

MISERICORDIA UNIVERSITY

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SPEECH-LANGUAGE PATHOLOGY

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I. SPEECH-LANGUAGE PATHOLOGY OVERVIEW

Description of Program

The Speech-Language Pathology program at Misericordia University is a full-time 5-year program leading to the Master of Science Degree in Speech-Language Pathology. Students admitted as freshmen or undergraduate transfers who successfully complete all major and university requirements will be awarded a Bachelor of Science degree in Health Sciences in addition to a Master of Science degree in Speech-Language Pathology. Students admitted with a Baccalaureate degree will be awarded a Master of Science degree in Speech-Language Pathology upon successful completion of the professional program.

Mission Statement

The Speech-Language Pathology program is committed to providing an educational experience which produces competent speech-language pathologists who are critical thinkers and educated consumers of research, and which prepares its graduates students for productive careers in speech-language pathology and as advocates for, and participants in, life-long learning. As an entry-level professional program, the speech-language pathology curriculum reflects a commitment to the complementary relationship between liberal arts and professional studies that enables graduates to adapt to constantly evolving societal and professional needs that includes distance/digital education. The Department of Speech-Language Pathology is committed to the provision of affordable, quality professional education that expresses the founding Sisters' values and attitudes of hospitality, justice, mercy, and service.

The overall goal is to develop a well-rounded empathetic competent professional who will provide the highest quality of care to individuals with communication disorders.

Program Philosophy

The Speech-Language Pathology department is based on the belief that graduates of entry-level allied health professional programs should possess the clinical decision making and problem-solving skills which enable them to function as peer colleagues in the contemporary, dynamic health care and educational systems. Speech-language pathologists need to be sensitive to the needs of a culturally diverse society as evident in their interactions with clients, families, and fellow health care and education professionals in the community in which they practice.

An educational program for speech-language pathologists should reflect the concepts of androgogy (adult education) to include problem solving, critical thinking and analysis, integration of theory and practice, clinical decision making, mentoring, and self-directed learning.

Speech-language pathologists should have the ability to articulate and exchange knowledge, and seek additional knowledge and skills. They should also have the ability and desire to remain open to input from and collaboration with other health care and education professionals. Speech-language pathologists value collaboration and communication in a spirit of mutual collegiality among health care and education providers as essential to meeting the health care needs of society.

A speech-language pathology professional education program prepares students to be practicing generalists but also provides graduates with the tools that enable them to develop specialty expertise through the application of critical thinking and problem-solving skills and a wholistic approach to health care.

The academic and clinical faculty and the academic and clinical education environments must reflect and foster professional values and behaviors. The academic and clinical faculty and curriculum components must be inextricably linked for the provision of professional education programs preparing competent health care practitioners.

A diverse faculty whose members have responsibilities and activities consistent with their areas of teaching and scholarly expertise strengthens and enhances a professional education program in speech-language pathology.

Program Goals

The goals of the Speech-Language Pathology department at Misericordia University are to prepare graduates who:

1. Engage in contemporary, competent, legal, and ethical practice.
2. Value the critical inquiry in the validation and advancement of the science of speech language pathology and audiology.
3. Describe the roles and responsibilities of speech-language pathologists as professionally autonomous practitioners within the health care and educational systems.
4. Accept the responsibility for education of self, the community, the profession, clients, and colleagues in the health care and educational systems.
5. Value and foster communication and interaction with colleagues for the benefit of optimal service to clients with communication disorders.
6. Respect and respond to contemporary bio-psycho-social diversity in interactions with clients, families, colleagues, and the community.

It is the mission of the Speech-Language Pathology program to educate and prepare students who will be ethical and competent clinicians in the provision of services to persons with speech-language hearing disorders.

Curriculum Objectives

To ensure that graduates of the Speech-Language Pathology program will be prepared for their professional roles and responsibilities, the following are the program's curriculum objectives. Upon successful completion of the Speech-Language Pathology program, graduates will be able to:

1. Provide prevention, screening, consultation, assessment and diagnosis, treatment, intervention, management, counseling, and follow-up services for disorders of:
 - a. Speech (i.e., articulation, fluency, resonance, and voice including aeromechanical components of respiration).

- b. Language (i.e., phonology, morphology, syntax, semantics, and pragmatic/social aspects of communication) including comprehension and expression in oral, written, graphic, and manual modalities; language processing; preliteracy and language-based literacy skills, including phonological awareness.
 - c. Swallowing or other upper aerodigestive functions such as infant feeding and aeromechanical events (evaluation of esophageal function is for the purpose of referral to medical professionals));
 - d. Cognitive aspects of communication (e.g., attention, memory, problem solving, executive functions).
 - e. Sensory awareness related to communication, swallowing, or other upper aerodigestive functions.
2. Establish augmentative and alternative communication (AAC) techniques and strategies including developing, selecting, and prescribing of such systems and devices (e.g., speech generating devices).
 3. Provide services to individuals with hearing loss and their families/caregivers (e.g., auditory training; speech reading; speech and language intervention secondary to hearing loss).
 4. Screen hearing of individuals who can participate in conventional pure-tone air conduction methods, as well as screening for middle ear pathology through screening tympanometry for the purpose of referral of individuals for further evaluation and management.
 5. Use instrumentation (e.g. videofluoroscopy, EMG, nasendoscopy, stroboscopy, computer technology) to observe, collect data, and measure parameters of communication and swallowing, or other upper aerodigestive functions in accordance with the principles of evidence-based practice.
 6. Select, fit, and establish effective use of prosthetic/adaptive devices for communication, swallowing, or other upper aerodigestive functions (e.g., tracheoesophageal prostheses, speaking valves, and electrolarynges). This does not include sensory devices used by individuals with hearing loss or other auditory perceptual deficits.
 7. Collaborate in the assessment of central auditory processing disorders and providing intervention where there is evidence of speech, language, and/or other cognitive-communication disorders.
 8. Educate and counsel individuals, families, co-workers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication, swallowing, or other upper aerodigestive concerns.
 9. Advocate for individuals through community awareness, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal barriers.
 10. Collaborate with and provide referrals and information to audiologists, educators, and other health professionals as individual needs dictate.
 11. Address behaviors (e.g., perseverative or disruptive actions) and environments (e.g., seating, positioning for swallowing safety or attention, communication opportunities) that affect communication, swallowing, or other upper aerodigestive functions.
 12. Provide services to modify or enhance communication performance (e.g., accent modification, transgendered voice, care and improvement of the professional voice, personal/professional communication effectiveness).
 13. Recognize the need to provide and appropriately accommodate diagnostic and treatment services to individuals from diverse cultural backgrounds and adjust treatment and assessment services accordingly.
 14. Be critical consumers of professional literature.
 15. Accept responsibility for service to one's fellow human beings.

III. ACCREDITATION STATUS

Accreditation is a voluntary process that professional programs in communication sciences and disorders (not individual people) undergo to ensure that their academic and clinical curricula meet the minimum standards of quality as delineated by a governing board. The governing board for speech-language pathology and audiology programs is the Council on Academic Accreditation (CAA), a semiautonomous body of the American Speech-Language-Hearing Association (ASHA). Accreditation is a "seal of approval" by the CAA that the professional program in question provides a quality education to prospective students.

As part of the requirements for earning the Certificate of Clinical Competence (CCC), a speech-language pathologist must obtain his or her education at a college or university professional program that has been accredited by the CAA. For new programs, the first step in the accreditation process is candidacy. Candidacy can be considered a probationary period during which the new program must come to compliance with all accreditation standards. Once all accreditation standards are met, the program is then awarded accreditation. Upon earning accreditation, professional programs must continue to meet all accreditation standards or run the risk of being placed on probation, or worse yet, lose accreditation altogether. If a student attends a professional program and graduates from that program while it is in candidacy, he or she is still eligible for the CCC, even if the program does not earn full accreditation after the student graduates.

The master of science education program in speech-language pathology at Misericordia University is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association, 2200 Research Boulevard, #310, Rockville, MD 20850, 800-498-2071 or 301-296-5700.

IV. STUDENT ORGANIZATIONS (NSSLHA, PSHA)

The National Student Speech-Language-Hearing Association (NSSLHA) is the student affiliate of the American Speech-Language-Hearing Association (ASHA). Membership in NSSLHA is open to any student who has an interest in communication sciences and disorders. ASHA has special incentive programs for students who remain NSSLHA members throughout their studies. NSSLHA members also receive a discount in the registration fee to the Annual Convention of the association, and receive several of the publications that are made available to full ASHA members.

Students in speech-language pathology have organized a local chapter of NSSLHA at Misericordia University. All students in the major are encouraged to join NSSLHA at the national and local level. Students usually register for NSSLHA in the fall semester of their first year. Dues for membership are added to the students' semester bill.

Students are also encouraged to become members of the Pennsylvania State Speech and Hearing Association (PSHA). Students who are members of this state division receive a discount to the annual state convention.

