor
   5  4  3  2  1

3. Openness of communication between the clinical supervisor and me as a clinician was ________.
   very good  adequate  poor
   5  4  3  2  1

4. The clinical supervisor provided ________ direction in the diagnostic testing of clients.
   very good  adequate  poor
   5  4  3  2  1

5. The clinical supervisor provided ________ direction in selection of hearing aids and/or assistive devices.
   very good  adequate  poor
   5  4  3  2  1

6. The clinical supervisor provided ________ direction in developing clinical methods.
   very good  adequate  poor
   5  4  3  2  1

7. The clinical supervisor provided ________ direction in writing the final report(s).
   very good  adequate  poor
   5  4  3  2  1

8. The quantity of feedback on therapy preparation (including hearing aid fitting and orientations, aural rehabilitation sessions, etc.) was _________.
   very good  adequate  poor
   5  4  3  2  1

9. The quantity of feedback on therapy and/or diagnostic sessions was _________.
   very good  adequate  poor
   5  4  3  2  1

10. Supervisor feedback was generally ________ in nature.
    constructive  non-constructive
    5  4  3  2  1

11. I would rate the overall quality of the supervision I received this term as:
    excellent  very good  average  below average  poor
    5  4  3  2  1

12. I would rate the overall quantity of supervision I received this term as:
    excellent  very good  average  below average  poor
    5  4  3  2  1

(SEE OTHER SIDE)
CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

I, ________________________________, do affirm that I will not divulge Bowling Green State University (BGSU) Speech and Hearing Clinic Protected Health Information (PHI) to any unauthorized person for any reason. I will not directly or indirectly use or allow use of BGSU Speech and Hearing Clinic PHI for any purpose other than that directly associated with my assigned duties. I understand that ALL PATIENT INFORMATION is strictly confidential (including financial information.)

Furthermore, I will not, either by direct action or by counsel, discuss, recommend, or suggest to any unauthorized person the nature or content of any BGSU Speech and Hearing clinic information.

Violation of confidentiality is cause for disciplinary action, including immediate dismissal.

I understand that signing this document does not preclude me from reporting instances of breach of confidentiality.

Signature: __________________________  Date: __________________________

09/2012
# OBSERVATION HOURS FORM

## BGSU SPEECH AND HEARING CLINIC

**STUDENT:**

**BGID#**

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<tr>
<th>Date</th>
<th>BGSU Activity or Off-Campus Location*</th>
<th>Type of Disorder* (circle all that apply)</th>
<th>#Hours Observed Child Dx/Tx or Adult Dx/Tx</th>
<th>Supervisor’s Signature (Must have CCC-SLP or CCC-A; Supervision must be in appropriate area)</th>
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**Column Totals:**

*A/Articulation; C/Cognitive; L/Language; F/Fluency; V/Voice; SW/Swallowing; AR/Aural Rehabilitation*
Guidelines for Completion of Observation Hours

General Information:

1. A minimum of 25 hours of supervised clinical observation is required as a prerequisite for enrolling in graduate school.
2. Observations must be completed in both diagnostics and therapy of children and adults with disorders of speech, language, and hearing.
3. It is not possible for all students to complete all 25 hours of observation in CDIS 4010. Therefore, it is necessary for most students to complete clinical observation outside of the 4010 experience.
4. Students must subscribe to masterclinician.org to complete observations assigned by the instructor.
5. You may complete as many observation hours (of the minimum 25) at an off-campus facility under the supervision of a certified and licensed speech/language pathologist or audiologist as you like.
6. The minimum 25 observation hours must be completed by the date of your final exam in CDIS 4010 in order to receive a letter grade. Any student who has not completed 25 hours of clinical observation by the date of the final exam will receive an “Incomplete” in the course.
7. All students involved in off-campus activities that are also University activities are required to sign a liability-release-waiver form. This form must be signed and submitted to the 4010 instructor BEFORE EVERY trip made. That means that if you schedule 5 observation times at the same place, you will need to sign a form before going to each one of the five observations. The liability-release-waiver form is posted on Canvas under ‘files’. You will NOT receive credit for the hours you have observed if the 4010 instructor does not receive a signed form from you BEFORE you travel to that particular observation.

Guidelines for off-campus observation:

1. A certified, licensed speech/language pathologist or audiologist must be present to supervise the observation.
2. You may complete as many observation hours as you like (of the minimum 25) in an off-campus setting (i.e. school, hospital, clinic).
3. When observation hours are completed at an off-campus location, you must obtain the supervisor’s signature, ASHA number and State license number on an observation hours form.

rev 05/2017
Speech-Language ICD-10 Codes:

Refer to the following website for the appropriate ICD-10 code(s):

http://www.asha.org/uploadedFiles/ICD-10-Codes-SLP.pdf

General Information

This ASHA document provides a listing of the 2015 International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes related to speech, language, and swallowing disorders.

