

**Graduate Program in Speech-Language Pathology
College of Health Professions**



**Sacred Heart
UNIVERSITY**

**Graduate Student Clinical Manual
2024-2025**

**Sacred Heart University
Fairfield, Connecticut**



Sacred Heart UNIVERSITY

SPEECH-LANGUAGE PATHOLOGY

Dear Speech-Language Pathology Graduate Student,

Welcome to the 2024-2025 academic year in the graduate speech-language pathology program!

The mission of the clinical education graduate program 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. This clinical manual serves as a resource to help you achieve your clinical goals throughout your time at Sacred Heart University (SHU) and represents the plans of the graduate SLP program at the time of publication.

Our goal is to provide clinical experiences consistent with accreditation and certification standards. These experiences offer exposure to varied clinical education and service delivery models such as in-person treatment, tele-practice/tele-supervision, and clinical simulation. You will have access to innovative and diverse clinical practice opportunities. These clinical training experiences will support the development of clinical competencies with culturally and linguistically diverse client populations, across the life span. You will work with individuals who have various types and severities of speech, communication and swallowing disorders. Our clinical faculty have a wealth of expertise and experiences. SHU partners with an extensive number of externship clinical sites, to ensure the delivery of a well-rounded clinical training experience.

We are honored that you have chosen our program, and we look forward to a great year!

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Section I

Introduction

The Clinical Manual outlines the Sacred Heart University (SHU) Speech-Language Pathology (SLP) Graduate Program's clinical policies and procedures that are in addition to the policies, procedures, and standards outlined in the SLP Graduate Program's Student Manual and the SHU 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 SLP Graduate 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. All policies and practices contained herein may be modified at any time at the sole discretion of Sacred Heart University. Any such modifications will be communicated through official notices.

General Policies. The SHU SLP Graduate Program 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 follows the [2020 Standards of the Council for Clinical Certification](#) (CFCC) 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 Connecticut 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 provide safe and appropriate clinical services. The SHU SLP Graduate 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 to comply with the law regarding equal employment opportunity for all qualified persons so as to prohibit unlawful discrimination against persons because of race, gender, sexual orientation, pregnancy, color, marital status, veteran status, religion, age, disability, handicap, national origin or ancestry in its employment policies and its education and admissions programs 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 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 that must be demonstrated by students with or without reasonable accommodations to complete the program successfully. Services and accommodations are available through the Office of Student Accessibility (OSA). The University requires documentation of a disability to enable students to meet academic standards. Students who require accommodations must

contact the OSA. 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 Student Policies and Procedures 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 through the online CastleBranch compliance tracker.

Section II

Clinical Program Overview

Knowledge and Skills. Graduate students in SLP will be expected to meet all knowledge and skill competencies required for certification by the Council for Clinical Certification (CFCC) of the American Speech-Language-Hearing Association (ASHA). The [2020 Standards and Implementation Procedures for the Certification of Clinical Competency in Speech-Language Pathology](#) can be found at the ASHA website.

Core Functions. Graduate students are required to review the Core Functions document ([Appendix 1](#)) prior to signing the Compliance Agreement for the Program. The Speech-Language Pathology program uses the Core Functions document, as a guide to advance shared understanding of the functions typically demonstrated by individuals completing academic and clinical coursework, and to support advocacy for the student, program and profession (Council of Academic Programs in Communication Sciences and Disorders, 2023).

Graduate Clinical Curriculum. The academic and clinical curriculum of the SHU SLP Graduate Program is designed to guide the student to achieve the knowledge and skills required for independent practice as an SLP, and to meet all standards for certification set out by ASHA's CFCC. 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 may include public schools, hospitals, rehabilitation centers, skilled nursing facilities, specialty private schools, private practice, early intervention programs and other sites serving individuals with communication and swallowing needs. Clinical practica may also include clinical simulation (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) and tele-practice. Tele-practice/tele-supervision requirements are currently in line with current standards for certification. 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

Graduate SLP Clinical Education Policies and Procedures

Health and Immunization Requirements. The following requirements are to be completed prior to the start of the clinical program. These requirements are beyond what the university requires for standard student enrollment as students will be entering external clinical sites. 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 any particular disease. 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. *Be advised that some fieldwork sites require Hepatitis B and do not accept the waiver; therefore, if you waive the vaccination for any reason, this may eliminate clinical opportunities at any particular fieldwork sites.*

***Varicella (Chicken Pox):** There must be documentation of one of the following:

- 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) or IGRA (TB Blood Test)
- 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.*

COVID-19: Please refer to [university guidelines regarding COVID-19](#) antigen testing, symptom monitoring and quarantine restrictions. Clinical sites may also require COVID-19 testing prior to and throughout the clinical placement in addition to PPE (Personal Protective Equipment) and training requirements. Please review university and Center for Disease Control (CDC) guidelines for current guidance on COVID-19.

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/BLS certification from American Heart Association
- ✓ OSHA Training regarding blood borne pathogens, universal precautions, emergency preparedness, and workplace safety via CastleBranch
- ✓ Protection of Youth 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.

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.

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 and costs associated with travel/parking, and PPE requirements (some of which the program will be able to provide). You will be informed of these requirements and costs by the SHU clinical coordinator and/or practicum site at the time of practicum assignment.

Electronic Clinical Education Portfolio. The SLP Graduate 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 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
 - HIPAA/Privacy

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.

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. 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 in the assessment closet in the SLP 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. When reviewing or practicing standardized assessments, students must keep all materials in the CHE or check them out using the QR code, for no longer than 24 hours.

Each standardized test and its accompanying consumable materials (including test booklets and other forms) are in the test closet. Accompanying each test will also be multiple photocopies of test booklets for student practice only; please use original test booklets for client evaluation only. Original test booklets are provided by your clinical educator (CE). If you use the last photocopy for a standardized test, please send an email to the clinic graduate assistant.

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 the following day. The test is the responsibility of the student who has most recently 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. Materials can be checked out by scanning the QR code located in the SLP lab. Materials should be returned within the time frame provided by your clinical educator. If materials are missing or damaged, please document this information on the QR code form. 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.

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 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 always required, 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 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 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 outside commitment, takes precedence over a class 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 placements with SHU faculty (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 externship 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 may require a doctor's note stating that the student is medically cleared to return to the placement, pending the policies of the clinical site. Students may be required to make up any missed days at the discretion of the CE and pending if clinical requirements have been met.

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.

Transportation and Arrival to Clinical Practica. All students are responsible for arranging their own transportation to and from their clinical site and understand 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 has trouble 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 (Clinical Educators) should use their best judgment when determining the feasibility of travel. Insignificant 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 always present a professional appearance (in person and via tele-practice) 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 may be 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. Large, dangling jewelry that could be caught on equipment, grabbed by a client, or potentially injure a client
12. Perfume/cologne due to possible allergic reactions and sensitivity of clients
13. Artificial nails or nails that extend more than ¼ inch past the fingertip
14. Chewing gum is not allowed
15. No food is allowed unless it is a part of a therapeutic activity
16. Tattoos must be covered if they are inappropriate or offensive

Please note that students must follow the specific requirements of their clinical externship site. 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 their own expense.

By CT State Law, effective October 2011, all individuals providing services in school or healthcare settings must always wear a photo ID visible 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 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 any 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.

Online Etiquette. Professional courtesy and professional behaviors are expected of students in the classroom, in fieldwork and site visits, and in online communications (e.g., online classroom setting, video conferencing, tele-practice). In the online learning environment, you may not be physically face-to-face with classmates, instructors, or clients, but you are expected to exhibit continued professionalism as would be required in a live classroom or clinical setting. This includes interpersonal interactions, dress code, and attendance. 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 except for 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 affect 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 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 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 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 thanks the University of Kansas for sharing their social medial 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 emergency 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 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:

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

IMPORTANT: High-risk exposure requires immediate post-exposure prophylaxis treatment. Do not delay in seeking advice.

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.

Students with Disabilities. The Graduate 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 Office of Student Accessibility (OSA) at 203- 371-7820 or speak with your advisor. The OSA 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 OSA or faculty in this process.

Section IV

Implementation of Clinical Practica

The mission of the clinical component of the SHU SLP Graduate program 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 Department of Public Health Licensure, and Teacher Certification as a Speech-Language Pathologist.

Practicum Sequence- *Please note that due to continuing COVID-19 concerns, practicum experiences may consist of an in-person, tele-practice, or simulation based on availability, policies, and procedures of clinical placement sites

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 2-4 students 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.

Clinical Experiences may include:

Speech, Language and Hearing Screenings or Evaluations (1-3 assessments per semester)

Child Speech and Language Assessment/Treatment/Prevention Services (1-2 days/week)

AND/OR

Adult Speech-Language-Cognition-Swallowing Assessment/Treatment/Prevention services (1-2 days/week)

Anticipated Clinical Hours: 25+ hours

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 2-4 students 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.

Clinical Experiences may include:

Speech, Language and Hearing Screenings or Evaluations (1-3 assessments per semester)

Child Speech and Language Assessment/Treatment/Prevention Services (1-2 days/week)

AND/OR

Adult Speech-Language-Cognition-Swallowing Assessment/Treatment/Prevention services (1-2 days/week)

Anticipated Clinical Hours: 25+ hours

Semester III (Summer): Intermediate Level Practicum

Summer: Adult or Child Clinical Practicum, 2-5 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: 40+ hours

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

Specialty Practicum: 3-5 days per week (placement determined based on clinical competencies and hours needed, previous practicum experiences, and site availability), 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

Specialty Practicum: 3-5 days per week externship (placement determined based on clinical competencies and hours needed, previous practicum experiences, and site availability), 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 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: varies

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 CALIPSO 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 to ensure that all students are placed in an appropriate setting and can 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, or how to go about getting an out of state placement. Students are required to complete a *Clinical Externship Planning Form* (Appendix 16) and an *Out-of-State Externship Planning Form* (Appendix 17), if applicable. The clinical faculty reserves the right to assign the student to any appropriate practicum site based on academic and clinical performance, professionalism, coursework schedule, clinical site availability, clinical hour requirements, and clinical performance needs. There are no guarantees for any clinical site.

The SLP Graduate 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 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 at 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 one semester in advance of the proposed placement 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 like 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)

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.

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 always aware of the total number and distribution of Clock Hours across content areas and client populations 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.

Clinical Simulation. In 2016, the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) made a revision to the Standards for the Certificate of Clinical Competence in Speech-Language Pathology to include the use of Clinical Simulation (CS) as part of Standard V-B. According to this standard, students may obtain up to 75 hours of direct clinical contact using CS. As outlined by the CFCC, CS experiences should allow students to:

- (a) interpret, integrate, and synthesize core concepts and knowledge;
- (b) demonstrate appropriate professional and clinical skills; and
- (c) incorporate critical thinking and decision-making skills while engaged in identification, evaluation, diagnosis, planning, implementation, and/or intervention.

The SLP Graduate Program may use CS as a tool to enhance course material, provide skills practice in less accessible Big 9 areas, or in performance improvement plans. CS activities may include, but are not limited to, digitized mannequins, computer-based interactive experiences, task trainers, and other simulated technologies. Observational experiences (e.g., video clips, watching live or recorded sessions, etc.) are not considered CS activities.

Students will obtain clinical hours by participating in the CS activity and then completing a debriefing activity with the supervisor. Debriefing activities may include face to face discussions, self-reflection with feedback, and/or written self-evaluation with feedback. Supervision of students can be asynchronous (not at the same time as the clinical learning experience) or synchronous. Debriefing does not count as part of an ASHA clock hour; however, it can meet the 25% supervision requirement in asynchronous learning situation. For example, if a student is completing a computer-based simulation, the debriefing session should be conducted after the completion of the CS to meet the 25% observation requirement. If a student is completing a CS with use of a digitized mannequin, the supervisor may choose to directly supervise the simulation to meet the 25% observation requirement or complete a debriefing activity following the simulation.

With use of computer-based interactive experiences, students will obtain clinical hours by completing the assigned case, participating in a debriefing activity with the supervisor, and submitting clock hours for the average amount of time published by the company. Supervisors will use their judgement to determine if the student has met competency based on performance on the computer-based activity and the quality of student participation in the debriefing activity.

All students will submit CS hours in CALIPSO. Students are to submit these hours by selecting their current clinical practicum course (e.g., Clinical Practicum I) and select “Clinical Simulation” in the drop-down box labeled ‘Mode of Delivery’. A description of the clinical simulation and debrief activity should be included in the ‘Comments or additional information section’ of the clock hour form.

Obtaining Clock Hours in a Student Team. Most clinical experiences will be 1:1 student to client ratio. In

certain circumstances, a team of two students will be assigned to one client. In this situation, each student will receive the entire direct service session time. The session time will not need to be divided between the two student clinicians.

Self-Reflection. 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 and final copies are to be maintained by the student for a self-reflection and clinical portfolio. Self-reflections 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 [2020 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, will supervise students. Clinical educators will have at least nine months of practice experience post-certification and two hours of professional development in supervision post-certification, before serving as a clinical supervisor, as required by ASHA CFCC standards. 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 more than one CE 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 (Speech Language Pathologists) 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 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 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 Graduate Program. In rare circumstances, students may be removed from a clinical site for a few reasons. The SLP Graduate 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 the student's direct CE(s) using CALIPSO. The evaluations will be reviewed by the DCE or other Clinical Faculty as appropriate. Evaluations include competencies in the areas of:

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

Student skills will be evaluated based on a five-point scale as described below:

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

A more in-depth rubric is available in [Appendix 8.2](#) and [Appendix 8.3](#), which elaborates on the 5-point scale based on which semester the student is in with expected levels of competency. The complete scoring rubric

with guidelines for student and CE will be available within the practicum course syllabus, on CALIPSO, and within the clinical and supervisor manual. For student teaching externships, the CT State Department of Education requires additional evaluations beyond CALIPSO ([Appendix 8.4-8.5](#))

Grading of Clinical Practicum. Students enrolled in Clinical Practicum receive a Pass/No Pass grade with their midterm and final evaluations. CEs will evaluate students at midterm and the end of the practicum as described in the previous two subsections of this chapter. Criteria for passing will vary depending on the placement of the practicum in the program and the expectation for level of competency at that clinical level and will be described in the course syllabus. Student's ability to self-reflect will also be a component of each practicum. While the skill competency ratings provided by the direct CE factor strongly into the Pass/No Pass grade for externship clinical placements, the full-time clinical faculty assumes all responsibility for determination of the student's final competency scores.

General guidelines for competency in clinical practicum include:

- Semester 1 & 2 Clinical Practicum (Fall/Spring of Year 1): CALIPSO Evaluation score of 2.73 or above AND Total self-reflection score/Total points possible = 80% or above
- Semester 3 (Late Spring/Summer/Late Summer): CALIPSO Evaluation score of 3.00 or above AND Total self-reflection score/Total points possible = 80% or above
- *Semester 4 & 5 (Fall/Spring of Year 2): CALIPSO Evaluation score of 3.33 or above AND Total self-reflection score/Total points possible = 80% or above
- **Please note that there are additional criteria for SLP 602 (Student Teaching Externship) that will be explained in the course syllabus*

The graduate program faculty do not "give" skills ratings, students earn ratings that faculty assign 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.

Clinical Performance Improvement Plans. Students who are having trouble acquiring and/or demonstrating satisfactory clinical skills during a practicum will have the opportunity to have a structured and individualized clinical performance improvement plan (PIP) 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 a clinical PIP 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. A PIP 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 PIP. The site CE may also be involved in the meeting. The PIP procedure will be reviewed.
3. A formal PIP ([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 PIP process. A PIP cannot be repeated for the same area of clinical competency; however, additional PIPs can be introduced for new areas of concern.
4. 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 PIP meeting is to facilitate and monitor progress toward the stated goals and objectives.
5. 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, 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.

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 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 at the specific direction of your clinical CE. 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. Documentation will never contain information such as full names, date of birth, location of residence, or social security number.

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, 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. 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. Copies provided to the client will be labeled with "For graduate education purposes only." 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. 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.

APPENDIX 1

CORE FUNCTIONS

Communication

Statements in this section acknowledge that audiologists and speech-language pathologists must communicate in a way that is understood by their clients/patients and others. It is recognized that linguistic, paralinguistic, stylistic, and pragmatic variations are part of every culture, and accent, dialects, idiolects, and communication styles can differ from general American English expectations. Communication may occur in different modalities depending on the joint needs of involved parties and may be supported through various accommodations as deemed reasonable and appropriate to client/patient needs. Some examples of these accommodations include augmentative and alternative communication (AAC) devices, written displays, voice amplification, attendant-supported communication, oral translators, assistive listening devices, sign interpreters, and other non-verbal communication modes.

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

Motor

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

- Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (e.g., manipulating testing and therapeutic equipment and technology, client/patient equipment, and practice management technology) while retaining the integrity of the process
 - Respond in a manner that ensures the safety of clients and others
- Sensory Statements in this section acknowledge that audiologists and speech-language pathologists use auditory, visual, tactile, and olfactory information to guide clinical practice. It is recognized that such information may be accessed through a variety of means, including direct sensory perception and /or adaptive strategies. Some examples of these strategies include visual translation displays, text readers, assistive listening devices, and perceptual descriptions by clinical assistants.
- Access sensory information to differentiate functional and disordered auditory, oral, written, and visual communication

- Access sensory information to correctly differentiate anatomical structures and diagnostic imaging findings
- Access sensory information to correctly differentiate and discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests

Intellectual/Cognitive

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

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

Interpersonal

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

- Display compassion, respect, and concern for others during all academic and clinical interactions
- Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies
- Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities

Cultural Responsiveness

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

- Engage in ongoing learning about cultures and belief systems different from one's own and the impacts of these on healthcare and educational disparities to foster effective provision of services.
- Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice 5
This document should be considered a living document and therefore reviewed by CAPCSD at regular intervals to ensure that current terminology, practice, and ideas are reflected.”

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

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 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

Graduate Program in Speech-Language Pathology

Criminal Background Check Policy

Criminal Background Checks/Drug Screening/Fingerprinting.

Successful completion of the SLP Graduate Program includes satisfactory completion of the clinical education component of the curriculum. Most 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 SLP Graduate Program that all admitted students planning to enroll 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 Graduate 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 regard 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 Graduate Program or Sacred Heart University.

The SHU SLP Graduate 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 SHU SLP Graduate Program.

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 if 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 because 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 Graduate Program have no obligation to refund tuition or otherwise accommodate students if 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 Graduate 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 Graduate Program will have no obligation to refund tuition or otherwise accommodate students if 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:

1 st half of practicum: 25-50%	50-75%	75-100%
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2 nd 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 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, Ciara Leydon
2. Co-Directors of Clinical Education, Cristina Pino and Ellen Massucci
3. Externship Clinical Faculty Liaison, Caitlin Zimyeski
4. Externship Clinical Faculty Liaison, Kate Anderson
5. Program Assistant, Susan Kostopoulos
6. 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 Print Name

Date _____

APPENDIX 8.1

Clock Hour Record Form (CALIPSO)



Sacred Heart
UNIVERSITY

CALIPSO
Experience Record
Doe, Jane

Class of Test

Clinical Competency I

	Child	Adult	Total	
Observation - Evaluation				
Speech	0:00	0:00	0:00	
Language	0:00	0:00	0:00	
Hearing	0:00	0:00	0:00	
Observation - Treatment				
Speech	0:00	0:00	0:00	
Language	0:00	0:00	0:00	
Hearing	0:00	0:00	0:00	
Total Observation Hours:	0:00			

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 Hours	0:00	0:00	0:00	
Clock hours needed	375:00			

Observation Hours			0:00
Dx			
	Child	Adult	Audiology
Speech	0:00	0:00	
Language	0:00	0:00	
Total	0:00	0:00	0:00
Total Dx Hours:			0:00
Tx			
	Child	Adult	Audiology
Speech	0:00	0:00	
Language	0:00	0:00	
Total	0:00	0:00	0:00
Total Tx Hours:			0:00
Total			
	0:00	0:00	0:00

Total Hours Earned 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

1. Conducts screening and prevention procedures (std III-D, std IV-G, 1a).
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.
6. Measures and evaluates patients' performance and progress (std IV-G, 2d).
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 Website to access the standards in their entirety.

Appendix 8.3

Clinical Skills Evaluation: Semester-by-Semester Rubric

1 – Skill Set Needs Improvement

5 – Clinical Fellowship Ready

4 – Demonstrates Skill Set Independently

3 – Skill Set Evident with Appropriate Level of Supervision

2 – Skill Set Emerging

Assessment Skills	Needs Improvement (NI):	Emerging (E):	Evident with Supervision	Independent/Proficient (P):	CF Ready
	<i>Student's performance is below the level that would be expected at this point in the program.</i>	<i>Student's performance is an acceptable level for this point in the program, and show emerging sophistication, individualization to client or creativity.</i>	<i>Student's performance is an acceptable level for this point in the program, and when supported by supervision shows emerging sophistication, individualization and independence.</i>	<i>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.</i>	<i>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</i>

1. Conducts screening and prevention procedures (Std. VB1a).	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> N/A
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	<u>Semester 3:</u> 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.	<u>Semester 3:</u> 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.	<u>Semester 3:</u> 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.	<u>Semester 3:</u> 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 shows 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.	<u>Semester 3:</u> N/A
	<u>Semester 4-5:</u> Requires maximal to moderate support for all	<u>Semester 4-5:</u> Requires moderate support to select appropriate methods for screening	<u>Semester 4-5:</u> Requires only minimal support for all activities of	<u>Semester 4-5:</u> Selects appropriate methods for screening and prevention	<u>Semester 4-5:</u> Performs all activities of screening and

	activities of screening and prevention.	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.	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.	prevention independently.
2. Performs chart review and collects case history from interviewing patient	<u>Semester 1-2:</u> Fails to prepare by reviewing charts; documentation is missing.	<u>Semester 1-2:</u> Reviews chart but requires maximal support for interpretation; documentation of	<u>Semester 1-2:</u> Reviews chart but requires moderate support for interpretation;	<u>Semester 1-2:</u> Shows adequate comprehension and documentation of chart material, though still	<u>Semester 1-2:</u> N/A

and/or relevant others (Std. VB1b).		review is minimally adequate.	documentation of review may be incomplete.	requires some support from supervisor in interpreting chart data.	
	<u>Semester 3:</u> Chart review is cursory and incomplete; requires maximal supervisor support for comprehension and interpretation.	<u>Semester 3:</u> Shows evidence of adequate of adequate chart review with appropriate documentation, given moderate support; requires moderate support from supervisor for interpretation.	<u>Semester 3:</u> Performs chart review and appropriate documentation with minimal support; requires minimal support from supervisor for interpretation.	<u>Semester 3:</u> Shows full comprehension and documentation of chart material, though still requires minimal support from supervisor in interpreting chart data.	<u>Semester 3:</u> N/A
	<u>Semester 4-5:</u> Chart review is cursory and incomplete; requires maximal supervisor support for comprehension and interpretation.	<u>Semester 4-5:</u> Chart review and documentation require moderate support and shows limited comprehension of material; requires moderate support from supervisor for interpretation.	<u>Semester 4-5:</u> 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.	<u>Semester 4-5:</u> 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.	<u>Semester 4-5:</u> Chart review and documentation are complete; shows in-depth comprehension of material and insightful, independent interpretation of data with regard to diagnosis, prognosis, and

					treatment planning.
3. Selects appropriate evaluation instruments/procedures (Std. VB1c).	<u>Semester 1-2:</u> Fails to select appropriate methods for evaluation without maximal support; shows lack of preparation, organization; materials are missing or out of place.	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> N/A
	<u>Semester 3:</u> Requires maximal support to select appropriate methods for evaluation; selects only tests without other forms of assessment;	<u>Semester 3:</u> Selects appropriate methods for evaluation, including tests, observations, and other interview/questionnaire methods with moderate support; shows evidence of	<u>Semester 3:</u> Selects appropriate methods for evaluation, including tests, observations, and other interview/questionnaire methods with minimal support; shows evidence of preparation	<u>Semester 3:</u> Selects appropriate evaluation, including tests, observations, and other interview/questionnaire methods independently; shows adequate preparation	<u>Semester 3:</u> N/A

	preparation and organization is inconsistent; materials are missing.	preparation and organization; but requires moderate support to address full range of client needs; most necessary materials are present.	and organization; requires only minimal support to address full range of client needs; most necessary materials are present.	and organization, requires only minimal support to address full range of client needs; necessary materials are consistently present.	
	<u>Semester 4-5:</u> 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.	<u>Semester 4-5:</u> 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.	<u>Semester 4-5:</u> : Selects appropriate methods for evaluation, including tests, observations, and other interview/questionnaire methods with minimal support; shows evidence of preparation and organization; addresses full range of client needs with minimal support; necessary materials are present.	<u>Semester 4-5:</u> Selects appropriate evaluation methods, including tests, observations, and other interview/questionnaire methods independently; may need occasional support to maximize efficiency; chooses assessments that address the full range of client needs with little or no overlap; shows adequate preparation and organization, addresses full range of client needs independently.	<u>Semester 4-5:</u> Performs all aspects of selecting efficient, appropriate assessment instruments independently, thoughtfully and efficiently.

4. Administers and scores diagnostic tests correctly (Std. VB1f).	<u>Semester 1-2:</u> Shows lack of preparation, administration is incomplete; errors in scoring are present; maximal support is required.	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> N/A
	<u>Semester 3:</u>	<u>Semester 3:</u>	<u>Semester 3:</u>	<u>Semester 3:</u>	<u>Semester 3:</u> N/A

	Shows lack of preparation; errors in administration and scoring are present; maximal support is required to achieve acceptable performance.	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.	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.	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.	
	<u>Semester 4-5:</u> Shows lack of preparation; errors in	<u>Semester 4-5:</u> Shows evidence of some preparation and organization, but	<u>Semester 4-5:</u> Shows evidence of preparation and organization, but	<u>Semester 4-5:</u> Shows adequate preparation and organization,	<u>Semester 5:</u> All aspects of administering and scoring

	administration and scoring are present; moderate support is required to achieve acceptable performance.	sometimes 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 sometimes requires moderate support.	sometimes requires minimal support and correction to administer assessments; execution of assessment shows adequate preparation and there is little difficulty in adjusting to client in real time; necessary materials are present, and transitions are smooth; administration is consistently correct, instructional language is usually clear; scoring requires minimal support.	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 achieved independently.	assessment instruments are performed independently, thoughtfully and efficiently.
5. Adapts evaluation procedures to meet client needs (Std. VB1 d).	<u>Semester 1-2:</u> Assessments are inappropriate for client; instructional language is	<u>Semester 1-2:</u> Shows emerging evidence of some adaptation and individualization but requires moderate support and correction	<u>Semester 1-2:</u> Shows evidence of adaptation and individualization but requires occasional moderate support to address client needs	<u>Semester 1-2:</u> Shows evidence of adaptation and individualization, requires minimal support to address client needs fully;	<u>Semester 1-2:</u> N/A

	confusing; unable to manage challenging client behaviors; no evidence of back-up or alternative planning.	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; moderate support and correction are usually needed to achieve acceptable performance.	fully; needs moderate support to adjust to client in real time; activities are broadly appropriate for client but are not always skillfully matched to needs and interests; instructional language is occasionally unclear; moderate support and correction are sometimes needed to achieve acceptable performance.	sometimes needs moderate support to adjust to client in real time; activities are appropriate for client and matched to needs and interests; instructional language is usually clear; minimal support and correction are needed to achieve acceptable performance.	
	<u>Semester 3:</u> Some assessments are inappropriate for client; instructional language is confusing; unable to manage challenging client behaviors; minimal evidence of back-up or alternative	<u>Semester 3:</u> 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	<u>Semester 3:</u> 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	<u>Semester 3:</u> 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;	<u>Semester 3:</u> N/A

	<p>planning. Extensive support is needed to achieve acceptable performance.</p>	<p>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.</p>	<p>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.</p>	<p>instructional language is clear; acceptable performance is usually achieved independently.</p>	
	<p><u>Semester 4-5:</u> 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</p>	<p><u>Semester 4-5:</u> 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</p>	<p><u>Semester 4-5:</u> 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</p>	<p><u>Semester 4-5:</u> 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</p>	<p><u>Semester 4-5:</u> All aspects adapting evaluation procedures to meet client needs are achieved skillfully and independently.</p>

	acceptable performance.	sometimes unclear; emerging evidence of back-up or alternative planning; moderate support and correction are sometimes needed to achieve acceptable performance.	alternative planning is evidenced; moderate support and correction are occasionally needed to achieve acceptable performance.	achieved independently.	
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (Std. IVB, IVC).	<u>Semester 1-2:</u> Demonstrates incomplete basic knowledge of etiologies and characteristics for communication and swallowing disorders; requires maximal frequent support to apply knowledge to clinical activities.	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> Demonstrates robust knowledge of etiologies and characteristics for communication and swallowing disorders; requires minimal support to apply knowledge to clinical activities.	<u>Semester 1-2:</u> N/A
	<u>Semester 3:</u> Demonstrates incomplete or erroneous knowledge of etiologies and	<u>Semester 3:</u> Demonstrates basic knowledge of etiologies and characteristics for communication and swallowing disorders,	<u>Semester 3:</u> Demonstrates adequate knowledge of etiologies and characteristics for communication and swallowing disorders,	<u>Semester 3:</u> Demonstrates adequate knowledge of etiologies and characteristics for communication and swallowing disorders,	<u>Semester 3:</u> N/A

	characteristics for communication and swallowing disorders; requires maximal support to apply knowledge to clinical activities.	with several areas of weakness; sometimes requires moderate support to apply knowledge to clinical activities.	with a few areas of weakness; occasionally requires moderate support to apply knowledge to clinical activities.	with rare areas of weakness; requires minimal support to apply knowledge to clinical activities.	
	<u>Semester 4-5:</u> 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.	<u>Semester 4-5:</u> Demonstrates basic knowledge of etiologies and characteristics for communication and swallowing disorders, with a few areas of weakness; requires moderate support to apply knowledge to clinical activities.	<u>Semester 4-5:</u> 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.	<u>Semester 4-5:</u> 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.	<u>Semester 4-5:</u> Demonstrates broad, in-depth knowledge of etiologies and characteristics for communication and swallowing disorders; independently applies knowledge to clinical activities.
7. Interprets and formulates diagnosis from test results, history, and other	<u>Semester 1-2:</u> Interpretation of assessments and/or diagnostic decisions is	<u>Semester 1-2:</u> Interpretation of assessments and/or diagnostic decisions are often incomplete or	<u>Semester 1-2:</u> Interpretation of assessments and/or diagnostic decisions are adequate; occasionally	<u>Semester 1-2:</u> Interpretation of assessments and/or diagnostic decisions are usually complete and	<u>Semester 1-2:</u> N/A

behavioral observations (Std VB1e).	consistently incomplete or erroneous; requires maximal support to achieve correct interpretation and diagnoses.	erroneous; usually requires moderate support to achieve correct interpretation and diagnoses.	requires support to achieve correct interpretation and diagnoses.	accurate; requires only minimal support is needed to achieve correct interpretation and diagnoses.	
	<u>Semester 3:</u> Interpretation of assessments and/or diagnostic decisions are often incomplete or erroneous; often requires significant support to achieve correct interpretation and diagnoses.	<u>Semester 3:</u> Interpretation of assessments and/or diagnostic decisions are sometimes incomplete or erroneous; sometimes requires moderate support to achieve correct interpretation and diagnoses.	<u>Semester 3:</u> Interpretation of assessments and/or diagnostic decisions are usually adequate; usually requires only minimal support to achieve correct interpretation and diagnoses.	<u>Semester 3:</u> Interpretation of assessments and/or diagnostic decisions are consistently complete and accurate; occasionally requires minimal support to achieve correct interpretation and diagnoses.	<u>Semester 3:</u> N/A
	<u>Semester 4-5:</u> Interpretation of assessments and/or diagnostic decisions are sometimes incomplete or erroneous;	<u>Semester 4-5:</u> Interpretation of assessments and/or diagnostic decisions are occasionally incomplete or erroneous; requires moderate support to achieve correct	<u>Semester 4-5:</u> Interpretation of assessments and/or diagnostic decisions are usually adequate; usually requires only minimal support to achieve correct	<u>Semester 4-5:</u> Interpretation of assessments and/or diagnostic decisions are usually complete and; derives correct interpretation and diagnoses with	<u>Semester 4-5:</u> Interpretation of assessments and/or diagnostic decisions are complete and accurate and

	requires moderate support to achieve correct interpretation and diagnoses.	interpretation and diagnoses.	interpretation and diagnoses	occasional minimal support.	insightfully presented; consistently and independently derives correct interpretation and diagnoses.
8.Makes appropriate recommendations for intervention (Std VB1e).	<u>Semester 1-2:</u> 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	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> Recommendations do not 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.	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> N/A

	treatment planning.				
	<u>Semester 3:</u> 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.	<u>Semester 3:</u> Recommendations do not 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.	<u>Semester 3:</u> 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 needed for most aspects of treatment planning.	<u>Semester 3:</u> Recommendations incorporate assessment data, evidence, and 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 occasionally needed.	<u>Semester 3:</u> N/A

	<u>Semester 4-5:</u> 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.	<u>Semester 4-5:</u> 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.	<u>Semester 4-5:</u> 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 most 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 a few aspects of treatment planning.	<u>Semester 4-5:</u> 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.	<u>Semester 4-5:</u> 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.
9. Completes administrative functions	<u>Semester 1-2:</u> Shows lack of planning,	<u>Semester 1-2:</u> Shows emerging skills in planning, organization;	<u>Semester 1-2:</u> Planning, organization are adequate; requires	<u>Semester 1-2:</u> Planning, organization are adequate; requires	<u>Semester 1-2:</u> N/A

and documentation necessary (Std VB, 1f).	organization; lack preparation; progress monitoring is lacking, documentation is often missing or late. Maximal support is consistently necessary to complete administrative functions.	materials are missing or out of place; progress monitoring is emerging, documentation is sometimes missing or late. Maximal support is often necessary to complete administrative functions.	moderate support for progress monitoring, documentation is sometimes occasionally or late. Moderate support is usually necessary to complete administrative functions.	minimal support for progress monitoring, documentation is timely and complete. Minimal support is necessary to complete administrative functions.	
	<u>Semester 3:</u> 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	<u>Semester 3:</u> 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.	<u>Semester 3:</u> Shows basic skills in planning, organization; sometimes requires moderate support for progress monitoring; documentation usually timely but may need correction. Moderate support is sometimes necessary to complete administrative functions.	<u>Semester 3:</u> Shows adequate skills in planning, organization; sometimes requires minimal support for progress monitoring; documentation is timely and complete. Minimal support is sometimes necessary to complete administrative functions.	<u>Semester 3:</u> N/A

	to complete administrative functions.				
	<u>Semester 4-5:</u> 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.	<u>Semester 4-5:</u> 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.	<u>Semester 4-5:</u> 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.	<u>Semester 4-5:</u> Planning and organization is consistently appropriate; progress monitoring is consistent; documentation is complete. Minimal support and guidance is occasionally needed.	<u>Semester 4-5:</u> All administrative functions and documentation are completed fully and independently, in a timely fashion.
10. Makes appropriate recommendations for patient referrals (Std VB1g).	<u>Semester 1-2:</u> Does not consider need for referral; needs maximal support to consider referral needs; needs maximal support to write referral letters and documentation.	<u>Semester 1-2:</u> Considers referral needs but needs maximal support; needs moderate support to write referral letters and documentation.	<u>Semester 1-2:</u> Considers referral needs but needs moderate support; needs moderate support to write referral letters and documentation.	<u>Semester 1-2:</u> Needs only minimal support to consider referral needs, write referral letters, and document referrals.	<u>Semester 1-2:</u> N/A
	<u>Semester 3:</u>	<u>Semester 3:</u>	<u>Semester 3:</u>	<u>Semester 3:</u>	<u>Semester 3:</u>

	Needs maximal support to consider referral needs, write referral letters and document referrals.	Needs moderate support to consider referral needs, may not complete writing of referral letters and document referrals without reminders and/or support.	Needs minimal support to consider referral needs, may not complete writing of referral letters and document referrals without reminders and/or support.	Needs minimal support to consider referral needs, write referral letters and document referrals in a timely manner.	N/A
	<u>Semester 4-5:</u> Needs maximal support to consider referral needs, write referral letters and document referrals.	<u>Semester 4-5:</u> Needs minimal support to consider referral needs, may not complete writing of referral letters and document referrals without reminders and/or support.	<u>Semester 4-5:</u> Needs minimal support to consider referral needs, may not complete writing of referral letters and document referrals without reminders.	<u>Semester 4-5:</u> Needs minimal support to consider referral needs, writes referral letters and documents referrals in a timely manner.	<u>Semester 4-5:</u> Completes all referrals and documentation independently, and appropriately in a timely manner.

Treatment Skills	Needs Improvement (NI): <i>Student's performance is below the level that would be expected at this point in the program.</i>	Emerging (E): <i>Student's performance is an acceptable level for this point in the program, and show emerging sophistication, individualization to client, or creativity.</i>	Evident with Supervision <i>Student's performance is an acceptable level for this point in the program, and when supported by supervision shows emerging sophistication, individualization, and independence</i>	Independent/Proficient (P): <i>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.</i>	CF Ready <i>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.</i>
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).	<u>Semester 1-2:</u> Shows lack of planning, organization; goals are poorly constructed or inappropriate to client; unable to plan collaboratively.	<u>Semester 1-2:</u> Shows minimal planning, organization; maximal support is needed to construct goals implement activities, and to plan collaboratively.	<u>Semester 1-2:</u> Shows basic planning, organization; moderate support is needed to construct goals, implement activities, and to plan collaboratively.	<u>Semester 1-2:</u> Shows adequate planning, organization; minimal support is needed to construct goals, and to plan collaboratively.	<u>Semester 1-2:</u> N/A

	<u>Semester 3:</u> Planning and organization is inconsistent; goals are poorly constructed or inappropriate to client more than once or twice/term; has difficulty planning collaboratively.	<u>Semester 3:</u> Shows basic planning, organization; moderate support is needed to construct goals and plan collaboratively.	<u>Semester 3:</u> Shows evidence of adequate planning, organization; Needs minimal support to conduct collaborative planning	<u>Semester 3:</u> Shows evidence of adequate planning and organization, and collaboration.	<u>Semester 3:</u> N/A
	<u>Semester 4-5:</u> Deficits in planning, organization and collaboration continue to appear more than once or twice per grading period	<u>Semester 4-5:</u> Shows basic planning, organization; moderate support is needed to construct appropriate goals and collaborate in treatment planning.	<u>Semester 4-5:</u> Planning and organization is consistently appropriate with little need for support or correction. Support and guidance for collaborative planning is needed only occasionally.	<u>Semester 4-5:</u> Planning and organization is consistently appropriate; Minimal support and guidance is needed only occasionally to support collaborative planning.	<u>Semester 4-5:</u> All aspects of treatment planning, goal selection, and collaboration are accomplished independently, collaboratively and efficiently.

2. Implements treatment plans (Std VB2b).	<u>Semester 1-2:</u> Execution of activities lack preparation; activities are inappropriate for client; instructional language is confusing; unable to manage challenging client behaviors.	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> Moderate support is needed to design and implement therapy activities; instructional language is occasionally unclear; moderate support is needed to manage challenging client behaviors.	<u>Semester 1-2:</u> Minimal support is needed to design and implement therapy activities; instructional language is consistently clear; minimal support is needed to manage challenging client behaviors.	<u>Semester 1-2:</u> N/A
	<u>Semester 3:</u> 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.	<u>Semester 3:</u> Moderate support is often needed for effective choice and execution of activities; instructional language is occasionally confusing; moderate support is needed to manage challenging client behaviors.	<u>Semester 3:</u> 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.	<u>Semester 3:</u> Minimal support is needed to design and implement therapy activities; instructional language is usually clear; minimal support is needed to manage challenging client behaviors.	<u>Semester 3:</u> N/A

	<u>Semester 4-5:</u> 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.	<u>Semester 4-5:</u> 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.	<u>Semester 4-5:</u> 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.	<u>Semester 4-5:</u> execution of activities show adequate preparation; activities are consistently appropriate for client; instructional language is clear and concise; manages challenging client behaviors independently.	<u>Semester 4-5:</u> Implements treatment plans consistently, efficiently, and independently; instructional language is clear and concise; creatively manages and prevents challenging behaviors.
3. Selects and uses appropriate materials and instrumentation (Std VB2c).	<u>Semester 1-2:</u> Shows lack of careful selection of 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.	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> Needs minimal support to select, assemble, and present appropriate materials; uses of materials are usually appropriate or motivating to client; transitions are usually smooth.	<u>Semester 1-2:</u> N/A

	<u>Semester 3:</u> 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.	<u>Semester 3:</u> 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.	<u>Semester 3:</u> 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.	<u>Semester 3:</u> 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.	<u>Semester 3:</u> N/A
	<u>Semester 4-5:</u> Needs maximal support to select appropriate, motivating materials; materials are sometimes missing or out of place; transitions from one set of materials to another are often disorderly.	<u>Semester 4-5:</u> 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.	<u>Semester 4-5:</u> 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.	<u>Semester 4-5:</u> 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.	<u>Semester 4-5:</u> All aspects of selection, organization, utilization of materials are independently and appropriately carried out.

4. Sequences task to meet objectives. (Std VB2c).	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> N/A
	<u>Semester 3:</u> 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.	<u>Semester 3:</u> Needs consistent moderate support to break tasks down into logical, sequential steps and plan therapy activities to address a set of sequential steps to a goal.	<u>Semester 3:</u> 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.	<u>Semester 3:</u> 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.	<u>Semester 3:</u> N/A

	<u>Semester 4-5:</u> 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.	<u>Semester 4-5:</u> 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.	<u>Semester 4-5:</u> 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.	<u>Semester 4-5:</u> 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.	<u>Semester 4-5:</u> 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.
5. Provides appropriate introduction/expel a nation of tasks (Std VB2e).	<u>Semester 1-2:</u> Instructional language is vague, verbose, unclear; needs maximal support to provide explanations appropriate to client needs.	<u>Semester 1-2:</u> Needs consistent moderate support to provide explanations appropriate to client needs.	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> Shows evidence of thoughtful planning of instructional language; minimal support is needed to provide explanations appropriate to client needs.	<u>Semester 1-2:</u> N/A
	<u>Semester 3:</u> Needs consistent moderate support to provide explanations appropriate to client needs.	<u>Semester 3:</u> Needs moderate support more than once or twice per term to provide explanations appropriate to client needs.	<u>Semester 3:</u> Shows evidence of planning instructional language. Needs only minimal to provide explanations appropriate to client needs.	<u>Semester 3:</u> Shows evidence of thoughtful planning of instructional language; can usually provide explanations appropriate to client needs independently.	<u>Semester 3:</u> N/A

	<u>Semester 4-5:</u> Needs maximal support to provide explanations appropriate to client needs, and moderate support more frequently.	<u>Semester 4-5:</u> Needs moderate support more than once or twice per term to provide explanations appropriate to client needs.	<u>Semester 4-5:</u> Shows evidence of thoughtfully planning instructional language. Needs only occasional minimal to provide explanations appropriate to client needs.	<u>Semester 4-5:</u> Shows evidence of thoughtful planning of instructional language; can consistently provide explanations appropriate to client needs independently.	<u>Semester 4-5:</u> Shows evidence of thoughtful planning of instructional language; can consistently provide explanations well-tuned to client needs and learning style concisely and independently.
6. Measures and evaluates clients' performance and progress (Std VB 2d).	<u>Semester 1-2:</u> Progress monitoring is lacking, documentation of performance and progress is missing.	<u>Semester 1-2:</u> Needs consistent maximal support to evaluate clients' performance and progress accurately and consistently.	<u>Semester 1-2:</u> Needs consistent moderate support to evaluate clients' performance and progress accurately and consistently.	<u>Semester 1-2:</u> Usually needs minimal support to evaluate clients' performance and progress accurately and consistently.	<u>Semester 1-2:</u> N/A
	<u>Semester 3:</u> Progress monitoring is lacking, documentation of performance and progress is missing; or maximal support is needed to evaluate clients' performance and progress accurately and consistently.	<u>Semester 3:</u> Needs consistent moderate support to evaluate clients' performance and progress accurately and consistently.	<u>Semester 3:</u> Usually needs minimal support to evaluate clients' performance and progress accurately and consistently.	<u>Semester 3:</u> Usually shows evidence of adequate independent evaluation of clients' performance and progress.	<u>Semester 3:</u> N/A

	<u>Semester 4-5:</u> Maximal support is needed to evaluate clients' performance and progress accurately and consistently; progress monitoring or documentation is missing more than once per term.	<u>Semester 4-5:</u> Needs moderate support to evaluate clients' performance and progress more than once or twice accurately and consistently per term.	<u>Semester 4-5:</u> Sometimes needs minimal support to evaluate clients' performance and progress accurately and consistently.	<u>Semester 4-5:</u> Consistently shows evidence of adequate independent evaluation of clients' performance and progress.	<u>Semester 4-5:</u> Shows independence and there is evidence of thoughtful planning of the evaluation of clients' performance and progress throughout the term.
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7. Uses appropriate models, prompts, or cues. Allows time for patient response. (Std VB2e)	<u>Semester 1-2:</u> 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	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> Needs consistent moderate support to provide appropriate level of support and frequency of prompts/cues; needs moderate support to allow adequate time for client responses.	<u>Semester 1-2:</u> 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.	<u>Semester 1-2:</u> N/A
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	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)				
	<u>Semester 3:</u> 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.	<u>Semester 3:</u> Needs consistent moderate support to provide appropriate level of support and frequency of prompts/cues; needs maximal support to allow adequate time for client responses.	<u>Semester 3:</u> Needs moderate support to provide appropriate level and frequency of prompts/cues; shows emerging ability to provide adequate time for client responses.	<u>Semester 3:</u> Needs minimal support to provide appropriate level of support and frequency of prompts/cues; usually provides adequate time for client responses.	<u>Semester 3:</u> N/A

	<u>Semester 4-5:</u> Needs maximal support to provide appropriate level and frequency of prompts/cues; needs moderate support to allow adequate time for client responses.	<u>Semester 4-5:</u> Needs moderate support to provide appropriate level and frequency of prompts/cues and to provide adequate time for client responses.	<u>Semester 4-5:</u> Needs minimal support to provide appropriate level and frequency of prompts/ cues; usually provides adequate time for client responses.	<u>Semester 4-5:</u> Independently to provides appropriate level and frequency of prompts/cues; usually provides adequate time for client responses.	<u>Semester 4-5:</u> Independently provides appropriate level and frequency of prompts/cues; uses active expectant waiting with ample time for client to provide response.
8. Adapts treatment session to meet individual client needs (Std VB 2e).	<u>Semester 1-2:</u> Activities are inappropriate for client; unable to manage challenging client behaviors; difficulty in maintaining client motivation.	<u>Semester 1-2:</u> Needs maximal support to adapt treatment sessions to individual needs, manage challenging behaviors and motivation.	<u>Semester 1-2:</u> Needs moderate support to adapt treatment sessions to individual needs, manage challenging behaviors and motivation.	<u>Semester 1-2:</u> Needs minimal support to adapt treatment sessions to individual needs, manage challenging behaviors and motivation.	<u>Semester 1-2:</u> N/A
	<u>Semester 3:</u> Needs maximal support to adapt treatment sessions to individual needs, manage challenging behaviors and motivation.	<u>Semester 3:</u> Needs moderate support to adapt treatment sessions to individual needs, manage challenging behaviors and motivation.	<u>Semester 3:</u> Needs minimal support to adapt treatment sessions to individual need, manage challenging behaviors and motivation.	<u>Semester 3:</u> Usually is able independently to adapt treatment sessions to individual needs, may need minimal support to manage challenging behaviors and motivation.	<u>Semester 3:</u> N/A

	<u>Semester 4-5:</u> Needs moderate support to adapt treatment sessions to individual needs, manage challenging behaviors and motivation.	<u>Semester 4-5:</u> Needs moderate support to adapt treatment sessions to individual needs, manage challenging behaviors and motivation more than once or twice per semester.	<u>Semester 4-5:</u> Needs minimal support to adapt treatment sessions to individual needs, manage challenging behaviors and motivation.	<u>Semester 4-5:</u> Independently adapts treatment sessions to individual needs, may need minimal support to manage challenging behaviors and motivation.	<u>Semester 4-5:</u> Independently and skillfully adapts treatment sessions to individual needs, manages challenging behaviors and motivation.
9. Completes administrative functions and documentation necessary to support treatment (Std VB 2f).	<u>Semester 1-2:</u> Needs maximal support to complete administrative functions and documentation necessary to support treatment; documentation is frequently missing, incomplete, or late.	<u>Semester 1-2:</u> Needs moderate support to complete administrative functions and documentation necessary to support treatment; documentation is sometimes missing, incomplete, or late.	<u>Semester 1-2:</u> Needs moderate support to complete administrative functions and documentation necessary to support treatment; but documentation is usually timely and complete.	<u>Semester 1-2:</u> Needs minimal support to complete administrative functions and documentation necessary to support treatment; documentation is usually timely and complete.	<u>Semester 1-2:</u> N/A

	<u>Semester 3:</u> Needs maximal support to complete administrative functions and documentation necessary to support treatment; documentation is sometimes missing, incomplete, or late.	<u>Semester 3:</u> Needs moderate support to complete administrative functions and documentation necessary to support treatment; documentation is occasionally missing, incomplete, or late.	<u>Semester 3:</u> Needs minimal support to complete administrative functions and documentation necessary to support treatment; documentation is occasionally missing, incomplete, or late.	<u>Semester 3:</u> Needs minimal support to complete administrative functions and documentation necessary to support treatment; documentation is timely and complete.	<u>Semester 3:</u> N/A
	<u>Semester 4-5:</u> Needs moderate support to complete administrative functions and documentation necessary to support treatment; documentation is sometimes missing, incomplete, or late.	<u>Semester 4-5:</u> Needs minimal support to complete administrative functions and documentation necessary to support treatment; documentation is occasionally missing, incomplete, or late.	<u>Semester 4-5:</u> Needs minimal support to complete administrative functions and documentation necessary to support treatment; documentation is missing, incomplete, or late more than once per term.	<u>Semester 4-5:</u> Completes administrative functions and documentation necessary to support treatment independently; documentation is timely and complete.	<u>Semester 4-5:</u> Completes administrative functions and documentation necessary to support treatment independently; documentation is timely, complete, thorough, and succinct.

10. Identifies and refers patients for services as appropriate (Std VB 2g).	<u>Semester 1-2:</u> Does not consider need for referral; needs maximal support to consider referral needs; needs maximal support to write referral letters and documentation.	<u>Semester 1-2:</u> Considers referral needs but needs maximal support; needs moderate support to write referral letters and documentation.	<u>Semester 1-2:</u> Considers referral needs but needs moderate support; needs moderate support to write referral letters and documentation.	<u>Semester 1-2:</u> Needs only minimal support to consider referral needs, write referral letters, and document referrals.	<u>Semester 1-2:</u> N/A
	<u>Semester 3:</u> Needs maximal support to consider referral needs, write referral letters and document referrals.	<u>Semester 3:</u> Needs moderate support to consider referral needs, may not complete writing of referral letters and document referrals without reminders and/or support.	<u>Semester 3:</u> Needs minimal support to consider referral needs, may not complete writing of referral letters and document referrals without reminders and/or support.	<u>Semester 3:</u> Needs minimal support to consider referral needs, write referral letters and document referrals in a timely manner.	<u>Semester 3:</u> N/A
	<u>Semester 4-5:</u> Needs maximal support to consider referral needs, write referral letters and document referrals.	<u>Semester 4-5:</u> Needs moderate support to consider referral needs, may not complete writing of referral letters and document referrals without reminders and/or support.	<u>Semester 4-5:</u> Needs minimal support to consider referral needs, may not complete writing of referral letters and document referrals without reminders.	<u>Semester 4-5:</u> Needs minimal support to consider referral needs, writes referral letters and documents referrals in a timely manner.	<u>Semester 4-5:</u> Completes all referrals and documentation independently, and appropriately in a timely manner.

APPENDIX 8.4

Professional Behaviors Rating Scale

Professional Behavior	Criteria	Midterm (optional)	Final
Time/Stress Management	<ul style="list-style-type: none"> -Meets deadlines for assignments/documentation -Prioritizes roles/responsibilities to be successful -Demonstrates coping strategies to keep priorities -Demonstrates caring for self 		
Interpersonal Communication	<ul style="list-style-type: none"> -Concise -Assertive -Language/Body language appropriate to context -Active listening -Maintains eye contact -Attends to speaker -Provides constructive feedback -Positive attitude/affect, communicating interest -Seeks feedback & modifies behavior accordingly 		
Written Communication	<ul style="list-style-type: none"> -Correct grammar, spelling, punctuation, structure -Concise -Well organized -Relevant, with supporting details and evidence -Use of person-first, neutral language 		
Professional Presentation	<ul style="list-style-type: none"> -Neat appearance -Clothing/jewelry/make-up appropriate to context 		
Initiative/Commitment to Learning	<ul style="list-style-type: none"> -Self-starts projects, tasks -Identifies relevant resources to self-direct learning 		

Professional Behavior	Criteria	Midterm (optional)	Final
	<ul style="list-style-type: none"> -Eager to obtain new information & prof. behaviors -Behaviors/skills/attitudes change w/ new learning 		
Dependability	<ul style="list-style-type: none"> -On time -Adheres to attendance policy -Informs of an absence/lateness in a timely fashion -Fulfills commitments -Completes assignments without prompting 		
Self-Assessment	<ul style="list-style-type: none"> -Identifies strengths/weaknesses -Identifies strategies to improve weaknesses 		
Creativity	<ul style="list-style-type: none"> -Generates multiple unique treatment plans 		
Cooperation and Teamwork	<ul style="list-style-type: none"> -Works effectively with others -Assists in the learning of others -Collaborates with others 		
Ethics	<ul style="list-style-type: none"> -Adheres to ASHA Code of Ethics 		
Safety	<ul style="list-style-type: none"> -Adheres to site safety policies/procedures -Responds calmly in urgent situation 		
Therapeutic Relationship	<ul style="list-style-type: none"> -Establishes rapport with clients -Able to focus on client's needs vs. own -Maintains professional boundaries -Demonstrates client/family centered perspective -Use self-reflection & apply insights to relationships 		
Student Clinician Supervisory Relationship	<ul style="list-style-type: none"> -Initiates job/performance expectation clarification -Questions/seek guidance, when unsure -Establishes professional development goals 		

Professional Behavior	Criteria	Midterm (optional)	Final
	-Develops methods to accomplish prof. dev. goals -Gives respectful/timely feedback		
Flexibility	-Assumes multiple roles, based on need of situation -Adapts to changes in needs/routine/schedule		
Cultural Competence	-Demonstrates respect for cultural differences -Uses neutral, non-judgmental language -Questions rather than assumes		

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.

	Below Standard (1.0-1.5 pts.)	Developing (2.0-2.5 pts)	Proficient (3.0-3.5 pts)	Exemplary (4 pts.) <i>All characteristics of Proficient, plus one or more of the following:</i>
Rapport and positive social interactions	Candidate SLP does not promote positive social interactions among learners. Pts. _____	Interactions are generally positive and respectful. Candidate SLP inconsistently attempts to promote positive social interactions. Pts. _____	Interactions are consistently positive and respectful. Candidate SLP consistently promotes positive social interactions. Pts. _____	Fosters an environment where learners proactively demonstrate positive social interactions and conflict-resolution skills. Pts. _____

	Below Standard (1.0-1.5 pts.)	Developing (2.0-2.5 pts)	Proficient (3.0-3.5 pts)	Exemplary (4 pts.) <i>All characteristics of Proficient, plus one or more of the following:</i>
Respect for learner diversity	SLP Candidate fosters learning environment that disregards learners' cultural, social, developmental differences. Pts. _____	Establishes and maintains learning environment that inconsistently respects learners' cultural, social, developmental differences. Pts. _____	Establishes and maintains learning environment that consistently respects learners' cultural, social, developmental differences. Pts. _____	Recognizes and incorporates learners' cultural, social and developmental diversity as an asset to enrich learning opportunities. Pts. _____
High expectations for learning	Communicates few or unrealistic expectations for learners. Pts. _____	Establishes and communicates realistic expectations for some learners. Pts. _____	Establishes and communicates high but realistic expectations for all learners Pts. _____	Creates opportunities for learners to set their own goals and take responsibility for their own growth and development. Pts. _____

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

	Below Standard (1.0-1.5 pts)	Developing (2.0-2.5 pts)	Proficient (3.0-3.5 pts)	Exemplary (4 pts) <i>All characteristics of Proficient, plus one or more of the following:</i>
Communicatio n g and reinforcing appropriate standards of behavior	Minimally fosters appropriate standards of behavior resulting in interference with learning. Pts. _____	Inconsistently fosters appropriate standards of behavior resulting in some interference with learning. Pts. _____	Communicates and reinforces appropriate standards of behavior that support a productive learning environment. Pts. _____	Creates opportunities for learners to take responsibility for their own behavior or seamlessly responds to misbehavior. Pts. _____
Promoting social and emotional competence	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. Pts. _____	Inconsistently teaches, models, or reinforces social skills and limits opportunities to build learners' capacity to self-regulate and take responsibility for their actions. Pts. _____	Consistently teaches, models, or positively reinforces social skills and builds learners' capacity to self-regulate and take responsibility for their actions. Pts. _____	Encourages learners to independently apply proactive strategies ⁴ and take responsibility for their actions. Pts. _____

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

	Below Standard (1.0-1.5 pts)	Developing (2.0-2.5 pts)	Proficient (3.0-3.5 pts)	Exemplary (4 pts) <i>All characteristics of Proficient, plus one or more of the following:</i>
Routines and transitions appropriate to needs of learners	Implements and manages routines and transitions resulting in major loss of service delivery time. Pts. _____	Implements and manages routines and transitions resulting in minor loss of service delivery time. Pts. _____	Implements and manages effective routines and transitions that maximize service delivery time Pts. _____	Encourages or provides opportunities for learners to demonstrate or independently facilitate routines Pts. _____

Domain 2: Planning For Active Learning

Candidate SLP design6 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.

	Below Standard (1.0-1.5 pts)	Developing (2.0-2.5 pts)	Proficient (3.0-3.5 pts)	Exemplary (4 pts) <i>All characteristics of Proficient, plus one or more of the following:</i>
Standards alignment	Designs plans misaligned with relevant CT content standards or discipline-specific national guidelines. Pts. _____	Designs plans partially aligned with relevant CT content standards, or discipline-specific national guidelines. Pts. _____	Designs plans directly aligned with relevant CT content standards or discipline-specific national guidelines. Pts. _____	Explains and demonstrates to students and others how plans support student success in the curriculum. Pts. _____
Evidence-based practice	Designs plans that are not evidence based Pts. _____	Designs plans that are partially evidence based. Pts. _____	Designs plans using evidence-based practice. Pts. _____	Provides elaborated explanation of evidence used in creating plans. Pts. _____
Use of data to determine learner needs and level of challenge	Designs plans without consideration of learner data. Pts. _____	Designs plans using limited sources of data to address learner needs and appropriate levels of challenge. Pts. _____	Designs targeted and purposeful plans using multiple sources of data to address learner needs and appropriate challenge. Pts. _____	Proactive in obtaining, analyzing and using data to guide collaborative planning; explains use of data to families and colleagues. Pts. _____

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

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

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

	Below Standard	Developing	Proficient	Exemplary <i>All characteristics of Proficient, plus one or more of the following:</i>
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. Pts. _____	Uses limited understanding of learners' abilities, developmental level, cultural, linguistic or experiential background to select and interpret assessment information. Pts. _____	Uses knowledge of learners' abilities, developmental level, cultural, linguistic or experiential background to select and interpret assessment information. Pts. _____	Conducts information sessions with colleagues and families to enhance understanding of the assessment selection process, information obtained and development of learning plans. Pts. _____
Criteria for learner success	Doesn't identify appropriate criteria for assessing learner success Pts. _____	Identifies general criteria for assessing learner success. Pts. _____	Identifies objective and measurable criteria for assessing learner success. Pts. _____	Integrates learner input into the plan for assessing learner success. Pts. _____
Ongoing assessment of learning	Does not use assessment strategies or progress monitoring to adjust service delivery. Pts. _____	Uses assessment strategies or progress monitoring to provide limited opportunities adjust service delivery Pts. _____	Uses assessment strategies or progress monitoring at critical points to effectively adjust service delivery. Pts. _____	Plans to engage learners in using assessment criteria to self-monitor and reflect on learning Pts. _____

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.

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

	Below Standard (1.0-1.5 pts)	Developing (2.0-2.5 pts)	Proficient (3.0-3.5 pts)	Exemplary (4 pts) <i>All characteristics of Proficient, plus one or more of the following:</i>
	inappropriate level of challenge for learners. Pts. _____	challenge for some, but not all, learners Pts. _____	challenge for the majority of learners. Pts. _____	curricular connections or generalize behavior to multiple situations. Pts. _____

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) <i>All characteristics of Proficient, plus one or more of the following:</i>
Strategies, tasks and questions	Uses tasks and questions that do not engage learners in purposeful learning. Pts. _____	Uses tasks or questions to actively engage some, but not all, learners in constructing new learning. Pts. _____	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. Pts. _____	Includes opportunities for all learners to work collaboratively, when appropriate, or to generate their own questions or problem-solving strategies, synthesize and communicate information. Pts. _____

	Below Standard (1.0-1.5 pts)	Developing (2.0-2.5 pts)	Proficient (3.0-3.5 pts)	Exemplary (4 pts) <i>All characteristics of Proficient, plus one or more of the following:</i>
Resources and flexible groupings and new learning	Uses available resources or groupings that do not actively engage learners and support Pts. _____	Uses available resources or groupings that actively engage some, but not all, learners and support some new learning. Pts. _____	Uses multiple resources or flexible groupings to actively engage the majority of learners in demonstrating new learning in a variety of ways. Pts. _____	Promotes learner self-direction, and choice of available resources within flexible groupings Pts. _____
Learner responsibility and independence	Implements service delivery provides little or no opportunity for learners to develop independence. Pts. _____	Implements service delivery that provides some opportunities for learners to develop independence and share responsibility for the learning. Pts. _____	Implements service delivery that provides multiple opportunities for learners to develop independence and take responsibility for the learning. Pts. _____	Supports and challenges learners to experiment and identify ways to approach learning that will be effective for them as individuals. Pts. _____

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

	Below Standard (1.0-1.5 pts)	Developing (2.0-2.5 pts)	Proficient (3.0-3.5 pts)	Exemplary (4 pts) <i>All characteristics of Proficient, plus one or more of the following:</i>
Criteria for learner success	Does not effectively communicate criteria for academic or social/behavioral success. Pts. _____	Communicates general criteria for academic or social/behavioral success. Pts. _____	Communicates or models specific criteria for academic or social/behavioral success; provides limited opportunities for generalization to classroom interactions Pts. _____	Integrates learner input in identifying criteria for individualized academic or social/behavioral success; provides opportunities for generalization to classroom interactions. Pts. _____
Ongoing assessment of learning	Uses assessment strategies or methods that are not relevant to academic or social /behavioral outcomes. Pts. _____	Uses assessment strategies or methods that are partially aligned to intended academic or social/behavioral outcomes. Pts. _____	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. Pts. _____	Provides opportunities for learners to identify strengths, needs, and help themselves or their peers to improve learning and generalize to classroom activities. Pts. _____
Feedback to learner	Provides no meaningful feedback or feedback is inaccurate and does not	Provides general feedback that partially supports	Provides specific, timely, accurate and actionable	Encourages self-monitoring or peer feedback that is specific and focused on advancing

	Below Standard (1.0-1.5 pts)	Developing (2.0-2.5 pts)	Proficient (3.0-3.5 pts)	Exemplary (4 pts) <i>All characteristics of Proficient, plus one or more of the following:</i>
	support improvement toward academic or social/behavioral outcomes. Pts. _____	improvement toward academic or social/behavioral outcomes. Pts. _____	feedback that supports the improvement and advancement of academic or social/behavioral outcomes. Pts. _____	learning. Pts. _____
Adjustments to service delivery	Adjustments to service delivery are not responsive to learner performance or engagement in tasks. Pts. _____	Adjustments to service delivery are responsive to some, but not all, learners' performance or engagement in tasks Pts. _____	Adjustments to service delivery are responsive to learner performance or engagement in tasks. Pts. _____	Engages learners in identifying ways to adjust their academic or social/behavioral plan; encourages students to identify timing and manner of adjusting services. Pts. _____

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.

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

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) <i>All characteristics of Proficient, plus one or more of the following:</i>
Collaboration with colleagues	Attends required meetings but does not use outcomes of discussions to adjust service delivery. Pts. _____	Participates in required meetings and uses some outcomes of discussions to adjust service delivery. Pts. _____	Initiates collaboration with colleagues regularly to synthesize and analyze data and adjust practice accordingly. Pts. _____	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. Pts. _____	Acts in accordance with ethical codes of conduct and professional standards, with limited insight and consideration. Pts. _____	Acts in accordance with and supports colleagues in adhering to ethical codes of conduct and professional standards. Pts. _____	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	Recordkeeping is timely and complete but may contain some inaccuracies. Confidential information is stored	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. _____

	Below Standard (1.0-1.5 pts)	Developing (2.0-2.5 pts)	Proficient (3.0-3.5 pts)	Exemplary (4 pts) <i>All characteristics of Proficient, plus one or more of the following:</i>
	in an unsecured location. Pts. _____	in a secured location. Pts. _____	Pts. _____	
Ethical use of technology	Disregards established rules and policies in accessing and using information and technology in a safe, legal, and ethical manner. Pts. _____	Adheres to established rules and policies in accessing and using information and technology in a safe, legal, and ethical manner. Pts. _____	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. Pts. _____	Advocates for and promotes the safe, legal, and ethical use of information and technology throughout the school community. Pts. _____

INDICATOR 4c: Working with colleagues, students, and families to develop and sustain a positive school climate that supports 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) <i>All characteristics of Proficient, plus one or more of the following:</i>
Positive school climate	Does not contribute to developing and sustaining a positive school climate. Pts. _____	Takes a minimal role in engaging with colleagues, learners, or families to develop & sustain a positive school climate. Pts. _____	Engages with colleagues, learners, or families to develop and sustain a positive school climate. Pts. _____	Leads efforts within and outside the school to improve and strengthen the school climate. Pts. _____
Culturally responsive communications with stakeholders	Demonstrates a lack of awareness of cultural differences or inserts bias and negativity when communicating with stakeholders. Pts. _____	Demonstrates an awareness of some, but not all, cultural differences when communicating with stakeholders Pts. _____	Demonstrates knowledge of cultural differences and communicates in a responsive manner with stakeholders and the community. Pts. _____	Leads efforts to enhance culturally responsive communications with stakeholders. Pts. Pts. _____

SHU Graduate SLP Student: _____

SLP Site Supervisor _____

Check Appropriate One

Midterm (optional): _____ Final: _____

Date: _____

APPENDIX 9

Performance Improvement Plan (PIP) for 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 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

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☒ 4 Agree ☐ 5 Strongly Agree

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

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☒ 4 Agree ☐ 5 Strongly Agree

The site furthered my efforts to achieve my professional goals

☐ 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

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☒ 4 Agree ☐ 5 Strongly Agree

There were opportunities to discuss the process of ethical decision making

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☒ 4 Agree ☐ 5 Strongly Agree

Evidence-based clinical practice was utilized

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☒ 4 Agree ☐ 5 Strongly Agree

In general, I felt welcomed at this site

☐ 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

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☒ 4 Agree ☐ 5 Strongly Agree

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

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☒ 4 Agree ☐ 5 Strongly Agree

THE PRACTICUM SITE PROVIDED ADEQUATE:

Supervision by clinical supervisor

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☒ 5 Strongly Agree

Training and orientation

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☒ 5 Strongly Agree

Physical facilities and work space

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☒ 5 Strongly Agree

Equipment and materials to engage in effective service delivery

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☒ 5 Strongly Agree

Administrative/clerical support

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☒ 5 Strongly Agree

THE PRACTICUM SITE ALLOWED APPROPRIATE OPPORTUNITIES FOR:

Diagnostic experiences

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☒ 5 Strongly Agree

Treatment

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☒ 5 Strongly Agree

Client and family interactions

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☒ 5 Strongly Agree

Interactions with other professionals

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☒ 5 Strongly Agree

Interactions with culturally and linguistically diversified populations

☐ 1 Strongly Disagree ☐ 2 Disagree ☐ 3 Neutral ☐ 4 Agree ☒ 5 Strongly Agree

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): One site visit will be arranged by the SHU Faculty Liaison if applicable.

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

Practicum Schedule:

Start/End Date:

☐ Monday Time:

☐ Tuesday Time:

☐ Wednesday Time:

☐ Thursday Time:

☐ Friday Time:

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: Date:

☐ On-site Clinical Educator: Date:

☐ SHU Faculty Liaison: Date:

APPENDIX 13



Sacred Heart
UNIVERSITY

SPEECH-LANGUAGE PATHOLOGY

Student Self-Reflection Form 2023-2024*

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)

Self-Reflection Rubric

Criteria	Reflective Clinician (5-4)	Aware Clinician (3-2)	Reflection Novice (1-0)	Points
Clarity	Clear, grammatically appropriate language used with strong description of clinical situation. Concepts are explained accurately.	Minor, infrequent lapses in clarity. Grammar may require some revision. Concepts are explained fairly accurately.	Frequent lapses in clarity. Concepts are either not discussed or are presented inaccurately. Poor grammar is used.	
Clinical Relevance	The reflection shows significant thought and effort. Clinical experience being reflected upon is relevant and meaningful to student and clinical goals.	The reflection shows some thought and effort. Attempts are made to demonstrate clinical relevance, but the relevance is unclear to clinical goals.	The reflection shows poor thought and effort. Most of the reflection is irrelevant to student and/or clinical goals.	
Analysis	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.	The reflection demonstrates student attempts to analyze the clinical experience to understanding of self, but analysis lacks some depth.	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.	
Self-Critique	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.	The reflection demonstrates ability of the student to question their own biases, stereotypes, preconceptions. New modes of thinking are not evident.	There is little to no attempt at self-critique and the reflection fails to demonstrate an awareness of personal biases, etc.	



APPENDIX 14

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

Date Completed: _____

B. Two-step PPD (Mantoux)

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 _____

OR IGRA results (TB blood test):

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 demonstrates 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

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:

☐ (Initial here) 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 _____

Print or Stamp Name _____

Address _____

Telephone _____ 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:

1. Provided an orientation to the facility and caseload.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9. Utilized evidence-based practice.

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

10. Encouraged student independence and creativity.

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

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

X N/A	Rarely commented on successes and efforts.	Occasionally commented on successes and efforts.	Frequently commented on successes and efforts.
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12. Provided student with written and/or verbal recommendations for improvement.

X N/A	Rarely provided written and/or verbal recommendations except on midterm and final evaluations.	Occasionally provided written and/or verbal recommendations in addition to the midterm and final evaluations.	Systematically provided written and/or verbal recommendations in addition to the midterm and final evaluations.
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13. Demonstrated enthusiasm and interest in the profession and in providing clinical services.

X N/A	Enthusiasm and interest rarely observed; frequent negative comments.	Enthusiasm and interest occasionally observed; occasional negative comments.	Enthusiasm and interest regularly observed; frequent positive and optimistic comments.
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14. Demonstrated effective interpersonal communication with student.

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

X N/A	Unwilling to take time to answer questions.	Answered questions inconsistently.	Answered questions with helpful information or additional resources which encouraged me to think for myself.
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16. Available to me when I requested assistance.

X N/A	Supervisor was rarely available.	Supervisor was occasionally available.	Supervisor was always available.
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X N/A	Rarely organized; showed difficulty balancing supervisory and clinical responsibilities.	Somewhat organized; balanced supervisory and clinical responsibilities with little difficulty.	Always organized; balanced supervisory and clinical responsibilities with ease.
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X N/A	Provided minimal or no additional resources.	Provided helpful resources upon student request.	Provided helpful resources without student request.
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X N/A	Expectations were either too high or too low for level of experience with no attempts to adjust.	Expectations were generally appropriate for my level of experience.	Expectations were individualized and adjusted according to my strengths and weaknesses.
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Appendix 16

Clinical Externship – Student Planning Form

Date: _____

Student Name: _____

Current Cohort: _____

Clinical Advisor: _____

A. List your residence for the semesters noted below.

Semester	Where will you be living?
Summer	
Fall	
Spring	

B. Are you planning on looking for an out-of-state placement? ☐ YES ☐ NO
If 'YES' please provide additional information in section 'E'.

I am interested in an adult medical site. ☐ YES ☐ NO
 I am interested in a pediatric medical site. ☐ YES ☐ NO
 I am interested in working with clients with dysphagia ☐ YES ☐ NO

C. SLP 508: Clinical Specialty Practicum

Number the practice settings below in your order of preference with (1) indicating your top choice.

Practice Setting	Rank (In order of preference 1-8)
Birth-to-three	
Pediatric Private Practice	
Hospital Inpatient	
Hospital Outpatient - Adults	
Hospital Outpatient - Pediatrics	
Subacute / Skilled Nursing	
Specialized School	
Acute Rehab	

D. SLP 602: Student Teaching

Number the practice settings below in your order of preference with (1) indicating your top choice.

Practice Setting	Rank (In order of preference 1-4)
Preschool	
Elementary	
Middle School	
High School	

E. Additional Information

Use this space to share any information you would like us to consider when planning for your second-year practicum experience. Include any plans to secure an out-of-state placement, if applicable. **All out-of-state placements will require approval by the Co-Directors of Clinical Education (Massucci/Pino).**

Appendix 17

Out-of-State Clinical Externship Guidelines & Student Planning Form

Out-of-State Clinical Externship Guidelines

It is the responsibility of the graduate student to locate their out-of-state placement(s). The following information is required for the Co-Directors of Clinical Education (DCE) to assist students with securing an out-of-state practicum experience.

Complete **Out-of-State Clinical Externship Planning Form** and submit to Co-Directors of Clinical Education (DCE).

The student will meet with the DCE to review information submitted, as well as to confirm that the student is in good-standing.

Based on the information provided, the DCE will determine if the student is approved to seek an out-of-state externship opportunity. Factors that may result in a failure to approve a student's placement request include but are not limited to the existence of a remediation plan, absence of student plan to contact clinical sites, and conflicts with scheduling of required coursework.

Once approval is received from the DCE, the student may begin contacting clinical sites to request information regarding practicum externship opportunities. The student should provide the site with the information noted below.

- Semester in which they are seeking an externship
- General schedule/availability (i.e., available 5 days per week with evening courses online)

When the student has identified a site that will support their clinical externship, the student is required to provide the DCE with the name and contact information of the placement administrator. This individual has the authority to sign a clinical affiliation agreement and/or manages the clinical affiliation process. If available, share the name and contact information of the supervising SLP with the DCE.

All placements begin with a fully executed clinical affiliation agreement. A student cannot start an externship placement without a signed agreement.

Once the affiliation agreement has been finalized and the placement confirmed, it is the responsibility of the student to complete all necessary documentation (i.e., health requirements, background check, fingerprinting, etc.) prior to the start of the practicum experience.

If an out-of-state clinical externship opportunity cannot be secured by the deadline provided by the DCE, a student will be required to complete their externship placement within the state of Connecticut, at a site assigned by the DCE, or risk delaying their anticipated graduation date.

For questions related to the out-of-state externship placement process please contact Professor Massucci (SLP 602: Student teaching placement) and Professor Pino (SLP 508: Specialty Placement).

Out-of-State Clinical Externship Student Planning Form

Date: _____

Student Name: _____

Current Cohort: _____

Clinical Advisor: _____

- A. List your residence for the semesters you are seeking out-of-state placement.

Semester	Where will you be living?
Fall	
Spring	

- B. List course requirements for each semester.

- C. Report number of clinical clock hours remaining.

- D. Provide contact information for the out-of-state clinical site. If you do not have a contact, explain the steps you will take to search for an externship experience. List two sites you will reach out to.

☐ The above-named student has met with the Co-Directors of Clinical Education to discuss the information noted and **is approved** to seek an out-of-state practicum placement.

☐ The above-named student has met with the Co-Directors of Clinical Education to discuss the information noted and **is not approved** to seek an out-of-state practicum placement.

Reason for denial: _____

Signature of Student: _____

Signature of Co-Director(s) of Clinical Education: _____

Date: _____