Dear Speech-Language Pathology Graduate Student,

Welcome to the graduate program in the Department of Speech-Language Pathology in the College of Health Professions at Sacred Heart University! The mission of the clinical education program in speech-language pathology is to produce well-rounded, competent clinicians who, by the completion of this program, can work independently as clinical fellows in the field of speech-language pathology in any practice setting. The clinical faculty and I will be your guides throughout your clinical education experience. Additionally, the Clinical Manual will be a resource to help you achieve your clinical goals. We will refer to this manual throughout your time here.

Our program has many innovative and diverse clinical practica opportunities to offer throughout your graduate program. You will gain clinical knowledge and skills with client populations across the life span and from culturally and linguistically diverse populations. You will work with people who have various types and severities of communication and swallowing disorders, differences and disabilities. Our clinical faculty has a wealth of clinical expertise and experiences. We are excited to share this with you and support you in the clinical education process.

We are honored that you have chosen our program. The faculty and staff are dedicated to your success. We look forward to guiding you in developing your clinical and professional skills in speech-language pathology!

Best Wishes,

Taryn Rogers, MA, CCC/SLP
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Section I

Introduction
The Clinical Manual outlines the Sacred Heart University (SHU) Speech-Language Pathology (SLP) Program's clinical policies and procedures that are in addition to the policies, procedures, and standards outlined in the SLP Program’s Student Manual and the Sacred Heart University Graduate Catalog. The program's clinical policies are designed to promote understanding and mutual respect among faculty, clinical educators (CE), staff, and students in the Speech-Language Pathology program, and to encourage independence and professionalism at all stages throughout your graduate career. This manual should serve as a reference throughout the clinical experience and explain responsibilities of graduate student clinicians during clinical assignments.

**GENERAL POLICIES**

The Clinical Education component of the Speech-Language Pathology graduate program at SHU adheres to the standards of the Council of Academic Accreditation (CAA) in Audiology and Speech-Language Pathology affiliated with the American Speech-Language-Hearing Association (ASHA). SHU Clinical Education follows the 2014 Standards of the Council for Clinical Certification (CFCC) in order to provide a clinical experience that will allow students to qualify for completion of a Clinical Fellowship in Speech-Language Pathology and eventual ASHA Certification and applicable state licensure.

Advancement to the next level of Clinical Practicum is based not only on satisfactory academic and practicum achievements, but also on other academic, clinical and professional factors that ensure the candidate can complete the essential functions of the program required for safe and appropriate provision of clinical services. The Clinical Education component of the SLP Program has a responsibility to the public to assure that graduates become fully competent speech-language pathologists, capable of delivering quality services and preserving the well-being of clients they serve. As such, it is important that individuals admitted, retained, advanced and graduated possess the cognitive skills, integrity, compassion, humanitarian concern, and physical and emotional capacity necessary to practice speech-language pathology.

The College of Health Professions is committed to the principle of equal opportunity. It is the policy of Sacred Heart University not to discriminate on the basis of sex, physical or mental disability, race, color, national origin, sexual orientation, age, religious preference or veteran status in admission and access to or treatment in employment, educational programs or activities as required by Title IX of the Educational Amendments of 1972, section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, the Age Discrimination Act, the Americans with Disabilities Act of 1990, or any other classification protected under state or federal law or city ordinance.
The Speech-Language Pathology faculty and staff have the responsibility for the welfare of students in the program and the clients that the programs serve. To meet this responsibility, the program has established academic standards as well as essential functions/technical standards (Appendix 1) that must be demonstrated by students with or without reasonable accommodations in order to complete the program successfully. Services and accommodations are available through the Jandrisevits Learning Center (JLC). The University requires documentation of a disability in order to enable students to meet academic standards. Students who require accommodations in any course must contact the JLC. It is important that students begin this process at the start of the semester. Students are encouraged to work with faculty proactively in developing strategies for accommodation. Reasonable accommodations will be provided for students with disabilities to enable them to meet these standards and ensure they are not denied the benefits of or excluded from participation in the program, or otherwise subjected to discrimination.

COMPLIANCE AGREEMENT

The Program's Clinical Manual, together with Sacred Heart University's Graduate Catalog and the SLP Department’s Student Manual comprise a working contract between the student, the Program, and the University. Adherence to the policies, procedures, and standards outlined in these three documents are expected of all students, faculty, and staff. The form in Appendix 2 documents the student's agreement to adhere to the Program’s and University’s policies, clinical policies, clinical procedures, and standards. This will be signed by students on a yearly basis.
Section II

Clinical Program Overview
KNOWLEDGE AND SKILLS

Graduate students in Speech-Language Pathology (SLP) will be expected to meet all knowledge and skill competencies required for certification by the Council on Clinical Certification (CFCC) of the American Speech-Language-Hearing Association. The 2014 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology can be found at the ASHA website.

ESSENTIAL FUNCTIONS/TECHNICAL STANDARDS

Graduate students are required to review the Essential Functions document (Appendix 1) prior to signing the Compliance Agreement for the Program. These Essential Functions must be demonstrated, in addition to other academic and clinical requirements, to successfully complete the SLP graduate program.

GRADUATE CLINICAL CURRICULUM

The academic and clinical curriculum of the Department of Speech-Language Pathology at Sacred Heart University (SHU) are designed to guide the student to achieve the knowledge and skills required for independent practice as a speech-language pathologist (SLP), and to meet all standards for certification set out by the Council on Clinical Certification of the American Speech-Language-Hearing Association (ASHA). This is accomplished through a carefully designed series of courses and clinical practica that enable the student to develop the critical analysis skills to evaluate the best available evidence to support practice decisions, balanced with content and courses that emphasize both the scientific and humanistic aspects of the lives of their future clients.

Course work in communication sciences and disorders and research design is combined with a minimum of at least 375 clock hours of hands-on clinical practicum experience and 25 hours of observation time. All clinical practica and observation hours will be supervised by individuals holding ASHA Certificate of Clinical Competence (CCC) and current state licensure, as required. Students in clinical practicum will be provided with a minimum of 25% percent of direct supervision per client, with the exact amount of supervision commensurate with the skill level of the student clinician. The nature and amount of clinical supervision will be adjusted to the experience and ability of the student. As a student progresses through the clinical levels, the expectations for independent clinical activity will increase. Additionally, students will be expected to have a broader base of knowledge to apply to the clinical setting, and to implement clinical strategies more independently, efficiently and effectively as they progress through the clinical program.
The clinical education program is designed to give students multiple opportunities for practicum in various clinical settings in the community. Clinical practica are provided each semester throughout the program and offer opportunities for students to integrate and apply academic learning at progressively higher levels of performance and independence. Clinical sites include public schools, hospitals, rehabilitation centers, skilled nursing facilities, specialty private schools, private practice, early intervention programs and other clinical sites serving individuals with speech-language needs. Clinical practica may also include alternative clinical experiences (no more than 75 clinical hours) which ASHA defines as the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Students will be expected to adhere to the rules and regulations regarding clinical services that ensure the welfare of clients served at the site, including ethical practice and compliance with state and federal regulations.
Section III

SLP Clinical Education Policies and Procedures
HEALTH AND IMMUNIZATION REQUIREMENTS

The following requirements are to be completed prior to the initiation of any clinical practicum. Proof of completion of the requirements designated by an asterisk (*) must be completed prior to clinical orientation. The remaining trainings will be completed before or during clinical orientation. Copies of these documents are to be uploaded by the student in the online CastleBranch compliance tracker. The cost of all immunizations, proof of immunity (titers), and required trainings not provided by SHU staff will be the responsibility of the student.

REQUIREMENTS

*Yearly physical exam* by healthcare provider documenting the student is physically and mentally able to participate in practicum (Appendix 14).

**Titers and Immunizations**: All students are required to get titers – please note that this is different from vaccinations as a titer verifies immunity to particular diseases. If results of any titers are non-immune, documentation of an additional series of vaccinations or boosters are required.

- **Measles (Rubeola)**: There must be documentation of a positive antibody titer for Measles (Rubeola).
- **Mumps**: There must be documentation of a positive antibody titer for Mumps.
- **Rubella**: There must be documentation of a positive antibody titer for Rubella.
- **Hepatitis B**: There must be documentation of a positive antibody titer or signed declaration declining the vaccine.
- **Varicella (Chicken Pox)**: There must be documentation of one of the following:
  - 2 vaccinations
  - Positive antibody titer (lab report or physician certification required)
  - Medically documented history of disease
- **TB Skin Test**: There must be documentation of one of the following within the past year:
  - 2 step TB Skin test (PPD)
  - If positive results, provide a clear Chest X-Ray (lab report required).
  - Following the initial 2 step PPD, a one-step PPD Skin Test must be completed yearly.
- **Tetanus**: There must be documentation of a Tetanus vaccination within the past 10 years.

**Flu vaccine**: There must be documentation of flu vaccination provided yearly no later than November 1, or signed waiver. *Be advised that some fieldwork sites require Flu Vaccination and do not accept the waiver; therefore, if you waive the flu vaccination for any reason, this may eliminate clinical opportunities at particular fieldwork sites.*

If any of the listed vaccinations, titers or screenings are deemed to be medically contraindicated by a health care provider, documentation of contraindication by the provider must be given to the Director of Clinical Education (DCE) before the start of the program.
REQUIRED TRAININGS, BACKGROUND CHECKS, AND CERTIFICATIONS

The following are additional trainings, background checks and certifications that are required as part of participation in the clinical education program.

- ✔ Criminal Background Check completed by CastleBranch (see policy Appendix 3)
- ✔ HIPAA Training via Castle Branch
- ✔ Valid CPR/AED/First Aid certification from American Red Cross or American Heart Association
- ✔ OSHA Training regarding blood borne pathogens, universal precautions, emergency preparedness, and workplace safety via CastleBranch
- ✔ Sexual Misconduct Prevention Training
- ✔ NIH Ethics Training
- ✔ All students will show proof of identification and evidence of valid health insurance as required by the university. In addition, the university maintains liability insurance for all students for coverage at clinical sites.

When required by an outside practicum, it will be the student’s responsibility to provide the practicum site with evidence of successful completion of all immunizations, titers and trainings, which will be available to you via CastleBranch. Be advised that some outside clinical sites may have additional immunization and/or training requirements. You will be informed of these requirements by the practicum site and/or DCE upon application to those clinical sites.

If a student fails to complete any component of the immunization, titers, background check and training requirements, or an immunization or other required item has lapsed, he/she will not be allowed to complete clinical practicum until the missing or lapsed component is completed. As a result, the student may receive a failing grade for that practicum sequence, which may result in the need for clinical practicum to be repeated, extension of the student’s graduate program, and/or dismissal from the graduate program.

ELECTRONIC CLINICAL EDUCATION PORTFOLIO

The SLP program requires students to document their progress toward completion of the graduate degree and professional credentialing requirements and makes this information available to assist students in qualifying for certification and licensure through the CALIPSO electronic platform and CastleBranch compliance tracker. All incoming students will be required to set up an electronic portfolio through CALIPSO and CastleBranch. A one-time student license fee is required to be paid by each student directly to CALIPSO and CastleBranch. Training for use of CALIPSO will be scheduled during Clinical Orientation.
The following student information will be tracked through CALIPSO:

- Progress toward Knowledge and Skills required for Certificate of Clinical Competence
- Clinical competencies
  - Clinical midterm and final evaluations
  - Clock hours
  - Client populations
  - Clinical settings
- Clinical Site Information
- Clinical Practicum Student/Clinical Educator Agreements
- Supervisor Feedback

The following student information will be tracked through CastleBranch:

- Physical Exam
- Health Insurance
- Proof of identification
- Immunizations/Titers
- Completion of criminal background check/fingerprinting (as required)
- Drug testing (as required)
- Completion of training in:
  - Blood-borne/airborne pathogens and infection control
  - HIPPA/Privacy
  - Research Ethics
  - Sexual Misconduct Prevention
  - Safe Patient Handling Training

PERSONAL CLINICAL MATERIALS

At the beginning of the graduate program, students will be supplied with an assortment of clinical materials for personal clinical use. When these materials are depleted or misplaced, it will be the responsibility of the student to replenish them. Students are expected to attend each clinical practicum experience with the appropriate materials; a student may be asked to leave a practicum site if they arrive without the appropriate materials.

Additional materials that may be beneficial for a student to purchase (but are not required) include, digital voice recorder, data collection app for smartphone or tablet, flash drive, and arts and crafts supplies.

Students must provide their own internet-ready laptop or tablet computer capable of downloading and editing Microsoft Word documents; this computer should be brought to all clinical practicum sites for completion of point of service documentation.
DEPARTMENT-OWNED CLINICAL MATERIALS

The department maintains a library of materials for client evaluation and treatment, as well as student practice, in the SLP Lab in the Center for Healthcare Education (CHE) room N362. Materials include standardized tests, treatment activities, computer software, toys and games. A full inventory is available in a binder located in the SLP Lab. Students are asked to respect the materials and replace them after use in a timely manner so that other students may use them.

Standardized assessments and audiometers are located in locked cabinets in the lab. Graduate students will be granted access to the lab at any time when a class is not in session via swiping their SHU Card and will be informed of the location of the cabinet keys in order to access materials as needed. When reviewing or practicing standardized assessments, students must keep all materials in the CHE. Each standardized test and its accompanying consumable materials (including test booklets and other forms) are located in a labeled accordion file folder. Accompanying each test will also be multiple photocopies of test booklets for student practice only; please use original test booklets for client evaluation only. If you use the last photocopy or original test booklet for a standardized test, please make a note of it on the “Materials Needed” list posted in the lab so that additional copies can be obtained.

Standardized tests are not to be brought home or to an off-campus clinical practicum without permission from the Director of Clinical Education or SHU Clinical Educator. If permission is granted, the assessment must be returned by 9 AM the day following the reservation. The test is the responsibility of the student who has most recently reserved or checked it out; assessments that are lost or destroyed (whether intentionally or not) must be replaced at the expense of the borrower.

Treatment materials can be found in cabinets in the lab and are available for use on a first come, first served basis. When utilizing workbooks, choose the activities you plan to utilize for the client in advance, and make photocopies for client use; do not remove the original workbook from the lab. Consumable treatment supplies should be discarded after use. Reusable non-porous materials should be wiped down with the disinfecting wipes located in the lab after each use and allowed to air dry. The graduate assistant should place porous materials, which are visibly soiled or become contaminated during the course of a treatment session, in the “soiled materials” bin in the lab for appropriate machine washing.

A department-owned computer, laptop, and printer is available in the lab and contains a variety of software programs useful for practicum assignments. It is available for use for all graduate students when class is not in session by logging on using your SHU credentials. iPads are also available from the DCE and are to be used for treatment purposes only and returned within 24 hours. A sign-out sheet will be available for use of iPads. Please use discretion when utilizing the computer and printer; they should only be used for approved SLP purposes, not for general web surfing or printing for other classes. If it is determined by the clinical faculty that the computer resources are being used irresponsibly, it will result in limitation of their use.
PROFESSIONAL BEHAVIORS

Professionalism is a critical component to success in a clinical training program and for future career success. Students are to familiarize themselves with expectation of professional behaviors as listed in the Clinical Skills Evaluation (Appendix 8.2) and Professional Behaviors Rating Form (Appendix 8.4) Student professionalism is required at all times, both in the academic and clinical setting. Students demonstrating poor performance in these areas are subject to a remediation plan, academic probation, or removal from the graduate program.

ATTENDANCE POLICY

The SHU SLP Graduate Program is a full-time commitment Monday thru Friday for 18+ months. Even during university vacations (e.g., spring break), there may be clinical practicum obligations that you will be responsible for in an effort to ensure you have met all the requirements for graduation and certification. Attendance at all scheduled clinical practica dates and other clinical obligations is mandatory and essential for successful completion of each semester’s clinical practicum and ultimately a student’s entire graduate career. It is expected that students will attend all clinical obligations. Academic courses and clinical assignments must command highest priority throughout this program. A student who does not accept a clinic assignment (for any reason) or does not attend as assigned, forfeits the expectation of graduating on time and may not be offered another assignment until every other student has received one. A student failing to meet a standing clinical obligation also forfeits the expectation of graduating on time.

Consistent attendance at clinical practicum is important for development of clinical competencies, establishing professional relationships, and consistency in client care. In a clinical training program, no activity, be it a job or any other sort of outside commitment, takes precedence over a classes or a clinical assignment. Minor illnesses such as colds and allergies, and negligible amounts of precipitation are not appropriate reasons for missing clinic. Students are never to request days off from practicum for work obligations or vacations. Childcare arrangements must be made in advance and are not the responsibility of the program or clinical site. Students are not to modify their clinical assignment and established schedule in any manner, unless directly discussed with and approved by the DCE.

Absences will affect a student’s final grade in clinic. With the understanding that illnesses do occur, especially when students are being exposed to clinical populations for the first time, one excused absence due to illness will be granted per semester.

How to report absences:

**For on-campus placements** (1st, 2nd, and 3rd semester): Students must contact their SHU CE in a timely manner (no less than 1 hour prior to scheduled arrival) to report the absence. Absences should be communicated via email unless otherwise arranged by CE.

**For off-campus placements** (3rd, 4th, and 5th semester): The student will compose one email that includes both the SHU Faculty Liaison (faculty overseeing the practicum) and fieldwork CE (clinical educator at the site) to report the absence. Students may also be required to communicate the absence to the fieldwork CE in another manner as determined in the practicum agreement, such as phone call or text, but are still required to document absence via email as described above, so that all educators are aware.
Any additional absences for either on-campus or off-campus fieldwork will require a doctor’s note documenting that the student was too ill to attend clinical practicum and is medically cleared to return. All doctor’s notes must be sent via email to the SHU Faculty/Liaison prior to return to the clinical site. If the absence occurs on the last day of a practicum assignment, the note must be given to the SHU Faculty/Liaison within 24 hours. If a note is not provided, the absence will be considered unexcused. Students may be required to make up any missed days at the discretion of the CE.

Please refer to the SLP Student Manual, which outlines the program’s attendance policy and grading for all courses. For each unexcused absence, the student’s overall final grade will be decreased by 5%. If a student has more than three absences (excused or unexcused) over the course of a single semester, they may receive a grade of F for the practicum, be unable to advance to the next level of practicum, and be at risk for losing their place in the graduate program.

In the case of a severe or chronic illness on the part of a student or their dependent over the course of a semester, notify the Program Director and the DCE as soon as possible, to determine if accommodations can be made or if a leave of absence from the program will be required. Failure to notify the Program Director and DCE in a timely manner may result in absences counted against the student’s practicum grade.

TRANSPORTATION AND ARRIVAL TO CLINICAL PRACTICA

All students are responsible for arranging their own transportation to and from their clinical site and understands that they do so at their own risk. Transportation expenses (e.g., fuel, parking, etc.) are the responsibility of the student and should be taken into consideration by the student when accepting a clinical assignment. All students are to arrive on time for clinical assignments. In many situations, this may mean arrival at least 30 minutes or more before you are scheduled to see a client to allow for preparation, planning, and any scheduled meetings. Allow adequate time for travel for the possibilities of getting lost, parking, and traffic. If a student experiences difficulty arriving at and departing from clinical sites on a timely basis, the result may be academic warning, probation, or dismissal. Graduate students may need to travel up to 90 minutes for clinical placements. It is expected that you arrive earlier and/or stay later to fulfill your clinical responsibilities such as session planning and documentation.

INCLEMENT WEATHER

If a student’s practicum site is closed due to inclement weather or other environmental situations, clinical practicum will be cancelled for that day. In that case, you should contact your CE via email to see if there is a make-up date or assignment that should be completed. If a student’s practicum site has a delayed opening, contact your CE via email to see if and when you should report to the site.

Healthcare facilities rarely, if ever, close and employees are expected to report for their scheduled shift in almost all cases of inclement weather. If the university is closed, but an external practicum site is open, you should use your best judgment and consult with your CE via email or phone to determine if conditions are safe enough to allow travel to a clinical site. While the health and safety of students is of the utmost concern, students and CEs should use their best judgment when determining the feasibility of travel. Small amounts of precipitation should not usually amount to cancellation of practicum.
If the governor has closed roads and highways due to a weather emergency, or restricted road use to essential personnel only, all clinical practicum will be cancelled until the restrictions are lifted.

**CLINICAL PRACTICUM DRESS CODE**

The purpose of the dress code is to present a professional appearance at all times and to facilitate appropriate movement and function during the provision of services to clients. In year one of the clinical program, students will have a Sacred Heart University short-sleeve collared shirt and fleece vest to be worn at SHU Clinical Practicum Sites when under the supervision of a SHU SLP. You may wear either the shirt or the vest at practicum sites. You may wear the vest with a long-sleeve shirt or blouse underneath. You may wear the collared shirt with a long-sleeve shirt or cardigan during cooler weather.

Unless otherwise informed by the facility and your CE, the dress code for all other observations and practicum will be “Business Casual”. Keep in mind that clothing must allow you to move freely for bending, sitting, reaching, etc. and should not detract from therapy or pose any risk to yourself or your client. The following items are not allowed during observations or clinical practicum and will result in immediate removal of the student from the site:

1. Blue jeans, overalls, pants with low waist bands, shorts; capris or cropped pants must extend to mid-calf
2. Mini-skirts; skirts must be knee-length or longer
3. Sweats and workout/athletic clothing of any kind
4. Spandex or other tight fitting clothing. Leggings are acceptable only under a dress, skirt, or tunic-length top
5. Midriff shirts, tank tops, low cut shirts, halter tops without appropriate article of clothing that covers the shoulders
6. Flip flops and extremely high heels. Open-toed shoes are acceptable in school-based settings only.
7. Visible undergarments
8. Ripped or torn clothing
9. Hats (except for religious or medical reasons)
10. T-shirts with large brand names or messages (regardless of meanings)
11. Visible piercings other than ears
12. Large, dangling jewelry that could be caught on equipment, grabbed by a client, or potentially injure a client
13. Tattoos must be covered
14. Perfume/cologne due to possible allergic reactions and sensitivity of clients
15. Artificial nails or nails that extend more than ¼ inch past the fingertip
16. Chewing gum is not allowed
17. No food is allowed unless it is a part of a therapeutic activity

If a practicum site has a particular dress code for SLP Staff (for example, Gray Scrubs, Khaki Pants and Blue Polo Shirts, Lab Coats, etc.), the graduate student clinician must abide by these regulations, including purchasing appropriate attire at his/her own expense.
By CT State Law, effective October 2011, all individuals providing services in school or healthcare settings must wear a photo ID visible at all times to clients and other staff members. An ID will be provided to you by SHU SLP at the beginning of your graduate studies, and must be worn in a retractable clip or breakaway lanyard. An additional ID may be required by an individual practicum site.

CLIENT CONFIDENTIALITY

Students are required to follow departmental policies and Health Insurance Portability and Accountability Act (HIPAA) of 1996 policies regarding confidentiality. The requirements of HIPAA apply to the use, storage and/or electronic transmission of patient related information, and are intended to ensure patient confidentiality for all health care related information. Students must complete HIPAA training designated by the SHU SLP program in order to initiate clinical assignments. Additional procedures and policies regarding confidentiality in clinical documentation can be found in this manual in Section V – Clinical Documentation Procedures.

CONFLICTS OF INTEREST

Students should maintain the utmost professionalism in all situations. Failure to abide by any of the rules below may result in dismissal from the program.

- **Giving and receiving of gifts.** Students are not allowed to give gifts to clients or accept gifts from clients under any circumstances. In certain SHU-based clinical experiences, the SLP department may purchase small, ceremonial gifts for clients.
- **Payment for Services.** Students are not to be paid or accept any requests for private SLP clinical services as students are not a certified and licensed professional.
- **Clinical Treatment of Relatives/Friends.** Students are not allowed to directly treat relatives and close friends due to conflicts of interest that may arise in the therapeutic process. You must disclose any relationships to the DCE or your CE if any should arise during your graduate clinical training.
- **Clinical Placements with Relatives/Friends.** Students are not allowed to be placed at clinical sites with relatives or friends due to conflicts of interest that may arise in assessment of clinical competencies and grading. You must disclose any relationships to the DCE if any should arise during your graduate clinical training.

E-MAIL ETIQUETTE

Professional courtesy and professional behaviors are expected of students in the classroom, in fieldwork and site visits, and in online communications. In the online learning environment, you are not face-to-face with classmates and instructors and your primary method of communication will be e-mail or online discussion boards. The relationships between students, the SLP department, and external clinical sites and their CEs are vital for success of the program. It is of utmost importance that any communication between you and external sites demonstrate the highest degree of professionalism. All email correspondence should contain an appropriate and professional salutation, well-written and grammatically correct body, respectful closing, and your full signature.
Please check SHU email at least twice daily and check Blackboard daily for announcements, deadline reminders, and new course materials. **All program correspondence must occur through your dedicated SHU email account;** messages received from external accounts (such as Yahoo, Gmail, etc.) will not be returned. Clinical faculty members will respond to emails within 24 hours with the exception of weekends. Keep in mind that the clinical faculty members are frequently providing supervision to your colleagues, and may not be available to return emails for large portions of the day. Unless your issue is truly emergent, please allow a full 24 hours for your recipient to respond via email before sending another email or attempting to contact another faculty member about your issue. In the case of truly emergent matters, please contact a full-time member of the clinical faculty via their office phone and leave a voice mail if there is no answer.

**SOCIAL MEDIA POLICY**

The program recognizes that social networking websites and applications, including but not limited to Facebook, Instagram, SnapChat, Twitter, and blogs, are an important and timely means of communication. Upon entry into a professional program, students, staff, and faculty members must be aware that one's personal life and behavior can and will effect one's professional life and credibility. Students, faculty, and staff should have no expectation of privacy on social networking sites and care needs to be taken as to how one uses social media even concerning one's personal life. Students, faculty, and staff must be aware that posting certain information is illegal. Violation may expose the offender to criminal and civil liability. Offenses may be considered non-academic misconduct and be subject to the appropriate policies and procedures.

The following actions are strictly forbidden:

- You may not reveal the personal health information of other persons. Removal of an individual’s name does not constitute proper confidentiality or protection of health information. Inclusion of any information that may identify a person such as date of birth, age, gender, race, or diagnosis, evaluation date, type of intervention, or highly specific medical photographs such as a before/after photographs of a patient’s treatment may still allow the reader to recognize or identify a specific person.
- You may not report private (protected) academic information of another student including but not limited to course, exam, or assignment grades, narrative evaluations, adverse academic actions, professional behaviors checklists or contracts, or fieldwork performance evaluations.
- When posting information on social networking sites, you may not present yourself as an official representative or spokesperson for Sacred Heart University or the Graduate Program in Speech-Language Pathology or any affiliate organization.
- You may not represent yourself as another person, real or fictitious, or otherwise attempt to obscure your identity as a means to circumvent the prohibitions listed above and below.
- You may not threaten or word statements that imply threat to a fellow student, faculty, peers, staff, clients, caregivers, or fieldwork CEs.
Additionally, the actions listed below may be considered a violation of professional behaviors and may be the basis for disciplinary action.

- Display of vulgar language.
- Display of language or photographs that imply disrespect for any person or group because of age, race, gender, ethnicity, ability status, or sexual orientation.
- Presentation of personal photographs or photographs of others that may reasonably be interpreted as condoning irresponsible use of alcohol, substance abuse, sexual promiscuity, or extreme or violent political/activist groups.
- Presentation of personal engagement in illegal activities including use of recreational drugs.
- Posting of potentially inflammatory or unflattering material on another individual’s website, e.g. on the “wall” of that individual’s Facebook site.

When using these social networking websites/applications, students are strongly encouraged to use a personal e-mail address, rather than their SHU email address, as their primary means of identification. Sacred Heart University faculty, students, and staff should make every effort to present themselves in a mature, responsible, and professional manner. Conversation should always remain respectful.

_The Graduate SLP Program at Sacred Heart University wishes to thank the University of Kansas for sharing their social media policy with us and granting permission to use it as a basis for forming our own policy._

**CELL PHONE POLICY**

Cell phones must be turned off during practicum time unless being used for data collection or another approved clinical activity. If there is an emergent situation, please alert your CE to the issue. Any student who is observed using a cell phone for a non-approved use (texting, Facebook, Twitter, etc.) during observation or clinical practicum, will be asked to leave the clinical site immediately and will receive no credit for any work done at the site on that date.

**“THREE BEFORE ME” POLICY**

While the first priority of the clinical staff is to support and mentor students, at times the sheer volume of emails and other communication makes completion of other duties that are essential to the operation of the clinical program challenging. For that reason, and to promote independence and problem solving skills essential for successful completion of the graduate program, full-time clinical faculty have implemented a “Three Before Me” policy for routine clinical questions. When asking routine questions, such as the location of a resource or the contact information for an individual, please exhaust three other sources to obtain the information you need before contacting the clinical faculty. If you are unsuccessful after three attempts, only then should you email a clinical faculty member; in your email, you should indicate the three sources you exhausted prior to asking the faculty.
BLOOD-BORNE/AIRBORNE PATHOGENS EXPOSURE AND INJURY POLICY AND PROCEDURE

An accidental puncture injury, mucous membrane or non-intact skin exposure to blood/body fluids should be considered potentially infectious, regardless of the source. In the event of an accidental exposure to blood/body fluid, the site should immediately and thoroughly be washed with soap and water, or the eye/mucous membrane with water or saline. The incident should immediately be reported to the on-site CE, liaison faculty, and university authority. If the exposure occurs at a clinical site, the student should immediately notify his/her clinical CE and seek medical attention at that site. The student shall also notify the DCE to report the incident. Faculty will fill out the necessary documentation for a student injury/accident.

A student who has experienced an exposure should immediately assess the level of risk for transmission of blood-borne pathogens. If exposure is considered high risk for transmission of HIV or Hepatitis B, the student should IMMEDIATELY (WITHIN TWO (2) HOURS) BE EVALUATED AT A HOSPITAL EMERGENCY ROOM.

If the student is uncertain whether injury warrants an Emergency Room visit, the student should:

1. Call the Post Exposure Prophylaxis (PEP) hotline at 1-888-448-4911
2. Call an Emergency Room for advice
3. Call the Student Health Center (during open hours) at 203-371-7838


PLEASE NOTE: Do not attempt to clean up any spills of human blood or other potentially infectious body materials. Call Campus Public Safety at: 203-371-7995.
The Program in Speech-Language Pathology at Sacred Heart University is committed to its moral, educational and legal responsibilities with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. If you have a disability or believe you may have a disability, the faculty will work with you, upon your disclosure, to establish appropriate and reasonable accommodations. To disclose a disability, contact the Special Services Director at the Jandrisevits Learning Center (JLC) at 203-371-7820 or speak with your advisor. The Learning Center is located on the lower level of the Ryan Matura Library at the Fairfield Campus. The JLC also provides an Adaptive Technology Lab for students with visual, auditory, physical or learning disabilities, and an online writing center to assist students with academic writing. Specialized tutoring for students with learning disabilities and English as a second language is available. All information provided by students is strictly confidential and will not be released without the written consent of the student. Sacred Heart University faculty do not disclose a student’s declared disability status or need for accommodations to fieldwork CEs or to ASHA without your written permission. All students who wish accommodations at practicum sites or for taking the Praxis examinations are responsible for disclosing their disability status and needs for accommodations directly to the on-campus and/or off-campus practicum CE and/or instructor. Students may enlist the assistance and support of the JLC or faculty in this process.
Section IV

Implementation of Clinical Practica
The mission of the clinical component of the Speech-Language Pathology program at Sacred Heart University is to produce well-rounded clinicians who, at the end of five semesters, can work independently as Clinical Fellows in the field of Speech-Language Pathology in any practice setting. Each student will be assigned to Clinical Practicum during all five semesters of your graduate studies. You will be provided with practicum experiences with both children and adults in a variety of settings. Each practicum placement will be accompanied by a seminar led by University faculty that will provide opportunities for generalization of learning, reflective review of experiences, skill development, and relation of individuals’ experiences to those of others and to issues of policy.

**REQUIREMENTS:**

- 400 Clinical Hours in Speech-Language Pathology, including 25 observation hours typically completed before the beginning of the graduate program.
- 100 hours as a Student Teacher (SLP) in the Public Schools for CT Teacher Certification (included in the 400 total clinical hours).
- Competence in all the areas of the Knowledge and Skills Assessment (KASA), including evaluation, intervention, and prevention in all nine categories of clinical disorders, which can be obtained through either clinical practicum or academic coursework.
- Clinical experience with culturally diverse individuals representing a variety of types and severities of communication disorders, across the lifespan.

The clinical program is designed to give students multiple opportunities for practicum in various clinical settings in the community, with clients of all ages from a range of cultural and linguistic backgrounds. Clinical practica are scheduled each semester and provide opportunities for students to integrate and apply academic learning at progressively higher levels of performance and independence. Graduate students in speech-language pathology will complete a variety of clinical experiences in many different clinical settings. Students will be placed in clinical sites only when they have had the appropriate academic background in preparation for the site. The academic curriculum and clinical program were designed to allow for coursework occurring before and concurrently with a placement in a specific clinical population.

Clinical competencies, clinical evaluations, clock hours, and client demographics will be tracked electronically using the CALIPSO electronic documentation system and will be reviewed periodically by your clinical advisor. The clinical program is designed to comply with national standards set by the Council for Clinical Certification in Audiology and Speech-Language Pathology for the Certificate of Clinical Competence in Speech Language Pathology, as well as Connecticut Licensure and Teacher Certification as a Speech-Language Pathologist.
PRACTICUM SEQUENCE

**Semester I (Fall I): Primary Level I Practicum & Screening and Diagnostics I - Focus: Child or Adult**

Format: Students will be sent into the field in groups of four with a SHU Faculty member supervising; students will meet with the CE weekly at a time scheduled by the CE for a planning/debriefing session in addition to the practicum dates. Students with previous clinical experience may be assigned a mini-externship 1:1 with an external CE at a practicum site

Clinical Experiences may include:

- **Speech, Language and Hearing Screenings** (1 half-day/week or as opportunities arise)
- **Child Speech and Language Assessment/Treatment/Prevention Services** (2 half days/week)

AND/OR

- **Adult Speech-Language-Cognition-Swallowing Assessment/Treatment/Prevention services** (2 half days/week)

Anticipated Clinical Hours: 40-50

**Semester II (Spring I): Primary Level II Practicum & Screening and Diagnostics II - Focus: Child or Adult (determined by Semester I experience)**

Format: Students will be sent into the field in groups of four with a SHU Faculty member supervising; students will meet with the CE weekly at a time scheduled by the CE for a planning/debriefing session in addition to the practicum dates. Students with previous clinical experience may be assigned a mini-externship 1:1 with an external CE at a practicum site

Clinical Experiences may include:

- **Speech, Language and Hearing Screenings** (1 half-day/week or as opportunities arise)
- **Child Speech and Language Assessment/Treatment/Prevention Services** (2 half days/week)

AND/OR

- **Adult Speech-Language-Cognition-Swallowing Assessment/Treatment/Prevention services** (2 half days/week)

Anticipated Clinical Hours: 40-50

**Semester III (Late Spring, Summer): Intermediate Level Practicum**

Late Spring or Late Summer: **Intensive Clinical Workshop**, intensive program in a supervised clinical experience for neurogenic, voice, speech, swallowing or fluency disorders; student groups of 4 with a SHU CE

Anticipated Clinical Hours: varies pending clinical experience
Summer: Adult or Child Clinical Practicum, 3-5 days/week, 1:1 with SHU CE and/or fieldwork CE on-campus or off-campus – possible sites include, but are not limited to, Acute Care, Rehabilitation, Skilled Nursing, Outpatient Clinic, Private Practice, Early Intervention, University Clinic, or Extended School Year programs

Anticipated Clinical Hours: 80+

**Semester IV (Fall II): Intermediate to Advanced Level Practicum - Focus: Student Teaching or Specialty Practicum**

**Student Teaching**, 4-5 days per week, Public School, 1:1 with external CE at practicum site

OR

**Medical/Specialty Practicum**: Child or Adult Externship (may be determined based on clinical competencies and hours needed, previous practicum experiences, and site availability), 3-5 days per week, 1:1 with external CE at practicum site - possible sites include, but are not limited to, Acute Care, Rehabilitation, Skilled Nursing, Outpatient Clinic, Private Practice, Private/Specialty School, or Early Intervention

Anticipated Clinical Hours: 120+

**Semester V (Spring II): Advanced Level Practicum - Focus: Student Teaching or Specialty Practicum (based on Semester IV experience)**

**Student Teaching**, 4-5 days per week, Public School, 1:1 with external CE at practicum site

OR

**Medical/Specialty Practicum: Child or Adult Externship** (may be determined based on clinical competencies and hours needed, previous practicum experiences, and site availability), 3-5 days per week, 1:1 with external CE at practicum site - possible sites include, but are not limited to, Acute Care, Rehabilitation, Skilled Nursing, Outpatient Clinic, Private Practice, Private/Specialty School, or Early Intervention

Anticipated Clinical Hours: 150+

**Semester VI (Summer II) – Optional – Advanced Specialty Practicum**

Specialty Practicum: Practicum experience working in an educational, medical or clinical setting, focusing on a specialty area of advanced study for about 15 total hours, 1:1 with external CE at practicum site.

Anticipated Clinical Hours: 10+
CLINICAL LEVELS

Student clinicians will be assigned a clinical level for each of their clinical practica, based on where they are in their clinical program. As a student progresses through the clinical levels, the expectations for independent clinical activity will increase. Additionally, students will be expected to have a broader base of knowledge to apply to the clinical setting, and to implement clinical strategies more independently, efficiently and effectively as they progress through the clinical levels and semesters. The CALIPSIO grading scale also reflects these levels. The clinic performance scales and expectations each semester can be found in Appendix 8.3

SELECTION OF PRACTICUM SITES

The DCE and clinical externship coordinators are responsible for assigning students to clinical sites in an effort to ensure that all students are placed in an appropriate setting and have the opportunity to meet the skill competencies required for the Certificate of Clinical Competence. Students may not contact sites and arrange their own practicum; however, a student may speak with their clinical advisor regarding interest in particular sites. An attempt will be made to consider the student’s clinical interests when planning the fourth or fifth semester practicum, however, the clinical faculty reserves the right to assign the student to any appropriate practicum site pending availability, clinical hour requirements, and clinical performance needs. There are no guarantees for any clinical site.

The SLP program maintains a relationship with a large variety of external sites for clinical practicum. Due to competitiveness of placing students at clinical sites, graduate students may need to travel up to 90 minutes for clinical placements. Although your location of residence may be considered when assigning placements, we cannot guarantee placements based on proximity to your home. The DCE will make a list of currently available clinical sites accessible to students so that they may review them if requested. Reviews will also contain student feedback and information forms provided by previous students who were placed a particular site (See Appendix 11). If a particular site does not currently have a contract with SHU SLP, but a student is interested in completing a practicum there, the student may submit a request to the DCE that a contract be established for the possibility of eventual student placement (See Appendix 4). This request must be placed at least six months in advance of the proposed placement in order to allow for contact with the site, legal review, and execution of the agreement. In cases where the clinical site has an application and interview process for students, the clinical faculty will alert the student of the interview process.

CLINICAL ADVISEMENT

Each student will be assigned a clinical advisor for the duration of the two years in the clinical education program who will oversee the clinical practicum experience. The clinical advisor will review skill competencies, clinical hour requirements, provide remediation support, and meet with the advisee each semester. This advisor is similar to an academic advisor in that they are overseeing a full five-semester period of clinical education, but may not necessarily be the direct instructor/educator for a particular clinical practicum.
CLINIC POPULATIONS

Graduate students will have practicum experience with client populations across the life span and from culturally and linguistically diverse populations, in addition to populations with various types and severities of communication disorders, differences and disabilities, including articulation, fluency, voice and resonance, receptive and expressive language, hearing, swallowing, cognitive and social aspects of communication, and augmentative/alternative modalities of communication. (Standard IV-F)

CLOCK HOURS

Graduate students must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact. A minimum of 325 hours of direct client/patient contact must be obtained at the graduate level. The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) defines 1 clinical practicum hour as equal to 60 minutes. When counting clinical practicum hours for purposes of ASHA certification, experiences/sessions that total less than 60 minutes (e.g., 45 minutes or 50 minutes) cannot be rounded up to count as 1 hour.

Clock hours can be obtained only for the time during which the student clinician is providing direct evaluation or treatment services for clients who present communication disorders or with the client’s family. Only direct contact with the client or the client’s family in assessment, management, and/or counseling can be counted toward the practicum requirement. Ancillary activities such as writing lesson plans, scoring tests, transcribing language samples, preparing treatment activities, and meetings with practicum CEs may not be counted as clock hours. (Standard IV-C). In March 2016, the 2014 standards and implementation procedures for the Certificate of Clinical Competence in Speech-Language Pathology were revised which expanded the definition of supervised clinical experiences:

Supervised clinical experiences should allow students to:
• interpret, integrate, and synthesize core concepts and knowledge;
• demonstrate appropriate professional and clinical skills; and
• incorporate critical thinking and decision-making skills while engaged in identification, evaluation, diagnosis, planning, implementation, and/or intervention.

2014 standards were also revised to define alternative clinical experiences (ACE), which may also be included for up to 20% (75 hours) of direct client hours. ACE may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Only the time spent in active engagement with the ACE may be counted.
The CALIPSO Database represents the official record of Clock Hours for the student’s clinical program (Appendix 8.1). It is the responsibility of each student to enter their clock hours into CALIPSO at the end of each practicum day and then are required to submit to the CE at least weekly. It is recommended that students also keep track of their Clock Hours on paper as a hard copy and back-up, but it will not be collected and will not constitute an official record of Clock Hours earned. CEs will review and approve Clock Hours in CALIPSO at least weekly. Failure to enter clock hours on a weekly basis may result in hours not being approved by your CE.

The student should be aware of the total number and distribution of Clock Hours across content areas and client populations at all times during the graduate program. The clinical advisor will also monitor this information. If at any time the student has a concern that she/he will not achieve the required 375 Clock Hours or that she/he lacks distribution in a certain content area or client population, he/she should make an appointment to meet with his/her clinical advisor as soon as possible.

**OBTAINING CLOCK HOURS IN GROUPS OF STUDENTS**

A majority of clinical experiences will be 1:1 student to client ratio. In certain circumstances, it is possible for several students working as a team to receive credit for the same session; depending on the specific responsibilities, each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another interviews the parents, both students may receive credit for the time each spent in providing the service. However, if student A works with the client for 30 minutes and student B works with the client for the next 45 minutes, each student receives credit for only the time he/she actually provided services—that is, 30 minutes for student A and 45 minutes for student B. Students working as teams should discuss the division of responsibilities and allotment of clock hours prior to the beginning of a session, and then again following its completion, to ensure each student clinician counts clock hours correctly and fairly.

**SELF-REFLECTION JOURNAL**

Self-reflection is an integral part of developing clinical and professional skills in speech-language pathology. Graduate students will be responsible to complete assigned self-reflection on their clinical practicum performance. A scoring rubric will be used by the CE for each self-reflection (See Appendix 13). Self-reflections will be uploaded to Blackboard site weekly and final copies are to be maintained by the student for a self-reflection journal and clinical portfolio. Self-reflection journaling will be a portion of your clinical practicum grade each semester. Students will also complete a self-evaluation each semester through CALIPSO using the clinical skills ratings/evaluation (Appendix 8.2).

**MEETING CLINICAL SKILL COMPETENCIES (STANDARD IV-G)**

Graduate students in speech-language pathology have the opportunity to meet clinical skill competencies as required for certification by the American Speech-Language-Hearing Association. The competencies will be met through successful completion of clinical practica, clinical labs that are part of academic coursework, and specialty labs. Clinical competencies to be addressed in the graduate program include all Knowledge and Skills Areas described in the 2014 CFCC Standards.
CLINICAL ACTIVITIES

Students will be provided with opportunities for supervised clinical practica in all the following areas as part of the Clinical Education program:

Screening/Prevention
- Students successfully complete speech, language, and hearing screenings (Articulation, Language, Hearing).
- Students complete screening evaluations with adults with cognitive deficits as the result of stroke or traumatic brain injury (Cognitive Communication).
- Students successfully complete clinical labs or specialty labs as part of the following courses: Speech Sound Disorders, Language Disorders 0-5, Language and Literacy Disorders in School-Aged Children and Adolescents, Dysphagia, Voice and Fluency Disorders, AAC and Severe Disabilities (Articulation, Fluency, Language, Voice/Resonance/Swallowing, and Communication Modalities).

Evaluation: Select/Administer Evaluations, Interpret/Integrate Information, Client Referral, Case History/Information Integration, Adapt Procedures, Reporting Functions
- Students successfully complete clinical practica in which they complete speech and language evaluations with children (Articulation, Receptive/Expressive Language, Fluency, Voice/Resonance, and Social Aspects).
- Students successfully complete clinical practica in which they complete speech, language, and swallowing evaluations with adults (Cognitive Aspects, Social Aspects, Articulation, Fluency, Voice/Resonance, Receptive/Expressive Language, and Swallowing).
- Students successfully complete clinical labs focused on assessment in the following courses: Language Disorders 0-5, Language and Literacy Disorders in School-Aged Children and Adolescents, Speech Sound Disorders, Dysphagia, Voice and Fluency Disorders, Aural Rehabilitation, AAC and Severe Disabilities (Articulation, Fluency, Language, Hearing, Voice/Resonance, Swallowing, and Communication Modalities).

Intervention: Develop/Select/Implement Appropriate Treatment Plans, Measure/Evaluate Client Progress, Complete Reporting
- Students successfully complete clinical practica in which they manage speech and language disorders in children (Articulation, Receptive/Expressive Language, Fluency, Voice/Resonance, Cognitive Aspects, and Social Aspects).
- Students successfully complete clinical practica in which they manage speech, language, and swallowing disorders in adults (Cognitive Aspects, Social Aspects, Fluency, Voice/Resonance, Receptive/Expressive Language, and Swallowing).
- Students successfully complete clinical labs focused on treatment in the following courses: Language Disorders 0-5, Language and Literacy Disorders in School-Aged Children and Adolescents, Speech Sound Disorders, Dysphagia, Voice and Fluency Disorders, Aural Rehabilitation, AAC and Severe Disabilities (Articulation, Fluency, Language, Hearing Voice/Resonance, Swallowing, and Communication Modalities).
SUPERVISION

Speech-language pathologists who hold the Certificate of Clinical Competence (CCC) from ASHA and who are licensed appropriately by the state supervise students. Clinical practicum hours must be supervised by individuals who hold a current CCC in the area in which the observation and practicum hours are being obtained. The DCE or externship coordinator will verify each CE’s current ASHA Certification with the Council on Clinical Certification each year and state licensure through the CT Department of Public Health (or appropriate state licensure board) each year. Coordinating faculty will also obtain CE and Site information each semester with the Practicum Agreement Form (Appendix 12). A database of all CEs and their ASHA Certification Account Number will be maintained on the CALIPSO Application. Feedback in the supervision process will be verbal and/or written throughout the semester. Students will meet with their clinical educator on a weekly basis to review progress and performance. Students may be supervised by a number of CE’s throughout the semester, but will always have a primary CE available to him/her. Students will provide formal feedback to the clinical educator using the Supervisor Feedback Form within CALIPSO (Appendix 15).

During the first and second semester of the graduate program, SHU Clinical Faculty will supervise most students for internal or “on-campus” clinical activities. All SHU Clinical Faculty are ASHA certified SLPs or Audiologists who are also state licensed.

In fieldwork or “off-campus” clinical practicum sites, student clinicians will be supervised directly by an on-site ASHA certified speech-language pathologist who will serve as the student’s direct clinical supervisor/educator. Additionally, there will be coordination with a SHU Clinical Faculty liaison who will oversee the practicum experience and assign the final grade. In accordance with the Family Educational Rights and Privacy Act of 1974, it is necessary for school officials at Sacred Heart University to have written consent from a student in order to release information from the student’s academic records to any source outside of the university, including an external CE, therefore students have the opportunity to review and sign a release of information (Appendix 7).

When a student prepares to enter an external clinical practicum site, the student will complete the Clinical Affiliation Student Worksheet and Supervisory Needs Assessment (Appendix 5 & Appendix 6) prior to the start of the practicum to share with his/her clinical educators. This document provides information on the student’s clinical goals, clinical experience to date, and supervision needs. Additionally, students and CE’s will complete and sign a Practicum Information and Agreement Form which will be a mutually agreed upon plan for clinical practicum between the external CE, SHU faculty, and graduate student (Appendix 12). Clinical Faculty from the university will make visits to each clinical site (within reasonable driving distance of Sacred Heart University) or formally contact site CE at a minimum of one time during the practicum to provide support for both the student and the site CE. Clinical faculty will have the opportunity to communicate with site CEs and students on a regular basis, via email, phone and site visits. Site CEs will be informed that the nature and amount of clinical supervision must be adjusted to the experience and ability of the student. Direct supervision must be in real time, must be no less than 25% of the student’s total contact with each client, and must take place periodically throughout the practicum.
The following scale for supervision will be used.

- **100% Supervision:** Direct 1:1 Supervision for the entirety of the session, including significant assistance with selecting and administering standardized tests, lesson planning and implementation, and documentation and record keeping.
- **75% Supervision:** Supervision is provided for 75% of the session’s duration, including moderate assistance with selecting and administering standardized tests, lesson planning and implementation, and documentation and record keeping.
- **50% Supervision:** Supervision is provided for 50% of the session’s duration, including minimal assistance with selecting and administering standardized tests, lesson planning and implementation, and documentation and record keeping.
- **25% Supervision:** Supervision is provided for 25% of the session’s duration; the student is able to select and administer standardized tests, complete lesson planning and implementation, and complete documentation and record keeping nearly independently with only occasional input or review required from the clinical CE. This is the minimum amount of supervision to be provided.

In the case where the client’s payer source (i.e. Medicare, Medicaid, or Private Insurance) or the policies of the clinical site requires a greater amount of supervision by the licensed clinician per regulatory guidelines, the greater amount of supervision required will prevail.

Following the external site CE’s acceptance of a graduate student for a clinical practicum and receipt of the Clinical Faculty’s report of the student’s current level of clinical competence, it will be the responsibility of the site CE to ensure the level of supervision is appropriate for the setting, patient population and diagnoses being served. The safety and welfare of the client is of utmost priority, and site CEs are ultimately responsible for ensuring the student clinician provide appropriate and necessary services. The site CE will be encouraged to call the DCE or another member of the Clinical Faculty immediately during the Practicum if any questions or concerns arise.

**REMOVAL OF STUDENT FROM CLINICAL SITE**

All clinical placements are at the sole discretion of the Sacred Heart University SLP Program. In rare circumstances, students may be removed from a clinical site for a number of reasons. The SLP Program has the right to take immediate action and remove a student from a clinical site if there are serious academic, professional behavior, or safety concerns on both the part of the student, on-site clinical educator, and/or site. Students will be notified, in writing, of the removal and will meet with the DCE, Program Director and/or Clinical Advisor to discuss the removal and clinical practicum options moving forward.
EVALUATION OF CLINICAL PRACTICUM

During each semester that a student is involved in clinical practicum, a midterm and final evaluation will be completed by their site clinical CE. The results of these evaluations will be entered directly onto the CALIPSO Application and reviewed by the DCE or other Clinical Faculty. Evaluations include competencies in the areas of:

- Evaluation skills
- Intervention skills
- Preparedness, interaction, and personal qualities

Graduate student clinicians will have the opportunity to evaluate and provide speech-language intervention to clients of all ages who present with a wide variety of communication challenges. Students who are just beginning their clinical experience are expected to require more supervision and assistance than those with more experience. When entering the evaluation data into the CALIPSO Application, the Clinical CE will indicate what level of supervision the student requires at the time of evaluation, and attest that at least that amount of supervision was provided during the reporting period. The amount of supervision provided by the CE will never be less than 25% of direct client interaction time.

EVALUATION OF STUDENT IN CLINICAL PRACTICUM SCORING RUBRICS

Skills rated on a 5-point scale:

5  | Clinical Fellowship ready
4  | Demonstrates skill set independently
3  | Skill set evident with appropriate supervision
2  | Skill set emerging
1  | Skill set needs improvement

The complete scoring rubric with guidelines for student and CE based on semester will be available within the practicum course syllabus, on CALIPSO, and within the clinical and supervisor manual (Appendix 8.2 and Appendix 8.3) For student teaching externships, the CT State Department of Education requires additional evaluations beyond CALIPSO (Appendix 8.4-8.5)
GRADING OF CLINICAL PRACTICUM

As with other academic courses, students enrolled in Clinical Practicum receive a letter grade with their midterm and final evaluations. This letter grade will assist the student and the clinical faculty in determining if satisfactory achievement is being made in the development of clinical skills, and any potential need for remediation. CEs will evaluate students at midterm and the end of the practicum as described in the previous two subsections of this chapter. The Clinical Faculty will then translate the overall average skills rating to a corresponding percentage and letter grade utilizing the rubric found in the syllabus for each practicum level. The rubric will vary depending on the placement of the practicum in the program and the expectation of the level of clinical independence at that clinical level. While the skill ratings provided by the direct CE factor strongly in the calculation of the letter grade awarded to the student, ultimately the full-time clinical faculty assumes all responsibility for determination of the student’s final grade.

The graduate program faculty do not “give” grades, rather students earn grades that faculty assign in order to document student’s knowledge and skill with the content required to become an entry level practitioner. In addition to developing knowledge, skill, and adopting professional values, ethics, and behaviors, students must demonstrate entry-level critical reasoning skills.

The grading scale used for determination of course grades in the Graduate Program in Speech-Language Pathology at Sacred Heart University is:

<table>
<thead>
<tr>
<th>Grade</th>
<th>GPA points</th>
<th>Numerical Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.0</td>
<td>93-100%</td>
</tr>
<tr>
<td>A-</td>
<td>3.67</td>
<td>90-92%</td>
</tr>
<tr>
<td>B+</td>
<td>3.33</td>
<td>87-89%</td>
</tr>
<tr>
<td>B</td>
<td>3.0</td>
<td>83-86%</td>
</tr>
<tr>
<td>B-</td>
<td>2.67</td>
<td>80-82%</td>
</tr>
<tr>
<td>C+</td>
<td>2.33</td>
<td>77-79%</td>
</tr>
<tr>
<td>C</td>
<td>2.0</td>
<td>73-76%</td>
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Within the SLP graduate program, a grade of A indicates exceptional mastery of course objectives, knowledge, and skills above and beyond the standards. A grade of A does not indicate perfection, but does indicate exceptional and exemplary work. Additionally, a course grade of A indicates student creativity and curiosity for learning above and beyond what is required. As all students bring a variety of skills and abilities to their clinical work, students should not expect to receive an A in every course, or in every term.

A grade of B indicates solid mastery of the course objectives, knowledge, and skills that meet standards. The B indicates a student has met expectations of the course, and is able to apply knowledge and reasoning skills to the clinical process. Additionally, a course grade of B indicates a student with solid commitment to learning what is required. A course grade of B indicates that the student is demonstrating emerging to competent abilities in inductive, deductive, analytic, inferential, and/or evaluative reasoning in relation to the clinical process.
CLINICAL REMEDIATION

Students who are experiencing difficulty acquiring and/or demonstrating satisfactory clinical skills during the course of a practicum will have the opportunity to have a structured and individualized clinical remediation program with intensive input from clinical faculty to improve clinical competency and ability to advance to the next level of practicum.

Students will be identified with a verbal or written warning as determined by their clinical educator:

1. The need for clinical remediation will be identified by the scheduled midterm evaluation week. Student clinicians whose clinical performance is below expectations will be identified with a verbal or written warning and referred for remediation as soon as possible. An exception may occur if there is decreased performance after the midterm evaluation. Remediation will be recommended for any student earning below the required scores for their clinical level.

2. An initial meeting will be scheduled with the student clinician and supervising faculty member and/or clinical advisor to review the midterm evaluation and to discuss the need for a remediation plan. The site CE may also be involved in the meeting. The remediation procedure will be reviewed.

A formal remediation plan (Appendix 9, utilizing Appendix 10 as needed) will be developed to address each area of concern and will include specific goals and objectives and an indication of the means and methods to be used. A timeline for meeting the goals and objectives will be included in the plan. The plan will be signed and dated by the student and clinical faculty involved in the remediation process. A remediation plan cannot be repeated for the same area of clinical competency; however, additional remediation plans can be introduced for new areas of concern.

The clinical faculty member and the student will meet at set intervals, likely weekly. The remediation meeting may take place at the clinic site or at the University. The purpose of the remediation meeting is to facilitate and monitor progress toward the stated goals and objectives.

If a student does not meet stated goals and objectives, the student is subject to academic probation and/or recommendation for withdrawal from the program. The student will be automatically referred to the Professional Performance Committee (PPC) if a passing grade of B- or higher is not achieved at the end of the semester. Refer to the SLP Student Manual regarding academic probation and the PPC process.

ADVANCEMENT TO THE NEXT LEVEL OF CLINICAL PRACTICUM

All students who achieve a letter grade of B- or better in Clinical Practicum will automatically advance to the next level of Clinical Practicum in the sequence. Students who achieve a grade of C+ or lower in Clinical Practicum may not advance to the next level of Clinical Practicum, will be placed on academic probation, and referred to the Speech-Language Pathology program Professional Performance Committee (PPC) to develop a remediation plan. The same policy and procedures for academic probation with academic courses also apply to clinical practicum courses (please see SLP Student Manual).
POLICY FOR STUDENT GRIEVANCES WITHIN CLINICAL EDUCATION

In some cases, a student may disagree with a faculty member or CE to the extent that the situation warrants communication and action to reach an optimal resolution. The following policies and procedures have been established to guide the students and clinical faculty members:

1. Students are encouraged to meet with the specific clinical faculty member who is directly involved in the situation. Both parties will discuss the concern and attempt to come to an agreement of the appropriate way to handle the situation. The student and/or clinical faculty member may invite the DCE to this meeting.

2. If the issues are not able to be resolved at this level, the student should meet with the DCE to share the concerns. The DCE and the student can then discuss the situation and attempt to come to an agreement of the appropriate way to resolve the situation.

3. In situations that are not resolved satisfactorily following the meeting with the DCE, a student may meet with the Chair of the Department of Speech-Language Pathology.

Students have the option to appeal any decisions made by the Director and/or faculty of the School of Communication Sciences and Disorders by following the Appeals Procedures outlined in the SLP Student Manual.

STUDENT GRIEVANCES AND APPEALS

A student’s dissatisfaction with a course grade is in general not sufficient grounds for warranting a grievance, convening a committee, or meriting a hearing. Grounds for a grievance exist upon presentation of written documented evidence indicating: Discriminatory treatment; the process determining the grade differs from that outlined in the course syllabus; or the process determining the grade was not presented in writing to the students.

A documented grievance associated with a grade must be presented within six (6) months after the original grade was issued. The procedure for a documented grievance is as follows:

1. The student is ordinarily expected to resolve the issue at hand with the faculty member.

2. If the solution as provided by the faculty member is unacceptable to the student, the student may present the case in writing with supporting evidence to the Program Chairperson of the faculty member involved. The Program Chairperson will then make a judgment, after consultation with the faculty member and the student, in an attempt to bring the matter to resolution.

3. If the Department Chairperson is unable to bring the matter to resolution or the judgment is unacceptable to the student, the student may present a formal appeal in writing to the Dean of the College in which the course was taken or to his/her designee. If the Dean of the College or his/her designee finds that the appeal has merit, he or she will convene a grievance committee. This committee will consist of one faculty member selected by the student, one by the faculty member concerned, and one by the Dean of the College or his/her designee. After reviewing all documented evidence, the grievance committee will then propose a solution that the grade either stands or should be reviewed by the faculty member. This concludes the process.

4. See the University’s Graduate Academic Catalog for grievance and appeal policy and procedures.
Section V

Clinical Documentation Procedures
RATIONALE

Appropriate, accurate and timely documentation of services provided is essential regardless of the setting; services provided during the course of clinical practicum are no exception. Students will be mentored by the Clinical and Academic Faculty in the correct methods of all manner of documentation for both healthcare and educational settings, however, clinical documentation requires practice and patience to master. Especially in the beginning of your graduate studies, prepare to spend additional time preparing, writing, editing and re-writing your documentation to meet the rigorous standards of clinical practice.

BASIC REQUIREMENTS FOR ALL DOCUMENTATION

Clinical documentation, including drafts and final copies, must be completed and submitted within 24 hours of service or sooner for the practicum and/or at the specific direction of your clinical CE. This means that if your CE requests a revision of documentation, this must be completed within 24 hours of the request. Delayed submission of documentation, will affect your final evaluation scores. All drafts of clinical documentation should be edited and proofed for grammar, spelling, and punctuation prior to submission. Students should make every effort to complete documentation as if every draft were a final draft. Handwritten documentation must be written in black ink. If an error is made in handwritten documentation, draw a single line through your error, write your initials and the word “error” above the lined out section. Never use pencil, any colored ink (other than black), or white out/correction tape on documentation. In both handwritten and electronic documentation, sign your name using your legal name (no nicknames), followed by the phrase “SLP Graduate Student Clinician.” Ensure all documentation is correct in mechanics including grammar, spelling, punctuation, and that handwritten entries are completely legible. Use person-first language to be consistent with IDEA; emphasize the person more than the disability (i.e., a child with Down syndrome, NOT a Down syndrome child).

GUIDELINES FOR DOCUMENTATION COMPLETED DURING PRACTICUM WITH A SHU CE

Services provided by SHU SLP Graduate Students during at least the first two semesters of practicum under the supervision of SHU CEs are not billable services under any reimbursement system unless the student has been notified otherwise; instead, these services are listed under the category of prevention, enrichment, screening, enhancement, or practice. As such, while the documentation of these activities is essential, it does not represent an official record of healthcare services provided.
Templates for documentation will be available on each course's Blackboard page, and the student’s clinical CE will provide guidance in determining which template is to be used for each client/group. In some cases, the student may be asked to write a narrative evaluation report or SOAP note without a template. All documentation must be completed and uploaded to applicable assignment link on the practicum course’s Blackboard site within 24 hours or as directed by the clinical CE. The Blackboard system is not a HIPAA compliant Electronic Healthcare Record (EHR), nor is email a completely secure method for sending sensitive information. As a result, no documentation completed that is to be uploaded to Blackboard will contain any potentially identifying information. All clients will be given a unique code to be used on all documentation forms; documentation will never contain information such as full names, date of birth, location of residence, or social security number.

Unless otherwise directed by their on-site CE, students should complete all documentation at the point of service. Point of service is the process of completing documentation as part of the treatment session while involving the client as much as possible; all required documentation will be completed prior to leaving the practicum site for the day. Students in the first two semesters of practicum should plan to pre-populate their documentation template as much as possible prior to the treatment session to facilitate completion of point of service documentation. Use of laptops and tablets are encouraged to streamline the process, but are not required.

In some cases, the practicum may require identifying information within documentation. For example, in the case of hearing screenings or speech and language screening results that will be placed in the client's file or record or on-campus clinical program activities. In that situation, you should follow the specific instructions of your clinical CE for information as to the correct method for completing and submitting the requested documentation. Additional confidentiality requirements and procedures are as follows:

- **Sensitive Client Information.** Sensitive information includes but is not limited to information that could be considered social in nature with an attached social stigma. This information should be included in a report only if including it is relevant to the diagnosis. For example, if a child is being evaluated for a communication problem, family history of speech problems, hearing problems, learning disabilities, and mental conditions are important in making the diagnosis of a communication disorder. The source of this information must always be specified (e.g., “According to the mother” or “Per parent report”). Information that may be sensitive includes:
  - Family history of mental illness, substance abuse, suicide or suicidal intent.
  - Marital discord or marital problems.
  - Information about the behavior or personality of another family member not provided by that person (e.g., a parent describing the ex-spouse as abusive).
  - Financial information unless it is directly relevant to the diagnosis (e.g., financial problems causing the parents to be unable to obtain medical care)
• **Managing Drafts of Reports and Working File Documentation.** All drafts of reports in progress and all documentation stored electronically must not include identifying information. A code will be developed in consultation with the CE and will be recorded on any documentation that is transmitted. In certain clinical circumstances where identifying information must be used, the student will work with the CE to finalize documentation and add identifying information prior to filing reports and mailing documentation. All client files will be stored in a locked, secure cabinet with the Program Assistant. Client files are not to be removed from the SLP Department under any circumstances.

• **Mailing Clinical Documentation.** Only final drafts, which have been approved and signed by the CE, will be disseminated to clients. Reports are only to be mailed out by the Program Assistant, CE, or Graduate Assistant. Client files must be reviewed to ensure that the client/caregiver/guardian has signed the appropriate release form before requesting that a report be mailed to any individual/professional/agency other than the client.

**GUIDELINES FOR DOCUMENTATION DURING OFF-CAMPUS PRACTICUM EXPERIENCES WITH FIELDWORK CE**

When a student is placed with an external CE in a 1:1 practicum, externship or student teaching experience, the student is required to follow the direction of their CE regarding the specific requirements for documentation at their practicum site.

**CLINICAL PORTFOLIOS**

Students are required to assemble a Clinical Portfolio as they proceed through the clinical program, which will be used as part of the Capstone experience during the final year. The Portfolio should consist of documents used throughout clinical training, and should include samples of lesson plans, SOAP notes, assessment reports, clinical data tracking, discharge summaries, self-reflections, session and supervision notes. Students should maintain some samples from at least one client seen each semester; they may maintain a larger sample if they choose. Documentation for each client does not need to be complete, but students should be able to show their growth in their production of documents and clinical thinking over the course of the program, so that there should be samples of lesson plans, SOAP notes, self-reflections, etc. from both the early and later semesters of the program. Two video-recordings of clinical intervention and a report on the analysis and critique discussion on the video will be required as a part of the portfolio (*Appendix 16*)
APPENDIX 1

ESSENTIAL FUNCTIONS/TECHNICAL STANDARDS for the Practice of Speech-Language Pathology

Graduate degrees in Speech-Language Pathology from Sacred Heart University signify that the holder will be able to satisfy the academic and clinical requirements for practice in the profession of Speech-Language Pathology. As such, graduate students enrolled in the master’s program in Speech-Language Pathology are required to complete onsite and external clinical practicum experiences as well as didactic requirements. Graduate students must have the knowledge and skills to function in a broad variety of clinical, community, medical, and educational environments and to render a wide spectrum of speech-language pathology services. These skills enable a student to meet graduate and professional requirements as delineated by state licensure and national certification requirements. All students admitted to the SLP graduate degree program at Sacred Heart University must meet the abilities and expectations outlined below.

In order to acquire the knowledge and skills requisite to the practice of speech-language pathology, individuals must possess skills and attributes in five primary areas:

Communication, motor, intellectual-cognitive, sensory-observational, and behavioral-social: The University will NOT discriminate against students with verifiable disabilities who are otherwise qualified, but will expect applicants and students to meet certain minimal technical standards (essential functions) as set forth herein with reasonable accommodation. In adopting these standards, the program policy is that it must keep in mind the ultimate safety of the clients/patients served by its students and graduates. The standards reflect what the SHU SLP graduate program holds as reasonable expectations required of students and practitioners in performing the essential functions of the profession.

- **Communication**: Students must be able to communicate proficiently in all languages of service delivery. This means at minimum, students should be able to:
  - Communicate proficiently in both oral and written English. Prior to admission, international students must complete TOEFL-IBT (Test of English as a Foreign Language Internet Based Test) with an overall score of 79 or higher, and a total score of 26 or higher on the spoken English subtest of the TOEFL-IBT. International students who do not have access to the TOEFL-IBT may take the TOEFL paper-or computer-based tests for admission into a graduate program; however, they must also take the Test of Spoken English (TSE) and pass with a score of 50 or higher.
  - Communicate professionally and intelligibly with clients, colleagues, other healthcare professionals, community or professional groups, and others.
  - Effectively, confidently, and sensitively converse with clients and their families. This includes the ability to modify communication style to meet the communication needs of clients, caregivers, and other persons served.
  - Possess reading and writing skills sufficient to meet curricular and clinical demands. This includes the ability to
    - read course texts, journal articles, test manuals, clinical protocols, and client charts.
    - write effectively, and legibly, completing client documentation, clinical reports, and scholarly papers and assignments required as a part of course work and professional practice.
• **Motor:** A student must possess adequate motor skills to:
  - Sustain necessary physical activity level in required classroom and clinical activities including participation in classroom and clinical activities for the defined workday.
  - Respond quickly to provide a safe environment for clients in emergency situations including fire, choking, etc.
  - Efficiently manipulate equipment (e.g., audiometers, computerized speech programs, etc.) treatment materials, and client-utilized medical equipment (e.g., hearing aids, AAC devices) within the testing and treatment environments, without violation of testing protocol and best therapeutic practice.
  - Travel to numerous clinical sites for practical experience.

• **Intellectual/Cognitive:** A student must possess adequate intellectual and cognitive skills to:
  - Comprehend, retain, integrate, synthesize, infer, evaluate and apply written and verbal information sufficient to meet curricular and clinical demands.
  - Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan and solve problems, reason, and make sound clinical judgments in patient assessment and treatment.
  - Evaluate, identify, and communicate limits of one’s own knowledge and skills to appropriate professional level and identify and utilize resources in order to increase knowledge.
  - Utilize detailed written and verbal instruction in order to make unique and independent decisions, and demonstrate an understanding of the rationale and justification for one’s performance.
  - Critically evaluate one’s own performance and be flexibly able to change to promote professional and clinical process, accept appropriate suggestions and constructive criticism, and respond by modification of behaviors.
  - Manage the use of time to complete clinical and academic assignments within reasonable constraints.
  - Conduct oneself in an ethical and legal manner, uphold the ASHA Code of Ethics, patient privacy policies and comply with administrative, legal, and regulatory policies.

• **Sensory/Observational:** A student must possess adequate vision, hearing, and tactile senses to:
  - Visually and auditorily identify normal and disordered communication, including 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, and social interaction related to communication.
  - Visualize, identify, and palpate anatomic structures such as the head, neck, and external ears.
  - Visualize and discriminate imaging findings, text, numbers, tables, and graphs associated with diagnostic instruments and tests.
  - Observe demonstrations and learn from experiences in the classroom, laboratory, and clinical situations.
  - Observe and respond to subtle cues of patient’s moods, temperament, and social behavior, and non-verbal communication.
• **Behavioral/Social**: A student must possess adequate behavioral and social attributes to:
  - Display mature, empathetic, and effective professional relationships by exhibiting compassion, integrity, and concern for others.
  - Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic backgrounds.
  - 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.

**Comments**: The description above is intended to reflect the essential functions in a general manner. It is not all-inclusive, and is not a contract, expressed or implied. The description also attempts to describe functions in multiple contexts from the didactic experience to the fieldwork/externship experience. Keeping this in mind, the importance of some essential functions may increase or decrease depending on the context. The department will not discriminate on the basis of race, color, creed, national origin, ancestry, citizenship, gender, sexual orientation, religion, age, or disability. Any student who feels s/he may need academic accommodations or access accommodations based on the impact of a documented disability should contact and register with JLC during the first week of class. The JLC is the official office to assist students through the process of disability verification and coordination of appropriate and reasonable accommodations.
APPENDIX 2

Agreement to adhere to the SLP Student and Clinical Manual and Sacred Heart University’s policies

I, ______________________________, have read the Student Manual and Clinical Manual of the Program in Speech-Language Pathology at Sacred Heart University, understand the contents, and agree to abide by the policies and procedures as outlined and amended.

Additionally, I have (please check each box)

☐ Read the Essential Functions document in the manual; I am committed to the policies expressed therein; and that I may be advised to discontinue the program should I fail to demonstrate all of the Essential Functions despite reasonable accommodations (if recommended by the Jandrisevits Learning Center) and reasonable levels of support from the faculty.

☐ read and agree to abide by the Code of Ethics of the American Speech-Language-Hearing Association (ASHA)

☐ Read the Policy Statement on Criminal Background Checks/Drug Screening and Fingerprinting and agree to abide by its policies and procedures.

__________________________________  __________________________________
Student Signature                      Date

__________________________________
Printed Name
APPENDIX 3

Policy on Criminal Background Checks, Drug Screenings, and Fingerprint
Requirements of Practicum Sites

Sacred Heart University – College of Health Professions
Program in Speech-Language Pathology
Criminal Background Check Policy

CRIMINAL BACKGROUND CHECKS/DRUG SCREENING/FINGERPRINTING

Successful completion of the SLP program includes satisfactory completion of the clinical education component of the curriculum. A majority of clinical sites now require students to complete a criminal background check prior to participating in clinical education placements. Some facilities may also require fingerprinting and/or drug screening. State licensure laws may also restrict or prohibit those with criminal convictions from obtaining a professional license to practice following graduation. Additionally, national certification agencies may deem persons with criminal convictions as ineligible to sit for national certification examinations. Thus, students with criminal convictions or backgrounds may not be able to obtain required clinical education experience(s) thereby failing to meet the academic standards of the health profession's program.

It is therefore the policy of the Speech-Language Pathology Program that all admitted students planning to enroll in the SLP Program must consent, submit to, and satisfactorily complete a criminal background check (CBC) before registration for courses as a condition of matriculation. Matriculation will not be final until the completion of the criminal background check with results deemed acceptable to the Program Director or SLP DCE. Students are permitted to register for classes if they have a flagged CBC, but must sign a waiver acknowledging the risks (see the CBC policy). The SLP Program is aware that students cannot get financial aid until they are fully matriculated. Please note that a student may need to complete multiple criminal background checks throughout the program pending clinical affiliation site placements.

All expenses associated with the CBC, fingerprinting, and/or drug screening are the responsibility of the student. Students, who do not consent to the required background check, refuse to provide information necessary to conduct the background check, or provide false or misleading information in regards to the background check will be subject to disciplinary action up to, and including, refusal of matriculation or dismissal from the program.
Some health care and education facilities require students to obtain a background check in a certain period of time or use a specific company to obtain background checks, drug testing, or fingerprinting. Other facilities accept background checks from any company in any time frame. The DCE will advise students prior to their clinical placement if the site requires a specific company or timeframe for the CBC, drug screening, or fingerprinting. It will be the student’s responsibility to complete the background check, drug screening, or fingerprinting with the required company at their own expense within the timeframe specified by the site. If a site requires CBCs be completed, background check results may be sent to the site. The policy regarding who receives the results is determined by the site, not the SLP Program or Sacred Heart University.

The SHU SLP Program currently uses Cooperative Educational Services to obtain fingerprinting and background checks prior to admission. CES website, www.ces.k12.ct.us, provides CBC/fingerprint checks, which will include felonies, misdemeanors, and sex offender status at federal, state, and local levels from ten previous years of residence. Each student must contact www.ces.k12.ct.us via a secure internet site (by emailing fingerprinting@ces.k12.ct.us) and place a CBC/fingerprint request. You can contact CES Fingerprinting Services at 203-365-8936 with any questions. Additionally, the SHU SLP Program also uses CastleBranch to obtain additional criminal background check information when a site requires specific results in a particular timeframe. The DCE will advise the student when the CastleBranch system will need to be utilized prior to a clinical affiliation.

Because several clinical facilities require the university to provide students’ CBC results, the SLP DCE will need to have access to CBC inquiry results during a student’s active enrollment in the SLP Program at Sacred Heart University. All students’ CBC information will be sent to the designated SHU faculty/staff member and the DCE will be alerted of any adverse information; therefore, students using fingerprinting/CBC services at CES give permission for SHU to access their report upon signing the Applicant Statement of Understanding Regarding Background Checks and Professional Conduct.

The SHU SLP Program uses CastleBranch to obtain additional criminal background check information upon admission or when a site requires specific results in a particular timeframe. The DCE or Clinical Externship coordinator will advise the student when the CastleBranch system will need to be utilized prior to a clinical affiliation. Because several clinical facilities require the university to provide students’ CBC results, the SLP DCE will need to have access to CBC inquiry results during a student’s active enrollment in the SLP Program at Sacred Heart University.
In the case of adverse information in a CBC report, the DCE will proceed as follows:

The SLP DCE will review the student’s University/Program/Major application to determine whether the student reported the offense on his/her application.

- The SLP DCE will contact the student to discuss the results and the student’s perspective on the circumstances. The conversation will be documented in writing and included in the student’s file. The student will be asked to sign an acknowledgement that s/he understands that a flagged background check may preclude the ability to be placed in clinical sites and therefore preclude completion of the SLP graduate program. Further, students will need to sign a statement attesting that they understand they will not be considered fully matriculated until they have a clear CBC, have completed all program entry requirements, and that they are aware that they will be unable to receive financial aid until they are fully matriculated.
- The student will also be asked to sign a waiver agreeing to give the SLP DCE permission to disclose to the facility that there was a problem with the background check. Failure to sign this will seriously jeopardize the student’s ability to complete the degree requirements and may result in a recommendation for dismissal from the program, as the student would be ineligible for a required clinical placement. The University will have no obligation to refund tuition or otherwise accommodate students in the event that a CBC or drug screening renders the student ineligible to complete required courses or clinical placement(s).
- Should the student choose to continue in the program, the SLP DCE will inform the site that there was a flag on a background check of a student; the SLP DCE will not reveal the student’s name to the site, rather, will identify the nature of the flag to the site and ask if such a student would be acceptable for placement at that site. The site will be asked to confirm acceptance in writing in a letter, fax, or email.
- If the student feels that an adverse CBC finding is in error, the student will be directed to speak with The State of Connecticut Department of Public Safety, Records Unit at (860)685-8480 to determine if further investigation is needed. Errors may occur in instances of:
  - CBC was completed on a different person with the same name.
  - CBC was completed on a similarly named person.
  - CBC returned information that was supposed to be sealed or expunged.

If the information is in error, the State of Connecticut will notify the student in writing of the results of the investigation and if the error has been fixed or removed. The student would need to provide proof of that documentation to SLP DCE. If the adverse information is truly an error, no further action is taken.
If denied placement by the first clinical site as a result of a flagged CBC, drug screening, or fingerprinting, the SLP Clinical Placement Coordinator will attempt to find a second clinical placement and will follow the procedure outlined above. The student will be asked to sign a waiver agreeing to give the SLP Clinical Placement Coordinator permission to disclose to the facility that there was a problem with the background check. Failure to sign the waiver will seriously jeopardize the student’s ability to complete the degree requirements. Students who are twice denied a clinical placement based on the results of a background check will be considered ineligible for placement and unable to complete the program and, therefore, will be recommended for dismissal from the program. The University and the SLP Program have no obligation to refund tuition or otherwise accommodate students in the event that a CBC or drug screening renders the student ineligible to complete required courses or clinical placement(s).

Some clinical sites may require a clean report of a criminal background check within a specific time period prior to the start of the placement. Therefore, repeated or additional background checks prior to the start of a clinical education placement/rotation may be required at the student’s own expense. Sites may also notify the SLP Program by letter or electronically, or by noting the requirements on pre-placement confirmation forms as appropriate.

Criminal background information is strictly confidential, for use only by authorized SLP Program faculty and/or administrative staff, and shall be retained only until the student graduates or is dismissed from the program. Students should be advised that a felony conviction may affect a graduate’s ability to sit for the certification examination and/or attain state licensure. All graduate programs in SLP require the successful completion of supervised clinical fieldwork experiences. These experiences are offered through facilities and settings off campus and these settings require that the student complete a criminal background check and may require drug screening, and/or fingerprinting before beginning the experience. These will be completed at the student’s expense and the University and the SLP Program will have no obligation to refund tuition or otherwise accommodate students in the event that a criminal background check or drug screening renders the student ineligible to complete required courses or fieldwork.
APPENDIX 4

New Clinical Affiliation Request Form

Requesting Student______________________________

Date of Request______________________________

Name of proposed practicum site: ________________________________

Address ______________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Name of site contact person: _________________________________________________

Contact person email address: _________________________________________________

Contact person phone number: ________________________________

Why are you interested in this particular practicum site? ________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Student Signature _________________________________

**Requests may take up to six months to be executed. You will be notified by a member of the clinical faculty as soon as a response is received.**
APPENDIX 5

Clinical Affiliation Student Worksheet

Student Name:                      Semester:

Clinical Practicum Level:

Semester 1 & 2 – Primary            Semester 3 – Intermediate
Semester 4 – Intermediate/Advanced  Semester 5 - Advanced

Clinical Experience to Date: (or see attached resume)

Student Goals for this Practicum:

Approximate number of clock hours needed:

Specific Big 9 areas clock hours may be needed:

Level of supervision requested/anticipated:

1st half of practicum: 25-50% 50-75% 75-100%
2nd half of practicum: 25-50% 50-75% 75-100%

Additional Information student would like to communicate:
APPENDIX 6

Supervisory Needs Assessment

1. My supervisor allowing me to observe him/her providing services to my client is important to me.
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

2. My supervisor giving me specific suggestions on how to improve my service delivery is important to me.
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

3. My supervisor giving me resources and providing guidance for evidenced-based practice and treatment rationales that can be used to better serve my client is important to me.
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

4. My supervisor making me feel comfortable talking to him/her in times of difficulty is important to me.
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

5. My supervisor giving me the needed encouragement to stay focused in important to me.
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

6. My supervisor allowing me to be creative in selecting therapy activities and materials is important to me.
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

7. My supervisor treating me like a future professional colleague is important to me.
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

8. My supervisor allowing me to exercise my independent judgment regarding assessment and intervention is important to me.
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

9. My supervisor giving me constructive criticism with suggestions for improvement in clinical techniques is important to me.
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

10. My supervisor giving me specific feedback following a session about my level of clinical competence is important to me.
    Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

11. My supervisor challenging me to utilize critical thinking skills is important to me.
    Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

12. My supervisor having high expectations for me is important to me.
    Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

13. My supervisor giving me definite reasoning for the things he/she tells me to do is important to me.
    Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree
APPENDIX 7

Student Consent for Release of Information

In accordance with the Family Educational Rights and Privacy Act of 1974, it is necessary for school officials at Sacred Heart University to have written consent from a student in order to release information from the student’s academic records to any source outside of the university.

I, __________________________________, give my consent for the following SLP faculty/staff members:

1. Program Director/Department Chair, Rhea Paul
2. Director of Clinical Education, Taryn Rogers
3. Medical/Specialty Externship Coordinator, Taryn Rogers
4. School Externship Coordinator, Ellen Massucci
5. Externship Clinical Faculty Liaison, Cristina Pino
6. Program Assistant, Susan Kostopouloss
7. Other_______________________________

To: (initial all that apply)

_____ Release information regarding my academic and clinical performance to clinical sites for the purpose of clinical placement coordination, as requested by sites

_____ Write a letter of recommendation for the purpose of practicum placement and/or employment during the graduate program

_____ Serve as a reference by telephone for the purpose of practicum placement and/or employment during the graduate program

_____ Other (please indicate)______________________________________________________

I understand that by signing this form, I have given permission for the above named faculty members to release information regarding my academic and clinical performance, which may include information contained within student records. The consent for release will remain in effect from the date indicated below until I submit written notification rescinding this request.

_________________________________________  ______________________________________
Student Signature                               Date

_________________________________________
Printed Name
### APPENDIX 8.1

Clock Hour Record Form (CALIPSO)

![CALIPSO Experience Record](image)

<table>
<thead>
<tr>
<th>Class of Test</th>
<th>Clinical Competency I</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Child</td>
</tr>
<tr>
<td><strong>Observation - Evaluation</strong></td>
<td></td>
</tr>
<tr>
<td>Speech</td>
<td>0:00</td>
</tr>
<tr>
<td>Language</td>
<td>0:00</td>
</tr>
<tr>
<td>Hearing</td>
<td>0:00</td>
</tr>
<tr>
<td><strong>Observation - Treatment</strong></td>
<td></td>
</tr>
<tr>
<td>Speech</td>
<td>0:00</td>
</tr>
<tr>
<td>Language</td>
<td>0:00</td>
</tr>
<tr>
<td>Hearing</td>
<td>0:00</td>
</tr>
<tr>
<td><strong>Total Observation Hours:</strong></td>
<td>0:00</td>
</tr>
</tbody>
</table>

| **Evaluation** |       |       |       |
| Articulation   | 0:00  | 0:00  | 0:00  |
| Fluency        | 0:00  | 0:00  | 0:00  |
| Voice and resonance | 0:00 | 0:00 | 0:00 |
| Expressive/Receptive language | 0:00 | 0:00 | 0:00 |
| Hearing        | 0:00  | 0:00  | 0:00  |
| Swallowing     | 0:00  | 0:00  | 0:00  |
| Cognitive aspects of communication | 0:00 | 0:00 | 0:00 |
| Social aspects of communication | 0:00 | 0:00 | 0:00 |
| Communication Modalities | 0:00 | 0:00 | 0:00 |

| **Treatment** |       |       |       |
| Articulation   | 0:00  | 0:00  | 0:00  |
| Fluency        | 0:00  | 0:00  | 0:00  |
| Voice and resonance | 0:00 | 0:00 | 0:00 |
| Expressive/Receptive language | 0:00 | 0:00 | 0:00 |
| Hearing        | 0:00  | 0:00  | 0:00  |
| Swallowing     | 0:00  | 0:00  | 0:00  |
| Cognitive aspects of communication | 0:00 | 0:00 | 0:00 |
| Social aspects of communication | 0:00 | 0:00 | 0:00 |
| Communication Modalities | 0:00 | 0:00 | 0:00 |

**Total Observation Hours:** 0:00

**Total Hours Eared in Different Settings**

*(none)* | -
APPENDIX 8.2

Clinical Skills Evaluation (CALIPSO)

Performance Rating Scale

1. Skill Set Needs Improvement
2. Skill Set Emerging
3. Skill Set Evident with Appropriate Level of Supervision
4. Demonstrates Skill Set Independently
5. Clinical Fellowship Ready

Students are rated in all applicable Big 9 (Articulation, Fluency, Voice, Language Hearing, Swallowing, Cognition, Social Aspects, Communication Modalities) areas for the following skills:

EVALUATION SKILLS

2. Performs chart review and collects case history from interviewing patient and/or relevant others (std IV-G, 1b).
3. Selects appropriate evaluation instruments/procedures (std IV-G, 1c).
4. Administers and scores diagnostic tests correctly (std IV-G, 1c).
5. Adapts evaluation procedures to meet patient needs (std IV-G, 1d).
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std III-C).
7. Interprets and formulates diagnosis from test results, history, and other behavioral observations (std IV-G, 1e).
8. Makes appropriate recommendations for intervention (std IV-G, 1e).
9. Completes administrative functions and documentation necessary to support evaluation (std IV-G, 1f).
10. Makes appropriate recommendations for patient referrals (std IV-G, 1g).

Comments:
TREATMENT SKILLS

1. Develops appropriate treatment plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process. (std IV-G, 2a)
2. Implements treatment plans (std IV-G, 2b).
3. Selects and uses appropriate materials/instrumentation (std IV-G, 2c).
4. Sequences task to meet objectives.
5. Provides appropriate introduction/explanation of tasks.
7. Uses appropriate models, prompts, or cues. Allows time for patient response.
8. Adapts treatment session to meet individual patient needs (std IV-G, 2e).
9. Completes administrative functions and documentation necessary to support treatment (std IV-G, 2f).
10. Identifies and refers patients for services as appropriate (std IV-G, 2g).

Comments:
PREPAREDNESS, INTERACTION, AND PERSONAL QUALITIES

1. Possesses foundation for basic human communication and swallowing processes (std III-B).
2. Possesses the knowledge to integrate research principles into evidence-based clinical practice (std III-F).
3. Possesses knowledge of contemporary professional issues and advocacy (std III-G).
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std IV-G, 3a).
5. Establishes rapport and shows sensitivity to the needs of the patient.
6. Uses appropriate rate, pitch, and volume when interacting with patients or others.
7. Provides counseling and supportive guidance regarding communication and swallowing disorders to patients, family, caregivers, and relevant others (std IV-G, 3c).
8. Collaborates with other professionals in case management (std IV-G, 3b).
9. Displays effective oral communication with patient, family, or other professionals (std IV-B).
10. Displays effective written communication for all professional correspondence (std IV-B).
11. Adheres to the ASHA Code of Ethics and conducts him or herself in a professional, ethical manner (std III-E, IV-G, 3d).
12. Assumes a professional level of responsibility and initiative in completing all requirements.
13. Demonstrates openness and responsiveness to clinical supervision and suggestions.
14. Personal appearance is professional and appropriate for the clinical setting.
15. Displays organization and preparedness for all clinical sessions.

Comments:

Improvements Since Last Evaluation:

Strengths / Areas Needing Improvement:

Recommendations for Improvement:

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.
**APPENDIX 8.3**

Clinical Skills Evaluation: Semester-by-Semester Rubric

<table>
<thead>
<tr>
<th>Needs Improvement (NI): Student's performance is below the level that would be expected at this point in the program.</th>
<th>Emerging (E): Student's performance is an acceptable level for this point in the program, and show emerging sophistication, individualization to client, or creativity.</th>
<th>Evident with Supervision: Student's performance is an acceptable level for this point in the program, and when supported by supervision shows emerging sophistication, individualization, and independence.</th>
<th>Independent/Proficient (P): Student's performance demonstrates readiness to move forward to the next clinical level; shows some ability to individualize activities, creative use of materials, thoughtful management of motivation and behavior without direct supervision.</th>
<th>CF Ready: Student's performance demonstrates readiness to move forward to independent clinical practice; shows consistent individualization of activities, creative use of materials, thoughtful management of motivation and behavior.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conducts screening and prevention procedures (Std. VB1a).</td>
<td>Semester 1-2: Fails to select appropriate methods for screening and prevention without maximal support; shows lack of preparation, organization; execution of activities lack preparation; materials are missing or out of place; instructional language is confusing; unable to manage challenging client behaviors.</td>
<td>Semester 1-2: Selects appropriate methods for screening and prevention with moderate support; shows evidence of some planning and organization, but requires moderate support and correction to address client needs; necessary materials are present but transitions between sets of materials may lag; instructional language is sometimes unclear; support and correction is needed to achieve acceptable performance.</td>
<td>Semester 1-2: Usually selects appropriate methods for screening and prevention, but sometimes needs moderate support; shows evidence of some planning and organization, but requires moderate support and correction to address client needs some of the time; necessary materials are present but transitions between sets of materials may lag; instructional language is usually clear; a moderate amount of support and correction is sometimes needed to achieve acceptable performance.</td>
<td>Semester 1-2: Consistently selects appropriate methods for screening and prevention with minimal support; shows independent planning and organization, requires minimal support and correction to address client needs; execution of activities shows strong preparation but may need minimal input from supervisor to adjust to individual client needs; necessary materials are present; instructional language is clear; only minimal support and correction is needed to achieve acceptable performance.</td>
</tr>
<tr>
<td>Semester 3: Requires maximal support to select appropriate methods for screening and prevention; preparation and organization is inconsistent; execution of activities show inadequate preparation; instructional language is sometimes unclear; requires frequent support to manage challenging client behaviors.</td>
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<tr>
<td>Semester 3: Requires moderate support to select appropriate methods for screening and prevention; shows evidence of adequate planning and organization, but may need moderate support from supervisor to adjust to individual needs; execution of activities shows preparation, may be lagging in real time; necessary materials are present; instructional language is sometimes unclear; a moderate amount of support and correction is needed to achieve acceptable performance.</td>
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<tr>
<td>Semester 3: Usually selects appropriate methods for screening and prevention, but moderate support is sometimes needed; shows evidence of some planning and organization, but sometimes requires support and correction to address client needs; necessary materials are present but transitions between sets of materials occasionally lag; instructional language is usually clear; a minimal amount of support and correction is needed to achieve acceptable performance.</td>
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<tr>
<td>Semester 3: Requires minimal support to consistently select appropriate methods; shows evidence of adequate preparation and organization, requires only minimal support to address client needs; execution of activities show preparation and adjustment to client but may require occasional minimal support; necessary materials are present; may require occasional minimal support to take interest and motivation into account; instructional language is clear.</td>
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<tr>
<td>Semester 3: N/A</td>
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<tr>
<td>Semester 4-5: Requires maximal to moderate support for all activities of screening and prevention.</td>
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<tr>
<td>Semester 4-5: Requires moderate support to select appropriate methods for screening and prevention; preparation and organization are appropriate with moderate need for support or correction; execution of activities show adequate preparation; materials are used strategically; activities are usually appropriate for client; instructional language is usually clear and concise; requires moderate support to manage challenging client behaviors; documentation is complete. Support and guidance is needed only occasionally.</td>
<td></td>
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</tr>
<tr>
<td>Semester 4-5: Requires only minimal support for all activities of screening and prevention.</td>
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</tr>
<tr>
<td>Semester 4-5: Selects appropriate methods for screening and prevention independently; preparation and organization is consistently appropriate; execution of activities show adequate preparation; materials are used strategically; activities are consistently appropriate for client; instructional language is clear and concise; manages challenging client behaviors independently; progress monitoring is consistent; documentation is complete. Minimal support and guidance is needed only occasionally.</td>
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<tr>
<td>Semester 4-5: Performs all activities of screening and prevention independently.</td>
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</tbody>
</table>
### APPENDIX 8.3, CONT’D

2. Performs chart review and collects case history from interviewing patient and/or relevant others (Std. VB1b).

<table>
<thead>
<tr>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performs chart review and collects case history from interviewing patient and/or relevant others (Std. VB1b).</td>
<td>Reviews chart, but requires maximal support for interpretation; documentation of review is minimally adequate.</td>
<td>Reviews chart, but requires moderate support for interpretation; documentation of review may be incomplete.</td>
<td>Shows adequate comprehension and documentation of chart material, though still requires some support from supervisor in interpreting chart data.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 3:</th>
<th>Semester 3:</th>
<th>Semester 3:</th>
<th>Semester 3:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chart review is cursory and incomplete; requires maximal supervisor support for comprehension and interpretation.</td>
<td>Shows evidence of adequate of adequate chart review with appropriate documentation, given moderate support; requires moderate support from supervisor for interpretation.</td>
<td>Shows chart review and appropriate documentation with minimal support; requires minimal support from supervisor for interpretation.</td>
<td>Shows full comprehension and documentation of chart material, though still requires minimal support from supervisor in interpreting chart data.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 4-5:</th>
<th>Semester 4-5:</th>
<th>Semester 4-5:</th>
<th>Semester 4-5:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chart review is cursory and incomplete; requires maximal supervisor support for comprehension and interpretation.</td>
<td>Chart review and documentation require moderate support and shows limited comprehension of material; requires moderate support from supervisor for interpretation.</td>
<td>Chart review and documentation require only minimal support and shows basic comprehension of most aspects of case history; requires minimal support from supervisor for interpretation.</td>
<td>Chart review and documentation are complete; shows full comprehension of material and independent interpretation of data with regard to diagnosis, and prognosis. May need minimal support for treatment planning.</td>
</tr>
</tbody>
</table>

3. Selects appropriate evaluation instruments/procedures (Std. VB1c).

<table>
<thead>
<tr>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fails to select appropriate methods for evaluation without maximal support; shows lack of preparation, organization; materials are missing or out of place.</td>
<td>Selects appropriate methods for evaluation, including tests, observations, and other interview/questionnaire methods with moderate support; shows evidence of preparation and organization, but requires moderate support and correction to address client needs; necessary materials may be incomplete.</td>
<td>Selects appropriate evaluation, including tests, observations, and other interview/questionnaire methods with minimal support; shows evidence of preparation and organization, may need moderate support from supervisor to adjust to individual client needs; most necessary materials are present.</td>
<td>Selects appropriate evaluation, including tests, observations, and other interview/questionnaire methods with minimal support; shows adequate preparation and organization, independently adjusts to individual client needs; necessary materials are consistently present.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 4-5:</th>
<th>Semester 4-5:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chart review and documentation are complete; shows in-depth comprehension of material and insightful, independent interpretation of data with regard to diagnosis, and treatment planning.</td>
<td>Chart review and documentation are complete; shows in-depth comprehension of material and insightful, independent interpretation of data with regard to diagnosis, and treatment planning.</td>
</tr>
<tr>
<td>Semester 3: Requires maximal support to select appropriate methods for evaluation; selects only tests without other forms of assessment; preparation and organization is inconsistent; materials are missing.</td>
<td>Semester 3: Selects appropriate methods for evaluation, including tests, observations, and other interview/questionnaire methods with moderate support; shows evidence of preparation and organization; but requires moderate support to address full range of client needs; most necessary materials are present.</td>
</tr>
<tr>
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</tr>
<tr>
<td>Semester 4-5: Requires maximal support to select appropriate methods for evaluation; selects limited range of assessment methods; methods may be overlapping or redundant; preparation and organization is inconsistent.</td>
<td>Semester 4-5: Selects appropriate methods for evaluation, including tests, observations, and other interview/questionnaire methods with moderate support; shows evidence of preparation and organization; addresses full range of client needs with moderate support; most necessary materials are present.</td>
</tr>
</tbody>
</table>
### APPENDIX 8.3, CONT’D

<table>
<thead>
<tr>
<th>Semester 1-2: Shows lack of preparation, administration is incomplete; errors in scoring are present; maximal support is required.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester 1-2: Shows evidence of some preparation and organization, but consistently requires moderate support and correction to administer assessments; execution of assessment shows elementary preparation but difficulty in adjusting to client in real time; necessary materials are present but transitions between sets of materials may lag; administration is basically correct, with some need for moderate supervisory input; instructional language is sometimes unclear; scoring requires moderate support.</td>
</tr>
<tr>
<td>Semester 1-2: Shows evidence of preparation and organization, but consistently requires minimal support and correction to administer assessments; execution of assessment shows basic preparation but difficulty in adjusting to client in real time; necessary materials are present but transitions between sets of materials occasionally lag; administration is basically correct, with some need for minimal supervisory input; instructional language is usually clear; scoring requires moderate support.</td>
</tr>
<tr>
<td>Semester 1-2: Shows adequate preparation and organization, independently addresses client needs; execution of assessment shows strong preparation but occasionally needs input from supervisor to adjust to individual client needs; necessary materials are present and transitions between sets of materials usually smooth; instructional language is usually clear; Acceptable performance is usually achieved independently.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 3: Shows lack of preparation; errors in administration and scoring are present; maximal support is required to achieve acceptable performance.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester 3: Shows evidence of some preparation and organization, but often requires moderate support and correction to administer assessments; execution of assessment shows elementary preparation but difficulty in adjusting to client in real time; necessary materials are present but transitions between sets of materials may lag; administration is basically correct, with some need for moderate supervisory input; instructional language is often unclear; scoring sometimes requires moderate support.</td>
</tr>
<tr>
<td>Semester 3: Shows evidence of preparation and organization, but sometimes requires minimal support and correction to administer assessments; execution of assessment shows basic preparation but difficulty in adjusting to client in real time; necessary materials are present and transitions are usually smooth; administration is basically correct, with some need for minimal supervisory input; instructional language is usually clear; scoring requires minimal support.</td>
</tr>
<tr>
<td>Semester 3: Shows adequate preparation and organization, independently addresses client needs; execution of assessment shows strong preparation but occasionally needs input from supervisor to adjust to individual client needs; necessary materials are present and transitions between sets of materials are smooth; instructional language is consistently clear; Acceptable performance is usually achieved independently.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 3: N/A</th>
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<tbody>
<tr>
<td>Semester 3: N/A</td>
</tr>
<tr>
<td>5. Adapts evaluation procedures to meet client needs (Std. VB1 d).</td>
</tr>
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<tr>
<td>Semester 1-2: Assessments are inappropriate for client; instructional language is confusing; unable to manage challenging client behaviors; no evidence of back-up or alternative planning.</td>
</tr>
</tbody>
</table>
APPENDIX 8.3, CONT’D

<table>
<thead>
<tr>
<th>Semester 3</th>
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<th>Semester 3</th>
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</thead>
<tbody>
<tr>
<td>Some assessments are inappropriate for client; instructional language is confusing; unable to manage challenging client behaviors; minimal evidence of back-up or alternative planning. Extensive support is needed to achieve acceptable performance.</td>
<td>Shows evidence of adaptation and individualization, but often requires moderate support and correction to address client needs fully; needs moderate support to adjust to client in real time; activities are broadly appropriate for client but are not skillfully matched to needs and interests; instructional language is sometimes unclear; minimal evidence of back-up or alternative planning; moderate support and correction are usually needed to achieve acceptable performance.</td>
<td>Shows evidence of adaptation and individualization, but sometimes requires moderate support to address client needs fully; needs moderate support to adjust to client in real time; activities are broadly appropriate for client and sometimes matched to needs and interests; instructional language is sometimes unclear; some evidence of back-up or alternative planning is emerging; moderate support and correction are occasionally needed to achieve acceptable performance.</td>
<td>Shows evidence of adaptation and individualization, requires minimal support to address client needs fully; rarely needs support to adjust to client in real time; activities are appropriate for client and matched to needs and interests; instructional language is clear; acceptable performance is usually achieved independently.</td>
</tr>
<tr>
<td>Semester 4-5: Assessments are sometimes inappropriate for client; instructional language is confusing; unable to manage challenging client behaviors; limited evidence of back-up or alternative planning. Moderate support is needed to achieve acceptable performance.</td>
<td>Shows evidence of adaptation and individualization, but sometimes requires moderate support and correction to address client needs fully; sometimes needs moderate support to adjust to client in real time; activities are broadly appropriate for client but are not consistently matched to needs and interests; instructional language is sometimes unclear; emerging evidence of back-up or alternative planning; moderate support and correction are sometimes needed to achieve acceptable performance.</td>
<td>Shows evidence of adaptation and individualization, but occasionally requires moderate support to address client needs fully; needs minimal support to adjust to client in real time; activities are broadly appropriate for client and usually matched to needs and interests; instructional language is usually clear; some evidence of back-up or alternative planning is evidenced; moderate support and correction are occasionally needed to achieve acceptable performance.</td>
<td>Shows evidence of adaptation and individualization, requires minimal support to address client needs fully and to adjust to client in real time; activities are appropriate for client and consistently matched to needs and interests; instructional language is clear; acceptable performance is usually achieved independently.</td>
</tr>
<tr>
<td>Semester 4-5: All aspects adapting evaluation procedures to meet client needs are achieved skillfully and independently.</td>
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</tbody>
</table>
## APPENDIX 8.3, CONT’D

6. Possesses knowledge if etiologies and characteristics for each communication and swallowing disorder (Std. IVB, IVC).

<table>
<thead>
<tr>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
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<th>Semester 1-2:</th>
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</thead>
<tbody>
<tr>
<td>Demonstrates incomplete basic knowledge of etiologies and characteristics for communication and swallowing disorders; requires maximal frequent support to apply knowledge to clinical activities.</td>
<td>Demonstrates basic knowledge of etiologies and characteristics for communication and swallowing disorders, with several areas of weakness; usually requires moderate support to apply knowledge to clinical activities.</td>
<td>Demonstrates basic knowledge of etiologies and characteristics for communication and swallowing disorders, with a few areas of weakness; sometimes requires moderate support to apply knowledge to clinical activities.</td>
<td>Demonstrates robust knowledge of etiologies and characteristics for communication and swallowing disorders; requires minimal support to apply knowledge to clinical activities.</td>
<td>N/A</td>
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<tr>
<th>Semester 3:</th>
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<tbody>
<tr>
<td>Demonstrates incomplete or erroneous knowledge of etiologies and characteristics for communication and swallowing disorders; requires maximal support to apply knowledge to clinical activities.</td>
<td>Demonstrates basic knowledge of etiologies and characteristics for communication and swallowing disorders, with several areas of weakness; sometimes requires moderate support to apply knowledge to clinical activities.</td>
<td>Demonstrates adequate knowledge of etiologies and characteristics for communication and swallowing disorders, with a few areas of weakness; occasionally requires moderate support to apply knowledge to clinical activities.</td>
<td>Demonstrates adequate knowledge of etiologies and characteristics for communication and swallowing disorders, with rare areas of weakness; requires minimal support to apply knowledge to clinical activities.</td>
<td>N/A</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Semester 4-5:</th>
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</thead>
<tbody>
<tr>
<td>Demonstrates limited knowledge of etiologies and characteristics for communication and swallowing disorders, with several areas of weakness; requires significant support to apply knowledge to clinical activities.</td>
<td>Demonstrates basic knowledge of etiologies and characteristics for communication and swallowing disorders, with several areas of weakness; requires moderate support to apply knowledge to clinical activities.</td>
<td>Demonstrates adequate knowledge of etiologies and characteristics for communication and swallowing disorders, with several areas of weakness; requires moderate support to apply knowledge to clinical activities.</td>
<td>Demonstrates robust knowledge of etiologies and characteristics for communication and swallowing disorders, with rare areas of weakness; requires minimal support to apply knowledge to clinical activities.</td>
<td>Demonstrates broad, in-depth knowledge of etiologies and characteristics for communication and swallowing disorders; independently applies knowledge to clinical activities.</td>
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</table>

7. Interprets and formulates diagnosis from test results, history, and other behavioral observations (Std VB1e).

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<thead>
<tr>
<th>Semester 1-2:</th>
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</thead>
<tbody>
<tr>
<td>Interpretation of assessments and/or diagnostic decisions is consistently incomplete or erroneous; requires maximal support to achieve correct interpretation and diagnoses.</td>
<td>Interpretation of assessments and/or diagnostic decisions are often incomplete or erroneous; usually requires moderate support to achieve correct interpretation and diagnoses.</td>
<td>Interpretation of assessments and/or diagnostic decisions are adequate; occasionally requires support to achieve correct interpretation and diagnoses.</td>
<td>Interpretation of assessments and/or diagnostic decisions are usually complete and accurate; requires only minimal support is needed to achieve correct interpretation and diagnoses.</td>
<td>N/A</td>
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<td>Semester 3:</td>
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</tr>
<tr>
<td>Interpretation of assessments and/or diagnostic decisions are often incomplete or erroneous; often requires significant support to achieve correct interpretation and diagnoses.</td>
<td>Interpretation of assessments and/or diagnostic decisions are sometimes incomplete or erroneous; sometimes requires moderate support to achieve correct interpretation and diagnoses.</td>
<td>Interpretation of assessments and/or diagnostic decisions are usually adequate; usually requires only minimal support to achieve correct interpretation and diagnoses.</td>
<td>Interpretation of assessments and/or diagnostic decisions are consistently complete and accurate; occasionally requires minimal support to achieve correct interpretation and diagnoses.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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<tr>
<th>Semester 4-5:</th>
<th>Semester 4-5:</th>
<th>Semester 4-5:</th>
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<tbody>
<tr>
<td>Interpretation of assessments and/or diagnostic decisions are sometimes incomplete or erroneous; requires moderate support to achieve correct interpretation and diagnoses.</td>
<td>Interpretation of assessments and/or diagnostic decisions are occasionally incomplete or erroneous; requires moderate support to achieve correct interpretation and diagnoses.</td>
<td>Interpretation of assessments and/or diagnostic decisions are usually adequate; usually requires only minimal support to achieve correct interpretation and diagnoses.</td>
<td>Interpretation of assessments and/or diagnostic decisions are complete and accurate and insightfully presented; consistently and independently derives correct interpretation and diagnoses.</td>
</tr>
</tbody>
</table>

8. Makes appropriate recommendations for intervention (Std VB1e).

<table>
<thead>
<tr>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendations do not take into account assessment data, evidence, and/or best practice; recommendations are incomplete with regard to client strengths and needs; family preferences and mainstream curriculum or functional needs are not addressed. Maximal supervisory support is needed for all aspects of treatment planning.</td>
<td>Recommendations do not fully incorporate all assessment data, evidence, and/or best practice; recommendations are not appropriately prioritized with regard to client strengths and needs; family preferences and mainstream curriculum or functional needs are only minimally addressed. Maximal supervisory support is needed for some aspects of treatment planning.</td>
<td>Recommendations do incorporate assessment data, but not evidence, and/or best practice; recommendations are not appropriately matched to client strengths and needs; family preferences and mainstream curriculum or functional needs are only partially addressed; moderate supervisory support is needed for some aspects of treatment planning.</td>
<td>Recommendations incorporate assessment data, evidence, or best practice; recommendations are appropriately matched to client strengths and needs; family preferences and mainstream curriculum or functional needs are considered addressed. Minimal supervisory support is needed for some aspects of treatment planning.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
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<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
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</tbody>
</table>
### APPENDIX 8.3, CONT’D

| Semester 3: | Semester 3: | Semester 3: | Semester 3: |
| Notre Dame College | Recommendations do not fully incorporate all assessment data, evidence, and/ or best practice; recommendations are not appropriately prioritized with regard to client strengths and needs; family preferences and mainstream curriculum or functional needs are only minimally addressed. Maximal supervisory support is needed for most aspects of treatment planning. | Recommendations do incorporate assessment data, but not evidence, and/ or best practice; recommendations are not appropriately matched to client strengths and needs; family preferences and mainstream curriculum or functional needs are only partially addressed; moderate supervisory support is needed for some aspects of treatment planning. | Recommendations incorporate assessment data, evidence, or best practice; recommendations are appropriately matched to client to some but not all strengths and needs; some family preferences and mainstream curriculum or functional needs are considered addressed. Minimal supervisory support is occasionally needed. |
| | | | Recommendations N/A |
| Semester 4-5: | Semester 4-5: | Semester 4-5: | Semester 4-5: |
| Notre Dame College | Recommendations do not fully incorporate all assessment data, evidence, and/ or best practice; recommendations are not appropriately matched to client strengths and needs; family preferences and mainstream curriculum or functional needs are only minimally addressed. Maximal supervisory support is needed for some aspects of treatment planning. | Develops recommendations based on full review of assessment data and case history with moderate support; recommendations are usually based on evidence and best practice; recommendations cover some of client's needs and take client strengths and family preferences into account; some recommendations are aligned to the mainstream curriculum or functional needs. Moderate supervisory support is needed for most aspects of treatment planning. | Develops recommendations based on full review of assessment data and case history with minimal support; recommendations are based on evidence and best practice; recommendations cover full range of client's needs and take client strengths and family preferences into account; most recommendations are aligned to the mainstream curriculum or functional needs. Minimal supervisory support is needed for some aspects of treatment planning. |
| | | | All aspects of treatment planning are accomplished independently, incorporating all assessment data, evidence, and/ or best practice; matched to client strengths and needs, family preferences and mainstream curriculum or functional needs. |
### APPENDIX 8.3, CONT’D

<table>
<thead>
<tr>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Lack of planning, organization; lack preparation; progress monitoring is lacking, documentation is often missing or late. Maximal support is consistently necessary to complete administrative functions.</em></td>
<td><em>Planning, organization are adequate; requires moderate support for progress monitoring, documentation is sometimes occasionally or late. Moderate support is usually necessary to complete administrative functions.</em></td>
<td><em>Planning, organization are adequate; requires minimal support for progress monitoring, documentation is timely and complete. Minimal support is necessary to complete administrative functions.</em></td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 3:</th>
<th>Semester 3:</th>
<th>Semester 3:</th>
<th>Semester 3:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Shows emerging skills in planning, organization; may lack preparation; requires maximal support for progress monitoring, documentation is sometimes missing or late. Maximal support is often necessary to complete administrative functions.</em></td>
<td><em>Shows basic skills in planning, organization; requires moderate support for progress monitoring; documentation is occasionally missing or late. Moderate support is usually necessary to complete administrative functions.</em></td>
<td><em>Shows basic skills in planning, organization; sometimes requires minimal support for progress monitoring; documentation is usually timely but may need correction. Moderate support is sometimes necessary to complete administrative functions.</em></td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 4-5:</th>
<th>Semester 4-5:</th>
<th>Semester 4-5:</th>
<th>Semester 4-5:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Deficits in planning and organization continue to appear more than once or twice per grading period; progress is not monitored at regular intervals; documentation is overdue.</em></td>
<td><em>Shows basic skills in planning, organization; occasionally requires moderate support for progress monitoring; documentation is occasionally missing or late. Moderate support is sometimes necessary to complete administrative functions.</em></td>
<td><em>Shows basic skills in planning, organization; usually requires minimal support for progress monitoring; documentation is incomplete. Moderate support is occasionally necessary to complete administrative functions.</em></td>
<td><em>Planning and organization is consistently appropriate; progress monitoring is consistent; documentation is complete. Minimal support and guidance is occasionally needed.</em></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Does not consider need for referral; needs maximal support to consider referral needs; needs maximal support to write referral letters and documentation.</em></td>
<td><em>Considers referral needs but needs maximal support; needs moderate support to write referral letters and documentation.</em></td>
<td><em>Considers referral needs but needs moderate support; needs moderate support to write referral letters and documentation.</em></td>
<td><em>Needs only minimal support to consider referral needs, write referral letters, and document referrals.</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Makes appropriate recommendations for patient referrals (Std VB1g).</em></td>
<td><em>N/A</em></td>
<td><em>N/A</em></td>
<td><em>N/A</em></td>
</tr>
</tbody>
</table>
### APPENDIX 8.3, CONT’D

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>maximal support</td>
<td>moderate support</td>
<td>minimal support</td>
<td>minimal support</td>
<td>N/A</td>
</tr>
<tr>
<td>to consider referral needs, write referral letters and document referrals.</td>
<td>to consider referral needs, may not complete writing of referral letters and document referrals without reminders and/or support.</td>
<td>to consider referral needs, may not complete writing of referral letters and document referrals without reminders and/or support.</td>
<td>to consider referral needs, write referral letters and document referrals in a timely manner.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 4-5: Needs</th>
<th>Semester 4-5: Needs</th>
<th>Semester 4-5: Needs</th>
<th>Semester 4-5: Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>maximal support</td>
<td>minimal support</td>
<td>minimal support</td>
<td>minimal support</td>
</tr>
<tr>
<td>to consider referral needs, write referral letters and document referrals.</td>
<td>to consider referral needs, may not complete writing of referral letters and document referrals without reminders and/or support.</td>
<td>to consider referral needs, may not complete writing of referral letters and document referrals without reminders.</td>
<td>writes referral letters and documents referrals in a timely manner.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 4-5:</th>
<th>Semester 4-5:</th>
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</thead>
<tbody>
<tr>
<td>Completes all referrals and documentation independently, and appropriately in a timely manner.</td>
<td></td>
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</tbody>
</table>

### Treatment Skills

#### Needs Improvement (NI): Student’s performance is below the level that would be expected at this point in the program.

- Semester 1-2: Shows lack of planning, organization; goals are poorly constructed or inappropriate to client; unable to plan collaboratively.

#### Emerging (E): Student’s performance is an acceptable level for this point in the program, and show emerging sophistication, individualization to client, or creativity.

- Semester 1-2: Shows minimal planning, organization; maximal support is needed to construct goals implement activities, and to plan collaboratively.

#### Evident with Supervision

- Student’s performance is an acceptable level for this point in the program, and when supported by supervision shows emerging sophistication, individualization, and independence.

#### Independent/Proficient (P):

- Student’s performance demonstrates readiness to move forward to independent clinical practice; shows consistent individualization of activities, creative use of materials, thoughtful management of motivation and behavior without direct supervision.

#### CF Ready

- Student’s performance demonstrates readiness to move forward to independent clinical practice; shows consistent individualization of activities, creative use of materials, thoughtful management of motivation and behavior.

- Semester 1-2: Shows adequate planning, organization; minimal support is needed to construct goals, and to plan collaboratively.

- Semester 1-2: N/A

1. Develops appropriate treatment plans with measurable and achievable goals, Collaborates with clients/patients and relevant others in the planning process (Std IVB, IVCC, Std VB2a).
**APPENDIX 8.3, CONT’D**

<table>
<thead>
<tr>
<th>Semester 3: Planning and organization is inconsistent; goals are poorly constructed or inappropriate to client more than once or twice/term; has difficulty planning collaboratively.</th>
<th>Semester 3: Shows basic planning, organization; moderate support is needed to construct goals and plan collaboratively.</th>
<th>Semester 3: Shows evidence of adequate planning, organization; Needs minimal support to conduct collaborative planning.</th>
<th>Semester 3: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester 3: Shows evidence of adequate planning and organization, and collaboration.</td>
<td>Semester 4-5: Deficits in planning, organization and collaboration continue to appear more than once or twice per grading period</td>
<td>Semester 4-5: Planning and organization is consistently appropriate with little need for support or correction. Support and guidance for collaborative planning is needed only occasionally.</td>
<td>Semester 4-5: All aspects of treatment planning, goal selection, and collaboration are accomplished independently, collaboratively and efficiently.</td>
</tr>
<tr>
<td>Semester 4-5: Shows basic planning, organization; moderate support is needed to construct appropriate goals and collaborate in treatment planning.</td>
<td>Semester 4-5: Shows basic planning, organization; maximal support is needed to design and implement appropriate therapy activities; instructional language is sometimes unclear; maximal support is needed to manage challenging client behaviors.</td>
<td>Semester 4-5: Moderate support is needed to design and implement therapy activities; instructional language is occasionally unclear; moderate support is needed to manage challenging client behaviors.</td>
<td>Semester 4-5: N/A</td>
</tr>
<tr>
<td>Semester 4-5: Planning and organization is consistently appropriate; Minimal support and guidance is needed only occasionally to support collaborative planning.</td>
<td>Semester 4-5: Shows evidence of adequate planning and organization; moderate support is needed to construct goals and plan collaboratively.</td>
<td>Semester 4-5: Minimal support is needed to design and implement therapy activities; instructional language is sometimes needed to manage challenging client behaviors.</td>
<td>Semester 4-5: N/A</td>
</tr>
<tr>
<td>2. Implements treatment plans (Std VB2b).</td>
<td>Semester 1-2: Execution of activities lack preparation; activities are inappropriate for client; instructional language is confusing; unable to manage challenging client behaviors.</td>
<td>Semester 1-2: Maximal support is needed to design and implement appropriate therapy activities; instructional language is sometimes unclear; maximal support is needed to manage challenging client behaviors.</td>
<td>Semester 1-2: N/A</td>
</tr>
<tr>
<td>Semester 1-2: Moderate support is needed to design and implement therapy activities; instructional language is occasionally confusing; moderate support is needed to manage challenging client behaviors.</td>
<td>Semester 1-2: Moderate support is needed to design and implement therapy activities; instructional language is occasionally confusing; moderate support is needed to manage challenging client behaviors.</td>
<td>Semester 1-2: Minimal support is needed to design and implement therapy activities; instructional language is usually clear; minimal support is needed to manage challenging client behaviors.</td>
<td>Semester 1-2: N/A</td>
</tr>
<tr>
<td>Semester 3: Execution of activities lack preparation; activities are inappropriate for client; instructional language is confusing; Maximal support continues to be needed to manage challenging client behaviors.</td>
<td>Semester 3: Moderate support is often needed for effective choice and execution of activities; instructional language is confusing; moderate support is needed to manage challenging client behaviors.</td>
<td>Semester 3: Moderate support is sometimes needed to design and implement therapy activities; instructional language is usually clear; moderate support is sometimes needed to manage challenging client behaviors.</td>
<td>Semester 3: N/A</td>
</tr>
<tr>
<td>Semester 3: Moderate support is often needed for effective choice and execution of activities; instructional language is confusing; moderate support is needed to manage challenging client behaviors.</td>
<td>Semester 3: Moderate support is needed to design and implement therapy activities; instructional language is usually clear; moderate support is needed to manage challenging client behaviors.</td>
<td>Semester 3: Minimal support is needed to design and implement therapy activities; instructional language is usually clear; minimal support is needed to manage challenging client behaviors.</td>
<td>Semester 3: N/A</td>
</tr>
</tbody>
</table>
### APPENDIX 8.3, CONT’D

<table>
<thead>
<tr>
<th>Semester 4-5: Execution of activities show persistent errors and lack of preparation more than once or twice per grading period; several activities are inappropriate for client; requires more than occasional support to manage challenging client behaviors.</th>
<th>Semester 4-5: Execution of activities show errors and lack of preparation more than once or twice per grading period; some activities are inappropriate for client; moderate support is sometimes needed to manage challenging client behaviors.</th>
<th>Semester 4-5: Execution of activities show adequate preparation; activities are usually appropriate for client; instructional language is clear; requires moderate support is occasionally needed to manage challenging client behaviors.</th>
<th>Semester 4-5: Implements treatment plans consistently, efficiently, and independently; instructional language is clear and concise; creatively manages and prevents challenging behaviors.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester 4-5: Execution of activities show adequate preparation; activities are usually appropriate for client; instructional language is clear; requires moderate support is occasionally needed to manage challenging client behaviors.</td>
<td>Semester 4-5: Execution of activities show adequate preparation; activities are usually appropriate for client; instructional language is clear and concise; creatively manages and prevents challenging behaviors.</td>
<td>Semester 4-5: Execution of activities show adequate preparation; activities are usually appropriate for client; instructional language is clear and concise; creatively manages and prevents challenging behaviors.</td>
<td>Semester 4-5: Implements treatment plans consistently, efficiently, and independently; instructional language is clear and concise; creatively manages and prevents challenging behaviors.</td>
</tr>
</tbody>
</table>

3. Selects and uses appropriate materials and instrumentation (Std VB2c).

| Semester 1-2: Needs moderate support to select appropriate materials; materials are missing or out of place; uses of materials are inappropriate or unmotivating to client; transitions from one set of materials to another are disorderly. | Semester 1-2: Needs moderate support to select appropriate materials; materials are missing or out of place; uses of materials are inappropriate or unmotivating to client; transitions from one set of materials to another is sometimes poorly organized and conducted. | Semester 1-2: Needs minimal support to select appropriate materials; materials are sometimes missing or out of place; uses of materials are sometimes inappropriate or unmotivating to client; transitions are usually smooth. | Semester 1-2: Needs minimal support to select, assemble, and present appropriate materials; uses of materials are usually appropriate or motivating to client; transitions are usually smooth. |
| Semester 1-2: Needs minimal support to select appropriate, motivating materials; materials are missing or out of place; transitions from one set of materials to another are often disorderly. | Semester 1-2: Needs minimal support to select appropriate, motivating materials; materials are missing or out of place; transitions from one set of materials to another are sometimes disorderly. | Semester 1-2: Needs minimal support to select appropriate, motivating materials; materials are usually present and arranged appropriately; transitions from one set of materials to another are occasionally disorderly. | Semester 1-2: Needs minimal support to select appropriate, motivating materials; materials are usually present and arranged appropriately; transitions from one set of materials to another are usually smooth. |

<p>| Semester 3: Needs maximal support to select appropriate, motivating materials; materials are missing or out of place; transitions from one set of materials to another are often disorderly. | Semester 3: Needs moderate support to select appropriate, motivating materials; materials are missing or out of place; transitions from one set of materials to another are sometimes disorderly. | Semester 3: Needs moderate support to select appropriate, motivating materials; materials are usually present and arranged appropriately; transitions from one set of materials to another are occasionally disorderly. | Semester 3: Needs minimal support to select appropriate, motivating materials; materials are consistently present and arranged appropriately; transitions from one set of materials to another are usually smooth. |
| Semester 3: Needs minimal support to select appropriate, motivating materials; materials are consistently present and arranged appropriately; transitions from one set of materials to another are usually smooth. | Semester 3: Needs minimal support to select appropriate, motivating materials; materials are consistently present and arranged appropriately; transitions from one set of materials to another are usually smooth. | Semester 3: Needs minimal support to select appropriate, motivating materials; materials are consistently present and arranged appropriately; transitions from one set of materials to another are usually smooth. | Semester 3: N/A |</p>
<table>
<thead>
<tr>
<th>Semester 3: Needs minimal support to select appropriate, motivating materials; materials are consistently present and arranged appropriately; transitions from one set of materials to another are usually smooth.</th>
<th>Semester 4-5: Needs moderate support to select appropriate, motivating materials; materials are occasionally missing or out of place; transitions from one set of materials to another are sometimes disorderly.</th>
<th>Semester 4-5: Needs moderate support to select appropriate, motivating materials; materials are usually present and arranged appropriately; transitions from one set of materials to another are occasionally disorderly.</th>
<th>Semester 4-5: Needs minimal support to select appropriate, motivating materials; materials are consistently present and arranged appropriately; transitions from one set of materials to another are consistently smooth.</th>
<th>Semester 4-5: All aspects of selection, organization, utilization of materials are independently and appropriately carried out.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4. Sequences task to meet objectives. (Std VB2c).</strong></td>
<td>Semester 1-2: Does not break tasks down into logical, sequential steps or does not plan therapy activities to address a set of sequential steps to a goal.</td>
<td>Semester 1-2: Needs consistent, maximal support to break tasks down into logical, sequential steps or plan therapy activities to address a set of sequential steps to a goal.</td>
<td>Semester 1-2: Sometimes needs moderate support to break tasks down into logical, sequential steps or plan therapy activities to address a set of sequential steps to a goal.</td>
<td>Semester 1-2: N/A</td>
</tr>
<tr>
<td>Semester 3: Needs consistent, maximal support to break tasks down into logical, sequential steps or does not plan therapy activities to address a set of sequential steps to a goal.</td>
<td>Semester 3: Needs consistent moderate support to break tasks down into logical, sequential steps or plan therapy activities to address a set of sequential steps to a goal.</td>
<td>Semester 3: Sometimes needs moderate support to break tasks down into logical, sequential steps and plan therapy activities to address a set of sequential steps to a goal.</td>
<td>Semester 3: Needs minimal support to Sometimes needs moderate support to break tasks down into logical, sequential steps and plan therapy activities to address a set of sequential steps to a goal.</td>
<td>Semester 3: N/A</td>
</tr>
<tr>
<td>Semester 4-5: Needs maximal support to break tasks down into logical, sequential steps or does not plan therapy activities to address a set of sequential steps to a goal more than once or twice per term.</td>
<td>Semester 4-5: Needs moderate support to break tasks down into logical, sequential steps or plan therapy activities to address a set of sequential steps to a goal more than once or twice per term.</td>
<td>Semester 4-5: Usually needs minimal support to break tasks down into logical, sequential steps and plan therapy activities to address a set of sequential steps to a goal.</td>
<td>Semester 4-5: Shows independence in the ability to break tasks down into logical, sequential steps and plan therapy activities to address a set of sequential steps to a goal.</td>
<td>Semester 4-5: Shows skill and accuracy in the ability to break tasks down into logical, sequential steps; thoughtfully plans therapy activities to efficiently address a set of sequential steps to a goal.</td>
</tr>
</tbody>
</table>
5. Provides appropriate introduction/explanation of tasks (Std VB2e).

<table>
<thead>
<tr>
<th>Semester 1-2: Instructional language is vague, verbose, unclear; needs maximal support to provide explanations appropriate to client needs.</th>
<th>Semester 1-2: Needs consistent moderate support to provide explanations appropriate to client needs.</th>
<th>Semester 1-2: Shows evidence of some planning of instructional language; moderate support is needed only once or twice per term to provide explanations appropriate to client needs.</th>
<th>Semester 1-2: Shows evidence of thoughtful planning of instructional language; minimal support is needed to provide explanations appropriate to client needs.</th>
<th>Semester 1-2: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester 3: Needs consistent moderate support to provide explanations appropriate to client needs.</td>
<td>Semester 3: Needs moderate support more than once or twice per term to provide explanations appropriate to client needs.</td>
<td>Semester 3: Shows evidence of planning instructional language. Needs only minimal to provide explanations appropriate to client needs.</td>
<td>Semester 3: Shows evidence of thoughtful planning of instructional language; can usually provide explanations appropriate to client needs independently.</td>
<td>Semester 3: N/A</td>
</tr>
<tr>
<td>Semester 4-5: Needs maximal support to provide explanations appropriate to client needs, and moderate support more frequently.</td>
<td>Semester 4-5: Needs moderate support more than once or twice per term to provide explanations appropriate to client needs.</td>
<td>Semester 4-5: Shows evidence of thoughtfully planning instructional language. Needs only occasional minimal to provide explanations appropriate to client needs.</td>
<td>Semester 4-5: Shows evidence of thoughtful planning of instructional language; can consistently provide explanations well-tuned to client needs and learning style concisely and independently.</td>
<td>Semester 4-5: N/A</td>
</tr>
</tbody>
</table>

6. Measures and evaluates clients’ performance and progress (Std VB 2d).

<table>
<thead>
<tr>
<th>Semester 1-2: Progress monitoring is lacking, documentation of performance and progress is missing.</th>
<th>Semester 1-2: Needs consistent maximal support to accurately and consistently evaluate clients’ performance and progress.</th>
<th>Semester 1-2: Needs consistent moderate support to accurately and consistently evaluate clients’ performance and progress.</th>
<th>Semester 1-2: Usually needs minimal support to accurately and consistently evaluate clients’ performance and progress.</th>
<th>Semester 1-2: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester 3: Progress monitoring is lacking, documentation of performance and progress is missing; or maximal support is needed to accurately and consistently evaluate clients’ performance and progress.</td>
<td>Semester 3: Needs consistent moderate support to accurately and consistently evaluate clients’ performance and progress.</td>
<td>Semester 3: Usually needs minimal support to accurately and consistently evaluate clients’ performance and progress.</td>
<td>Semester 3: Usually shows evidence of adequate independent evaluation of clients' performance and progress.</td>
<td>Semester 3: N/A</td>
</tr>
</tbody>
</table>
## APPENDIX 8.3, CONT’D

<table>
<thead>
<tr>
<th>Semester 4-5: Maximal support is needed to accurately and consistently evaluate clients’ performance and progress; progress monitoring or documentation is missing more than once per term.</th>
<th>Semester 4-5: Needs moderate support to accurately and consistently evaluate clients’ performance and progress more than once or twice per term.</th>
<th>Semester 4-5: Sometimes needs minimal support to accurately and consistently evaluate clients’ performance and progress.</th>
<th>Semester 4-5: Shows independence and there is evidence of thoughtful planning of the evaluation of clients’ performance and progress throughout the term.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester 1-2: Does not demonstrate understanding of basic prompt/cue level benchmarks (e.g., maximal prompts/cues: uses prompts/cues in over 75% of trials; moderate: 50-74%; minimal: 25-49%); uses prompts/cues indiscriminately without planful hierarchy; does not demonstrate knowledge of level of support within prompt/cue hierarchy (e.g., maximal prompts = hand-over-hand, verbal imitation, pointing or full modeling of target behavior; moderate prompts = partial physical support [nudge to initiate response]; verbal choice or closed set of responses [Is it blue or green?]; visual cue to look at page, card or general area of correct response; minimal = touch or tap for response; cloze technique [“I want…?” with expectant waiting]; clinician looks at correct choice to cue client response)</td>
<td>Semester 1-2: Needs consistent maximal support to provide appropriate level of support and frequency of prompts/cues; needs maximal support to allow adequate time for client responses.</td>
<td>Semester 1-2: Usually needs minimal support to provide adequate level of support and frequency of prompts/cues; shows emerging ability to provide adequate time for client responses.</td>
<td>Semester 1-2: N/A</td>
</tr>
</tbody>
</table>

7. Uses appropriate models, prompts, or cues. Allows time for patient response. (Std VB2e)
### 8. Adapts treatment session to meet individual client needs (Std VB 2e)

<table>
<thead>
<tr>
<th>Semester 1-2:</th>
<th>Semester 3: Needs consistent moderate support to provide appropriate level of support and frequency of prompts/cues; shows emerging ability to provide adequate time for client responses.</th>
<th>Semester 3: Needs moderate support to provide appropriate level and frequency of prompts/cues; shows emerging ability to provide adequate time for client responses.</th>
<th>Semester 3: Needs minimal support to provide appropriate level and frequency of prompts/cues; shows emerging ability to provide adequate time for client responses.</th>
<th>Semester 3: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usually needs minimal support to provide appropriate level of support and frequency of prompts/cues; shows emerging ability to provide adequate time for client responses.</td>
<td>Semester 4-5: Needs consistent moderate support to provide appropriate level of support and frequency of prompts/cues; needs minimal support to allow adequate time for client responses.</td>
<td>Semester 4-5: Needs moderate support to provide appropriate level and frequency of prompts/cues and to provide adequate time for client responses.</td>
<td>Semester 4-5: Needs minimal support to provide appropriate level and frequency of prompts/cues; usually provides adequate time for client responses.</td>
<td>Semester 4-5: Independently provides appropriate level and frequency of prompts/cues; uses active expectant waiting with ample time for client to provide response.</td>
</tr>
<tr>
<td>Semester 4-5: Needs maximal support to provide appropriate level and frequency of prompts/cues; needs moderate support to allow adequate time for client responses.</td>
<td>Semester 4-5: Needs maximal support to adapt treatment sessions to individual needs, manage challenging behaviors and motivation.</td>
<td>Semester 4-5: Needs moderate support to adapt treatment sessions to individual needs, manage challenging behaviors and motivation.</td>
<td>Semester 4-5: Needs minimal support to adapt treatment sessions to individual needs, manage challenging behaviors and motivation.</td>
<td>Semester 4-5: Independence adapts treatment sessions to individual needs, may need minimal support to manage challenging behaviors and motivation.</td>
</tr>
<tr>
<td>Semester 1-2: N/A</td>
<td>Semester 1-2: Needs maximal support to adapt treatment sessions to individual needs, manage challenging behaviors and motivation.</td>
<td>Semester 1-2: Needs moderate support to adapt treatment sessions to individual needs, manage challenging behaviors and motivation.</td>
<td>Semester 1-2: Needs minimal support to adapt treatment sessions to individual needs, manage challenging behaviors and motivation.</td>
<td>Semester 1-2: Independence adapts treatment sessions to individual needs, manages challenging behaviors and motivation.</td>
</tr>
<tr>
<td>Semester 3: Needs maximal support to adapt treatment sessions to individual needs, manage challenging behaviors and motivation.</td>
<td>Semester 3: Needs maximal support to adapt treatment sessions to individual needs, manage challenging behaviors and motivation.</td>
<td>Semester 3: Usually is able independently to adapt treatment sessions to individual needs, may need minimal support to manage challenging behaviors and motivation.</td>
<td>Semester 3: N/A</td>
<td>Semester 3: N/A</td>
</tr>
<tr>
<td>Semester 4-5: Needs moderate support to adapt treatment sessions to individual needs, manage challenging behaviors and motivation.</td>
<td>Semester 4-5: Needs moderate support to adapt treatment sessions to individual needs, manage challenging behaviors and motivation.</td>
<td>Semester 4-5:Independently adapts treatment sessions to individual needs, may need minimal support to manage challenging behaviors and motivation.</td>
<td>Semester 4-5:Independently and skillfully adapts treatment sessions to individual needs, manages challenging behaviors and motivation.</td>
<td>Semester 4-5:Independently and skillfully adapts treatment sessions to individual needs, manages challenging behaviors and motivation.</td>
</tr>
</tbody>
</table>

8. Adapts treatment session to meet individual client needs (Std VB 2e).
9. Completes administrative functions and documentation necessary to support treatment (Std VB 2f).

<table>
<thead>
<tr>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs maximal support to complete administrative functions and documentation necessary to support treatment; documentation is frequently missing, incomplete, or late.</td>
<td>Needs moderate support to complete administrative functions and documentation necessary to support treatment; but documentation is sometimes missing, incomplete, or late.</td>
<td>Needs moderate support to complete administrative functions and documentation necessary to support treatment; but documentation is usually timely and complete.</td>
<td>Needs minimal support to complete administrative functions and documentation necessary to support treatment; documentation is usually timely and complete.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 3:</th>
<th>Semester 3:</th>
<th>Semester 3:</th>
<th>Semester 3:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs maximal support to complete administrative functions and documentation necessary to support treatment; documentation is sometimes missing, incomplete, or late.</td>
<td>Needs moderate support to complete administrative functions and documentation necessary to support treatment; documentation is occasionally missing, incomplete, or late.</td>
<td>Needs minimal support to complete administrative functions and documentation necessary to support treatment; documentation is occasionally missing, incomplete, or late.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 4-5:</th>
<th>Semester 4-5:</th>
<th>Semester 4-5:</th>
<th>Semester 4-5:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs moderate support to complete administrative functions and documentation necessary to support treatment; documentation is sometimes missing, incomplete, or late.</td>
<td>Needs minimal support to complete administrative functions and documentation necessary to support treatment; documentation is missing, incomplete, or late more than once per term.</td>
<td>Completes administrative functions and documentation necessary to support treatment independently; documentation is timely and complete.</td>
<td>Completes administrative functions and documentation necessary to support treatment independently; documentation is timely, complete, thorough, and succinct.</td>
</tr>
</tbody>
</table>

10. Identifies and refers patients for services as appropriate (Std VB 2g).

<table>
<thead>
<tr>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
<th>Semester 1-2:</th>
<th>Semester 3:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not consider need for referral; needs maximal support to consider referral needs; needs maximal support to write referral letters and documentation.</td>
<td>Considers referral needs but needs moderate support; needs moderate support to write referral letters and documentation.</td>
<td>Considers referral needs but needs moderate support; needs moderate support to write referral letters and documentation.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 3:</th>
<th>Semester 3:</th>
<th>Semester 3:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs maximal support to consider referral needs, write referral letters and document referrals.</td>
<td>Needs moderate support to consider referral needs, may not complete writing of referral letters and document referrals without reminders and/or support.</td>
<td>Needs minimal support to consider referral needs, write referral letters and document referrals in a timely manner.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 3:</th>
<th>Semester 3:</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Semester 4-5: Needs maximal support to consider referral needs, write referral letters and document referrals.</td>
<td>Semester 4-5: Needs moderate support to consider referral needs, may not complete writing of referral letters and document referrals without reminders and/or support.</td>
</tr>
</tbody>
</table>
## APPENDIX 8.4

### Professional Behaviors Rating Scale

<table>
<thead>
<tr>
<th>Professional Behavior</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time/Stress Management</td>
<td>- Meets deadlines for assignments/documentation</td>
</tr>
<tr>
<td></td>
<td>- Prioritizes roles/responsibilities to be successful</td>
</tr>
<tr>
<td></td>
<td>- Demonstrates coping strategies to keep priorities</td>
</tr>
<tr>
<td></td>
<td>- Demonstrates caring for self</td>
</tr>
<tr>
<td>Interpersonal Communication</td>
<td>- Concise</td>
</tr>
<tr>
<td></td>
<td>- Assertive</td>
</tr>
<tr>
<td></td>
<td>- Language/Body language appropriate to context</td>
</tr>
<tr>
<td></td>
<td>- Active listening</td>
</tr>
<tr>
<td></td>
<td>- Maintains eye contact</td>
</tr>
<tr>
<td></td>
<td>- Attends to speaker</td>
</tr>
<tr>
<td></td>
<td>- Provides constructive feedback</td>
</tr>
<tr>
<td></td>
<td>- Positive attitude/affect, communicating interest</td>
</tr>
<tr>
<td></td>
<td>- Seeks feedback &amp; modifies behavior accordingly</td>
</tr>
<tr>
<td>Written Communication</td>
<td>- Correct grammar, spelling, punctuation, structure</td>
</tr>
<tr>
<td></td>
<td>- Concise</td>
</tr>
<tr>
<td></td>
<td>- Well organized</td>
</tr>
<tr>
<td></td>
<td>- Relevant, with supporting details and evidence</td>
</tr>
<tr>
<td></td>
<td>- Use of person-first, neutral language</td>
</tr>
<tr>
<td>Professional Presentation</td>
<td>- Neat appearance</td>
</tr>
<tr>
<td></td>
<td>- Clothing/jewelry/make-up appropriate to context</td>
</tr>
<tr>
<td>Initiative/Commitment to Learning</td>
<td>- Self-starts projects, tasks</td>
</tr>
<tr>
<td></td>
<td>- Identifies relevant resources to self-direct learning</td>
</tr>
<tr>
<td></td>
<td>- Eager to obtain new information &amp; prof. behaviors</td>
</tr>
<tr>
<td></td>
<td>- Behaviors/skills/attitudes change with new learning</td>
</tr>
<tr>
<td>Dependability</td>
<td>- On time</td>
</tr>
<tr>
<td></td>
<td>- Adheres to attendance policy</td>
</tr>
<tr>
<td></td>
<td>- Informs of an absence/lateness in a timely fashion</td>
</tr>
<tr>
<td></td>
<td>- Fulfills commitments</td>
</tr>
<tr>
<td></td>
<td>- Completes assignments without prompting</td>
</tr>
<tr>
<td>Self-Assessment</td>
<td>- Identifies strengths/weaknesses</td>
</tr>
<tr>
<td></td>
<td>- Identifies strategies to improve weaknesses</td>
</tr>
<tr>
<td>Creativity</td>
<td>- Generates multiple unique treatment plans</td>
</tr>
<tr>
<td>Cooperation and Teamwork</td>
<td>- Works effectively with others</td>
</tr>
<tr>
<td></td>
<td>- Assists in the learning of others</td>
</tr>
<tr>
<td></td>
<td>- Collaborates with others</td>
</tr>
<tr>
<td>Ethics</td>
<td>- Adheres to ASHA Code of Ethics</td>
</tr>
</tbody>
</table>
### APPENDIX 8.4 CONT’D

<table>
<thead>
<tr>
<th>Category</th>
<th>Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>- Adheres to site safety policies/procedures</td>
</tr>
<tr>
<td></td>
<td>- Responds calmly in urgent situation</td>
</tr>
<tr>
<td>Therapeutic Relationship</td>
<td>- Establishes rapport with clients</td>
</tr>
<tr>
<td></td>
<td>- Able to focus on client's needs vs. own</td>
</tr>
<tr>
<td></td>
<td>- Maintains professional boundaries</td>
</tr>
<tr>
<td></td>
<td>- Demonstrates client/family centered perspective</td>
</tr>
<tr>
<td></td>
<td>- Use self-reflection &amp; apply insights to relationships</td>
</tr>
<tr>
<td>Student Clinician Supervisory Relationship</td>
<td>- Initiates job/performance expectation clarification</td>
</tr>
<tr>
<td></td>
<td>- Questions/seeks guidance, when unsure</td>
</tr>
<tr>
<td></td>
<td>- Establishes professional development goals</td>
</tr>
<tr>
<td></td>
<td>- Develops methods to accomplish prof. dev. goals</td>
</tr>
<tr>
<td></td>
<td>- Gives respectful/timely feedback</td>
</tr>
<tr>
<td>Flexibility</td>
<td>- Assumes multiple roles, based on need of situation</td>
</tr>
<tr>
<td></td>
<td>- Adapts to changes in needs/routine/schedule</td>
</tr>
<tr>
<td>Cultural Competence</td>
<td>- Demonstrates respect for cultural differences</td>
</tr>
<tr>
<td></td>
<td>- Uses neutral, non-judgmental language</td>
</tr>
<tr>
<td></td>
<td>- Questions rather than assumes</td>
</tr>
</tbody>
</table>

### MIDTERM/FINAL GRADE KEY:

0 - Does not consistently meet this expectation; needs continual guidance and support; frequently fails to meet standard independently; candidate is not yet competent to perform as a provisionally licensed professional

1 - Expectation is met in most situations with occasional need for guidance; guidance needed is minimal to moderate; frequently meets standard independently; candidate is competent to perform as a provisionally licensed professional

2 - Expectation is met consistently, or exceeded; occasional need for only minimal support; usually meets standard independently; candidate’s competence exceeds that typically seen in a provisionally licensed professional
## APPENDIX 8.5

**Modified Connecticut Common Core of Teaching (CCT) Rubric for Effective SLP Service Delivery**

### SHU SLP Graduate Program

### DOMAIN 1: LEARNING ENVIRONMENT, ENGAGEMENT AND COMMITMENT TO LEARNING

Candidate SLP promotes student engagement, independence and interdependence in learning and facilitates a positive learning community by:

**INDICATOR 1a: Promoting a positive learning environment that is respectful and equitable.**

<table>
<thead>
<tr>
<th>Rapport and positive social interactions</th>
<th>Below Standard (1.0-1.5 pts.)</th>
<th>Developing (2.0-2.5 pts)</th>
<th>Proficient (3.0-3.5 pts)</th>
<th>Exemplary (4 pts.) All characteristics of Proficient, plus one or more of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Candidate SLP does not promote positive social interactions among learners.</strong></td>
<td><strong>Pts. _____</strong></td>
<td><strong>Pts. _____</strong></td>
<td><strong>Pts. _____</strong></td>
<td><strong>Pts. _____</strong> Fosters an environment where learners proactively demonstrate positive social interactions and conflict-resolution skills.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respect for learner diversity</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SLP Candidate fosters learning environment that disregards learners’ cultural, social, developmental differences.</strong></td>
<td><strong>Pts. _____</strong></td>
<td><strong>Pts. _____</strong></td>
<td><strong>Pts. _____</strong></td>
<td><strong>Pts. _____</strong> Recognizes and incorporates learners’ cultural, social and developmental diversity as an asset to enrich learning opportunities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High expectations for learning</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communicates few or unrealistic expectations for learners.</strong></td>
<td><strong>Pts. _____</strong></td>
<td><strong>Pts. _____</strong></td>
<td><strong>Pts. _____</strong></td>
<td><strong>Pts. _____</strong> Creates opportunities for learners to set their own goals and take responsibility for their own growth and development.</td>
</tr>
</tbody>
</table>
**APPENDIX 8.5, CONT’D**

**INDICATOR 1b: Promoting developmentally appropriate standards of social and behavioral functioning that support a productive learning environment.**

<table>
<thead>
<tr>
<th></th>
<th>Below Standard (1.0-1.5 pts.)</th>
<th>Developing (2.0-2.5 pts)</th>
<th>Proficient (3.0-3.5 pts)</th>
<th>Exemplary (4 pts.) All characteristics of Proficient, plus one or more of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communicating and reinforcing appropriate standards of behavior</strong></td>
<td>Minimally fosters appropriate standards of behavior resulting in interference with learning.</td>
<td>Inconsistently fosters appropriate standards of behavior resulting in some interference with learning.</td>
<td>Communicates and reinforces appropriate standards of behavior that support a productive learning environment.</td>
<td>Creates opportunities for learners to take responsibility for their own behavior or seamlessly responds to misbehavior.</td>
</tr>
<tr>
<td>Pts. ______</td>
<td>Pts. ______</td>
<td>Pts.________</td>
<td>Pts.________</td>
<td>Pts.________</td>
</tr>
<tr>
<td><strong>Promoting social and emotional competence</strong></td>
<td>Minimally attentive to teaching, modeling or reinforcing social skills and provides little to no opportunity for learners to self-regulate and take responsibility for their actions.</td>
<td>Inconsistently teaches, models, or reinforces social skills and limits opportunities to build learners’ capacity to self-regulate and take responsibility for their actions.</td>
<td>Consistently teaches, models, or positively reinforces social skills and builds learners’ capacity to self-regulate and take responsibility for their actions.</td>
<td>Encourages learners to independently apply proactive strategies and take responsibility for their actions.</td>
</tr>
<tr>
<td>Pts. ______</td>
<td>Pts. ______</td>
<td>Pts.________</td>
<td>Pts.________</td>
<td>Pts.________</td>
</tr>
</tbody>
</table>
#### APPENDIX 8.5, CONT’D

**INDICATOR 1c: Maximizing service delivery by effectively managing routines and transition.**

<table>
<thead>
<tr>
<th>Routines and transitions appropriate to needs of learners</th>
<th>Below Standard (1.0-1.5 pts.)</th>
<th>Developing (2.0-2.5 pts)</th>
<th>Proficient (3.0-3.5 pts)</th>
<th>Exemplary (4 pts.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Implements and manages routines and transitions resulting in major loss of service delivery time.</td>
<td>Implements and manages routines and transitions resulting in minor loss of service delivery time.</td>
<td>Implements and manages effective routines and transitions that maximize service delivery time.</td>
<td>Encourages or provides opportunities for learners to demonstrate or independently facilitate routines.</td>
</tr>
<tr>
<td></td>
<td>Pts. _____</td>
<td>Pts. _____</td>
<td>Pts. _____</td>
<td>Pts. _____</td>
</tr>
</tbody>
</table>

**DOMAIN 2: PLANNING FOR ACTIVE LEARNING**

Candidate SLP designs academic, social/behavioral, therapeutic, crisis or consultative plans to engage students in rigorous and relevant learning and to promote their curiosity about the world at large by:

**INDICATOR 2a: Developing plans aligned with standards that build on learners’ knowledge and skills and provide an appropriate level of challenge.**

<table>
<thead>
<tr>
<th>Standards alignment</th>
<th>Below Standard (1.0-1.5 pts.)</th>
<th>Developing (2.0-2.5 pts)</th>
<th>Proficient (3.0-3.5 pts)</th>
<th>Exemplary (4 pts.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Designs plans misaligned with relevant CT content standards or discipline-specific national guidelines.</td>
<td>Designs plans partially aligned with relevant CT content standards, or discipline-specific national guidelines.</td>
<td>Designs plans directly aligned with relevant CT content standards or discipline-specific national guidelines.</td>
<td>Explains and demonstrates to students and others how plans support student success in the curriculum.</td>
</tr>
<tr>
<td></td>
<td>Pts. _____</td>
<td>Pts. _____</td>
<td>Pts. _____</td>
<td>Pts. _____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evidence-based practice</th>
<th>Below Standard (1.0-1.5 pts.)</th>
<th>Developing (2.0-2.5 pts)</th>
<th>Proficient (3.0-3.5 pts)</th>
<th>Exemplary (4 pts.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Designs plans that are not evidence based.</td>
<td>Designs plans that are partially evidence based.</td>
<td>Designs plans using evidence-based practice.</td>
<td>Provides elaborated explanation of evidence used in creating plans.</td>
</tr>
<tr>
<td></td>
<td>Pts. _____</td>
<td>Pts. _____</td>
<td>Pts. _____</td>
<td>Pts. _____</td>
</tr>
</tbody>
</table>
## APPENDIX 8.5, CONT’D

### Use of data to determine learner needs and level of challenge

<table>
<thead>
<tr>
<th>Use of data to determine learner needs and level of challenge</th>
<th>Designs plans without consideration of learner data.</th>
<th>Designs plans using limited sources of data to address learner needs and appropriate levels of challenge.</th>
<th>Designs targeted and purposeful plans using multiple sources of data to address learner needs and appropriate challenge.</th>
<th>Proactive in obtaining, analyzing and using data to guide collaborative planning; explains use of data to families and colleagues.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pts. ______</td>
<td>Pts. ______</td>
<td>Pts. ______</td>
<td>Pts. ______</td>
<td></td>
</tr>
</tbody>
</table>

### Targeted and specific objectives for learners

<table>
<thead>
<tr>
<th>Targeted and specific objectives for learners</th>
<th>Develops objectives that are not targeted or specific to learners’ needs</th>
<th>Develops objectives that are targeted or specific to the needs of some, but not all learners.</th>
<th>Develops objectives that are targeted and specific to the needs of all learners.</th>
<th>Plans include opportunities for learners to monitor and evaluate their own progress toward objectives.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pts. ______</td>
<td>Pts. ______</td>
<td>Pts. ______</td>
<td>Pts. ______</td>
<td></td>
</tr>
</tbody>
</table>

### INDICATOR 2b: Developing plans to actively engage learners in service delivery.

<table>
<thead>
<tr>
<th>INDICATOR 2b: Developing plans to actively engage learners in service delivery.</th>
<th>Below Standard (1.0-1.5 pts.)</th>
<th>Developing (2.0-2.5 pts)</th>
<th>Proficient (3.0-3.5 pts)</th>
<th>Exemplary (4 pts.) All characteristics of Proficient, plus one or more of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategies, tasks and questions</td>
<td>Selects or designs plans that provide limited opportunities for active learner engagement.</td>
<td>Selects or designs plans that offer some opportunities for active learner engagement.</td>
<td>Selects or designs plans that include strategies, tasks and questions that promote opportunities for active learner engagement.</td>
<td>Selects or designs plans that allow learners to apply or generalize learning beyond the therapy session to classroom and peer interactions.</td>
</tr>
<tr>
<td>Pts. ______</td>
<td>Pts. ______</td>
<td>Pts. ______</td>
<td>Pts. ______</td>
<td></td>
</tr>
<tr>
<td>Resources and flexible groupings and new learning</td>
<td>Selects or designs resources or groupings that do not actively engage learners or support new learning.</td>
<td>Selects or designs resources and groupings that actively engage and support some, but not all, learners.</td>
<td>Selects or designs a variety of resources and flexible groupings that actively engage learners in demonstrating new learning in multiple ways.</td>
<td>Selects or designs opportunities for learners to make choices about resources and flexible groupings to support and extend new learning.</td>
</tr>
<tr>
<td>Pts. ______</td>
<td>Pts. ______</td>
<td>Pts. ______</td>
<td>Pts. ______</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 8.5, CONT’D

INDICATOR 2c: Selecting appropriate assessment strategies to identify and plan learning targets.

| Selection of assessments and interpretation of results | Below Standard (1.0-1.5 pts.) | Developing (2.0-2.5 pts) | Proficient (3.0-3.5 pts) | Exemplary (4 pts.)
|--------------------------------------------------------|-------------------------------|--------------------------|--------------------------|-----------------------------
| Selection of assessments and interpretation of results | Does not use knowledge of learners’ abilities, developmental level, cultural, linguistic or experiential background to select and interpret assessment information. | Uses limited understanding of learners’ abilities, developmental level, cultural, linguistic or experiential background to select and interpret assessment information. | Uses knowledge of learners’ abilities, developmental level, cultural, linguistic or experiential background to select and interpret assessment information. | Conducts information sessions with colleagues and families to enhance understanding of the assessment selection process, information obtained and development of learning plans. |
| Ongoing assessment of learning | Does not use assessment strategies or progress monitoring to adjust service delivery. | Uses assessment strategies or progress monitoring to provide limited opportunities adjust service delivery. | Uses assessment strategies or progress monitoring at critical points to effectively adjust service delivery. | Plans to engage learners in using assessment criteria to self-monitor and reflect on learning. |

Pts. ______ Pts. ______ Pts. ______ Pts. ______

Pts. ______ Pts. ______ Pts. ______ Pts. ______

Pts. ______ Pts. ______ Pts. ______ Pts. ______
### APPENDIX 8.5, CONT’D

#### DOMAIN 3: SERVICE DELIVERY

Candidate SLP implements academic, social/behavioral, therapeutic, crisis or consultative plans to engage student/adult learners in rigorous and relevant learning and to promote their curiosity about the world at large by:

**INDICATOR 3a: Implementing service delivery for learning.**

| Purpose of service delivery | Below Standard (1.0-1.5 pts.) | Developing (2.0-2.5 pts) | Proficient (3.0-3.5 pts) | Exemplary (4 pts.)
---|---|---|---|---|
| Does not communicate academic or social/behavioral expectations clearly. | Pts. _____ | Pts. _____ | Clearly communicates expectations and aligns the purpose of service delivery with relevant content standards or discipline-specific national guidelines. | Pts. _____ |
| Communicates expectations in a way that results in the need for further clarification. | | | | Provides opportunities for learners to communicate how academic or social/behavioral expectations can apply to other situations. |
| Precision of service delivery | Delivery of services is inconsistent with planning. | Delivery of services is consistent with some but not all services as planned. | Delivery of services is consistent with planning and demonstrates flexibility and sensitivity for most learners. | Delivery of services demonstrates flexibility and sensitivity for all learners. |
| Pts. _____ | Pts. _____ | Pts. _____ | Pts. _____ |
| Progression of service delivery | Delivers services in an illogical progression. | Generally delivers services in a logical and purposeful progression. | Delivers services in a logical and purposeful progression. | Challenges all learners to take responsibility and extend their own learning to classroom and peer interactions. |
| Pts. _____ | Pts. _____ | Pts. _____ | Pts. _____ |
| Level of challenge | Delivers services at an inappropriate level of challenge for learners. | Delivers services at an appropriate level of challenge for some, but not all, learners. | Delivers services at an appropriate level of challenge for the majority of learners. | Provides opportunities for all learners to extend learning beyond expectations, make cross-curricular connections or generalize behavior to multiple situations. |
| Pts. _____ | Pts. _____ | Pts. _____ | Pts. _____ |
## APPENDIX 8.5, CONT’D

**INDICATOR 3b: Leading student/adult learners to construct meaning and apply new learning through the use of a variety of differentiated and evidence-based learning strategies.**

|                         | Below Standard (1.0-1.5 pts.) | Developing (2.0-2.5 pts) | Proficient (3.0-3.5 pts) | Exemplary (4 pts.)
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategies, tasks and questions</strong></td>
<td>Uses tasks and questions that do not engage learners in purposeful learning.</td>
<td>Uses tasks or questions to actively engage some, but not all, learners in constructing new learning.</td>
<td>Uses differentiated strategies, tasks, and questions to actively engage the majority of learners in constructing new and meaningful learning through integrated discipline-specific tools that promote problem-solving, critical and creative thinking, purposeful discourse or inquiry.</td>
<td>Includes opportunities for all learners to work collaboratively, when appropriate, or to generate their own questions or problem-solving strategies, synthesize and communicate information.</td>
</tr>
<tr>
<td></td>
<td>Pts. _____</td>
<td>Pts. _____</td>
<td>Pts. _____</td>
<td>Pts. _____</td>
</tr>
<tr>
<td><strong>Resources and flexible groupings and new learning</strong></td>
<td>Uses available resources or groupings that do not actively engage learners and support.</td>
<td>Uses available resources or groupings that actively engage some, but not all, learners and support some new learning.</td>
<td>Uses multiple resources or flexible groupings to actively engage the majority of learners in demonstrating new learning in a variety of ways.</td>
<td>Promotes learner self-direction, and choice of available resources within flexible groupings.</td>
</tr>
<tr>
<td></td>
<td>Pts. _____</td>
<td>Pts. _____</td>
<td>Pts. _____</td>
<td>Pts. _____</td>
</tr>
<tr>
<td><strong>Learner responsibility and independence</strong></td>
<td>Implements service delivery provides little or no opportunity for learners to develop independence.</td>
<td>Implements service delivery that provides some opportunities for learners to develop independence and share responsibility for the learning.</td>
<td>Implements service delivery that provides multiple opportunities for learners to develop independence and take responsibility for the learning.</td>
<td>Supports and challenges learners to experiment and identify ways to approach learning that will be effective for them as individuals.</td>
</tr>
<tr>
<td></td>
<td>Pts. _____</td>
<td>Pts. _____</td>
<td>Pts. _____</td>
<td>Pts. _____</td>
</tr>
</tbody>
</table>
**APPENDIX 8.5, CONT’D**

**INDICATOR 3c: Assessing learning, providing feedback and adjusting service delivery.**

| Criteria for learner success | Below Standard (1.0-1.5 pts.) | Developing (2.0-2.5 pts) | Proficient (3.0-3.5 pts) | Exemplary (4 pts.)
|-----------------------------|-------------------------------|--------------------------|--------------------------|---------------------|
| Does not effectively communicate criteria for academic or social/behavioral success. | | | | Integrates learner input in identifying criteria for individualized academic or social/behavioral success; provides learners with opportunities for self-monitoring.
| Pts. ______ | | | | Pts. ______ |

| Ongoing assessment of learning | \[\text{Uses assessment strategies or methods that are not relevant to academic or social/behavioral outcomes.}\] | \[\text{Uses assessment strategies or methods that are partially aligned to intended academic or social/behavioral outcomes.}\] | \[\text{Uses a variety of assessment strategies or methods that elicit specific evidence of intended academic or social/behavioral outcomes at critical points throughout service delivery.}\] | \[\text{Provides opportunities for learners to identify strengths, needs, and help themselves or their peers to improve learning and generalize to classroom activities.}\] |
| Pts. ______ | Pts. ______ | Pts. ______ | Pts. ______ |

| Feedback to learner | \[\text{Provides no meaningful feedback or feedback is inaccurate and does not support improvement toward academic or social/behavioral outcomes.}\] | \[\text{Provides general feedback that partially supports improvement toward academic or social/behavioral outcomes.}\] | \[\text{Provides specific, timely, accurate and actionable feedback that supports the improvement and advancement of academic or social/behavioral outcomes.}\] | \[\text{Encourages self-monitoring or peer feedback that is specific and focused on advancing learning.}\] |
| Pts. ______ | Pts. ______ | Pts. ______ | Pts. ______ |

| Adjustments to service delivery | \[\text{Adjustments to service delivery are not responsive to learner performance or engagement in tasks.}\] | \[\text{Adjustments to service delivery are responsive to some, but not all, learners' performance or engagement in tasks.}\] | \[\text{Adjustments to service delivery are responsive to learner performance or engagement in tasks.}\] | \[\text{Engages learners in identifying ways to adjust their academic or social/behavioral plan; encourages students to identify timing and manner of adjusting services.}\] |
| Pts. ______ | Pts. ______ | Pts. ______ | Pts. ______ |
## APPENDIX 8.5, CONT’D

### DOMAIN 4: PROFESSIONAL RESPONSIBILITIES AND LEADERSHIP

Candidate SLP maximize support for learning by developing and demonstrating professionalism, collaboration and leadership by:

**INDICATOR 4a: Engaging in continuous professional learning to enhance service delivery and improve student/adult learning.**

<table>
<thead>
<tr>
<th></th>
<th>Below Standard (1.0-1.5 pts.)</th>
<th>Developing (2.0-2.5 pts)</th>
<th>Proficient (3.0-3.5 pts)</th>
<th>Exemplary (4 pts.) All characteristics of Proficient, plus one or more of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self evaluation/ reflection</strong></td>
<td>Does not self-evaluate/reflect on how practice affects learning.</td>
<td>Self-evaluates/reflects on practice and impact on learning, but takes limited or ineffective action to improve individual practice.</td>
<td>Self-evaluates/reflects on individual practice &amp; the impact on learning; identifies areas for improvement &amp; takes effective action to improve professional practice.</td>
<td>Uses ongoing self-evaluation/reflection to initiate professional dialogue with colleagues to improve collective practices to address learning, school and professional needs.</td>
</tr>
<tr>
<td></td>
<td>Pts. ______</td>
<td>Pts. ______</td>
<td>Pts. ______</td>
<td>Pts. ______</td>
</tr>
<tr>
<td><strong>Response to feedback</strong></td>
<td>Does not readily accept feedback &amp; recommendations or make changes for improving practice.</td>
<td>Accepts feedback and recommendations but changes in practice are limited or ineffective.</td>
<td>Willingly accepts feedback and recommendations and makes effective changes in practice.</td>
<td>Proactively seeks feedback in order to improve in a range of professional practices.</td>
</tr>
<tr>
<td></td>
<td>Pts. ______</td>
<td>Pts. ______</td>
<td>Pts. ______</td>
<td>Pts. ______</td>
</tr>
<tr>
<td><strong>Professional learning</strong></td>
<td>Does not actively participate in professional learning opportunities.</td>
<td>Participates in required professional learning opportunities but makes minimal contributions.</td>
<td>Participates actively in required professional learning and seeks opportunities within and beyond the school to strengthen skills and apply new learning to practice.</td>
<td>Takes the initiative seeking opportunities for professional learning with colleagues, families or community.</td>
</tr>
<tr>
<td></td>
<td>Pts. ______</td>
<td>Pts. ______</td>
<td>Pts. ______</td>
<td>Pts. ______</td>
</tr>
</tbody>
</table>
## APPENDIX 8.5, CONT’D

**INDICATOR 4b: Collaborating to develop and sustain a professional learning environment to support student/adult learning.**

|                       | Below Standard (1.0-1.5 pts.) | Developing (2.0-2.5 pts) | Proficient (3.0-3.5 pts) | Exemplary (4 pts.)  
|-----------------------|-------------------------------|--------------------------|--------------------------|----------------------
| **Collaboration with colleagues** | Attends required meetings but does not use outcomes of discussions to adjust service delivery. | Participates in required meetings and uses some outcomes of discussions to adjust service delivery. | Initiates collaboration with colleagues regularly to synthesize and analyze data and adjust practice accordingly. | Supports and assists colleagues in gathering, synthesizing and evaluating data to adapt practices to support professional growth and development. |
| **Pts.** | | | | |
| **Ethical conduct** | Does not consider or act in accordance with ethical codes of conduct and professional standards. | Acts in accordance with ethical codes of conduct and professional standards, with limited insight and consideration. | Acts in accordance with and supports colleagues in adhering to ethical codes of conduct and professional standards. | Collaborates with colleagues to deepen the learning community’s awareness of the moral and ethical demands of professional practice. |
| **Pts.** | | | | |
| **Maintenance of records** | Records are incomplete, record keeping is not timely and/or confidential information is stored in an unsecured location. | Recordkeeping is timely and complete but may contain some inaccuracies. Confidential information is stored in a secured location. | Confidential information is stored in a secured location. Records are complete, organized, timely and accurate. | Supports and assists colleagues, in the larger school community, in maintaining timely, accurate and secure records. |
| **Pts.** | | | | |
| **Ethical use of technology** | Disregards established rules and policies in accessing and using information and technology in a safe, legal and ethical manner. | Adheres to established rules and policies in accessing and using information and technology in a safe, legal and ethical manner. | Adheres to established rules and policies in accessing and using information & technology in a safe, legal and ethical manner, and takes steps to prevent the misuse of information and technology. | Advocates for and promotes the safe, legal and ethical use of information and technology throughout the school community. |
| **Pts.** | | | | |
## APPENDIX 8.5, CONT’D

**INDICATOR 4c:** Working with colleagues, students and families to develop and sustain a positive school climate that supports student/adult learning.

<table>
<thead>
<tr>
<th>Positive school climate</th>
<th>Below Standard (1.0-1.5 pts.)</th>
<th>Developing (2.0-2.5 pts)</th>
<th>Proficient (3.0-3.5 pts)</th>
<th>Exemplary (4 pts.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Does not contribute to developing and sustaining a positive school climate.</td>
<td>Takes a minimal role in engaging with colleagues, learners or families to develop &amp; sustain a positive school climate.</td>
<td>Engages with colleagues, learners or families to develop and sustain a positive school climate.</td>
<td>Leads efforts within and outside the school to improve and strengthen the school climate.</td>
</tr>
<tr>
<td></td>
<td>Pts. _____</td>
<td>Pts. _____</td>
<td>Pts. _____</td>
<td>Pts. _____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Culturally responsive communications with stakeholders</th>
<th>Below Standard (1.0-1.5 pts.)</th>
<th>Developing (2.0-2.5 pts)</th>
<th>Proficient (3.0-3.5 pts)</th>
<th>Exemplary (4 pts.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates a lack of awareness of cultural differences or inserts bias and negativity when communicating with stakeholders.</td>
<td>Demonstrates an awareness of some, but not all, cultural differences when communicating with stakeholders.</td>
<td>Demonstrates knowledge of cultural differences and communicates in a responsive manner with stakeholders and the community.</td>
<td>Leads efforts to enhance culturally responsive communications with stakeholders.</td>
<td></td>
</tr>
<tr>
<td>Pts. _____</td>
<td>Pts. _____</td>
<td>Pts. _____</td>
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</tr>
</tbody>
</table>

SHU Graduate SLP Student: ________________________________

SLP Site Supervisor: ________________________________

Check Appropriate One

Midterm: ______________________ Final: ______________________

Date: ______________________
Appendix 9

Contract For Remediation of Knowledge/Skill Competency

Graduate students must achieve a level of mastery established by faculty for designated ASHA knowledge and skill competencies. Mastery is achieved when markers of competency are reached in related coursework and clinical activities.

Student______________________________________________________________

Instructor______________________________________________________________

Knowledge/Skill Competency______________________________________________

Class/Clinical Activity_____________________________________________________

The student named above has not successfully demonstrated the level of mastery required for the identified Competency marker. The student and instructor agree to the following remedial activity:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Student Signature: __________________________________

Date _________________________

Instructor Signature: _________________________________

Date _________________________
APPENDIX 10

Professional Behaviors Contract

Student name: ____________________ Faculty name: __________________ Date: ________

Check any item which is below expectations; write a contract below using the Professional Behaviors Contract.

☐ Adheres to ASHA Code of Ethics
☐ Demonstrates respect for cultural differences; e.g. uses neutral, non-judgmental language.
☐ Informs faculty or peers in timely and appropriate manner if absence or lateness is necessary.
☐ Prioritizes responsibilities in order to be successful in all student roles.
☐ Displays positive attitude using body posture and affect that communicates interest.
☐ Works effectively with others; able to collaborate with faculty and peer.
☐ Neat clean appearance and wears clothing, jewelry, make-up appropriate to context.
☐ Adheres to safety policy and procedures of the environmental context; responds calmly in urgent situation.
☐ Other: ________________________________________________________________________

See attached contract established to correct above area(s).

(Student signature / date) _____________________________________________

(Course instructor signature / date) _______________________________________

Date for REVIEW of contract: ___________________________________________

c.c. to academic and clinical advisor: _________________________________
APPENDIX 11

Off-campus Placement Evaluations

Student ____________________________________________

Site: ______________________________________________

Semester: __________________________________________

Using the following scale, rate your agreement:

N/A 1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

OVERALL

This practicum experience met my training goals and interests

N/A 1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

This practicum experience met expectations regarding clinical population, workload, and documentation

N/A 1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

The site furthered my efforts to achieve my professional goals

N/A 1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

The site provided a reasonable balance between direct clinical contact hours vs. related clinical responsibilities

N/A 1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

There were opportunities to discuss the process of ethical decision making

N/A 1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

Evidence-based clinical practice was utilized

N/A 1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

In general, I felt welcomed at this site

N/A 1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

I felt prepared to meet the challenges and expectations of this practicum site

N/A 1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

I would recommend that this site be used for future practicum placements

N/A 1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree
APPENDIX 11, CONT’D

THE PRACTICUM SITE PROVIDED ADEQUATE:

Supervision by clinical supervisor

- N/A 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Training and orientation

- N/A 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Physical facilities and work space

- N/A 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Equipment and materials to engage in effective service delivery

- N/A 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Administrative/clerical support

- N/A 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

THE PRACTICUM SITE ALLOWED APPROPRIATE OPPORTUNITIES FOR:

Diagnostic experiences

- N/A 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Treatment

- N/A 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Client and family interactions

- N/A 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Interactions with other professionals

- N/A 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Interactions with culturally and linguistically diversified populations

- N/A 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree
APPENDIX 11, CONT’D

PROVIDE COMMENTS ON THE FOLLOWING:

What were the strengths/positive aspects of this practicum site?

What might you suggest to strengthen the experience at this practicum site?

What advice would you give the next student placed at this site?
APPENDIX 12

Practicum Information & Agreement Form

To be completed by the Graduate Student:
Name:  Semester/Practicum Level:  
Phone:  Email:  

To be completed by SHU Faculty Liaison:
SHU Liaison:  
Phone:  Email:  

To be completed by the On-Site Clinical Educator:
Clinical Site:  Type of Facility:  
Location (City/Town, State):  

Primary Clinical Educator:
Name:  
Email:  Phone:  
ASHA #:  Expiration:  Certification:  CCC/  
License #:  Expiration:  State:  
Teaching Certification (if applicable):  Expiration:  State:  
Preferred Method of Communication with SHU Faculty Liaison:  □ Email  □ Phone  

Secondary Clinical Educator (if appropriate)
Name:  
Email:  Phone:  
ASHA #:  Expiration:  Certification:  CCC/  
License #:  Expiration:  State:  
Teaching Certification (if applicable):  Expiration:  State:  
Preferred Method of Communication with SHU Faculty Liaison:  □ Email  □ Phone  

Please list approximate number of hours per week you anticipate that your student will be participating in the following activities:
Evaluation:  Treatment:  
Prevention/Screening:  Documentation:  
Meetings (e.g., staff, PPT, rehab team, etc.):  In-services/Professional Development:  
Other:  

How often do you anticipate supervising your student (Per ASHA, level of supervision will depend on student clinical experience and site’s policies/regulations, however supervision must be in real time and must never be less than 25% of the student’s total contact with each client/patient):

Site Visits: Would you like a scheduled site visit from a SHU Faculty Liaison during this practicum?
□ Yes  □ I will request only if needed  
For SLP 602 (SLP Student Teaching Externship) 2 site visits are required as part of the practicum and will be arranged by the SHU Faculty Liaison.
APPENDIX 12, CONT’D

To be completed by the Graduate Student and Clinical Educator together:

**Practicum Schedule:**

Start/End Date:

- □ Monday  

- □ Tuesday  

- □ Wednesday  

- □ Thursday  

- □ Friday  

Practicum Schedule:

Start/End Date:

- □ Monday  

- □ Tuesday  

- □ Wednesday  

- □ Thursday  

- □ Friday  

*Please note that students are not to make any adjustments to clinical schedules for any reason. Modifications should be discussed directly with the SHU Liaison and/or Director of Clinical Education.*

Does the on-site clinical educator have any planned time-off during this practicum and what are the student expectations during this time (e.g., time off for student, supervision by another SLP, etc.)

- □ Yes (please indicate) __________________  □ No

**We have discussed that feedback will be provided:**

- □ Verbally  

- □ Written  

- □ Both  

- □ Other:

**In addition to a midterm & final meeting, we have discussed to have meetings:**

- □ Daily  

- □ Weekly  

- □ Monthly  

- □ Other:

We have discussed the site’s attendance policy, dress code, and student expectations

- □ Yes  

- □ No

(Student to follow SHU SLP attendance policy—see course syllabus)

In the event of an absence, inclement weather, emergency, etc., the student and on-site clinical educator will contact each other via:

- □ Email  

- □ Phone  

- □ Text Message  

- □ Other:

In the event of a student absence, the student will also contact SHU Liaison via email address.

Any additional information discussed together:

We have reviewed this form and agree with the above information.

- □ Graduate Student:  

- □ On-site Clinical Educator:  

- □ SHU Faculty Liaison:
APPENDIX 13

Student Self-Reflection Form 2016-2017*

Student:  
Clinical Educator:  
Clinical Site:  
Week Ending:  

Description:  (Give a detailed description of a Specific Clinical Interaction or a Specific Clinical Approach that your reflection will be based on.)

Thoughts and Feelings:  (What were you thinking and feeling, at the time?)

Evaluation:  (Objective review of the pros and the cons.)

Analysis:  (Were your actions the best, and most appropriate ones, based on your therapy goals and EBP?)

Conclusions:  (Based on your analysis, how would you handle this differently in the future? Be specific. What clinical skills do you need to address, to be able to handle this appropriately in the future?)

Personal Clinical Goal, based on this Reflection:

*Based on Gibbs Reflective Model (1998)
## APPENDIX 13, CONT’D

### Self Reflection Rubric

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Reflective Clinician (5-4)</th>
<th>Aware Clinician (3-2)</th>
<th>Reflection Novice (1-0)</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarity</td>
<td>Clear, grammatically appropriate language used with strong description of clinical situation. Concepts are explained accurately.</td>
<td>Minor, infrequent lapses in clarity. Grammar may require some revision. Concepts are explained fairly accurately.</td>
<td>Frequent lapses in clarity. Concepts are either not discussed or are presented inaccurately. Poor grammar is used.</td>
<td></td>
</tr>
<tr>
<td>Clinical Relevance</td>
<td>The reflection shows significant thought and effort. Clinical experience being reflected upon is relevant and meaningful to student and clinical goals.</td>
<td>The reflection shows some thought and effort. Attempts are made to demonstrate clinical relevance, but the relevance is unclear to clinical goals.</td>
<td>The reflection shows poor thought and effort. Most of the reflection is irrelevant to student and/or clinical goals.</td>
<td></td>
</tr>
<tr>
<td>Analysis</td>
<td>The reflection moves beyond simple description of the clinical experience to an analysis of how the experience contributed to student understanding of self, client, interdisciplinary team and/or clinical concepts.</td>
<td>The reflection demonstrates student attempts to analyze the clinical experience to understanding of self, but analysis lacks some depth.</td>
<td>Student makes little to no attempts at applying the clinical experience to understanding of self, client, interdisciplinary team and/or clinical concepts and fails to demonstrate depth of analysis.</td>
<td></td>
</tr>
<tr>
<td>Self-Critique</td>
<td>The reflection demonstrates ability of the student to question their own biases, stereotypes, preconceptions, and/or assumptions and define new modes of clinical thinking as a result.</td>
<td>The reflection demonstrates ability of the student to question their own biases, stereotypes, preconceptions. New modes of thinking are not evident.</td>
<td>There is little to no attempt at self-critique and the reflection fails to demonstrate an awareness of personal biases, etc.</td>
<td></td>
</tr>
</tbody>
</table>
HEALTH, TITER AND IMMUNIZATION FORM

TO BE COMPLETED BY THE STUDENT:

Name______________________________________________________________
Home Address _______________________________________________________________________________________________________________________
Home Telephone___________________ Social Security No._________________

I understand that the clinical facilities may require more health data than listed below. I understand that it is my responsibility to meet all the health requirements of the clinical facilities.
Signature_______________________________________ Date_________________

TO BE COMPLETED BY THE HEALTH CARE PROVIDER:

The following assessments are REQUIRED for the clinical program:

A. History and Physical Examination completed after June 2016
   Date Completed:____________________

B. Two-step PPD (Mantoux) completed after June 2016
   Step 1 Date___________________________
   Step 2 Date___________________________
   Results:
   □ Negative PPD  □ Positive PPD
   (If positive, a normal chest x-ray has been documented in the last two years.)
   □ Chest X-Ray Completed Date______________________________
   Results

C. Diphtheria Tetanus Toxoid has been administered with the last ten (10) years:
   □ Yes: Date: ___________________  □ No
D. The following titers are REQUIRED for the clinical program. If a titer result demonstrate patient is not immune, a new series of vaccines must be initiated and documented before the student will be allowed into the clinical setting.

A. Rubella (German Measles) Titer: Date drawn___________ □ Immune □ Non-immune

B. Mumps Titer: Date drawn___________ □ Immune □ Non-immune

C. Measles (Rubeola) Titer: Date drawn___________ □ Immune □ Non-immune

D. Hepatitis B Titer: Date drawn___________ □ Immune □ Non-immune

E. Varicella (Chicken Pox) Titer: Date drawn___________ □ Immune □ Non-immune
   a. OR may provide documentation of two vaccine series completion
      i. Date____________ Date____________
   b. OR may provide physician’s documentation of history of the disease
      i. Age at diagnosis______________

If patient is found to be non-immune for any of the above, please document initiation of a new series of vaccinations or indicate why vaccination is medically contraindicated and comment below:

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

☐ I find the student to be in good physical and mental health. He/she is free from any health impairment which may pose potential risk to patients or personnel, or which may interfere with the performance of Speech-Language Pathology responsibilities. Habituation to alcohol or other drugs that may alter the individual’s behavior has been considered in this evaluation. This form should not be signed unless the individual is able to fully participate in the Speech-Pathology Graduate Program, including clinical fieldwork.

Signature of Examining Provider ____________________________

Address ______________________________________________

Print or Stamp Name____________________________ Telephone____________________ Date__________
APPENDIX 14, CONT’D

Hepatitis B Vaccine Waiver

Please complete this form only if you wish to decline the Hepatitis B Vaccine

Student Name:_________________________________________________________________________________

Date of Birth:__________________________________________________________________________________

Address:______________________________________________________________________________________

_____________________________________________________________________________________________

Phone:______________________________

DOCUMENTATION OF VACCINATION REFUSAL

I decline to receive the Hepatitis B Vaccine – Please read and sign the Hepatitis B Vaccine Declaration below:

I understand that due to my potential occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B Vaccine, however, I decline the Hepatitis Vaccine at this time. I understand that by declining this vaccine, I continue to be at risk for acquiring Hepatitis B, a serious disease. Refusal of the vaccine may also make me ineligible to complete practicum assignments at facilities that specifically require it as a condition of placement. If in the future I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with the Hepatitis B Vaccine, I can receive the vaccination at that time.

Signature:_____________________________ Date:__________________
Please complete this form only if you wish to decline the Influenza Vaccination

Student Name:_________________________________________________________________________________________

Date of Birth:_________________________________________________________________________________________

Address:________________________________________________________________________________________________

_____________________________________________________________________________________________________

Phone:_______________________________________

________I decline to receive the Influenza Vaccine for the following reasons:

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

Please read and sign the Influenza Vaccine Declaration below:

I understand that Sacred Heart University’s Speech-Language Pathology Program has recommended that I receive the influenza vaccination to protect the clients and patients I serve in clinical practicum settings. I understand that by not getting the vaccine this may make me ineligible to complete practicum assignments at facilities that specifically require it as a condition of placement.

I acknowledge that I am aware of the following facts:

1) Influenza is a serious respiratory disease that kills thousands of people in the United States each year.

2) Influenza vaccination is recommended for me and all other healthcare workers to protect this facility’s patients from influenza, its complications, and death.

3) If I contract influenza, I can shed the virus for 24 hours before influenza symptoms appear. My shedding the virus can spread influenza to patients in this facility.

4) If I become infected with influenza, even if my symptoms are mild or non-existent, I can spread it to others and they can become seriously ill.

5) I understand that the strains of virus that cause influenza infection change almost every year and, even if they don’t change, my immunity declines over time. This is why vaccination against influenza is recommended each year.

6) I understand that I cannot get influenza from the influenza vaccine.

7) The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact

I understand that I can change my mind at any time and accept influenza vaccination, if vaccine is still available.

I have read and fully understand the information on this declination form.

Signature: ____________________________________________  Date: ___________________
## APPENDIX 15

### Supervisor Feedback Form

Supervisor Feedback by Doe, Jane

Student: Doe, Jane

**This feedback has been approved and is available to the supervisor.**

Supervisor: 

Site: 

Semester: 

<table>
<thead>
<tr>
<th></th>
<th>Provided an orientation to the facility and caseload.</th>
</tr>
</thead>
<tbody>
<tr>
<td>X N/A</td>
<td>No orientation provided. Student oriented him/herself.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Provided the student with feedback regarding the skills used in diagnostics.</th>
</tr>
</thead>
<tbody>
<tr>
<td>X N/A</td>
<td>Comments were vague; and therefore, difficult to apply.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Provided the student with feedback regarding the skills used in interviewing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>X N/A</td>
<td>Comments were vague; and therefore, difficult to apply.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Provided the student with feedback regarding the skills used in conferences.</th>
</tr>
</thead>
<tbody>
<tr>
<td>X N/A</td>
<td>Comments were vague; and therefore, difficult to apply.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Provided the student with feedback regarding the skills used in behavioral management.</th>
</tr>
</thead>
<tbody>
<tr>
<td>X N/A</td>
<td>Comments were vague; and therefore, difficult to apply.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Provided the student with feedback regarding the skills used in therapy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>X N/A</td>
<td>Comments were vague; and therefore, difficult to apply.</td>
</tr>
</tbody>
</table>
### APPENDIX 15, CONT’D

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

<table>
<thead>
<tr>
<th></th>
<th>No orientation provided. Student oriented him/herself.</th>
<th>Informal orientation provided.</th>
<th>Formal orientation provided with supplemental documentation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>X N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Provided minimal explanations and/or demonstrations.</th>
<th>Provided adequate explanations and/or demonstrations when requested.</th>
<th>Provided thorough explanations and/or demonstrations for all clinical procedures.</th>
</tr>
</thead>
<tbody>
<tr>
<td>X N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th></th>
<th>Rarely referenced current literature.</th>
<th>Occasionally referenced current literature.</th>
<th>Frequently referenced current literature.</th>
</tr>
</thead>
<tbody>
<tr>
<td>X N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Encouraged student independence and creativity.

<table>
<thead>
<tr>
<th></th>
<th>Minimally receptive to new ideas and differing techniques.</th>
<th>Somewhat receptive to new ideas and differing techniques but did not encourage them.</th>
<th>Very receptive to new ideas and encouraged use of own techniques.</th>
</tr>
</thead>
<tbody>
<tr>
<td>X N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Rarely commented on successes and efforts.</th>
<th>Occasionally commented on successes and efforts.</th>
<th>Frequently commented on successes and efforts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>X N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Rarely provided written and/or verbal recommendations except on midterm and final evaluations.</th>
<th>Occasionally provided written and/or verbal recommendations in addition to the midterm and final evaluations.</th>
<th>Systematically provided written and/or verbal recommendations in addition to the midterm and final evaluations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>X N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Enthusiasm and interest rarely observed; frequent negative comments.</th>
<th>Enthusiasm and interest occasionally observed; occasional negative comments.</th>
<th>Enthusiasm and interest regularly observed; frequent positive and optimistic comments.</th>
</tr>
</thead>
<tbody>
<tr>
<td>X N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### APPENDIX 15, CONT’D

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>14.</strong> Demonstrated effective interpersonal communication with student.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X N/A</td>
<td>Seemed uninterested and/or unwilling to listen or respond to student’s needs.</td>
<td>Some interest in student’s needs shown, but communication lacked sensitivity.</td>
</tr>
<tr>
<td><strong>15.</strong> Receptive to questions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X N/A</td>
<td>Unwilling to take time to answer questions.</td>
<td>Answered questions inconsistently.</td>
</tr>
<tr>
<td><strong>16.</strong> Available to me when I requested assistance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X N/A</td>
<td>Supervisor was rarely available.</td>
<td>Supervisor was occasionally available.</td>
</tr>
<tr>
<td><strong>17.</strong> Utilized effective organizational and management skills.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X N/A</td>
<td>Rarely organized; showed difficulty balancing supervisory and clinical responsibilities.</td>
<td>Somewhat organized; balanced supervisory and clinical responsibilities with little difficulty.</td>
</tr>
<tr>
<td><strong>18.</strong> Referred me to or provided me with additional resources (materials, articles, video tapes, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X N/A</td>
<td>Provided minimal or no additional resources.</td>
<td>Provided helpful resources upon student request.</td>
</tr>
<tr>
<td><strong>19.</strong> Realistically demanding of me as a student intern.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X N/A</td>
<td>Expectations were either too high or too low for level of experience with no attempts to adjust.</td>
<td>Expectations were generally appropriate for my level of experience.</td>
</tr>
</tbody>
</table>
APPENDIX 15, CONT’D

Overall, how would you rate this clinical experience?

Additional Comments?

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

This feedback has been approved and is available to the supervisor.
APPENDIX 16

Video-Recording Analysis & Discussion

Student Clinician:  
Clinical Educator:

Clinical Site:  
Date of Recording:

Brief Description of Clinical Intervention:

Brief Report of Clinical Analysis Discussion (include areas of strengths and areas for growth/opportunity as reported by peers and clinical educators):

Video Analysis Self Reflection:

What surprised you?

What was successful?

What was disappointing?

What was your role?

What would you do differently?