V. THE SPEECH-LANGUAGE PATHOLOGY ACADEMIC CURRICULUM

Academic Advising

Upon entering the program, students are assigned to an advisor from within the Department of Speech- Language Pathology. This advisor remains the same throughout the student's entire course of study. Student and advisor meet during advisement week in the student's first semester. At this meeting, students are given an advising sheet and a plan of study form. Transfer students and post-baccalaureate students meet with either their advisor or the chair of the department to develop a plan of study before their first semester of study. Once a plan of study is determined, student and advisor sign a document indicating approximate date of graduation and acceptance of department requirements. Student and advisor meet every semester during advisement week to review the student's progress through the plan of study and update forms as necessary.

Suggested Sequencing of Courses

The sequence of courses for a traditional student is provided on the following page. For traditional students, the program typically takes five years to complete.

Undergraduate transfer students must first have their transcripts evaluated to determine what courses will transfer. Once that decision is made, a plan of study is established and an anticipated graduation date is determined.

Students who have earned a Baccalaureate degree in communication sciences and disorders enter the program at the graduate level (i.e., senior year). Transcripts are reviewed to determine if the student has satisfied the ASHA course requirements at the undergraduate level. A plan of study is established and an anticipated graduation date is determined.

SPEECH-LANGUAGE PATHOLOGY MAJOR

FRESHMAN YEAR

<i>Fall Semester</i>	<i>Credits</i>
Social Science Core (<i>ASHA</i>)	3
Natural Science Core (Physical Science 135/175) (<i>ASHA</i>)	4
ENG 151 (Writing Seminar) Core	3
Math Bank I - 165	3
SLP 210 Introduction to Com Dis	3
Total	16

<i>Spring Semester</i>	<i>Credits</i>
Social Science Core (<i>ASHA</i>)	3
Natural Science Core (<i>ASHA</i>) (Bio 105)	3
HIS or POL Core	3
ENG Core Course	3
FA Core Course	3
SLP 215 Dev Across the Lifespan (<i>ASHA</i>)	3
Total	18

SOPHOMORE YEAR

<i>Fall Semester</i>	<i>Credits</i>
HIS or POL Core	3
PHL 100 Core	3
SLP 220 A&P of Speech and Hearing Science	3
SLP 230 Phonetics	3
SLP 260 Artic/Phon/Lang Dis	3
Total	15

<i>Spring Semester</i>	<i>Credits</i>
MTH 115 Statistics (<i>ASHA</i>)	3
RLS 104 Core	3
FA Core Course	3
SLP 250 Speech and Hearing Science	3
SLP 305 Ob & Clin Procedures I	2
SLP 330 Intro to Audiology	3
Total	17

JUNIOR YEAR

<i>Fall Semester</i>	<i>Credits</i>
PHL Core Course	3
SLP 301 Literacy and SLP in Schools (Free Elective)	3
SLP 325 Stutter/Voice/Cleft Palate	3
SLP 415 Ob & Clinical Procedures II	2
SLP 435 Communication Disorders in Autism	3
SLP 445 Medical Speech-Language Pathology	3
Total	17

<i>Spring Semester</i>	<i>Credits</i>
RLS Core	3
SLP 310/512 Research Mtds (Write Inten) <i>ASHA</i>	3
SLP 350 Adult Communication Disorders	3
SLP 450 Opt Clinic (requires prereqs) (Free Elective)	3
SLP 455 - Interviewing and Counseling	3
Free Elective	3
Total	18

GRADUATE YEAR I (Senior Year)

<i>Fall Semester</i>	<i>Credits</i>
SLP 500 Artic&Phon Disorders	3
SLP 510 Fluency Disorders	3
SLP 515 Hearing Sem students split	1
SLP 530 Voice Disorders	3
SLP 560 Diag (3cr) with SLP 555 Diag Clin (1cr) Or	4
SLP 505 Clinic I (sec I-IV)	3
SLP 565 SLP Seminar I	1
SLP 575 Motor Speech Disorders	3
Total	18 cr with Diagnostics

<i>Spring Semester</i>	<i>Credits</i>
SLP 515 Hearing Sem split	1
SLP 525 Child Language Dis	3
SLP 545 Aphasia&Cog Comm Dis	3
SLP 560 Diag (3cr) with SLP 555 Diag Clin (1cr) Or	4
SLP 605 Clinic II (sec I-IV)	3
SLP 566 SLP Seminar II	1
SLP 540 AAC	3
SLP 590 Dysphagia	3
Total	18 cr with Diagnostics

SUMMER

<i>Session I</i>	<i>Credits</i>
SLP 560 Diag (3cr) with SLP 555 Diag Clin (1cr) Or	4
SLP 601 Summer Clinic I (I-IV)	3
Total	4 with Diagnostics

<i>Session II</i>	<i>Credits</i>
SLP 602 Summer Clinic II (I-IV)	3
Total	3

GRADUATE YEAR II (Fifth Year)

<i>Fall Semester</i>	<i>Credits</i>
SLP 610 Fieldwork I (<i>Education Specialist Cert</i>)	9
SLP 660 Comps Class/SLP 680 Thesis Option	3
Total	12

<i>Spring Semester</i>	<i>Credits</i>
SLP 620 Fieldwork II (<i>Education Specialist Cert</i>)	9
SLP 650 Professional Issues	3
Total	12

Note 1: Students are required to take two clinics (e.g., SLP 505, 605, 601, or 602) and are only required to take SLP 560 Diagnostics (3cr) with SLP 555 Diagnostic Clinic (1cr) once and SLP 515 Hearing Seminar once; Students will be split between the two semesters of SLP 515 Hearing Seminar (Fall/Spring Graduate I – Senior Year).

Note 2: Students who pursue Education Specialist Certification will need to pass the PRAXIS-SLP and complete a fieldwork in an educational setting.

Note 3: Students may need to take SLP 630 – a third field placement until they have satisfied the department's and ASHA's certification requirements pertaining to clinical experiences or if they failed SLP 610 or SLP 620.

Note 4: For prerequisites, please refer to the catalog or advising sheet.

International/Intercultural Opportunities

International and intercultural study, research, and service abroad opportunities at Misericordia University are designed and developed so that students have the opportunity to explore, grow, and shape their experiences not only as Misericordia students but as citizens of the world, demonstrating the charisms of mercy, service, justice, and hospitality in the increasingly global environment in which they live.

Students and faculty interested in becoming involved in study, research, or service abroad are highly encouraged to do so through this series of well-planned opportunities. These programs vary in duration, but all provide important intercultural experiences that prepare students for future success.

Any Speech-Language Pathology student who is interested in these opportunities will be able to enroll in the study abroad program during the fall semester of the Sophomore year; however, the student must email the Speech-Language Pathology Department Chair about two weeks before the start of Freshmen year fall classes and meet with the Speech-Language Pathology Department advisor during the first week of classes in the fall semester of the Freshmen year because the student will be advised to take certain Sophomore level SLP classes (e.g., SLP 220 – Anatomy and Physiology), during the fall semester of the Freshmen year.

Below are opportunities associated with the various programs:

Misericordia University works with affiliated institutions (e.g., The Umbra Institute, Perugia, Italy; University of Limerick, Ireland; St. Mary's University, Twickenham, London, England; University of Wales Trinity St. David, - Carmarthen, Lampeter or Swansea campuses; Southern Cross University, Lismore – Gold Coast, Australia) and a program provider (Arcadia University) for study abroad opportunities. Students may choose to study abroad for a full semester or during the summer. Consultation with an academic advisor regarding courses and number of credits to be taken at the institution abroad is required. Those who wish to use courses taken abroad to satisfy specific course requirements at Misericordia University, whether in the core or the major, must secure the approval of the appropriate department chair in advance by filling out an Off-Campus Request Form found at: https://emu.misericordia.edu/web/registrar-community/registrar_office

Study abroad credits earned through an affiliated program are considered part of the student's regular course load and carry full academic credit and grade value. Study abroad credits earned through non-affiliated providers (Arcadia University) are treated as transfer credits and governed by the Off-Campus Course policy. Students planning a study abroad experience must consult with the director of student financial services to determine appropriate financial responsibility. Misericordia University tuition applies and a student's MU funding, in most cases, will follow the student abroad for fall and spring semester programs. Any student interested in exploring this opportunity may contact: studyabroad@misericordia.edu.

Transfer of Graduate Credits

Students accepted into the Speech-Language Pathology program for graduate study as a transfer from an accredited Speech-Language Pathology program at another institution of higher education will have their transcripts reviewed to determine which courses are transferable. The student must show evidence that the course(s) taken are similar in content to the corresponding courses offered at Misericordia

University. Evidence may be provided in the form of a course syllabus and/or catalog description of the course. A plan of study will then be established accordingly.

If the graduate transfer student obtained clock hour credit for clinical practicum, up to 75 clock hours will be accepted (including 25 observation hours) toward the requirements for certification as long as they were obtained while attending an accredited institution of higher education and under the requirements set forth by the Council on Academic Accreditation of the American Speech-Language-Hearing Association.

English Proficiency Requirements

The Department of Speech-Language Pathology is committed to offering its educational programs to students from a broad range of backgrounds, cultures, and languages. In doing so, it recognizes its responsibility to ensure that students whose first language is not English, have sufficient proficiency to undertake the program of their choice. Proficiency in English is required for graduate study. Each applicant *whose native language is not English* must demonstrate English language proficiency. Proficiency can be demonstrated in one of the following four ways:

- a. A bachelor's, master's, or doctoral degree from a regionally accredited institution in the United States or internationally where English is the medium of instruction at the university.
 - b. Official documentation from the institution verifying that the applicant's undergraduate degree is from an institution (in a country other than the United States) where all instruction is in English. The undergraduate degree must be equivalent to a US bachelor's degree. Documentation must be presented for verification.
 - c. The following minimum English language proficiency test scores will be accepted:
 - i. 92 on the TOEFLiBT
 - ii. 237 on the TOEFLC
 - iii. 5
80 on the
TOEFL
- IMPORTANT:

Test scores are valid for two years and must be valid on the date the application is submitted.

Retention of Student Information and Files

All students who are currently in the Speech-Language Pathology Department have access to their files which are located in the Department Administrative Specialists office. These files are kept in a locked cabinet. Students have access to their files but must review all information in the department office. Upon graduation, all academic and clinical files are scanned and saved in digital form. These files are saved and stored on a digital server and backed up. Students may request a copy of their files at any time.

Course Descriptions

SLP 210 Introduction to Communication Disorders (3 credits)

This course is designed to give the student an overview of the speech-language pathology profession by describing the types of disorders that are likely to be encountered in a typical caseload. Additionally, the student is given basic information about the profession: typical work settings, certification and licensure requirements, and the profession's Code of Ethics.

SLP 215 Development Across the Lifespan (3 credits)

To understand what constitutes a delay or disorder of speech and/or language comprehension or production, the speech-language pathologist must understand the nature and sequence of normal speech and language development. This course is designed to address how humans typically develop speech and language abilities, both in terms of comprehension and production.

SLP 220 Anatomy and Physiology of Speech and Hearing (3 credits)

This course covers anatomy and physiology of the speech and hearing mechanism, including nomenclature, respiration, phonation, articulation/resonance, the nervous system, and the auditory system. A laboratory is included to assist the student in learning the anatomy, utilizing models, charts, videotapes, and cadavers.

SLP 230 Phonetics (3 credits)

Principles of phonetics and their application to speech is covered in this course. Classification of speech sounds according to various systems including, but not limited to, manner and place, distinctive features, and phonological processes. Exercises in phonetic transcription utilizing the International Phonetic Alphabet will be provided.

SLP 250 Speech and Hearing Science (3 credits)

The study of speech and hearing physiology, acoustic phonetics, and speech perception is covered in this course.

SLP 260 Articulation, Phonology, and Language Disorders (3 credits)

This course includes an exploration of the processes related to developmental articulation, phonology, and language disorders from birth through adolescence. Instruction in the principles underlying modification of these disorders is provided.

SLP 301 Literacy and SLP in the Schools (3 credits)

This course includes the establishment and maintenance of speech and hearing programs within various administrative organizations, particularly in public schools. Emphasis is placed on the individual educational plan (IEP) process including referral, assessment, evaluation, identification, and development of a meaningful IEP. Techniques of scheduling, record keeping, material and equipment selection, counseling, and behavior management are discussed. In addition, the development of coordinated professional and interdisciplinary procedures and issues of ethical practice and cultural diversity are addressed. This course also addresses the relationship between language and literacy, and the role of the school SLP in prevention, assessment, and treatment of literacy issues through consultative, collaborative and pull-out methods.

SLP 305 Observation and Clinical Procedures I (2 credits)

This course includes clinical procedures for working in various practicum settings, using diagnostic and therapeutic techniques, writing behavioral objectives, procedures for report writing, and practical experience with clinician-made and commercial materials. This course also provides direct clinical observation of the evaluation and rehabilitation of individuals with speech, language, and hearing problems. A minimum of 25 clock hours of observation will be required.

SLP 310/512 Methods and Critical Consumerism in Research (3 credits)

A study of research design and statistical analysis as it pertains to communication disorders are covered in this course. Topics will include levels of measurement, single and group research designs, nonparametric and parametric statistics, and the organization and implementation of research from formulation of research questions through dissemination of results. The seminar will involve the critical review of representative samples of research in the speech-language pathology literature.

SLP 325 Stuttering, Voice, and Cleft Palate (3 credits)

An introduction to the developmental, psychogenic, and organic bases for stuttering, voice disorders, and cleft palate is covered in this course. Instruction in principles underlying treatment of these disorders with emphasis on anatomical deviations and laryngeal dysfunction is provided.

SLP 330 Introduction to Audiology (3 credits)

This course provides an introduction to theories of hearing. Students will be exposed to basic audiometric principles used in hearing measurement. Auditory tests include pure tone audiometry, speech audiometry, and electrophysiological measures used to assess hearing sensitivity in clients across the lifespan.

SLP 350 Adult Communication Disorders (3 credits)

An overview of basic anatomy of those portions of the central nervous system that control swallowing and human communication will be provided. The course will prepare students for an advanced study of speech and language development and neurogenic communication disorders of children and adults.

SLP 415 Observation and Clinical Procedures II (2 credits)

This course prepares students for the first clinical experience. Student will plan, implement, and evaluate at least one (1) therapy session with a client based on the information learned in class. A minimum of 5 clock hours of observation will be required.

SLP 435 Communication Disorders in Autism (3 credit)

This course provides students with a working knowledge regarding speech-language disorders in autism. Foundation knowledge will be presented in understanding current research regarding speech-language issues in autism, including diagnostic language markers and speech, language, fluency, and voice characteristics in autism. Students will complete coursework focusing on adaptation of diagnostic and treatment planning to the autistic population and identification and use of evidence-based treatment protocols related to the specific diagnosis of autism.

SLP 445 Medical Speech-Language Pathology (3 credits)

Anatomy, early development, and function of the central and peripheral nervous system will be covered in this course. There will be a focus on neurological structures important to communication which will form the basis of communication disorders encountered in a medical environment. Also covered will be information concerning the role of the speech-language pathologist in management of tracheostomy, ventilator dependent patients, and options to improve voice following laryngectomy.

SLP 450 Optional Clinic (3 credits)

This is an undergraduate in-house practicum assignment for exceptional students in the second semester of the junior year. This course includes writing lesson plans, reports, and case histories of a detailed nature for individuals or groups of persons who exhibit speech, language, or hearing problems. An experience in working with individuals or groups of persons who exhibit speech or hearing problems is included.

SLP 500 Articulation and Phonological Disorders (3 credits)

An examination of normal and deviant articulatory acquisition and behavior will be covered. Presentation of major theoretical orientations and the therapeutic principles will be discussed.

SLP 505 Clinic I (sec I-IV) (3 credits)

This is an in-house or off-campus practicum assignment for students in the senior year of study. The student will receive hands-on clinical experience in the assessment and remediation of communication disorders in persons with a variety of speech, language, and hearing impairments. This practicum is intended to supplement what students are learning in the academic coursework and will be accomplished under the supervision of a faculty member, clinical staff, or a licensed Speech-Language Pathologist who holds the Certificate of Clinical Competence from the American Speech-Language-Hearing Association.

SLP 510 Fluency Disorders (3 credits)

Theories, assessment and treatment techniques for persons with fluency disorders across the lifespan will be covered.

SLP 515 Hearing Seminar (1 credit)

Students will receive hands-on experiences in audiometric testing and audiological intervention within the scope of practice for speech-language pathology students.

SLP 525 Child Language Disorders (3 credits)

This course provides an overview and evaluation of the language skills of preschool and school aged children including metalinguistic and discourse development. Contemporary theory and practice in language assessment and intervention for children from birth through high school will be reviewed.

SLP 530 Vocal and Velopharyngeal Disorders (3 credits)

The study of etiology, symptoms, and treatment strategies for a variety of vocal and velopharyngeal disorders will be covered.

SLP 540 Augmentative and Alternative Communication (3 credits)

Assessment and intervention strategies and technology for individuals with severe communication impairments will be covered.

SLP 545 Aphasia and Cognitive Communication Disorders (3 credits)

Neurological and psychological aspects of aphasia and other cognitive communication disorders will be covered. Assessment and intervention approaches will be discussed and evaluated.

SLP 555 Diagnostic Clinic in Communication Disorders (1 credit)

Supervised practicum experience in performing in-depth diagnostic evaluations with individuals exhibiting any type of speech, hearing, or language dysfunction will be included. Students will gain experience in obtaining case history information, administering diagnostic tests, conferring with parents or their responsible party, and writing reports. This course is taken concurrently with SLP 560.

SLP 560 Differential Diagnosis in Communication Disorders (3 credits)

This course covers an introduction to formal and informal procedures for evaluating and diagnosing speech and language disorders, selection of tests and techniques, validity and reliability of procedures, interview techniques appropriate to a case history, preparation of evaluation and case history reports, as well as preparation of management programs. This course is taken concurrently with SLP 555.

SLP 565 Speech Language Pathology Seminar I (1 credit)

This course will cover the American Speech-Language Pathology code of ethics, Licensure handbook of Pennsylvania, clinical policies and procedures, clinical documentation, and clinical issues regarding client care.

SLP 566 Speech Language Pathology Seminar II (1 credit)

This course will cover resume building, school and hospital issues in speech-language pathology, development of therapeutic intervention strategies and materials, and clinical issues regarding client care.

SLP 575 Motor Speech Disorders (3 credits)

A study of the medical, physical, occupational, speech, language and hearing problems of the neuro-motorically impaired client will be covered. Assessment and therapy techniques are reviewed and evaluated.

SLP 585 SLP Seminar III – (3 credits)

This course may change from year to year. At present, Interviewing and Counseling skills related to speech and language disorders across the lifespan is taught in this course.

SLP 590 Dysphagia (3 credits)

Information and training in the evaluation and treatment of swallowing disorders throughout the lifespan is covered in this course.

SLP 601 Summer Clinic I (sections I-IV) (3 credits)

This is an in-house or off-campus practicum assignment for students in the senior year of study. The course is offered in the summer semester. The student will receive hands-on clinical experience in the assessment and remediation of communication disorders in persons with a variety of speech, language, and hearing impairments. This practicum is intended to supplement what students learn in academic coursework and will be accomplished under the supervision of a faculty member, clinical staff, or a licensed Speech-Language Pathologist who holds the Certificate of Clinical Competence from the American Speech-Language-Hearing Association.

SLP 602 Summer Clinic II (sections I-IV) (3 credits)

This is an in-house or off-campus practicum assignment for students in the senior year of study. The course is offered in the summer semester and is typically taken after the student has completed SLP 505, SLP 605, or SLP 601. The student will receive hands-on clinical experience in the assessment and remediation of communication disorders in persons with a variety of speech, language, and hearing impairments. This practicum is intended to supplement what students learn in academic coursework and will be accomplished under the supervision of a faculty member, clinical staff, or a licensed Speech-Language Pathologist who holds the Certificate of Clinical Competence from the American Speech-Language-Hearing Association.

SLP 605 Clinic II (sec I-IV) (3 credits)

This is an in-house or off-campus practicum assignment for students in the senior year of study. The course is usually taken after a student has completed SLP 505. The student will receive hands-on clinical experience in the assessment and remediation of communication disorders in persons with a variety of speech, language, and hearing impairments. This practicum is intended to supplement what students learn in academic coursework and will be accomplished under the supervision of a faculty member, clinical staff, or a licensed Speech-Language Pathologist who holds the Certificate of Clinical Competence from the American Speech-Language-Hearing Association.

SLP 610 Fieldwork I (9 credits)

Students receive supervised clinical experience with persons presenting various speech and/or language disorders, fluency disorders, voice disorders, and dysphagia. This off-campus practicum experience is to be taken in the student's fifth year of study.

SLP 620 Fieldwork II (9 credits)

Students receive supervised clinical experience with persons presenting various speech and/or language disorders, fluency disorders, voice disorders, and dysphagia. This off-campus practicum experience is to be taken in the student's fifth year of study. This practicum experience is to be taken in the student's fifth year of study. This course is typically taken after the student has completed SLP 610.

SLP 630 Fieldwork III (6 credits)

Students receive supervised clinical experience with persons presenting various speech and/or language disorders, fluency disorders, voice disorders, and dysphagia. This practicum is to be taken during the summer term following the student's fifth year of study and/or if all practicum requirements have not been met.

SLP 650 Professional Issues (3 credits)

A seminar devoted to issues pertinent to the field of speech-language pathology, including but not limited to pre-professional academic and practicum requirements, accreditation standards, ASHA practice policies and guidelines, legislative and regulatory policies, business practices, reimbursement issues, certification requirements, specialty recognition, licensure requirements, and professional ethics.

SLP 660 Comprehensive Seminar in Communication Disorders (3 credits)

This graduate level course provides extensive study that covers all aspects of the Speech-Language Pathology Program from undergraduate coursework through graduate coursework. The course is designed to cover all nine ASHA areas of specialty, including articulation/phonological disorders, child language disorders, adult language/neurological disorders, voice disorders, fluency disorders, augmentative and alternative communication, dysphagia, research methods, and cultural aspects of communication disorders. The course also covers all 7 areas of the PRAXIS SLP, including, basic human communication, phonological and language disorders, speech disorders, neurogenic disorders, audiology/hearing, clinical management, professional issues, psychometrics, and research.

SLP 680 Thesis Option (3 credits)

Independent design and implementation of a research study under the supervision of a faculty member.

VI. ACADEMIC POLICIES AND PROCEDURES**University Requirements*****Core Requirements***

All undergraduate students, regardless of major, are required to complete a minimum of 48 credit hours of core courses. These courses must be taken in accordance with the distribution of credit hours by area of study described below, and must be selected from the list of core course titles listed in the student catalog.

Some courses must be taken in sequence, and both semesters of courses which are offered over two semesters must be completed.

Area of Study	Credits	Area of Study	Credits
Behavioral Science	6	Philosophy	6
English Literature	6	Religious Studies	6
Fine Arts	6	Natural Science	6
History or Political Science	6		
Mathematics	6		

Grade Point Average

Students who do not maintain the Speech-Language Pathology Department required GPA of a 3.5 (by the end of the spring semester of the sophomore year) and who are not accepted into the graduate program must maintain a minimum 2.0 cumulative GPA overall in the core curriculum to graduate with a Baccalaureate degree in Professional Studies.

Department Requirements

Grade Point Average

Advancement to the Undergraduate Speech-Language Pathology Program

For both traditional five-year students and transfer students, advancement to the undergraduate program (traditionally the junior year) is continuous. Students who are admitted to the program take Speech-Language Pathology undergraduate courses in their freshmen, sophomore, and junior years. See catalog for more details about undergraduate requirements.

Advancement to Graduate Study in Speech-language Pathology

To advance to the graduate portion of the speech-language pathology program (typically the senior and fifth years of study), students must:

- a. Have an overall GPA of at least 3.5 at the end of the spring semester of the sophomore year. This GPA must be maintained until the completion of master program (end of the 5th year).
- b. Receive a grade of “C-” or better in the undergraduate speech-language pathology courses.
- c. Successfully master all course objectives for all speech-language pathology courses taken prior to the senior year (first year graduate school).

Advancement within the Graduate Portion of the Speech-language Pathology Program

To advance from the first year (traditionally the senior year) to the second year (traditionally the fifth year) of study, students must

1. Have an overall GPA of at least 3.5 at the end of the spring semester of the sophomore year. This GPA must be maintained until the completion of master program (end of the 5th year).
2. Receive a grade of "B-" or better in all graduate level **academic** courses (500 and 600 level). Any students who receive a “C+” or lower in any graduate level academic course (excluding clinic) have one opportunity to retake that course and receive a “B-” or better. Failure to achieve a grade of “B-” or better in that repeated course will result in dismissal from the program. Students who receive a C+ or lower in two or more 500 and/or 600 level academic courses regardless of cumulative GPA or passing a previously failed academic class, will be dismissed from the program. Students who receive a C+ grade or lower in two academic

- courses in one semester, will be dismissed from the program and will not have the opportunity to retake those courses regardless of cumulative GPA or passing a previously failed class.
3. Students who receive a C+ grade or lower in an academic course and B- or lower in a 500 and/or 600 level graduate clinic/fieldwork in the same semester, will be dismissed from the program regardless of cumulative GPA or passing a previously failed class or clinic/fieldwork. Students who receive a C+ grade or lower in an academic course and B- or lower in a 500 and/or 600 level graduate clinic/fieldwork in 2 separate semesters, will be dismissed from the program regardless of cumulative GPA or passing a previously failed class or clinic/fieldwork.
 4. Successfully master all course objectives for all speech-language pathology courses taken during the senior year and 5th year.

If students have not met the expectations for the acquisition of knowledge and skills in the academic component of the program, they will be referred to the student Success Center. If a student receives a grade of less than 80% on academic courses in a test, quiz, or assignment, the student will be referred for tutoring to the Student Success Center. The student will also need to complete another assignment that the professor assigns (this could include but is not limited to an oral defense, redoing the assignment, completing a different assignment, etc.) to demonstrate competency in the area. The student will not receive extra credit for the new assignment. The new assignment does not replace the old grade on the test, quiz, assignment, etc. To ensure that this procedure is applied consistently across all students who are identified as needing intervention, we complete a form that indicates whether or not a student has met, partially met, or not met the course objectives. If a student has not met or partially met an objective the deficiency will be noted on the form and the appropriate remediation plan will also be noted.

If a student receives a B- grade or lower (less than 83%) in a clinical course at mid-term, as identified by their performance on the Clinical Education Evaluation Form, the Student Success Center (SSC) will be notified by the clinical instructor and the student will be referred for tutoring and/or clinical counseling. The student can refuse services from the SSC; however, it is strongly encouraged that they use the services. During the second half of the semester, the student may need to complete additional assignments that the clinical supervisor assigns (this could include but is not limited to observing therapy or SimuCases, viewing and critiquing past clinical sessions, researching speech disorders, etc.). The student will not receive extra credit for the completion of additional assignments. Completion of additional assignments and interaction with the Student Success Center is designed to assist the student in improving skills; however, it will not necessarily result in a grade increase at the end of the semester. The clinical supervisor will keep track of the student's progress via detailed observation summary reports and written documentation. This documentation will be used to justify the student's final grade on the Clinical Education Evaluation Form at the end of the semester. All documentation will be housed in the student's clinical binder and then scanned to a digital format when the student leaves, is dismissed, or graduates from the program. If a student receives a B- or lower at the end of the semester, the student will be placed on clinical probation and have one opportunity to retake a clinic and receive a passing grade. To ensure that this procedure is applied consistently across all students who are identified as needing intervention, we complete a form that indicates whether or not a student has met, partially met, or not met the course objectives. If a student has not met or partially met an objective the deficiency will be noted on the form and the appropriate remediation plan will also be noted.

Comprehensive Examination Policy

The comprehensive examination is a culminating requirement of the Speech-Language Pathology Program. The comprehensive examination is taken during the 5th year (second year graduate school). Students who complete a graduate thesis are not required to take the comprehensive examination. The purpose of the comprehensive examination is to determine whether the student has mastered all work related to speech-language pathology.

Procedures:

1. Students will be given 4-essay questions randomly assigned from the 8 areas listed below: Articulation/Phonology, Child Language/Literacy, Adult Language/Neurological Disorders, Voice, Fluency, AAC, Dysphagia, and Research Methods. Questions that relate to cultural diversity may be included in these areas.
2. Each essay question will be developed and graded by the faculty/staff member who is currently teaching that specific area.
3. Each student will be assigned a number code prior to the examination by the administrative assistant. This number will serve as an identifier for all four written responses on the examination questions (*not* his/her name) and is to be written at the top of every page. Faculty will not have access to the information that links student name to identifier number until after all comprehensive examinations have been graded and submitted.
4. Students will be given 4 hours to complete the comprehensive examination. Students **MUST** answer all four essay questions in the allotted 4-hour time period. If a student fails to answer a question, he/she **WILL NOT** be given an opportunity to answer that question in an oral defense and therefore; will fail both the oral and written components of the comprehensive examination and will need to retake the class that pertains to the question (e.g., stuttering, voice, etc.) when it is next offered.
5. To insure that all four questions are answered, students will be given one hour to answer each question. On the hour, the Proctor of the examination will announce that it is time to move on to the next question. Students **MUST** then begin to answer their next question. Once all four questions are completed, students may go back to review and revise any previous questions. If a student finishes answering a question in less than an hour, he/she will be permitted to move on to the next question; however, he/she will still only have that hour to complete the question and when time is called, **MUST** move on to the next question. Students, who finish their examinations early, will be permitted to go back and review and revise their responses. Once time is called, all students **MUST** immediately hand in their examination to the Proctor.
6. Responses to all essays must be written legibly and in ink.
7. The length of a response will vary according to the question posed. Students should include all the information they believe is necessary to appropriately answer the essay.
8. Students **MUST** use proper grammar and spelling. Points will be deducted for grammatical and spelling errors.
9. Each essay will be worth 25 points for a total of 100 points for all four essays.
10. The passing score for each essay is a minimum of 20/25 points.
11. Students **MUST** obtain a total score of 80 points (B-) or better to pass the comprehensive examination.
12. A student who fails the criteria (20/25 per question) and receives less than an overall score of 80 points **MUST** complete an oral defense of that question on a specified date. If a student fails the written examination, he/she will be notified within 1 week of the oral defense. Questions for the oral defense will comprise information the student failed to answer completely or accurately during the written portion and may also include additional questions within that subject matter.

13. Prior to the oral defense, the student may review, in person, his/her written essay(s) as well as the faculty members' comments on the failed topic(s), only if provided. Students will not be allowed to directly ask faculty questions about their comments or the questions prior to or on the day of the oral defense.
14. During the oral defense the faculty member who developed the question(s) and a minimum of one other faculty/staff member will be responsible for questioning and grading the student's oral response. They will decide whether the student has sufficiently defended his/her response(s). The oral defense will be video/audio taped for documentation.
15. Should a student fail to obtain a passing score following the oral component of the comprehensive examination, the student will not be permitted to take SLP 620 (Fieldwork II) in the spring semester. The student will return in 6 weeks to complete a new written comprehensive examination for the subject (s) that was previously failed. If the student passes on the second attempt, the student will be allowed to register for the SLP 600 level fieldwork course that is applicable to their course of study in the following semester. If the student was planning to take a fieldwork placement in an educational setting in the spring semester, the student will need to wait until the fall semester to complete that fieldwork. If the student fails any portion of the written component of the comprehensive examination on the second attempt, no oral defense will be permitted and the student will be automatically dismissed from the program.

Criteria for Graduation

The following criteria must be met to be awarded the master's degree in Speech-Language Pathology:

- Complete all required course work
- Thesis/Comprehensive Examination
- Show evidence of taking the Praxis - SLP
- Successfully complete 400 clinical practicum hours
- Exit interview/survey

ASHA Requirements

As of January 1, 2014, individuals applying for certification in speech-language pathology must have completed a course in each of the following areas: biological science, physical science, statistics, and behavioral/social sciences. Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). Acceptable courses in physical sciences should include physics or chemistry. Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. A stand-alone course in statistics is required. Research methodology courses in communication sciences and disorders (CSD) may not be used to satisfy the statistics requirement. A course in biological and physical sciences specifically related to CSD may not be applied for certification purposes to this category unless the course fulfills a university requirement in one of these areas.

Applicants must also have been assessed to ensure that they have achieved the knowledge and skills outlined in the 2014 Standards for Certification in Speech-Language Pathology in a graduate program holding accreditation by the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology. Achievement of the knowledge areas outlined in the standards is typically through completion of academic course work. Skill areas in the standards would typically be achieved through participation in clinical practicum (400 clock hours total, including 25 hours of clinical observation, 375 clock hours in direct client/patient contact of which 325 are at the graduate level); however, academic programs may assess compliance with the standards in any manner they wish.

Upon completion of the academic course work and clinical practicum requirements, individuals applying for certification in speech-language pathology must complete a Speech-Language Pathology

Clinical Fellowship (SLPCF) experience under the mentorship of an individual holding ASHA certification. This experience must consist of the equivalent of 36 weeks of full-time clinical practice, with full-time defined as 35 hours per week.

Applicants for certification in speech-language pathology must also successfully complete the Praxis examination in speech-language pathology that is administered by the Educational Testing Service (ETS). Results of the examination must be submitted to ASHA directly from ETS no more than five years prior to submission of the application for certification and no less than two years following completion of the knowledge and skills required for certification.

Once certification has been granted, individuals must comply with the Certification Maintenance requirements outlined in the 2014 standards and must also remit a yearly certification fee.

Education Specialist Certification Requirements

The Speech-Language Pathology program at Misericordia University is approved to provide Education Specialist Certification for graduate students by the Pennsylvania Department of Education. Students will need to complete a fieldwork in an educational setting and all coursework, pass the PRAXIS-SLP, and obtain a master's degree in Speech-Language Pathology.

State Licensure

The academic and clinical curricula of the Speech-Language Pathology program at Misericordia University meet the pre-professional requirements for licensure in the Commonwealth of Pennsylvania and the surrounding states.

Speech-Language Pathology Academic and Clinical Ethics Policy

Purpose:

To outline professional principles in Speech-Language Pathology ethics to be followed by all speech-language therapy practitioners as well as students enrolled the Speech-Language Pathology Program at Misericordia University.

Principles of Speech-Language Pathology Ethics

The Speech-Language Pathology Department of Misericordia University is committed to facilitating an individual's ability to function at their potential within his or her total environment. In this role, speech-language therapists serve and collaborate with consumers in all stages of health and illness, institutions, other professionals, colleagues, students, and the general public.

In order to further this commitment, the American Speech-Language and Hearing Association (ASHA) has established the Principles of Speech-Language and Hearing Ethics. These principles were intended for use by all speech therapy practitioners, to include students. They were also intended to be action oriented, guiding and preventive as opposed to being reactive or disciplinary in nature.

The Principles were developed to be an integral part of the education of speech-language therapists. In acknowledging the importance of a Code of Ethics to our students' professional growth, the ASHA Code of Ethics has been adopted as the basis of ethical behaviors among our students. Refer to the current ASHA Code of Ethics found on the ASHA website (www.asha.org) or to the 2010 ASHA Code of Ethics below.

AMERICAN SPEECH-LANGUAGE AND HEARING CODE OF ETHICS

Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and

hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

Rules of Ethics

1. Individuals shall provide all services competently.
2. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
3. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
4. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.
5. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
6. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.
7. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.
8. Individuals shall fully inform the persons they serve of the nature and possible effects of

- services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.
9. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
 10. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
 11. Individuals shall not provide clinical services solely by correspondence.
 12. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.
 13. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.
 14. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.
 15. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.
 16. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.
 17. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
 18. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

Principle of Ethics II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

Rules of Ethics

1. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.
2. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.
3. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.
4. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

Principle of Ethics III

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.

Rules of Ethics

1. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.

2. Individuals shall not participate in professional activities that constitute a conflict of interest.
3. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.
4. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.
5. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.
6. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
7. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

Principle of Ethics IV

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

Rules of Ethics

1. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.
2. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
3. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.
4. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.
5. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
6. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.
7. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
8. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
9. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
10. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
11. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
12. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
13. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.
14. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.

Reference: American Speech-Language-Hearing Association. (2010r). Code of ethics [Ethics]. Available from www.asha.org/policy.

Procedure:

1. Students are required to abide by the 2010 ASHA Code of Ethics as stated on the ASHA website (www.asha.org) and above. **Students who breach any part of the principles of ethics stated in the ASHA Code of Ethics in either the classroom or clinical/fieldwork setting may be subject to delay in completion of the program or may face dismissal from the program.**
2. Any breach of a professional ethics, will be recorded in writing by a faculty member and/ or the clinical director and clinical supervisor, on an Academic/ Clinical Documentation Form and housed in the student's academic or clinical binder
3. The faculty member and/or clinical director/supervisor and student will review the incident and the repercussions. The student will be given the opportunity to write comments on the documentation form before signing and dating that the incident was reviewed with him/her.
4. The faculty member or clinical director will place the signed Academic/Clinical Documentation Form in the student's corresponding file.
5. Repercussions may include, but are not limited to:
 - Referral for counseling evaluation
 - Remedial plan
 - Delay in completion of the program
 - One-year probationary period
 - Dismissal from the program
6. Should a second ethical violation occur, the faculty member and/ or clinical director/clinical supervisor and the student will review the second violation and a meeting will be established with the student and all the above parties. In most instances of unethical behavior, a second violation will result in dismissal from the program.
7. Immediate dismissal from the program will occur in instances where a student engages in any of the following:
 - unlawful harassment, including sexual harassment or power abuse
 - nonsexual relationship or activities (dinner date, movie, etc.) with a recipient of service, while the recipient is receiving services or after the patient is discharged from services, in any on campus or off campus clinical site
 - sexual relationship or activities; whether consensual or nonconsensual, with a recipient of service, including family or significant others, while the recipient is receiving services or after the patient is discharged from services, in any on campus or off campus clinical site
 - sexual relationship or activities; whether consensual or nonconsensual, with students, or research participants over whom they exercise professional authority or power.
8. The final responsibility of all ethical behaviors rests with the students. Students are encouraged to dialogue with faculty and /or clinical instructors regarding issues of ethics should they have questions or concerns.

Policy for Reporting Suspected Abuse of Clients

Purpose: To outline the standard clinical procedures for reporting suspected abuse of any clients who are being evaluated and/or treated in the Misericordia University Speech-Language and Hearing Center.

Procedure:

- Students who suspect their client may be being abused should immediately report their suspicions to their clinical supervisor and the clinical director.

- The clinical director and/ or the clinical supervisor will report the matter immediately to Misericordia University's Title IX Coordinator, the Title IX Deputy Coordinator and the Director of Campus Safety so the University can ensure timely compliance with this law and enhance the protection of children and adults.
- For the purposes of this reporting obligation, suspected abuse involves physical, sexual, or other forms of abuse or neglect that may have occurred on or off campus. The duty to report is triggered by reasonable suspicion or belief and there is no requirement that you have actual evidence of abuse.
- It is **not** the responsibility of any employee, student, or volunteer to investigate suspected abuse. The suspected perpetrator, regardless of identity, should **not** be notified. Child protective services and law enforcement authorities are best positioned to conduct the investigation.

A report should be made as follows:

If a client is in **immediate danger**, call the police (911).

If there is **no immediate danger**, call all of the following:

Misericordia University Office of Campus Safety: (570) 674-6300

Misericordia University Title IX Coordinator: (570) 674-6310

Misericordia University Title IX Deputy Coordinator: (570) 674-XXXX

The Misericordia University officials stated above will make the mandated call to:

Dallas Township Police Department: (570) 674-2003 or 911

Child Protective Services ChildLine: 1 (800)-932-0313

In the event that the abuse was not alleged to have occurred in Pennsylvania, Campus Safety and the Title IX Coordinator will assist in identifying the correct jurisdiction for reporting.

Social Media Policy

Purpose:

1. To outline the manner in which Speech-Language Pathology students will be expected to utilize social media sites during their education.
2. To define actions to be taken for failure to comply with rules of the social media policy.

Procedure:

The Misericordia University Speech-Language Pathology Department recognizes that social networking websites and applications, including but not limited to Facebook, Instagram, Twitter, SnapChat, YouTube and blogs, are currently a common form of communication. There is the potential for misinterpretation of the relationship or the potential of sharing protected information via these social media sites. Relationships such as faculty-student, student-patient, supervisor-student, and staff- student merit close consideration of the implications and the nature of the social interaction as a student in the Speech-Language Pathology program. Students are reminded that they should have no expectation of privacy on social networking sites. Students must also 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 or a violation of professional behaviors and be subject to the university and departmental policies and procedures and may even result in immediate dismissal from the Speech-Language Pathology Program.

Students will adhere to the ASHA Code of Ethics when interacting in the public domain on social media sites of any kind. The Speech-Language Pathology faculty and department maintain that students are representing the Misericordia University Health Sciences- directly or indirectly- when interacting in the public domain of the Internet.

The following is a list of examples of online behaviors that are considered violations of the social media policy as they reflect unprofessional behavior and may constitute disciplinary action and/or dismissal from the program:

1. It is a HIPAA violation if you mention a patient with enough information that the person might be identified, even if you avoid personal health information. This includes posting of images. The consequences for violations are severe.
2. Posting on social media the names, negative comments, or criticisms of faculty, staff or any other clinical or university personnel. Making negative comments or criticisms about the facility or what is occurring in the Speech-Language Pathology Department, Misericordia Speech-Language Hearing Center, or any other clinical site (off campus or fieldwork) at any time.
3. Display of vulgar language. Display of language or photographs that imply disrespect for any individual or group because of, but not limited to, age, race, gender, ethnicity or sexual orientation, Presentation of personal photographs or photographs of others that may reasonably be interpreted as condoning irresponsible use of alcohol, substance abuse or sexual promiscuity, 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.
4. To write defamatory or degrading remarks that target any faculty, staff or student members of the Misericordia Community. Remarks may be a violation of the code of ethics and professional behaviors policy and may result in disciplinary action.
5. Asking your faculty, clinical instructors, clinical supervisors (on or off campus), or any university or clinical site employee to "friend" you on any social media while a student in the Speech-Language Pathology Department. This request puts Misericordia employees and yourself in an awkward situation with personal information about each other.

Individuals should make every effort to present themselves in a mature, responsible, and professional manner while utilizing social media. Discourse should always be civil and respectful.

Any violation of the Speech-Language Pathology Media Policy will be documented as a professional behaviors violation and will be subject to the disciplinary action outlined in the Professional Behaviors Policy, which can be found online in the Speech-Language Pathology Handbook

Student Adaptations

The Department of Speech-Language Pathology embraces cultural, linguistic, and individual diversity in students. In the admission process, internal/external clinical placements, English proficiency, and retention of students, we welcome diverse students and believe that our program will be enriched and enhanced by diversity that includes but is not limited to gender and gender identity, race, ethnicity and national origins, sexuality, class, and religion.

VII. PROFESSIONAL BEHAVIORS

Each student is assessed and reviewed throughout his/her tenure in the program. These evaluations occur during academic courses, clinical assignments, clinical courses, and during off-campus externships. While it is difficult to define all characteristics associated with professionalism, students are expected to continually work towards achieving:

Interpersonal Skills

- Demonstrate interest in clients as individuals.
- Respect cultural and personal differences of others (non-judgmental about client's lifestyle).
- Respect personal space of client's and others.
- Respect role of other healthcare professionals and support staff.
- Establish trust.
- Demonstrate the ability to work with persons of various ages; ethnic, gender, socioeconomic, racial backgrounds; and lifestyles in an appropriate and professional manner.
- Accept the role of team player.

Communication Skills

- Articulate thoughtful contribution to discussion in an appropriate manner.
- Select a communication style (verbal and written) to meet the needs of different audiences.
- Present verbal and written messages with logical organization and sequencing.
- Maintain and provide an open and constructive communication.
- Communicate in a professional manner.
- Address questions/concerns in a timely manner.

- Listen to and hear others before responding to what is being said.
- Communicate with others in a respectful, confident manner.
- Recognize impact of non-verbal communication and respond accordingly.
- Talk about difficult issues with sensitivity and objectivity.
- Collaborate with others by approaching others to discuss differences in opinion.
- Clearly express own opinions and concerns.

Use of Constructive Feedback

- Acknowledge errors and/or assets.
- Demonstrate a positive attitude toward feedback.
- Ask for clarification and/or clarifying one's position.
- Reconcile differences with sensitivity.
- Engage in non-judgmental, constructive problem-solving discussions.
- Use self-assessment for professional growth.
- Recognize that criticism is directed at a behavior, not a person.

Effective Use of Time

- Complete assignments and meet all deadlines as required.
- Use unscheduled time efficiently.
- Demonstrate flexibility.
- Plan ahead.
- Set priorities and reorganize as needed.
- Perform multiple tasks simultaneously.
- Demonstrate initiative.

Responsibilities

- Is dependable, reliable and accountable with all assigned tasks.
- Follow through with commitments.
- Recognize one's limitations and work towards improving them.
- Accept responsibilities for own actions and outcomes.
- Offer and accept help when appropriate.
- Follow appropriate chain of command and represent own concerns/issues during conflict resolution.

Commitment to Learning

- Seek assistance when appropriate.
- Identify and locate appropriate resources, both internal and external.
- Identify needs for further information.
- Seek out alternative professional literature.
- Set personal and professional goals.
- Elicit input, opinions, and participation from others.
- Welcome and seek new learning opportunities.
- Accept that there is more than one right answer.
- Demonstrate willingness in sharing knowledge.
- Consult other professionals.

Stress Management

- Recognize own signs of stress.
- Become aware of how signs of stress may be perceived by others.
- Respond in a calm and professional manner to potential stressors such as confrontation, emergency, challenge, and change in schedule/plans.
- Modulate emotional response to a level appropriate to the situation and context.
- Demonstrate the ability to identify and utilize a range of internal and external supports as coping mechanisms.
- Demonstrate the ability to utilize a coping strategy appropriate for the setting and situation.

Adheres to Ethics

- **Principle of Ethics I:** Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.
- **Principle of Ethics II:** Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance
- **Principle of Ethics III:** Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.
- **Principle of Ethics IV:** Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

The Procedures for a Professional Behavior Incident and the Professional Behavior Incident Policy form can be found on page 66 and 255, respectively.

VIII. STUDENT OUTCOMES

For the Student Learning Outcomes, the Speech-Language Pathology Program strives to use:

9 Principles of Good Practice for Assessing Student Learning:

1. **The assessment of student learning begins with educational values.** Assessment is not an end in itself but a vehicle for educational improvement. Its effective practice, then, begins with and enacts a vision of the kinds of learning we most value for students and strive to help them

achieve. Educational values should drive not only what we choose to assess but also how we do so. Where questions about educational mission and values are skipped over, assessment threatens to be an exercise in measuring what's easy, rather than a process of improving what we really care about.

2. **Assessment is most effective when it reflects an understanding of learning as multidimensional, integrated, and revealed in performance over time.** Learning is a complex process. It entails not only what students know but what they can do with what they know; it involves not only knowledge and abilities but values, attitudes, and habits of mind that affect both academic success and performance beyond the classroom. Assessment should reflect these understandings by employing a diverse array of methods, including those that call for actual performance, using them over time so as to reveal change, growth, and increasing degrees of integration. Such an approach aims for a more complete and accurate picture of learning, and therefore firmer bases for improving our students' educational experience.
3. **Assessment works best when the programs it seeks to improve have clear, explicitly stated purposes.** Assessment is a goal-oriented process. It entails comparing educational performance with educational purposes and expectations--these derived from the institution's mission, from faculty intentions in program and course design, and from knowledge of students' own goals. Where program purposes lack specificity or agreement, assessment as a process pushes a campus toward clarity about where to aim and what standards to apply; assessment also prompts attention to where and how program goals will be taught and learned. Clear, shared, implementable goals are the cornerstone for assessment that is focused and useful.
4. **Assessment requires attention to outcomes but also and equally to the experiences that lead to those outcomes.** Information about outcomes is of high importance; where students "end up" matters greatly. But to improve outcomes, we need to know about student experience along the way--about the curricula, teaching, and kind of student effort that lead to particular outcomes. Assessment can help us understand which students learn best under what conditions; with such knowledge comes the capacity to improve the whole of their learning.
5. **Assessment works best when it is ongoing, not episodic.** Assessment is a process whose power is cumulative. Though isolated, "one-shot" assessment can be better than none, improvement over time is best fostered when assessment entails a linked series of cohorts of students; it may mean collecting the same examples of student performance or using the same instrument semester after semester. The point is to monitor progress toward intended goals in a spirit of continuous improvement. Along the way, the assessment process itself should be evaluated and refined in light of emerging insights.
6. **Assessment fosters wider improvement when representatives from across the educational community are involved.** Student learning is a campus-wide responsibility, and assessment is a way of enacting that responsibility. Thus, while assessment efforts may start small, the aim over time is to involve people from across the educational community. Faculty plays an especially important role, but assessment's questions can't be fully addressed without participation by student-affairs educators, librarians, administrators, and students. Assessment may also involve individuals from beyond the campus (alumni/ae, trustees, employers) whose experience can enrich the sense of appropriate aims and standards for learning. Thus understood, assessment is not a task for small groups of experts but a collaborative activity; its aim is wider, better-informed attention to student learning by all parties with a stake in its improvement.
7. **Assessment makes a difference when it begins with issues of use and illuminates questions that people really care about.** Assessment recognizes the value of information in the process of improvement. But to be useful, information must be connected to issues or questions that people really care about. This implies assessment approaches that produce evidence that relevant parties will find credible, suggestive, and applicable to decisions that need to be made. It means thinking in advance about how the information will be used, and by whom. The point of assessment is not to gather data and return "results"; it is a process that starts with the questions of decision-makers, that involves them in the gathering and interpreting of data, and that informs

and helps guide continuous improvement.

8. **Assessment is most likely to lead to improvement when it is part of a larger set of conditions that promote change.** Assessment alone changes little. Its greatest contribution comes on campuses where the quality of teaching and learning is visibly valued and worked at. On such campuses, the push to improve educational performance is a visible and primary goal of leadership; improving the quality of undergraduate education is central to the institution's planning, budgeting, and personnel decisions. On such campuses, information about learning outcomes is seen as an integral part of decision making, and avidly sought.
9. **Through assessment, educators meet responsibilities to students and to the public.** There is a compelling public stake in education. As educators, we have a responsibility to the publics that support or depend on us to provide information about the ways in which our students meet goals and expectations. But that responsibility goes beyond the reporting of such information; our deeper obligation--to ourselves, our students, and society--is to improve. Those to whom educators are accountable have a corresponding obligation to support such attempts at improvement.

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IX. ACADEMIC PROBATION AND DISMISSAL

Misericordia University's Academic Integrity Policy (as stated in the 2007-2008 Undergraduate Academic Catalog)

Academic Integrity

Any form of cheating or dishonesty, including plagiarism, is a fundamental violation of the nature and purpose of Misericordia University. Such behavior will not be tolerated and will result in at least lowered grades, possibly failure in a class, program dismissal, and, in the most serious cases, dismissal from the university.

Plagiarism is using someone else's ideas or words and claiming them as one's own. Students who use another person's words must copy them accurately, enclose them in quotations marks, and identify the source clearly. If another person's ideas are used in a student paper, the source must still be identified and the author of the ideas given credit. Students are responsible to make sure they are using sources properly and documenting them properly.

The responsibility for maintaining personal integrity and honor in academic activities rests with the student. Each faculty member will provide information on academic integrity to students in the course outline at the beginning of the semester, including any necessary explanation of violations, possible infractions of academic integrity and the scope of sanctions, e.g., warning, lowering of the grade on the assignment or course, course failure, or dismissal from the program or university.

Should a violation of academic integrity occur, the faculty member must inform the student of the

violation before imposing any sanction. Should the violation be considered serious enough to merit any grade of “D” or lower on any major assignment, or a more serious penalty, such as course failure or dismissal from the program, the faculty member must notify the Vice President of Academic Affairs (VPAA) and supply any supporting evidence. In the case of multiple violations, the VPAA will discuss this issue with the student and may impose additional sanctions up to and including dismissal from the university. In a case where dismissal from the university is contemplated, the VPAA will consult with the faculty member, student’s advisor, department chair/program director, and college dean.

In cases where the student contests the accusations of academic dishonesty, the student may file a grievance under either the undergraduate or graduate grievance procedure, whichever one is applicable.

Department Probation and Dismissal Criteria

Students need to maintain a cumulative GPA of 3.3 or above throughout the freshman year until the end of the fall semester of the sophomore year to remain in the major. By the end of the spring semester of the sophomore year, students need to maintain a cumulative GPA of 3.5 or above to remain in the major. Students must maintain a cumulative GPA of a 3.5 or above until the completion of the master’s program (end of the 5th year). If the cumulative GPA is not 3.5 or above at the end of the spring semester of the sophomore year, the student will not be allowed to take any SLP courses and will be **dismissed** from the major.

If the cumulative GPA (from the freshmen year to the end of the fall semester of the sophomore year) falls below 3.3, the student will be placed on **probation** for one **semester**. After the semester on probation, if the cumulative GPA (from freshmen year to the end of the fall semester of the sophomore year) is still below 3.3, the student will be dismissed from the program and **cannot take** any more SLP classes. If the cumulative GPA is below 3.5 by the end of the fall semester of the sophomore year, the student will be placed on probation for the spring semester of the sophomore year. At the end of the spring semester sophomore year, if the cumulative GPA is not 3.5 or higher, the student will be dismissed from the program and cannot take any more SLP classes. If the cumulative GPA is at least 3.5 at the end of the fall semester of the sophomore year but falls below 3.5 at the end of the spring semester of the sophomore year, and the student has never been on probation, the student will be placed on probation during the fall semester of the junior year.