This document is not a comprehensive list and a number of codes are included for information purposes only. Entries with only three or four digits may require coding to a higher degree of specificity than indicated here. However, in general, speech-language pathology related diagnoses will be listed to their highest level of specificity.

For the most up-to-date information on ICD coding, go to ASHA’s Billing and Reimbursement website at www.asha.org/practice/reimbursement/coding/icd-10/

For additional information, contact the health care economics and advocacy team by e-mail at reimbursement@asha.org


Speech-Language Pathology

The CPT coding system describes how to report procedures or services and is maintained and copyrighted by the American Medical Association. Each CPT code has five digits (e.g., 92506).

Code Lists

The following list provide speech-language pathology-related codes and their descriptors:

- Model Superbill for Speech-Language Pathology Practice [DOC] Comprehensive list

CPT Coding Guidance

Though coding and coverage policies can vary from payer-to-payer, there are general guidelines that should be considered. The information below provides guidance on various CPT coding topics, but speech-language pathologists should also contact payers for final coverage and coding decisions.

- Coding Information by Topic
- Timed & Untimed CPT Codes
- Case Management Services
- Medicare Guidance (adopted by many private payers)
  - Medicare Coding Rules for Speech-Language Pathology Services
  - Same-Day Billing: Medicare Correct Coding Initiative (CCI) Edits for Speech-Language Pathology
AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION
(ASHA)

SUMMARY of
STANDARDS
Standards and Implementation Procedures
for the Certificate of Clinical Competence
in Speech-Language Pathology
Effective September 1, 2014

STANDARD I: DEGREE

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

STANDARD II: EDUCATION PROGRAM

All graduate course work and graduate clinical experience required in speech-language pathology must have been initiated and completed in a speech-language pathology program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).

STANDARD III: PROGRAM OF STUDY

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

STANDARD IV: KNOWLEDGE OUTCOMES

The applicant for certification must complete a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes.

IV-A: The applicant must have prerequisite knowledge of the biological sciences, physical sciences, mathematics, and the social/behavioral sciences.

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.

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

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

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

IV -E: The applicant must demonstrated knowledge of standards of ethical conduct.

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

IV -G: The applicant must have demonstrated knowledge of contemporary professional issues.

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

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

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

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

2. Intervention
   a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
   b. Implement intervention plans (involve clients/patients and relevant others in the intervention process).
   c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
   d. Measure and evaluate clients'/patients' performance and progress.
   e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
   f. Complete administrative and reporting functions necessary to support intervention.
   g. Identify and refer clients/patients for services as appropriate.
3. Interaction and Personal Qualities
   a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
   b. Collaborate with other professionals in case management.
   c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
   d. Adhere to the ASHA Code of Ethics and behave professionally.

V-C: The applicant for certification in speech-language pathology 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 clinical observation, and 375 hours must be spent in direct client/patient contact.

V-D: At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

V-E: Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. 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 client/patient.

V-F: Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

STANDARD VI: ASSESSMENT

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

STANDARD VII: SPEECH-LANGUAGE PATHOLOGY CLINICAL FELLOWSHIP

After completion of academic course work and practicum (Standard IV), the applicant then must successfully complete a Speech-Language Pathology Clinical Fellowship (SLPCF).

VII-A: The Clinical Fellowship must have consisted 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 Clinical Fellowship must have consisted of no less than 36 weeks of full-time professional experience or its part-time equivalent.

VII-B: The Clinical Fellow must have received ongoing mentoring and formal evaluations by the CF mentor.

VII-C: The Clinical Fellow must have demonstrated knowledge and skills consistent with the ability to practice independently.
STANDARD VIII: MAINTENANCE OF CERTIFICATION

Certificate holders must demonstrate continued professional development for maintenance of the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).

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Standards and Implementation Procedures for the Certificate of Clinical Competence
Effective September 1, 2014

The following items are downloadable at the American Speech-Language-Hearing Association website:


Standard I: The Degree
Standard II: Education Program
Standard III: Program of Study
Standard IV: Knowledge Outcomes
Standard V: Skills Outcomes
Standard VI: Assessment
Standard VII: Speech-Language Pathology Clinical Fellowship
Standard VIII: Maintenance of Certification

The following items are available on the American Speech-Language-Hearing Association website:

Code of Ethics of the American Speech-Language-Hearing Association:

http://www.asha.org/policy/ET2016-00342/

Scope of Practice in Speech-Language Pathology:

http://www.asha.org/policy/SP2016-00343/

Scope of Practice in Audiology: