

CLINICAL PRACTICUM HANDBOOK for **SPEECH-LANGUAGE PATHOLOGY**



**DEPARTMENT OF
COMMUNICATION SCIENCES AND DISORDERS
and
SPEECH AND HEARING CLINIC**

**BOWLING GREEN STATE UNIVERSITY
200 HEALTH AND HUMAN SERVICES
BOWLING GREEN, OHIO 43403-0149**

**419.372.2515 Telephone
419.372.8089 Fax**

The Master's Degree Education Program in
Speech-Language Pathology at
Bowling Green State University is accredited by the
Council on Academic Accreditation
in Audiology and Speech-Language Pathology (CAA) of
American Speech-Language-Hearing Association
2200 Research Boulevard #310
Rockville, Maryland 20850
800.498.2071 or 301.296.5700



Handbook Effective: Fall 2018

CONTENTS

CLINICAL PRACTICUM HANDBOOK FOR SPEECH-LANGUAGE PATHOLOGY

The Discipline	5
Mission of the BGSU Speech and Hearing Clinic	5
Excerpts from the ASHA Website, Copyright 1997-2018	6
Code of Ethics	6
Scope of Practice in Speech-Language Pathology	6
Scope of Practice in Audiology	6
Clinical Practicum Handbook	7
Position Statement	7
Communicating Concerns and Complaints	8
Council on Academic Accreditation (CAA) Contact	8
Eligibility Requirements and Essential Functions	9
Clinical Program Expectations	11
Program Applicant Agreement Statement	12
Communication Skills Policy	13
Sequencing of Course Content and Clinical Experiences	15
Professional Practice Competencies and Interpersonal Practice/Interprofessional Education (IPP/IPE)	16
Disability Statement	17
Liability Insurance	17
Criminal Background Check	17
Immunization Records	17
Drug Testing	17
GENERAL CLINICAL POLICIES AND PROCEDURES	18
Clinic Inclement Weather Policy	19
Clinical Practicum Fee	19
CALIPSO Student Fee	19
Transporting Clients	19
Cell Phones, Pagers, Etc.	19
Social Media Policy	20
Dating Policy	20
Dress Code	20
Gifts/Gratuities	21
Observation and DVD Recording Guidelines	22
Clinic Resource Room Procedures	23
Materials Area Procedures	24
Student Workroom Keys/Security After Hours	26
Student Workroom Computer/Printer Usage	27
Copying Protocols for Clinic Use	28
CLINICAL PROCEDURES FOR SPEECH-LANGUAGE PATHOLOGY PRACTICUM	29
On-Campus Clinical Assignments	33
Preparation for Meeting Client(s)	35
Audiology Clinic	37
Telephone Calls/Texts/Emails to Clients/Parents/Guardians	38
Computerization of Clinical Hours	39
Clinical Paper Work	40
Off-Campus Clinical Assignments	41
Supervision of Practicum	43
Evaluation of Practicum	44
BGSU Rating Scale (in CALIPSO)	44

CLINICAL PROCEDURES FOR SPEECH-LANGUAGE PATHOLOGY PRACTICUM – cont.

Clinical Remediation Plan	46
End-of-Term Procedures	47
Standards of Professionalism	48
Confidentiality	49
Health Insurance Portability and Accountability ACT (HIPPA) Compliance Tips	50
Use of Client on Research Projects	51
Infection Control Procedures	52
Basic Principles	52
Environmental Infection Control & Basic Housekeeping Practices	52
Surface Disinfection	52
Handling ITE/CIC Instruments and Earmolds	53
Waiting Room or Motivational Toys	53
Sterilization	53
Controlling the Human Source of Infection	54
Hand Washing	54
Gloves	54
Client Accident/Illness Response Procedure	56
Injury and Illness Incident Reporting	57
BGSU Emergency Response Procedures	58
BGSU CLINIC APPENDICES	60
Client Contact Sheet	61
Privacy Policy	62
Acknowledgment Form	64
HIPAA Privacy Complaint Form	65
Evaluation/Consultation/Treatment Consent	67
Messages Can Be Left With:	67
Permission to Contact Client VIA:	67
Permission to Contact Parent VIA:	67
Permission to Contact Guardian VIA:	67
Release/Obtain Information	68
Video Release	69
Clinic iPad Picture Release	70
Electronic Recording Policy	71
Audiology Services Superbill	72
Speech-Language Pathology Services Superbill	74
Client Disposition Form	75
Clinical Services Agreement	76
Client Payment Grid	77
Guidelines for Writing the Speech and Language Evaluation Report	78
Plan of Treatment	85
Guidelines for Writing the Therapy Progress Summary	86
Patient Request to Amend Records	88
Denial of Patient Request to Amend Records	89
Sample Therapy Plan	90
Data Sheet	94
Graph Data	95
S.O.A.P. Notes (Narrative)	96
S.O.A.P. Notes (Block)	97
S.O.A.P. Notes (Grace Speaks)	98
Guidelines for Self-Evaluation of Therapy	99
Analyzing and Improving Therapy	100
Supervisor’s Evaluation Form	101

BGSU CLINIC APPENDICES – cont.

Speech-Language Pathology On-Campus Clock Hours (Logging Form)	102
Use of the CALIPSO ASHA Knowledge and Skills Assessment Form for Practicum [Therapy/Diagnostics/Audiology Rotation]	103
Speech-Language Pathology/Audiology Practicum Supervisor Feedback	104
Speech-Language Pathology/Audiology Practicum Evaluation	106
Confidentiality and Non-Disclosure Agreement	107
Guidelines for Completion of Observation Hours	108
Observation Hours Form- BGSU In Class	109
Observation Hours Form- Master Clinician	110
Observation Hours Form- Off Campus	111
Speech-Language ICD-10 Codes	112
Off Campus Internship Questionnaire	114
 BGSU CALIPSO INSTRUCTIONS FOR EXTERNAL-SITE CLINICAL SUPERVISORS	 115
BGSU Rating Scale (in CALIPSO)	116
CALIPSO Instructions for External-Site Clinical Supervisors	117
Assignment of Clinical Grades	119
AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION (ASHA) SUMMARY OF ACCREDITATION STANDARDS	 120
Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology Effective August 1, 2017	121
Standard 1.0 Administrative Structure and Governance	121
Standard 2.0 Faculty	121
Standard 3.0 Curriculum (Academic and Clinical Education) in Speech Language Pathology	122
Standard 4.0 Students	123
Standard 5.0 Assessment	123
Standard 6.0 Program Resources	124
American Speech-Language-Hearing Association (ASHA) Excerpts from the ASHA Website, Copyright 1997-2016	125
Code of Ethics	125
Scope of Practice in Speech-Language Pathology	125
Scope of Practice in Audiology	125

**Bowling Green State University
College of Health and Human Services
Department of Communication Sciences and Disorders/
Speech and Hearing Clinic**

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 in Speech-Language Pathology is completed through the Graduate College. 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.

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.

**AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION (ASHA)
EXCERPTS FROM THE ASHA WEBSITE, COPYRIGHT 1997-2018**

2014 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology *Effective September 1, 2014, Revised March 1, 2016*

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

<http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>

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

(Effective March 1, 2016):

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

Reference: American Speech-Language-Hearing Association. (2016).
Code of ethics [Ethics]. Available from www.asha.org/policy/.

Scope of Practice in Speech-Language Pathology:

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

Reference: American Speech-Language-Hearing Association. (2016).
Scope of practice in speech-language pathology [Scope of Practice].
Available from www.asha.org/policy/.

Scope of Practice in Audiology:

<https://www.asha.org/policy/SP2004-00192/>

Reference: American Speech-Language-Hearing Association. (2004).
Scope of practice in audiology [Scope of Practice].
Available from www.asha.org/policy/.

**Bowling Green State University
College of Health and Human Services
Department of Communication Sciences and Disorders/
Speech and Hearing Clinic
200 Health and Human Services
Bowling Green, Ohio 43403-0149
419.372.2515 Telephone
419.372.8089 Fax**

CLINIC DIRECTOR:

Donna Colcord, M.S., CCC-SLP
239 Health and Human Services
419.372.0189 Telephone
Email: donnaco@bgsu.edu

DEPARTMENT CHAIR:

Lynne E. Hewitt, Ph.D., CCC-SLP
238 Health and Human Services
419.372.6031 Telephone
Email: lhewitt@bgsu.edu

GRADUATE COORDINATOR:

Kimberly S. Traver, AuD, CCC-A
248 Health and Human Services
419.372.7185
Email: ktraver@bgsu.edu

CLINICAL PRACTICUM HANDBOOK

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.

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.

COMMUNICATING CONCERNS AND COMPLAINTS

Students who have concerns at any time during their program should communicate complaints and issues starting with the person most directly concerned, when possible (e.g., for a problem with a class, students can meet with the instructor, for a problem with a clinic placement they can meet with their supervisor), and if that is not possible or if the student is concerned about negative repercussions, they can then contact the immediate supervisor of the person concerned (for academic faculty, that would be the Department Chair, and for clinical faculty, that would be the Clinic Director, for the Department Chair, that would be the Dean, etc.). The Graduate Coordinator is available for regular advising and to hear student concerns of all types and will guide students to the appropriate next level. The department adheres to all institutional expectations regarding Title IX-related matters, following mandatory reporting guidelines for any potential violations to either the Office of Equity and Diversity on campus (for complaints involving faculty or staff) or to the Dean of Students (for complaints involving students). See university policies regarding harassment and non-discrimination here:

<https://www.bgsu.edu/student-handbook/policies-and-procedures.html>

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.

Please visit the following link for more information:

<https://caa.asha.org/wp-content/uploads/Accreditation-Handbook.pdf>

ELIGIBILITY REQUIREMENTS AND ESSENTIAL FUNCTIONS

BGSU Department of Communication Sciences and Disorders Master's Program in Speech-Language Pathology

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.
3. Solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic and therapeutic plan and implementation.
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.

Adapted from: Council of Academic Programs in Communication Sciences and Disorders - 2007

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

**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 3.3B 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.
 - Articles and book chapters addressing various diagnoses, treatment strategies, etc. will be provided for the practicum class and/or clinical issues class for access by every student.
 - Proseminar presentations are made by Faculty, Graduate Students, and Guest Speakers throughout each semester of their first year. Attendance is mandatory at two presentations per semester. These presentations will provide additional knowledge, increased exposure to current research and treatment strategies, and help promote critical clinical thinking.

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.

PROFESSIONAL PRACTICE COMPETENCIES AND INTERPROFESSIONAL PRACTICE/INTERPROFESSIONAL EDUCATION (IPP/IPE)

Professional Practice Competencies. CAA Standard 3.1.1B, “Professional Practice Competencies,” lists eight areas where knowledge and skills in professional practice are necessary for competent speech-language pathology graduates and professionals: *accountability; integrity; clinical reasoning; evidence-based practice; cultural competence; professional duty; collaborative practice*. You will learn and develop these competencies by a variety of means as you progress through your program. Each of the professional practice areas is described in detail on the following website: Council on Academic Accreditation in Audiology and Speech-Language Pathology. (2017). *Standards for accreditation of graduate education programs in audiology and speech-language pathology* (2017).

<http://caa.asha.org/wp-content/uploads/Accreditation-Standards-for-Graduate-Programs.pdf>

Interprofessional Practice and Interprofessional Education Experiences. Modern health care service delivery and educational policy and practice require team-based approaches to care. In order for you develop your knowledge and skills in team-based caregiving, you will have the opportunity to participate in various interprofessional (IP) events held at on-campus and off-campus sites. *Please note: these IP events are mandatory for you to attend.* They will allow you to interact with other individuals in different professional training programs in allied health and other related professions. These opportunities will help you develop and demonstrate skills in the following areas of interprofessional practice and team-based care, as outlined in Standard 3.1.1B:

- understanding how to work on interprofessional teams to maintain a climate of mutual respect and shared values.
- communicating with interprofessional team colleagues and other professionals caring for individuals in a responsive and responsible manner that supports a team approach to maximize care outcomes.
- understanding the roles and importance of interdisciplinary/interprofessional assessment and intervention and be able to interact and coordinate care effectively with other disciplines and community resources.
- understanding and using the knowledge of one’s own role and those of other professions to appropriately assess and address the needs of the individuals and populations served.
- understanding how to apply values and principles of interprofessional team dynamics.
- understanding how to perform effectively in different interprofessional team roles to plan and deliver care centered on the individual served that is safe, timely, efficient, effective, and equitable.

Self-reflections. In your clinic placements, your self-reflections should include an analysis of your performance in team-based care, so you can focus attention on your interprofessional experiences in a manner that fosters growth.

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 Accessibility 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.) 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/Diphtheria 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.

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.

CALIPSO STUDENT FEE

As of Fall 2018, the BGSU Speech and Hearing Clinic began using CALIPSO for clinical and educational documentation. An email with instructions on how to register will be sent from the Department. Each graduate clinician will be required to register and set up an account with CALIPSO. There is a one-time fee to be paid upon initial registration. The CALIPSO account will remain current throughout the student’s training program regardless of the number of semesters required by the program. Cost to the student is \$85 and can be paid electronically via the secure online payment system accessible from the CALIPSO website. [<https://www.calipsoclient.com/bgsu>] (Note: if an undergraduate account was with an institution other than BGSU, the graduate clinician will need to reregister as a BGSU graduate clinician and again pay the CALIPSO registration fee.)

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, watch 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

General principles: You are acting as a clinician in a professional office. Dress must reflect the seriousness and professional nature of your duties as a clinical service provider. Attire that is suitable for workouts, picnics, and casual everyday wear is not acceptable. The following guidelines are provided but are not an exhaustive list; please use your best judgement and err on the side of being conservative if you are uncertain about a particular garment.

1. Footwear:
 - a. Shoes or dress sandals must be worn. No beach flip-flops, tennis shoes, or combat/work boots are allowed.
2. Shirts, sweaters, and tops:
 - a. Garments must cover torso.
 - i. Examples of unacceptable attire include but are not limited to: deep necklines, halter tops, tank tops and “muscle shirts”, tube tops, strapless tops, off-the-shoulder tops.
 - ii. Examples of acceptable attire: long and short sleeve dress shirts; knit polo shirts; blouses; sweaters; sleeveless dress tops that do not reveal the torso.
 - b. Garments should not display slogans.
 - c. No sweatshirts, casual t-shirts, or other athletic wear.
3. Pants and skirts:
 - a. Pants must cover the lower body and be professional. No blue or other denim jeans, pants with patches, frayed or raveled edges, excessively worn spots, holes (whether deliberately or accidentally created) or cut-off edges.
 - b. Shorts should not be worn; capris and dress shorts in longer lengths may be acceptable.
 - c. Use good judgement in length of skirts, being mindful that you may need to bend, stretch, and crawl, especially if you have pediatric clients.
4. No facial or intra-oral piercing/jewelry is allowed. Please contact the clinic director if you have religious reasons for wearing facial jewelry.
5. Excessive jewelry (distracting or noisy) is not permissible.
6. Fragrances should be minimal. NOTE: take special care if you have clients on the autism spectrum as fragrances can be very bothersome to some with sensory sensitivities.

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

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.

- 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.
- 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.
- Prior to recording any Clinic activity, a Video Release form **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.
- 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 resolve the issue and/or fill out an Equipment Repair form if necessary.
- 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).
- **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.
- **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.
- **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.**
- Food and beverages are not allowed in the therapy suites by either supervisors or students unless being utilized specifically for assessment and/or treatment.
- Undergraduate Observation Hours Form and Guidelines can be found in the Clinic Appendices section.

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.
 7. NOTE: See-Scape, digital tape records, stop watches and/or counters must be checked out from the Clinic Secretary in the front office.
 8. NOTE: iPads and ultrasound machine use may be reserved using the Outlook Calendar "Clinic Equipment Use".
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.

8. Off-site Use of BGSU Clinic Resource Room Materials

Off-site facilities (Grace Speaks) typically do not have all of the materials that are available at the BGSU Clinic site, i.e. games, tests/protocols, toys, etc. Sometimes the off-site facilities' clinicians will take items from the BGSU Clinic for use in their sessions. **Exceptions** to this are the iPads and the ultrasound machine.

If you have a BGSU client and are planning to use materials for your client on a Monday, Wednesday, or Friday be sure to **RESERVE** the item(s) for use. If the item(s) is not reserved, an off-site facilities clinician may come in on a Monday, Wednesday, or Friday morning and decide to take the item for use in their session(s). If they take the item to the facility, it may not come back to the BGSU Clinic until late in the day or even the day after.

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

The BGSU Speech and Hearing Clinic utilizes 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 Unity 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 about Clinical Paperwork.

Information about technology and security at BGSU may be obtained at the BGSU Information Technology Services (ITS) Policies website: <https://www.bgsu.edu/its/about/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.

DIAGNOSTIC PROTOCOL POLICY

Copies of assessment protocols (test forms) for practice and self-study are kept in the file cabinet in the Student Workroom and/or in a file folder on the R-drive (accessible through your BGSU email account). The folder on the R-drive is marked "Protocols". These copies are maintained purely for student needs for practice and familiarization. Please note that **only original protocols from the test publisher** are to be used for any assessment purposes with clients; the scanned copies are purely for practice/instructional use.

Clinicians needing a copy of a protocol or protocols to use for practice/self-study should use the Student Workroom printer to print off any copies of protocols they may need and use personal printer/copy paper. Alternatively, an original protocol form may be used, and responses recorded in pencil; note that if you are conducting an assessment with a client and used pencil, before having the protocol scanned, be sure to go over the pencil with blue ink. Only original protocols are to be used when testing clients.

**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 the Clinic Secretary.
 - a. Review the preliminary information contained in the client's file in OnBase. A week before the scheduled evaluation, 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—please ask a Clinic Secretary or your supervisor if you need the files.
 - 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 the 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 the 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 these 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 a file jacket after that time, you must give it to your supervisor to return. If the supervisor is unavailable, 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 an envelope/folder 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.

- a. After this meeting, determine which test protocols will be needed for the diagnostic. Make/bring a copy of each test to be used to the front desk. The Clinic Secretary will make copies of the protocols for your use during testing. Reminder: This request should be made, at minimum, two (2) business days in advance of the date of the diagnostic.
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 if needed.
 - 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 Disposition Sheet and the Super Bill (Note: SSA clients will not have a Client Disposition Sheet or a Super Bill) which can be found in the client's file jacket. Complete any missing information or change any incorrect information on the Client Disposition Sheet i.e. the client's cell phone number, date of birth, etc. and alert the Clinic Secretary of any changes so the client files can be corrected in OnBase and in Sycle also.

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 (consent, release, video release, iPad release, electronic recording policy).

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/utilized.
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 Disposition Sheet, and Super Bill must be filled out as completely as possible.
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 on an original form, is properly completed and included in the client's file jacket. 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.
6. The supervisor will insure that the report is formatted properly and that the client's file is complete. Once edits have been completed and approved by the supervisor, electronic signatures are placed on the document. The final version will be submitted by a student clinician via OnBase to the Clinic Secretary for proofing, mailing, and uploading to the client's electronic record.
7. In addition, the supervisor will be sure to indicate if any copies of the report are to be sent as requested to other professionals authorized by the client to send them. The supervisor will ensure that all original protocols are in the file jacket and then give the file jacket to the Clinic Secretary. This will alert the secretaries that all protocols have been turned in and that a completed report is in OnBase ready to be proofed and mailed.

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.**

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:

- student's experience level
- student's clinical hour needs (disorder type/client age)
- client's requests and requirements
- placement site requirements
- available supervision
- client, clinician and supervisor schedules
- client availability

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 (e.g., 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.**

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

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.

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.

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.

There may be audio or video recordings of some clients who have been seen previously at the BGSU Clinic. As with client files any recording media 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 recordings of their clients.

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.

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. 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. Signature of the Video Release/Electronic Recording Policy form will be requested also; 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 the 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.

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
- to obtain further information needed to plan assessment or intervention

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.

IF YOU MUST LEAVE A MESSAGE, THE NATURE OF THE CALL IS NEVER REVEALED TO ANOTHER PARTY, ONLY THE NAME OF THE CLINIC, THE NAME OF THE PERSON CALLING, THE DAY AND TIME OF THE CALL, AND A PHONE NUMBER AT WHICH YOU CAN BE REACHED.

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 client, the parent/guardian of a minor child client, or caregiver of an adult client (NOT A COLLEGE STUDENT; if client is a college student, see item #2):

Ask to speak to the client/parent/guardian/caregiver.

The first time you call, if the person you are trying to reach 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 they are still unavailable, or if an answering machine picks up the call, leave the same message. Leave a message requesting that the party you are trying to reach 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

As of Fall 2018, the BGSU Speech and Hearing Clinic began using CALIPSO for clinical and educational documentation. For each on-campus client, one On-Campus Clock Hours form should be maintained on the R-drive. **Note:** clock hours are entered in as minutes, not quarter hours. This form is located in a folder on the R-drive and should be updated after each on-campus therapy session. Following the last therapy session for the semester, type LAST SESSION next to the date. Use this information to input a summary of your clock hours into CALIPSO. At the end of the semester, place the appropriate ICD-10 code on the top of the form, and give your supervisor both the green payment grid and the client's clock hours form.

For on-campus clients being serviced by a team of clinicians, the team maintains a single billing/clock hours form on the R-drive throughout the semester. However, at the end of the semester, individuals meet with the supervisor to determine each clinician's individual earned clock hours. Then fill out **individual** clock hours forms for each clinician according to the earned clock hours for the client. Use this information to then input a summary of each individual clinician's hours into CALIPSO. At the end of the semester, place the appropriate ICD-10 code on the top of the single billing/clock hours form, then give your supervisor both the green payment grid and the client's single main billing/clock hours form.

You will need to set up a clock hours form for each of your clients/supervisors in CALIPSO also. Clock hours for each of your clients will need to be logged into CALIPSO and then submitted to your supervisor for approval. **You will use the last day of the semester for the date in CALIPSO.** Use the clock hours form you have been completing throughout the semester as a summary to input your clock hours into CALIPSO. **Do not** input daily clock hours directly into CALIPSO; use the daily clock hours form(s) on the R-drive for daily input to build a summary you then will enter as total hours for a particular client at the end of each semester.

To add a new clock hour into CALIPSO, log into CALIPSO and:

- Go to Clock Hours on the home page
- Click on Daily Clock Hours in the blue ribbon
- Add new daily clock hour
- Fill out the required fields
- In the box at the bottom left of the screen enter your client's initials (this is to differentiate each individual client).
- Additional instruction may be found on the BGSU CALIPSO website:
<https://www.calipsoclient.com/bgsu/> under **Resources:** Students: Step-by-step Instructions

Note: if you have the same supervisor for two different clients, you can click on "New clock hour with this header". This will autofill all of the demographic fields for you. You only need to make a notation in the bottom box identifying this next client; be sure to use the client's initials code i.e. JGR. If you have different supervisors, a separate clock hour header will need to be created for each supervisor.

For students doing therapy at off-campus locations, you will enter one CALIPSO form for each client at the end of the semester also. **Do not** load the entire caseload per site; input only one summary of all clock hours earned for each client. Remember to put the client initials in the box at the bottom left in CALIPSO.

For students doing on-campus diagnostics, an On-Campus Diagnostic Hours form should be maintained either manually or on the R-drive throughout the semester. Be sure to indicate child (-C) or adult (-A) beside the date to insure proper documentation of hours in CALIPSO. At the end of the semester, submit a summary of the hours earned into a single clock hours form in CALIPSO for your supervisor to review and approve.

CLINICAL PAPER WORK

The BGSU Speech and Hearing Clinic utilizes 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 Unity client (non web-based application) that has been loaded to each clinic computer desktop.

1. To ensure greater security/confidentiality of information, **Semester Plans of Treatment, SOAP notes, Therapy Progress Reports, and Diagnostic Reports** will be generated and worked on in the OnBase Workflow environment.
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.
3. Therapy Plans - The supervisor will let the student know what format to use. 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.
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. 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 then uploaded to the client file via OnBase.
7. Data - Graphs and charts of the client's progress should be maintained throughout the semester.
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. 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 internship typically occurs during the fourth semester of the graduate program. This internship is a 2-1/2 day assignment for 12-14 weeks. The second off-campus internship 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 (see **Internship Questionnaire** in the appendices area.)

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).

Some external placements, primarily medical settings, require an onboarding fee before initiating the Internship. This fee is set by the facility and is typically \$50 or less. Students should check with the Clinic Director to determine if this type of fee is associated with the Internship; occasionally the Clinic Director is made aware of an onboarding fee after the student has been accepted into the placement. The student is not invoiced directly from the facility; rather, the CDIS Department is invoiced for the fee. Therefore, the student will be responsible for reimbursing the CDIS Department for payment of this fee which has been made on behalf of the student.

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
- Blanchard Valley Health System
- Bowling Green City Schools
- Eden Springs
- Findlay City Schools
- Firelands Regional Medical Center
- Fremont City Schools
- Hancock County Educational Services Center
- Henry Ford Hospital
- Kindred 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
- Ohio Health
- OSU Medical Center: Dodd Hall
- Perrysburg City Schools
- ProMedica Memorial Hospital (Fremont)
- ProMedica Toledo Hospital
- ProMedica Total Rehab (Bay Park and Perrysburg)
- Regency Hospital
- Rehab Dynamics, Inc.
- Rehab Hospital of NW Ohio
- 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
- Veteran's Administration (Dayton)
- 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 forms in CALIPSO. A conference will be scheduled with each student to discuss the evaluation(s). The results of the evaluation will be for the Clinic Director to review the mid-term and final grade.
5. Students will complete evaluations of their practicum supervisor(s) in CALIPSO at the end of their practicum class.

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 the 2014 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology.

Clinical supervisors assess a student's knowledge and skills based on their clinic experience. Within CALIPSO, each supervisor completes one *ASHA Knowledge and Skills Acquisition Form* for each clinical experience each semester, indicating student performance according to the Rating Scale below.

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

BGSU Rating Scale (in CALIPSO)

1 Not Evident/Inadequate: skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling.

2 Minimally Evident: Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services.

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

4 Good: Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives.

5 Very Good/Excellent: Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor serves as consultant in areas where student has less experience; provides guidance on ideas initiated by student.

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. Within CALIPSO, the *ASHA Knowledge and Skills Acquisition Form* 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. 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.
 - c. For those students doing on-campus speech-language diagnostic evaluations and/or an on-campus diagnostic rotation within the BGSU Speech and Hearing Clinic’s Audiology Clinic, the *ASHA Knowledge and Skills Acquisition Form* is also completed within CALIPSO by the supervisor following the completion of each semester’s diagnostic activity.
2. Practicum grades are based primarily on the ratings obtained from the CALIPSO form. 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 CALIPSO form in an integrative manner. Again, 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) 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 grade of "U" and a resultant POA **will** occur when a student receives multiple ratings of 2 (Minimally Evident) or 1 (Not Evident/Inadequate) during a Performance Evaluation period that results in a mean evaluation score of less than 3 (Developing).
- A POA **may** be instituted if a student receives a score of 2 (Minimally Evident) or 1 (Not Evident/Inadequate) in any area during a Performance Evaluation period. The decision to implement a remediation plan under these circumstances will be made jointly by the supervisor(s) who assigned the 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. 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.

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 CDIS 6890 the following semester and complete an additional internship in order to demonstrate satisfactory performance. Failure to demonstrate satisfactory performance during the additional Internship will result in termination from the program.

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. 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; **DO NOT** upload the report to the client file. It must go to a Clinic Secretary first; the Clinic Secretary will proof the document and then upload it to the client file. If copies are to be sent to other agencies, it should be specified on the form provided to the supervisor for check out purposes, e.g., "copies to ___" along with any other special instructions the Clinic Secretary may need to know.
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 any necessary paper forms directly 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/>

(PDF version: <https://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 faculty 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

From: Cornett, B. (2002, Feb. 5). The HIPAA privacy rule in everyday life. *The ASHA Leader*, pp.2, 22.

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 Institutional Review Board (IRB) 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.
3. 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; typically a BGSU Injury and Illness Incident Report.

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 Environment Health and Safety website:

<http://www.bgsu.edu/content/dam/BGSU/envhs/documents/Injury-and-illness-report-form.pdf>

<http://www.bgsu.edu/environmental-health-and-safety/about-us/injury-and-illness-reporting.html>

... to complete the on-line Injury and Illness Reporting Form. This report should be completed **within 24 hours** of the incident, and a copy should be given to the Clinic Director.

Frequently Asked Questions link:

<https://www.bgsu.edu/content/dam/BGSU/envhs/documents/Electronic-II-Report-FAQ.pdf>

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.

Web versions: <http://www.bgsu.edu/public-safety/bgsu-emergency-management-and-response.html>

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

BOWLING GREEN STATE UNIVERSITY
SPEECH AND HEARING CLINIC
200 HEALTH CENTER BUILDING
BOWLING GREEN, OHIO 43403-0149
419.372.2515 TELEPHONE
419.372.8089 FAX

CLIENT CONTACT SHEET

CLIENT NAME: _____ FILE NO.: _____
I.D. _____ HIPAA INFO DIST: _____
BILLING TYPE: REG BVR MCd BCMH PGH STDT OTHER FORMS SENT: _____
AUD SP/L

D.O.B.: _____ AGE: _____ SEX: _____
ADDRESS: _____ APPT COMPANION: [] Y [] N
CITY: _____ STATE: OH ZIP: _____ Adult / Child
DAYTIME PHONE: _____ / _____ RELATION: _____
EMAIL CONTACT: _____ FIRST NAME: _____
BILLING TO: _____ LAST NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

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: _____



Department of Communication Sciences and Disorders
Speech & Hearing Clinic

BGSU Speech & Hearing Clinic

visit us on the web at: bgsu.edu/speechandhearing

HIPAA PRIVACY COMPLAINT FORM

You may mail or fax this completed form to:

BGSU Speech and Hearing Clinic
200 Health and Human Services
Bowling Green, Ohio 43403-0149
Fax: 419.372.8089

You may also email the completed form to: **donnaco@bgsu.edu**

Date: _____ Full Name: _____

Address: _____

Telephone Number: _____ Email: _____

Name of Patient: _____

Relationship to Patient (if different from above): _____

Describe the complaint in detail, including the date of occurrence, the name(s) of any staff involved and other witnesses (attach additional sheets if necessary):

Patient or Legal Representative Signature Date

<p>Internal Use Date received: _____ Received by: _____ Complaint delivered by (circle one): Email Mail Fax</p>

**BGSU SPEECH AND HEARING CLINIC
OPEN TO THE PUBLIC, SERVING ALL AGES**

BOWLING GREEN STATE UNIVERSITY
Speech and Hearing Clinic
200 Health Center Building
Bowling Green, OH 43403-0149
Telephone 419.372.2515
Fax 419.372.8089

EVALUATION/CONSULTATION/TREATMENT CONSENT

I hereby consent and agree to permit the Bowling Green State University Speech and Hearing Clinic with the authority to provide evaluations, treatment and consultative services, for the client identified below:

(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

<u>Initials</u>	<u>Date</u>	<u>Initials</u>	<u>Date</u>	<u>Initials</u>	<u>Date</u>	<u>Initials</u>	<u>Date</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

BOWLING GREEN STATE UNIVERSITY
Speech and Hearing Clinic
200 Health Center Building
Bowling Green, OH 43403-0149
Telephone 419.372.2515
Fax 419.372.8089

RELEASE / OBTAIN INFORMATION

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 Multifactorial 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 that 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. _____

SEND TO RECEIVE FROM

SEND TO RECEIVE FROM

3. _____

4. _____

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.

<u>Initials</u>	<u>Date</u>	<u>Initials</u>	<u>Date</u>	<u>Initials</u>	<u>Date</u>	<u>Initials</u>	<u>Date</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

BOWLING GREEN STATE UNIVERSITY
Speech and Hearing Clinic
200 Health Center Building
Bowling Green, OH 43403-0149
Telephone 419.372.2515
Fax 419.372.8089

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 name; please print)

(Signature of person granting permission)

(Relationship to client)

+++++

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:

<u>Initials</u>	<u>Date</u>	<u>Initials</u>	<u>Date</u>	<u>Initials</u>	<u>Date</u>	<u>Initials</u>	<u>Date</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

BOWLING GREEN STATE UNIVERSITY
Speech and Hearing Clinic
200 Health Center Building
Bowling Green, OH 43403-0149
Telephone 419.372.2515
Fax 419.372.8089

CLINIC iPad PICTURE RELEASE

Occasionally pictures of clients and client’s family members are taken on the Clinic iPad for use during therapy.

[] I authorize use of personal pictures on the Clinic iPad for the client named below.

[] I do not authorize use of personal pictures on the Clinic iPad for the client named below.

Personal pictures will be removed from the Clinic iPad at the end of each semester or at the termination of the client’s therapy.

(Client name; please print)

(Signature of person granting permission)

(Relationship to client)

+++++

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:

<u>Initials</u>	<u>Date</u>	<u>Initials</u>	<u>Date</u>	<u>Initials</u>	<u>Date</u>	<u>Initials</u>	<u>Date</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

BOWLING GREEN STATE UNIVERSITY
Speech and Hearing Clinic
200 Health Center Building
Bowling Green, OH 43403-0149
Telephone 419.372.2515
Fax 419.372.8089

ELECTRONIC RECORDING POLICY

Unauthorized video and audio recording of any therapy and/or diagnostic sessions, using any electronic devices (i.e. phones, iPads, etc.), is prohibited in the BGSU Speech and Hearing Clinic setting. It breaches confidentiality rights of other patients and infringes upon the federally mandated privacy rights of clients, students and others involved in the Clinic.

I/my family/any designated caregiver(s) understand and agree to abide by this policy.

(Client name; please print)

(Signature of person acknowledging policy)

(Relationship to client)

+++++

<u>Initials</u>	<u>Date</u>	<u>Initials</u>	<u>Date</u>	<u>Initials</u>	<u>Date</u>	<u>Initials</u>	<u>Date</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**AUDIOLOGY 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: _____

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 otoacoustics emissions, limited
- _____ 92588 Evoked otoacoustics emissions, comprehensive
- _____ 92625 Assessment of tinnitus (includes pitch, loudness matching, and masking)

- _____ V5264 Earmold/insert, not disposable, any type
 - _____ \$85.00 Earmold (each)
 - _____ \$85.00 Slip Tips (each)
 - _____ \$100.00 C-Shells (each)
 - _____ \$150.00 Swim Plugs (pair)
 - _____ \$185.00 Filtered, Musician Plugs (pair)
 - _____ Other: _____

_____ V5265 Earmold/insert, disposable, any type

_____ V5275 Ear impression, each

- _____ V5266 Battery for use in hearing device (6pk)
 - _____ Size 10
 - _____ Size 13
 - _____ Size 312
 - _____ Size 675

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; monaural
- _____ 92595 Electroacoustic evaluation for hearing aid; binaural
- _____ V5010 Assessment for Hearing Aid

Repairs (V5014; specify #; MCd PA req)

- _____ \$150.00 1yr Extended Warranty
- _____ \$200.00 L&D Replacement Cost
- _____ \$230.00 Dig/Prog Hearing Aid Repair <5 years
- _____ \$275.00 Dig/Prog Hearing Aid Repair >5 years
- _____ \$75.00 Receiver Replace (In-House)
- _____ \$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: _____

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)

Other Repair Services

- _____ 92700 HA service; site visit (\$60)
- _____ 92700 HA Program/Re-program HA not sold by BGSU (\$50 per 1/2hr or \$250/year)

TOTAL DUE: \$ _____

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

PAID BY: [] CASH [] CHECK # _____

[] CREDIT/DEBIT: AmEx / Discover / MC / Visa

Signature: _____

Date: _____

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

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

Hearing Aids (HCPCS Level II Codes)

- ___ 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

- ___ 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
- ___ V5299 Hearing Service, Miscellaneous

Accessories (V5267; specify #; MCd PA req)

- ___ \$8.00 Battery Tester
- ___ \$15.00 Dry-Aid Kit
- ___ \$150.00 Global Drying Unit
- ___ \$20.00 Replacement Brick/Tri-pack
- ___ \$10.00 Sanitizer
- ___ \$8.00 Tube Blower
- ___ \$15.00 Wax Guard-6pk
- ___ Other: _____

Cerumen Management Services

- ___ 69210 Removal of impacted cerumen, one or both ears

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

Speech and Language - Tx

- ____ 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder, individual
- ____ 92508 Group, two or more individuals
- ____ 92630 Auditory rehab; pre-lingual hearing loss
- ____ 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 speechgenerating 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 nonspeech generating augmentative and alternative communication device, including programming and modification
- ____ 92609 Therapeutic services for the use of speechgenerating 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

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

Signature: _____

Date: _____





CLIENT DISPOSITION FORM

DATE: _____

CLIENT'S NAME: _____

CLIENT'S DOB: _____

PARENT/GUARDIAN'S NAME: _____

PHONE: _____

ADDRESS: _____

Recommended Tx:

Status:

Age:

Presenting Problem:

Individual
____ Sessions per week
____ Minutes

____ New
____ Continuing
____ Dismissed

____ Preschool
____ School-age
____ Adult

____ Articulation/Phonology
____ Dysphagia
____ Fluency
____ Voice/Resonance
____ Cognitive Aspects

Group
____ Sessions per week
____ Minutes

____ Communication Modalities

____ Language-Rec/Exp
____ Social Aspects
____ Other: _____

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

Please mark below your **PREFERRED** times for therapy.
We will do our best to honor these times as the schedule permits.

[] **Keep same day and time (continuing clients only):** _____

	Day	Time
[] 1st preference	M T W R F	_____ ANY / AM / PM
[] 2nd preference	M T W R F	_____ ANY / AM / PM
[] 3rd preference	M T W R F	_____ ANY / AM / PM

OFFICE USE ONLY

Previous schedule: _____

Previous clinician/supervisor: _____

Clinician

Supervisor

Confirmed: _____

Schedule

Starting Date

Assigned: _____

M T W R F

M T W R F

**Bowling Green State University
Speech and Hearing Clinic**
200 Health and Human Services
Bowling Green, Ohio 43403-0149
Telephone: 419.372.2515

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) / Times: _____

Fees for these services will be:	\$ _____	per 0-15 minute session, (\$14)
	\$ _____	per 16-30 minute session, (\$26)
	\$ _____	per 31-45 minute session, (\$38)
	\$ _____	per 46-60 minute session, (\$50)
	\$ _____	per 61-75 minute session, (\$60)
	\$ _____	per 76-90 minute session, (\$76)
	\$ _____	per 91-105 minute session, (\$88)
	\$ _____	per 106-120 minute session, (\$100)

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:

Representative, BGSU Speech and Hearing Clinic

Parent/Caretaker/Client

Date

Date

Additional Information: _____

CLIENT PAYMENT GRID

Client:

Clinician:

Session Day/Time:

Cost per Session:

	Date	Amt Pd	Initial		Date	Amt Pd	Initial
Week 1	Monday, June 7, 2010			Week 5	Monday, July 5, 2010	HOLIDAY	No Clinic
	Tuesday, June 8, 2010				Tuesday, July 6, 2010		
	Wednesday, June 9, 2010				Wednesday, July 7, 2010		
	Thursday, June 10, 2010				Thursday, July 8, 2010		
	Friday, June 11, 2010				Friday, July 9, 2010		
Week 2	Monday, June 14, 2010			Week 6	Monday, July 12, 2010		
	Tuesday, June 15, 2010				Tuesday, July 13, 2010		
	Wednesday, June 16, 2010				Wednesday, July 14, 2010		
	Thursday, June 17, 2010				Thursday, July 15, 2010		
	Friday, June 18, 2010				Friday, July 16, 2010		
Week 3	Monday, June 21, 2010			Week 7	Monday, July 19, 2010		
	Tuesday, June 22, 2010				Tuesday, July 20, 2010		
	Wednesday, June 23, 2010				Wednesday, July 21, 2010		
	Thursday, June 24, 2010				Thursday, July 22, 2010		
	Friday, June 25, 2010				Friday, July 23, 2010		
Week 4	Monday, June 28, 2010			Week 8	Monday, July 26, 2010		
	Tuesday, June 29, 2010				Tuesday, July 27, 2010		
	Wednesday, June 30, 2010				Wednesday, July 28, 2010		
	Thursday, July 1, 2010				Thursday, July 29, 2010		
	Friday, July 2, 2010				Friday, July 30, 2010		

**** IF MARGINS NEED ADJUSTING ... ADJUST TOP AND/OR BOTTOM: NOT SIDES ****
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

(double space)

SPEECH AND LANGUAGE EVALUATION

(triple space)

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)

(double space)

(double space)

(double space)

(triple space)

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

(double space)

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).

(triple space)

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.

(Informational header should begin to appear on page 2 and continue on each page thereafter to the last page of the report.)

Client's Name
SPEECH AND LANGUAGE EVALUATION
Date(s) of Evaluation
Page Number

It is important that you clearly cite the source of your information, e.g. by stating "Mrs. Jones reported/stated/said/commented/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 fact leads to a very disjointed report and leaves the reader with the task of attempting to "pull together" related information.

(triple space)

III. CLINICAL EXAMINATION

(double space)

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:

- A. Interaction and separation from parents.
- B. Relationship to examiner.
- C. Attention to test items.
- D. Cooperation.
- E. Spontaneity.
- F. Ability to follow test instructions.
- G. 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:

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

Speech

Information to be reported under this subheading may include:

- A. 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.
- B. Results of formal/informal articulation tests and analysis of results.
- C. Stimulability.
- D. 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:

- A. the screening level and calibration reference, e.g., 15 dB HTL (re: ANSI, 1969).
- 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.

(triple space)

IV. IMPRESSIONS

(double space)

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.

(triple space)

V. RECOMMENDATIONS

(double space)

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:

- 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:

(double space)

- 1.
- 2.
- 3.

(double space between recommendations)

(leave 4-6 spaces)

 (Student's signature)
 Student's name and degree (typed)
 Graduate Student Clinician

 (Supervisor's signature)
 Supervisor's name and degree (typed)
 Clinical Supervisor

(double space)

Date: _____ (Use slashes)

If two clinicians, signature lines should be as follows:

 (Student's signature)
 Student's name and degree (typed)
 Graduate Student Clinician

 (Student's signature)
 Student's name and degree (typed)
 Graduate Student Clinician

(double space)

_____(Supervisor's signature)_____ Date: _____(Use slashes)_____
Supervisor's name and degree (typed)
Clinical Supervisor

(double space)

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

**Speech and Hearing Clinic
200 Health Center Building
Bowling Green, OH 43403-0149**

Plan of Treatment for Spring 2018 (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)

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 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.

EVIDENCE BASED PRACTICE (EBP) SUPPORT

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

Name of Student, degree
Graduate Student Clinician

Name of Supervisor, Degree and Credentials
Clinical Supervisor

Date

**** IF MARGINS NEED ADJUSTING ... ADJUST TOP AND/OR BOTTOM: NOT SIDES ****
GUIDELINES FOR WRITING THE THERAPY PROGRESS SUMMARY

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

(double space)

THERAPY PROGRESS SUMMARY

(triple space)

Name: _____ (full name) _____ Date: _____ 00/00/00 (use slash marks throughout the report) _____

(double space)

Age: _____ Birthdate: _____ Therapy Site: _____

(double space)

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

(double space)

Address: _____

(double space)

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

(double space)

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

(double space)

Number of Sessions Absent: _____

(triple space)

Status at Beginning of Therapy

(double space)

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

(triple space)

Summary of Therapy

(double space)

A. General behavioral observations/information

B. Goals established for term

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)

Client's Name
THERAPY PROGRESS SUMMARY
Therapy Period
Page Number

(double space)

Recommendations

(double space)

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

(Supervisor's signature)
Supervisor's name and degree (typed) CCC-SLP
Clinical Supervisor

*Note: When writing your ***rough draft***, **double space ENTIRE** report. Items in ***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.

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

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: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Response		Decision notification Sent:	
Response Approved By:	Date:		

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

DENIAL OF PATIENT REQUEST TO AMEND RECORDS

RE: Request for Amendment 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

**BGSU Speech and Hearing Clinic
SAMPLE THERAPY PLAN**

Clinician: _____

Client: _____

Dates Effective: _____

Supervisor: _____

Term Objectives:

Stimulus Procedure	Expected Response	Consequence

SAMPLE THERAPY PLAN

Clinician: _____

Client: _____

Dates Effective: _____

Supervisor: _____

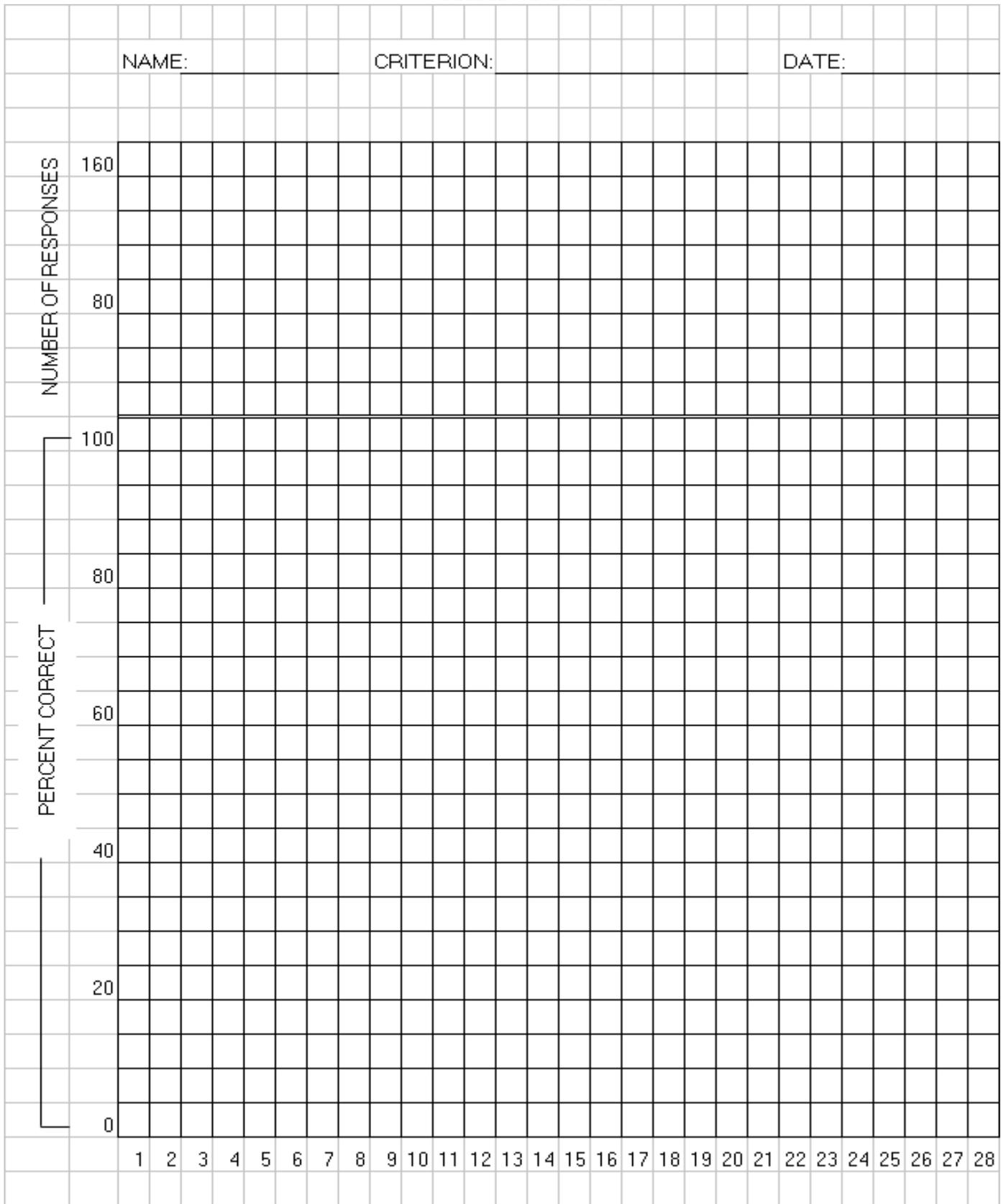
Term Objectives: The client will say the /k/ sound in all positions of words in phrases with 90% accuracy at the elicited level.

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

Sample Therapy Plan (continued)

Stimulus Procedure	Expected Response	Consequence
<p>2. A. Clinician will have client produce sound each time he “mails” a letter to the King.</p> <p>Materials: mailbox and cards</p> <p>B. Clinician will have client say /k/ sound each time the King takes a “cookie”.</p> <p>Materials: play dough (cookies); King</p> <p>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”.</p> <p>Cue: The fox said “kee.” You say “kee.”</p> <p>Materials: flannel board, pictures of fox and bird and kings and trees.</p>	<p>2. The client will say /k/ sound in isolation given materials and instructions with 90% accuracy.</p> <p>3. Client will say /k/ sound in initial position of CV syllables given a model and materials with 90% accuracy.</p>	<p>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!”</p> <p>N.R. Recue with model.</p> <p>I.R. 1. Request repetition: “Is <u>that</u> what the King says?”</p> <p>2. Repeat error (“t”?)</p> <p>3. Give model and request repetition.</p> <p>Correct: Verbal Confirmation</p> <p>N.R. } I.R. } same as above</p> <p>Tangible – place pictures on board.</p>

GRAPH OF DATA



** Graph adapted from Monterey Program

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
Typed Name of Student, Degree
Graduate Student Clinician

Clinical Supervisor signature
Typed Name of Supervisor, Degree and Credentials
Clinical Supervisor

S.O.A.P. NOTES (BLOCK)
Bowling Green State University
Speech & Hearing Clinic

Client Name		Date	Date of session
Clinician Name	Your name and your degree go here.	Supervisor	Your Supervisor's name and credentials go here.
Subjective	Place subjective information here. 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.		
Objective	Write measureable and qualitative information here. 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).		
Assessment	Compare how the client performed today in relation to previous sessions. 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.		
Plan	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.		
Signatures:	Graduate Clinician: Once supervisor's signature appears below, copy/paste your electronic signature here. Clinical Instructor: When your supervisor's electronic signature appears here, that means the note is ready to upload to the client file in OnBase.		Date: date you sign the note Date:

S.O.A.P. NOTES (GRACE SPEAKS)
Bowling Green State University
Speech & Hearing Clinic

GRACE SPEAKS

CLIENT NAME: CLINICIAN: Graduate Clinician, B.S. SUPERVISOR: SUPERVISOR, M.S., CCC-SLP					
Date: 2/7/18	(SUBJECTIVE INFO) The client arrived on time and participated in all activities actively. Provided parent education/client homework for initial /k, g/ in words.				
Goals:	↑ Initial /k/ and /g/ to 90% acc to ↓ Fronting (sentences) – NEW GOAL	↑ Initial /k/ and /g/ to 90% acc to ↓ Fronting (phrases)	↑ Use of present progressive to 80% acc in carrier phrase	↑ MLU (words) from 3.0 to 4.0	
(Objective Data)	/k/: 50% acc (5/10) /g/: 50% acc (5/10) (independent-baseline) NEW GOAL	/k/: 80% acc (8/10) /g/: 80% acc (8/10) (min cues)	80% acc (8/10) (min, visual cues). Used colored blocks.	3.0 MLU (words) in play-based 50 utterance sample.	ASSESSMENT/PLAN: -Baselined /k, g/ sentences. -Increased /is + ing / given cues. Maintained MLU (words). -Continue goals at current levels. Upgraded fronting goal to phrase/sentence level due to goal met at word level.
SIGNATURES: Graduate Clinician, B.S. SUPERVISOR, M.S., CCC-SLP					
Date: 1/31/18	(SUBJECTIVE INFO) The client arrived on time and participated in all activities actively. Provided parent education on enhancing language in play.				
Goals:	↑ Initial /k/ and /g/ to 90% acc to ↓ Fronting (words) GOAL MET	↑ Initial /k/ and /g/ to 90% acc to ↓ Fronting (phrases)	↑ Use of present progressive to 80% acc in carrier phrase	↑ MLU (words) from 3.0 to 4.0	
(Objective Data)	/k/: 100% acc (10/10) /g/: 100% acc (10/10) (independent) GOAL MET	/k/: 70% acc (7/10) /g/: 70% acc (7/10) (min cues)	70% acc (7/10) (min, visual cues). Used colored blocks.	3.0 MLU (words) in play-based 50 utterance sample.	ASSESSMENT/PLAN: -Increased accuracy for /k,g/ in words at high level independently. Maintained /is + ing / given cues. Improved MLU (words) back to baseline due to increased participation. -Continue goals at current levels. Upgrade fronting goal to phrase/sentence level due to goal met at word level.
SIGNATURES:					
Date: 1/24/18	(SUBJECTIVE INFO) The client arrived on time but was crying at start the session for first 5 mins, then participated quietly.				
Goals:	↑ Initial /k/ and /g/ to 90% acc to ↓ Fronting (words)	↑ Initial /k/ and /g/ to 90% acc to ↓ Fronting (phrases)	↑ Use of present progressive to 80% acc in carrier phrase	↑ MLU (words) from 3.0 to 4.0	
(Objective Data)	/k/: 90% acc (9/10) /g/: 100% acc (10/10) (independent)	/k/: 70% acc (7/10) /g/: 70% acc (7/10) (min cues)	70% acc (7/10) (min, visual cues). Used colored blocks.	2.5 MLU (words) in play-based 50 utterance sample.	ASSESSMENT/PLAN: -Increased accuracy for /k,g/ in words. Increased /is + ing / given cues. Slight decrease in morpheme/MLU goal perhaps due to minor reluctance to participate. -Continue goals at current levels. Plan to upgrade fronting goal to phrase/sentence level if continued high level in words.
SIGNATURES:					
Date: 1/17/18	(SUBJECTIVE INFO) This was the first session of the Spring 2018 semester. The client arrived on time and happy to start the session exemplified by entering the clinic room with a smile. Rapport built, parent interviewed. Client's mother indicated that the client might be sleepy, as he just woke from a nap.				
Goals:	↑ Initial /k/ and /g/ to 90% acc to ↓ Fronting (words)	↑ Initial /k/ and /g/ to 90% acc to ↓ Fronting (phrases)	↑ Use of present progressive to 80% acc in carrier phrase	↑ MLU (words) from 3.0 to 4.0	
(Objective Data)	/k/: 80% acc (8/10) /g/: 90% acc (9/10) (independent/ baseline)	/k/: 60% acc (6/10) /g/: 60% acc (6/10) (independent/ baseline)	60% acc (6/10) (independent/ baseline)	3.0 MLU (words) 3.2 MLU (morphemes) in play-based 100 utterance sample-baseline	ASSESSMENT/PLAN: -Baseline measures taken for beginning of semester. -Continue goals at current levels. Establish semester plan of treatment.
SIGNATURES:					

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, 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 you 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?

**Bowling Green State University
Speech and Hearing Clinic
SUPERVISOR'S EVALUATION FORM**

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.)
11. Clinician-client interpersonal relationship.

**Bowling Green State University
Clinical Practicum Program**

**USE OF THE CALIPSO ASHA KNOWLEDGE AND SKILLS ASSESSMENT FORM FOR
PRACTICUM [THERAPY / DIAGNOSTICS / AUDIOLOGY ROTATION]**

To measure student's performance in clinical practicum activities, a continuum scale is used ranging from "Not Evident/Inadequate" to "Very Good/Excellent". Performance ratings can be defined as follows:

1 Not Evident/Inadequate: skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling.

2 Minimally Evident: Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services.

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

4 Good: Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives.

5 Very Good/Excellent: Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor serves as consultant in areas where student has less experience; provides guidance on ideas initiated by student.

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

The mid-term and final grades are established by gathering a general impression of where the bulk of the ratings fall. Space for "Comments" is provided on the form.

Practicum grades of "S" (Satisfactory) or "U" (Unsatisfactory) are based primarily on the ratings obtained from the evaluation form. 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 should be used to provide immediate feedback to the students on the competencies displayed throughout the semester.

SPEECH-LANGUAGE PATHOLOGY / AUDIOLOGY PRACTICUM SUPERVISOR FEEDBACK

- At the completion of each clinical course graduate clinicians are asked to complete feedback for each clinical supervisor.
- From the lobby page in CALIPSO, click “Supervisor feedback forms.”
- Click “New supervisor feedback.”
- Complete form and click “Submit feedback.”
- The completed feedback form will be posted for Clinic Director for approval.
- Once approved, feedback will be posted for the Clinical Supervisor to view.
- NOTE: until approved, the feedback may be edited by clicking on “View/Edit.” Once approved, no further changes/edits will be able to be made to the form.

1. Provided an orientation to the facility and caseload.

N/A	No orientation provided. Student oriented him/herself.	Informal orientation provided.	X Formal orientation provided with supplemental documentation.
-----	--	--------------------------------	--

2. Provided the student with feedback regarding the skills used in diagnostics.

N/A	Comments were vague; and therefore, difficult to apply.	Comments were useful but lacked specifics or concrete examples.	X Comments were useful, specific, and constructive.
-----	---	---	---

3. Provided the student with feedback regarding the skills used in interviewing.

N/A	Comments were vague; and therefore, difficult to apply.	Comments were useful but lacked specifics or concrete examples.	Comments were useful, specific, and constructive.
-----	---	---	---

4. Provided the student with feedback regarding the skills used in conferences.

N/A	Comments were vague; and therefore, difficult to apply.	Comments were useful but lacked specifics or concrete examples.	Comments were useful, specific, and constructive.
-----	---	---	---

5. Provided the student with feedback regarding the skills used in behavioral management.

N/A	Comments were vague; and therefore, difficult to apply.	Comments were useful but lacked specifics or concrete examples.	X Comments were useful, specific, and constructive.
-----	---	---	---

6. Provided the student with feedback regarding the skills used in therapy.

N/A	Comments were vague; and therefore, difficult to apply.	Comments were useful but lacked specifics or concrete examples.	X Comments were useful, specific, and constructive.
-----	---	---	---

7. Provided the student with feedback regarding his/her selection of diagnostic or therapy materials.

N/A	Comments were vague; and therefore, difficult to apply.	Comments were useful but lacked specifics or concrete examples.	X Comments were useful, specific, and constructive.
-----	---	---	---

8. Explained and/or demonstrated clinical procedures to assist student in clinical skills development.

N/A	Provided minimal explanations and/or demonstrations.	Provided adequate explanations and/or demonstrations when requested.	X Provided thorough explanations and/or demonstrations for all clinical procedures.
-----	--	--	---

9. Utilized evidence-based practice.

N/A	Rarely referenced current literature.	Occasionally referenced current literature.	X Frequently referenced current literature.
-----	---------------------------------------	---	---

10. Encouraged student independence and creativity.

N/A	Minimally receptive to new ideas and differing techniques.	Somewhat receptive to new ideas and differing techniques but did not encourage them.	X Very receptive to new ideas and encouraged use of own techniques.
-----	--	--	---

11. Provided positive reinforcement of student's successes and efforts.

N/A	Rarely commented on successes and efforts.	Occasionally commented on successes and efforts.	X Frequently commented on successes and efforts.
-----	--	--	--

12. Provided student with written and/or verbal recommendations for improvement.

N/A	Rarely provided written and/or verbal recommendations except on midterm and final evaluations.	Occasionally provided written and/or verbal recommendations in addition to the midterm and final evaluations.	X Systematically provided written and/or verbal recommendations in addition to the midterm and final evaluations.
-----	--	---	---

13. Demonstrated enthusiasm and interest in the profession and in providing clinical services.

N/A	Enthusiasm and interest rarely observed; frequent negative comments.	Enthusiasm and interest occasionally observed; occasional negative comments.	X Enthusiasm and interest regularly observed; frequent positive and optimistic comments.
-----	--	--	--

14. Demonstrated effective interpersonal communication with student.

N/A	Seemed uninterested and/or unwilling to listen or respond to student's needs.	Some interest in student's needs shown, but communication lacked sensitivity.	X Aware of and sensitive to student's needs; open and effective communication.
-----	---	---	--

15. Receptive to questions.

N/A	Unwilling to take time to answer questions.	Answered questions inconsistently.	X Answered questions with helpful information or additional resources which encouraged me to think for myself.
-----	---	------------------------------------	--

16. Available to me when I requested assistance.

N/A	Supervisor was rarely available.	Supervisor was occasionally available.	X Supervisor was always available.
-----	----------------------------------	--	------------------------------------

17. Utilized effective organizational and management skills.

N/A	Rarely organized; showed difficulty balancing supervisory and clinical responsibilities.	Somewhat organized; balanced supervisory and clinical responsibilities with little difficulty.	X Always organized; balanced supervisory and clinical responsibilities with ease.
-----	--	--	---

18. Referred me to or provided me with additional resources (materials, articles, video tapes, etc.)

N/A	Provided minimal or no additional resources.	Provided helpful resources upon student request.	X Provided helpful resources without student request.
-----	--	--	---

19. Realistically demanding of me as a student intern.

N/A	Expectations were either too high or too low for level of experience with no attempts to adjust.	Expectations were generally appropriate for my level of experience.	X Expectations were individualized and adjusted according to my strengths and weaknesses.
-----	--	---	---

Overall, how would you rate this clinical experience? Superior ▾

Additional comments?

What experience during this practicum provided you with the greatest learning opportunity

SPEECH-LANGUAGE PATHOLOGY / AUDIOLOGY PRACTICUM EVALUATION

Cumulative evaluation: Doe, Jane

Client(s)/Patient(s) Multicultural Aspects (check all that apply): [2] <input checked="" type="checkbox"/> Ethnicity <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Culture <input checked="" type="checkbox"/> National origin <input type="checkbox"/> Socioeconomic status <input type="checkbox"/> Gender identity <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Religion <input type="checkbox"/> Exceptionality <input type="checkbox"/> Other	Client(s)/Patient(s) Linguistic Diversity (check all that apply): [2] <input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> English Language Learner <input checked="" type="checkbox"/> Primary English dialect <input type="checkbox"/> Secondary English dialect <input checked="" type="checkbox"/> Bilingual <input type="checkbox"/> Polyglot <input type="checkbox"/> Gender identity <input type="checkbox"/> Sign Language (ASL or SEE) <input type="checkbox"/> Cognitive / Physical Ability <input type="checkbox"/> Other	Patient population: <input checked="" type="checkbox"/> Young Child (0-5) <input checked="" type="checkbox"/> Child (6-17) <input checked="" type="checkbox"/> Adult (18-64) <input type="checkbox"/> Older adult (65+)
--	--	--

PERFORMANCE RATING SCALE

[Click to see Rating Scale](#)

- | | |
|----------------------------|-------------------------|
| 1 - Not Evident/Inadequate | 4 - Good |
| 2 - Minimally Evident | 5 - Very Good/Excellent |
| 3 - Developing | |

Scores less than 3.0 are flagged. Cumulative evaluation is not weighted by clockhours.

Evaluation skills	Articulation	Fluency	Voice	Language	Hearing	Swallowing	Cognition	Social Aspects	AAC
1. Conducts screening and prevention procedures (std IV-D, std V-B, 1a)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Collects case history information and integrates information from clients/patients and/or relevant others (std V-B, 1b)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
3. Selects appropriate evaluation instruments/procedures (std V-B, 1c)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Administers and scores diagnostic tests correctly (std V-B, 1c)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Adapts evaluation procedures to meet client/patient needs (std V-B, 1d)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std IV-C)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
7. Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses (std V-B, 1e)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
8. Makes appropriate recommendations for intervention (std V-B, 1e)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Completes administrative and reporting functions necessary to support evaluation (std V-B, 1f)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
10. Refers clients/patients for appropriate services (std V-B, 1g)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
Number of items scored: <u>30</u> Number of items remaining: <u>60</u> Section Average: <u>4.00</u>									
Treatment skills	Articulation	Fluency	Voice	Language	Hearing	Swallowing	Cognition	Social Aspects	AAC
1. Develops setting-appropriate intervention plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process (std V-B, 2a, std 3.1.1B)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Implements intervention plans (involves clients/patients and relevant others in the intervention process) (std V-B, 2b, std 3.1.1B)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
3. Selects or develops and uses appropriate materials/instrumentation (std V-B, 2c)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Sequences tasks to meet objectives	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Provides appropriate introduction/explanation of tasks	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Measures and evaluates clients'/patients' performance and progress (std V-B, 2d)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
7. Uses appropriate models, prompts or cues. Allows time for patient response.	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
8. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (std V-B, 2e)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Completes administrative and reporting functions necessary to support intervention (std V-B, 2f)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
10. Identifies and refers patients for services as appropriate (std V-B, 2g)	3.00	4.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00
Number of items scored: <u>30</u> Number of items remaining: <u>60</u> Section Average: <u>4.00</u>									
Professional Practice, Interaction, and Personal Qualities	Score								
1. Demonstrates knowledge of and interdependence of communication and swallowing processes (std IV-B, std 3.1.6B)	3.75								
2. Uses clinical reasoning and demonstrates knowledge of and ability to integrate research principles into evidence-based clinical practice (std IV-F, std 3.1.1B)	3.75								
3. Adheres to federal, state, and institutional regulations and demonstrates knowledge of contemporary professional issues and advocacy (includes trends in best professional practices, privacy policies, models of delivery, and reimbursement procedures/financial responsibilities) (std IV-G, std 3.1.1B, 3.1.6B, 3.8B)	3.75								
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std V-B, 3a, std 3.1.1B)	3.75								
5. Establishes rapport and shows care, compassion, and appropriate empathy during interactions with clients/patients and relevant others (std 3.1.1B)	3.75								
6. Uses appropriate rate, pitch, and volume when interacting with patients or others	3.75								
7. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (std V-B, 3c, std 3.1.6B)	3.75								
8. Collaborates with other professionals in case management (std V-B, 3b, std 3.1.1B, 3.1.6B)	3.75								
9. Displays effective oral communication with patient, family, or other professionals (std V-A, std 3.1.1B)	3.75								
10. Displays effective written communication for all professional correspondence (std V-A, std 3.1.1B)	3.75								
11. Displays effective and timely written communication for session plans (std V-A, std 3.1.1B)	3.75								
12. Displays effective and timely written communication for SOAP/daily note/chart note (std V-A, std 3.1.1B)	4.00								
13. Displays effective and timely written communication for reports and/or other professional correspondence. (std V-A, std 3.1.1B)	4.00								
14. Adheres to the ASHA Code of Ethics and Scope of Practice documents and conducts him or herself in a professional, ethical manner (std IV-E, V-B, 3d, std 3.1.1B, 3.1.6B)	4.00								
15. Demonstrates professionalism (std 3.1.1B, 3.1.6B)	3.75								
16. Self-evaluations/reflections identify positive clinical skills and clinical skills that require further development	3.75								
17. Demonstrates openness and responsiveness to clinical supervision and suggestions	3.75								
18. Understands the effects of his or her actions and makes changes accordingly	4.00								
19. Personal appearance is professional and appropriate for the clinical setting	3.50								
20. Displays organization and preparedness for all clinical sessions	3.83								
21. Follows on-campus clinic and off-site facility policies and procedures	4.50								
Number of items scored: <u>21</u> Number of items remaining: <u>0</u> Section Average: <u>3.83</u>									

Standards referenced herein are those contained in the Membership and Certification Handbook of the American Speech-Language-Hearing Association. Readers are directed to the [ASHA Web site](#) to access the standards in their entirety.

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

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: _____

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. You must report observation time in minutes i.e. 2hr 23min = 143min.
3. Observations **must** be completed in both **diagnostics and therapy** of **children and adults** with disorders of speech, language, and hearing.
4. Students must subscribe to masterclinician.org to complete observations assigned by the instructor.
5. 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 CDIS 4010 experience in person or via masterclinician.org.
6. 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 within six (6) months prior to enrolling in CDIS 4010 Clinical Methods. This means that if you completed observation hours any time prior to the six month period before you attend class, the hours are not able to be counted towards any hours to be completed for the class.
7. 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.
8. 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 CDIS 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 CDIS 4010 instructor does not receive a signed form from you **BEFORE** you travel to that particular observation.
9. NOTE: You must give your instructor a 9x12 self-addressed, stamped (3 stamps) envelope two weeks before the end of the semester if you wish to receive a signed copy of the official undergraduate observation hours documentation.

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 (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 within six (6) months prior to enrolling in CDIS 4010 Clinical Methods. This means that if you completed observation hours any time prior to the six month period before you attend class, the hours are not able to be counted towards any hours to be completed for the class.
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 the observation hours form. You may observe on multiple days with the same supervisor and document the dates on one form; however, if you observe under a second supervisor at the same facility or if you observe at a different facility you must use a separate form for the second supervisor or different facility.

SPEECH-LANGUAGE ICD-10 CODES:

Refer to the following ASHA 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 2018 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/

A listing of new ICD-10-CM codes effective October 1, 2017, is available at

www.asha.org/Practice/reimbursement/coding/New-and-Revised-ICD-10-CM-Codes-for-SLP/

For additional information, contact ASHA's Health Care Economics and Advocacy team by e-mail at

reimbursement@asha.org

SPEECH-LANGUAGE CURRENT PROCEDURAL TERMINOLOGY (CPT) CODES:

Refer to the following ASHA website for information about CPT Codes:

<https://www.asha.org/Practice/reimbursement/coding/SLPCPT/>

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).

[AMA CPT information: <https://www.ama-assn.org/practice-management/icd-10>]

Code Lists

The following list provides 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](#)

OFF CAMPUS INTERNSHIP QUESTIONNAIRE

FALL: PART-TIME SPRING: FULL TIME

NAME: _____ CELL PHONE _____

1. Are you working toward school certification? Yes _____ No _____
2. If yes, would you prefer to complete a **school internship** in the:

FALL (part time) _____ **SPRING** (full time) _____ UNSURE _____
(School counts as your pediatric placement)

PART-TIME INTERNSHIP:

3. Where will you be living for the Fall Semester? _____
4. If you are not completing school certification – what is your preference for **fall part time internship**?

Peds placement _____ Adult placement _____

FULL TIME INTERNSHIP:

5. Where will you be living during your final internship?
BG _____ Toledo _____ Other _____ (please specify city and state)

6. Do you have a preference for the type of clinical site that you wish for your FULL TIME placement? Please rank 1 – 3 for first choice, second, etc.

PEDS PLACEMENT (including school)

ADULT PLACEMENT (Medical)

School _____

Skilled Nursing Facility _____

MRDD facility _____

Acute Care Hospital _____

Medical facility _____

In -patient rehab _____

Other _____

Outpatient rehab _____

If you have a specific preference for your final placement, please indicate the city and/or facility, and SLP (if known). Any contact info you can provide me is very helpful.



**CALIPSO INSTRUCTIONS
FOR EXTERNAL SITE
SUPERVISORS**



RATING SCALE

1 Not Evident/Inadequate: skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling.

2 Minimally Evident: Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services.

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

4 Good: Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives.

5 Very Good/Excellent: Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor serves as consultant in areas where student has less experience; provides guidance on ideas initiated by student.

CALIPSO INSTRUCTIONS FOR EXTERNAL-SITE CLINICAL SUPERVISORS

To Register as a Supervisor on CALIPSO:

- Before registering, have available your 1) PIN provided by the Clinic Secretary, 2) ASHA card, 3) state licensure card, and 4) teacher certification information if applicable. If possible, have available scanned copies of your certification and licensure cards to upload during the registration process.
- Go to <https://www.CALIPSOclient.com/bgsu>
- Click on the “Supervisor” registration link located below the login button.
- Complete the requested information and click “Register.”
- On the following screen, again complete the requested information and click “Save” at the bottom of the page. A “Registration Complete” message will be displayed and you will automatically be logged into CALIPSO.

To Login to CALIPSO:

- For subsequent logins, go to <https://www.CALIPSOclient.com/bgsu/account> and login to CALIPSO using your 8- digit ASHA number and **password that you created for yourself during the registration process**

To Select Supervisee / Student:

- Locate “Change class to:” and select from the drop-down menu the appropriate class
- Click “Change.”
- Click on “Student Information”
- Locate “Add Student of Interest” and select your student from the drop-down menu.
- Click “Add.”

To View Student Clock Hour Records:

- Click on “Clockhours” then “Experience Record” to view a summary of clock hours obtained and clock hours needed.
- Students may be required to gain a minimum of (20) hours in the evaluation and treatment of children and adults for both speech and language disorders which is summarized in the table at the bottom of the page.
- Please note the student’s Clinical Competency Level (I, II, or III) on the page header if applicable.
- Print/save clock hour record by clicking “Print Experience Record.”
- Click “Student Information” located within the blue stripe to return to the student list.

To View Student’s Cumulative Evaluation

- Click on “Cumulative evaluation” to view a summary of your student’s clinical competency across the 9 disorder areas.
- Upon completion of the clinical program, students must have an average score of 3.0 or higher for all clinical competencies listed on the form.
- Please make note of any areas of deficiency (highlighted in orange.)
- Click “Student Information” located within the blue stripe to return to the student list.

To Complete Site Information Form

- From the home page, click on the “Site Information Forms” link under the Management header.
- Click “Add new form.”
- Complete the requested information and click “Save.”

To Approve Clock Hours

- At the completion of the rotation or as often as directed, your student will log their clock hours into CALIPSO.
- An automatically generated e-mail will be sent notifying you that clock hours have been submitted and are awaiting approval.
- Login to CALIPSO (step two.)
- Click “clockhour forms pending approval.”
- Identify your current student’s record.
- Click “View/Edit” in the far right column.
- Review hours, making changes if necessary.
- Complete the % of time the student was observed while conducting evaluations and providing treatment.
- Approve clock hours by selecting “yes” beside “Supervisor approval” located at the bottom of the page.
- Click “Save.”

To View Your Supervisory Summary:

- For an official record of this supervisory experience (past or present), click on the “Supervision summary” link located under the Management header on the home page.
- Select “Printable view (PDF)” to create a document to save and/or print.

To View Your Supervisory Feedback:

- At the completion of the rotation, your student will complete a supervisory feedback form in CALIPSO.
- An automatically generated e-mail will be sent stating that you have feedback available to view.
- Login to CALIPSO (step two)
- Select the desired “Class” and click “change.”
- Click “Supervisor feedback forms.”
- Click “View/Edit” in the far right column.

To Update Your Information:

- Update e-mail address changes, name changes, certification expiration dates with corresponding scanned copies of your card by logging into CALIPSO (step two.)
- Click “Update your information.”
- Make changes and click “save” and/or click “Edit licenses and certification.”

Update information and upload supporting files and click “save” located at the bottom of the screen.

ASSIGNMENT OF CLINICAL GRADES

Clinical Evaluations are completed in the CALIPSO system and can be accessed via the following link: <https://www.calipsoclient.com/bgsu>

To Complete a Midterm Clinical Evaluation:

- Login to CALIPSO
- Select the desired “Class” and click “change.”
- Click “New evaluation”.
- Complete required fields designated with an asterisk and press save.
- Continue completing evaluation by scoring all applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data
- Once the evaluation is complete, review it with the student. Type his/her name with the corresponding date as well as your name with the corresponding date located at the bottom of the page.
- Check the “final submission” box located just below the signatures.
- Click “save.”
- Receive message stating “evaluation recorded.”
- Please note: you may edit and save the evaluation as often as you wish until the final submission box is checked. Once the final submission box is checked and the evaluation saved, the status will change from “in progress” to “final”. Students will then have access to view the submitted evaluation when logged into the system.
- To view the evaluation, click “Student Information” located within the blue stripe then “evaluations” located to the right of the student’s name.

To Complete a Final Evaluation:

- Login to CALIPSO
- Select the desired “Class” and click “change.”
- Click “Student Information” then “evaluations” located to the right of the student’s name.
- Identify the evaluation completed at midterm and click on “Make a duplicate of this evaluation.”
- The duplicated evaluation will appear in the evaluations list.
- Identify the duplicate (noted as “in progress”) and click on the “current evaluation” link highlighted in blue.
- Change “Evaluation type” from midterm to final.
- Complete evaluation by changing and/or adding scores for applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, review it with the student. Type his/her name with the corresponding date as well as your name with the corresponding date located at the bottom of the page.
- Check the “final submission” box located just below the signatures.
- Click “save.”
- Receive message stating “evaluation recorded.”

**AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION
(ASHA)**

**SUMMARY of 2017
ACCREDITATION STANDARDS**

STANDARDS FOR ACCREDITATION OF GRADUATE EDUCATION PROGRAMS IN AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY EFFECTIVE AUGUST 1, 2017

A more thorough explanation of the standards can be found at <https://caa.asha.org/wp-content/uploads/Accreditation-Standards-for-Graduate-Programs.pdf>

STANDARD 1.0 ADMINISTRATIVE STRUCTURE AND GOVERNANCE

- 1.1** The sponsoring institution of higher education holds current regional accreditation.
- 1.2** The sponsoring institution of higher education must be authorized to provide the program of study in audiology and/or speech-language pathology.
- 1.3** The program has a mission and goals that are consistent with preparation of students for professional practice.
- 1.4** The program faculty must regularly evaluate the congruence of program and institutional missions and the extent to which the goals are achieved.
- 1.5** The program develops and implements a long-term strategic plan.
- 1.6** The program's faculty has authority and responsibility for the program.
- 1.7** The individual responsible for the program of professional education seeking accreditation holds a graduate degree with a major emphasis in speech-language pathology, in audiology, or in speech, language, and hearing science and holds a fulltime appointment in the institution.
- 1.8** The institution and program must comply with all applicable laws, regulations, and executive orders prohibiting discrimination towards students, faculty, staff, and persons served in the program's clinics. This includes prohibitions on discrimination based on any category prohibited by applicable law but not limited to age, citizenship, disability, ethnicity, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, and veteran status.
- 1.9** The program provides information about the program and the institution to students and to the public that is current, accurate, and readily available.

STANDARD 2.0 FACULTY

- 2.1** The number and composition of the full-time program faculty (academic doctoral, clinical doctoral, other) are sufficient to deliver a program of study that:
 - 2.1.1** allows students to acquire the knowledge and skills required in Standard 3
 - 2.1.2** allows students to acquire the scientific and research fundamentals of the discipline,
 - 2.1.3** allows students to meet the program's established goals and objectives,
 - 2.1.4** meets the expectations set forth in the program's mission and goals,
 - 2.1.5** is offered on a regular basis so that it will allow the students to complete the program within the published time frame.
- 2.2** The number, composition, and workload of the full-time program faculty are sufficient to allow faculty to meet expectations with regard to teaching, research, and service of the sponsoring institution.
- 2.3** All faculty members (full-time, part-time, adjuncts), including all individuals providing clinical education, are qualified and competent by virtue of their education, experience, and professional credentials to provide academic and clinical education as assigned by the program leadership.
- 2.4** All faculty members maintain continuing competence and demonstrate pursuit of lifelong learning.

**STANDARD 3.0B CURRICULUM (ACADEMIC AND CLINICAL EDUCATION)
IN SPEECH-LANGUAGE PATHOLOGY**

- 3.1B** An effective entry-level professional speech-language pathology program allows each student to acquire knowledge and skills in sufficient breadth and depth to function as an effective, well-educated, and competent clinical speech-language pathologist (i.e., one who can practice within the full scope of practice of speech-language pathology). The education program is designed to afford each student with opportunities to meet the expectations of the program that are consistent with the program's mission and goals and that prepare each student for professional practice in speech-language pathology.
- 3.1.1B** Professional Practice Competencies
 - 3.1.2B** Foundations of Speech-Language Pathology Practice
 - 3.1.3B** Identification and Prevention of Speech, Language, and Swallowing Disorders and Differences
 - 3.1.4B** Evaluation of Speech, Language, and Swallowing Disorders and Differences
 - 3.1.5B** Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms
 - 3.1.6B** General Knowledge and Skills Applicable to Professional Practice
- 3.2B** An effective speech-language pathology program is characterized by planning and organization, is reviewed systematically and on a regular basis, and is consistent with current knowledge and practice guidelines of the profession.
- 3.3B** An effective speech-language pathology program is planned and delivered in an organized, sequential, and integrated manner to allow each student to meet the program's established learning goals and objectives and develop into a competent speech-language pathologist.
- 3.4B** An effective speech-language pathology program is organized and delivered in such a manner that the diversity of society is reflected in the program.
- 3.5B** An effective speech-language pathology program is organized so that the scientific and research foundations of the profession are evident.
- 3.6B** The clinical education component of an effective entry-level speech-language pathology program is planned for each student so that there is access to a base of individuals who may be served that is sufficient to achieve the program's stated mission and goals and includes a variety of clinical settings, populations, and age groups. The comprehensive clinical experiences must include direct contact with individuals seeking service, consultation, recordkeeping, and administrative duties relevant to professional service delivery in speech-language pathology.
- 3.7B** An effective speech-language pathology program ensures that clinical education is provided in a manner that supports student development so that each student is prepared to enter professional practice. The type and structure of the clinical education is commensurate with the development of knowledge and skills of each student.
- 3.8B** Clinical education is provided in a manner that ensures that the welfare of each person served by a student and clinical educator team is protected and in accordance with recognized standards of ethical practice and relevant federal and state regulations.
- 3.9B** Clinical education obtained in external placements is governed by agreements between the program and the external facility and is monitored by program faculty.
- 3.10B** An effective entry-level speech-language pathology program ensures that its students know the expectations regarding their exercise of the highest level of academic and clinical integrity during all aspects of their education.

STANDARD 4.0 STUDENTS

- 4.1 The program criteria for accepting students for graduate study in audiology or speech-language pathology meet or exceed the institutional policy for admission to graduate study.
- 4.2 The program makes reasonable adaptations in curriculum, policies, and procedures to accommodate differences among individual students.
- 4.3 The program has policies and procedures for identifying the need to provide intervention for each student who does not meet program expectations for the acquisition of knowledge and skills in the academic and clinical components of the program.
- 4.4 Students are informed about the program's policies and procedures, expectations regarding academic integrity and honesty, ethical practice, degree requirements, and requirements for professional credentialing.
- 4.5 Students are informed about the processes that are available to them for filing a complaint against the program.
- 4.6 Students receive advising on a regular basis that pertains to both academic and clinical performance and progress.
- 4.7 The program documents student progress toward completion of the graduate degree and professional credentialing requirements.
- 4.8 The program makes the documentation of student progress toward completing the graduate degree and meeting professional credentialing requirements available to its students to assist them in qualifying for the credential(s).
- 4.9 Students are provided information about student support services available within the program and institution.
- 4.10 The program must adhere to its institutional policies and procedures to verify that a student who registers for a distance education course or program is the same student who participates in and completes the program and receives the academic credit.

STANDARD 5.0 ASSESSMENT

- 5.1 The program regularly assesses student learning.
- 5.2 The program conducts ongoing and systematic formative and summative assessments of the performance of its students.
- 5.3 The program administers regular and ongoing assessment protocols to evaluate the quality of the program and to facilitate continuous quality improvement.
- 5.4 The program uses the results of its ongoing programmatic assessments for continuous quality improvement and evaluates the improvements.
- 5.5 The percentage of students who are enrolled on the first census date of the program and complete the program within the program's published academic terms meets or exceeds the CAA's established threshold.
- 5.6 The percentage of test-takers who pass the Praxis® Subject Assessments in audiology or speech-language pathology meets or exceeds the CAA's established threshold.
- 5.7 The percentage of program graduates who are employed in the profession or pursuing further education in the profession within 1 year of graduation meets or exceeds the CAA's established threshold.
- 5.8 The program demonstrates how it uses the results of its analyses of success in meeting the established CAA thresholds for program completion rate, Praxis® Subject Assessments pass rate, and employment rate or the rate of continuation of education in the field for continuous quality improvement at the programmatic level.

- 5.9 The program regularly evaluates and documents the results of the assessment of all faculty and staff to determine their effectiveness in delivering a thorough and current program.
- 5.10 The faculty and staff involved in delivering the program to students use the results of the evaluation of their performance to guide continuous professional development that facilitates the delivery of a high quality program.
- 5.11 The individual responsible for the program of professional education seeking accreditation effectively leads and administers the program.

STANDARD 6.0 PROGRAM RESOURCES

- 6.1 The institution provides adequate financial support to the program so that it can achieve its stated mission and goals.
- 6.2 The institution provides adequate support to the program so that its faculty and staff have the opportunities to maintain continuing competence.
- 6.3 The program has adequate physical facilities (classrooms, offices, clinical space, research laboratories) that are accessible, appropriate, safe, and sufficient to achieve the program's mission and goals.
- 6.4 The program's equipment and educational and clinical materials are appropriate and sufficient to achieve the program's mission and goals.
- 6.5 The program has access to an adequate technical infrastructure to support the work of the students, faculty, and staff. The technical infrastructure includes access to the Internet, the online and physical resources of the library, and any streaming or videoconferencing facilities needed for the program to meet its mission and goals.
- 6.6 The program has access to clerical and technical staff that is appropriate and sufficient to support the work of the students, faculty, and staff. The access is appropriate and sufficient for the program to meet its mission and goals.

Council on Academic Accreditation in Audiology and Speech-Language Pathology (2017). Standards for accreditation of graduate education programs in audiology and speech-language pathology (2017). Retrieved 02/14/2018 from <https://caa.asha.org/wp-content/uploads/Accreditation-Standards-for-Graduate-Programs.pdf>

**AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION (ASHA)
EXCERPTS FROM THE ASHA WEBSITE, COPYRIGHT 1997-2016**

2014 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology *Effective September 1, 2014, Revised March 1, 2016*

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

<http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>

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

(Effective March 1, 2016):

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

Reference: American Speech-Language-Hearing Association. (2016).
Code of ethics [Ethics]. Available from www.asha.org/policy/.

Scope of Practice in Speech-Language Pathology:

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

Reference: American Speech-Language-Hearing Association. (2016).
Scope of practice in speech-language pathology [Scope of Practice].
Available from www.asha.org/policy/.

Scope of Practice in Audiology:

<https://www.asha.org/policy/SP2004-00192/>

Reference: American Speech-Language-Hearing Association. (2004).
Scope of practice in audiology [Scope of Practice].
Available from www.asha.org/policy/.