At the end of the fall semester of the junior year, if the student’s cumulative GPA is still below 3.5, the student will be dismissed from the program. If the cumulative GPA (from the fall semester of the junior year to the end of the 5th year) falls below 3.5, the student will be placed on probation for one semester. After the semester on probation, if the cumulative GPA (from the fall semester of the junior year to the end of the graduate program) is still below 3.5, they will be dismissed from the program and **cannot take** any more SLP classes. **Students understand and agree that they can only fall below the required GPA once during the entire program.**

Students must receive a grade of B- or better in all graduate level **academic** courses (500 and 600 level). If students receive a C+ or lower in any graduate level academic course (excluding clinic), they have one opportunity to retake that course and receive a B- or better. Failure to achieve a grade of B- or better in that repeated course will result in dismissal from the program. If students receive a C+ or lower in two or more 500 and/or 600 level academic courses, they will be dismissed from the program regardless of the cumulative GPA or passing a previously failed academic class. If students receive a C+ grade or lower in two academic courses in one semester, they will be dismissed from the program and will not have the opportunity to retake those courses regardless of the cumulative GPA or passing a previously failed class. If students receive a C+ grade or lower in an academic course and B- or lower in a 500 and/or 600 level graduate clinic/fieldwork in the same semester, they will be dismissed from the program regardless of the cumulative GPA or passing a previously failed class or clinic/fieldwork. If students

receive a C+ grade or lower in an academic course and B- or lower in a 500 and/or 600 level graduate clinic/fieldwork in two separate semesters, they will be dismissed from the program regardless of the cumulative GPA or passing a previously failed class or clinic/fieldwork.

If students receive a grade B- or lower in any 500 and/or 600 level graduate **clinic/fieldwork course**, they will be placed on clinical probation. Students will have one opportunity in the following semester to achieve a B or better in a subsequent clinic/fieldwork course. If the failed fieldwork course is in an educational setting in the spring semester, students will need to take the subsequent fieldwork course in the following fall semester. If students achieve a B or better in a subsequent clinic/fieldwork, they will be removed from clinical probation; however, the previous failing grade (B- or lower) will remain the transcript (refer to Graduate Academic Policies and Procedures - Graduate Program Standing in the catalog). If students fail to achieve a grade of B or better in a subsequent 500 and/or 600 graduate clinic/fieldwork or if they fail a subsequent clinic/fieldwork course, they will be dismissed from the program. If students fail any two clinic courses and/or fieldwork (or a combination of clinic and a fieldwork), they will be dismissed from the program regardless of the cumulative GPA or passing a previously failed clinic.

Students understand that they must pass all comprehensive examination questions as a requirement for graduation. If they fail any question on the first attempt at the written examination, they will return to orally defend the failed question(s). Should they fail to obtain a passing score following the oral component of the comprehensive examination, they will not be permitted to take SLP 620 (Fieldwork in the spring semester. Students will return in 6 weeks to complete a new written comprehensive examination for the subject that was previously failed. If students pass on the second attempt, they will be allowed to register in the following semester for the SLP 600 level fieldwork course that is applicable to their course of study. If students were planning to take a fieldwork placement in an educational setting in the spring semester, they will need to wait until the fall semester to complete that fieldwork. If students fail any portion of the written component of the comprehensive examination on the second attempt, no oral defense will be permitted and the student will be automatically dismissed from the program.

If students are dismissed by a Clinical Instructor or University Clinical Supervisor from any 500 and/or 600 graduate clinic/fieldwork course during a semester, they will be placed on clinical probation and be given a failing clinical grade commensurate with their performance at the time of dismissal (e.g., B- or lower). Students will not be reassigned to a clinic/fieldwork site or placed at another site until the following semester. If students are dismissed from a school placement during the spring semester, they will not be placed in another school setting until the fall semester of that year. If students achieve a B or better in a subsequent clinic/fieldwork, they will be removed from clinical probation; however, the previous failing grade (B- or lower) will remain on my transcript (refer to Graduate Academic Policies and Procedures - Graduate Program Standing in the catalog). If they fail to achieve a grade of B or better in a subsequent 500 and/or 600 graduate clinic/fieldwork or if they fail a subsequent clinic/fieldwork course, they will be dismissed from the program. If they fail any two clinic courses and/or fieldwork (or a combination of clinic and a fieldwork), they will be dismissed from the program regardless of the cumulative GPA or passing a previously failed clinic. Students cannot fail more than one clinic/fieldwork course.

If students drop their enrollment in any 500 and/or 600 level graduate clinical course, they will be placed on clinical probation and receive an IP grade. Students will not be reassigned to a clinic or be placed at another site until the following semester. If students drop their enrollment from a school placement during the spring semester, they will not be placed in another school setting until the fall semester of that year. *Reasons deemed excusable for choosing to leave any clinic/fieldwork placement are dependent upon the discretion of the Clinical Director.

Students in the SLP program cannot work in the schools under emergency certification and/or will not provide speech therapy services until they receive their master's degree from Misericordia. Failure to comply with this requirement will result in immediate dismissal from the program.

Students understand and agree to the following:

- If a student does not complete and submit all required background check clearances and initial health clearance by advising week during the fall semester of the freshmen year, the student will not be approved to register for classes in the spring semester of the freshmen year.
- Students will be required to renew their background clearances again prior to July 31st of the final year of graduate school. Students may need to obtain additional clearances or tests (e.g., drug screening, flu shot, etc.) at their own expense, if requested by the fieldwork site.
- Students are required to get an annual health clearance. If they do not complete a follow up health clearance by July 31st of each year from the summer before the sophomore year to the 5th year in the program, they **will not be allowed** to participate in SLP 305 Observation and Clinical Procedures I, SLP 415 Observation and Clinical Procedures II, and/or clinical and/or fieldwork placement scheduled for the upcoming semester of that academic year.

A positive Criminal Record Check (Federal and/or State), positive Child Abuse History and/or a positive drug screening may result in any of the following: inability to find a clinical placement, delay in clinical placement, dismissal from a clinical placement, inability to obtain professional licensure, legal ramifications, inability to matriculate or continue in the SLP program, and/or inability to meet requirements for graduation from the program. As a result, a student may not be able to complete the requirements of the SLP program, may not be eligible for federal or state credentialing/licensing required for practice, and may be dismissed from the program.

X. GRIEVANCE PROCEDURES

Misericordia University has academic policies to ensure that students are treated equitably. According to the University policy, a student who has an issue that is grievance can file a complaint in accordance with the Misericordia University's Student Complaint Process. This complaint process differs for an undergraduate versus a graduate student. The speech-language pathology program follows the same grievance policy as the University. To date, there have been no grievances against the department.

Undergraduate Academic Grievance Procedures

The university provides a uniform method by which students can pursue grievable issues. Grievable issues are either complaints about alleged violations of the institution's academic policies or about unfairness in the application of policies.

In all cases, formal grievances must be filed and resolved within one semester of the occurrence of the event being grieved. Summer enrollment period is considered as a semester.

A student who has a grievance must attempt to resolve it by using the following procedures:

- a. Prior to initiating a formal grievance, the student must attempt to resolve the matter on an informal basis by speaking to the person with whom the complaint rests.
- b. If unable to reach a resolution, the student must discuss the matter with the program director or department chair who supervises the person against whom the complaint is lodged to attempt to resolve the matter.
- c. If the matter is not resolved at that level, the student proceeds to the dean of the

- college in which the grievance resides.
- d. If the matter is not resolved at that level, the student proceeds to the Office of the Vice President of Academic Affairs where a formal grievance may be filed.

To initiate the formal grievance process the student informs the Vice President of Academic Affairs in writing of his or her intent to seek formal redress through the grievance procedure, indicating the nature of the complaint.

Within 14 calendar days of receipt of the written complaint, the Vice President of Academic Affairs will convene the academic grievance committee and provide the chair of the committee with the student's statement of complaint. The academic grievance committee is composed of one administrator and one faculty member appointed by the Vice President of Academic Affairs, and the academic affairs coordinator of student government.

At least two days in advance of the hearing, the chair of the committee will notify the grievant and the individual charged with the complaint of the date, time and place of the hearing, the specification and nature of the complaint, and the composition of the committee.

The grievance hearing is an internal review and, as such, shall be private. The grievant may be assisted by a faculty representative. However, persons external to the university shall be excluded. The use of outside counsel is prohibited.

Both the grievant and the person being grieved have the right to be present when charges and evidence are presented to the committee, and to provide evidence in support of their respective positions. Committee members may question witnesses to evaluate all the relevant facts of a given case. Witnesses shall be excluded except for the period of their questioning.

The report and recommendation of the committee shall be in writing, including the committee's rationale for the decision; the report may include any dissenting opinions. Only those committee members who have heard all testimony and evidence in a given case may vote on the committee's recommendation.

The committee's report and recommendation shall be forwarded to the Vice President of Academic Affairs within 10 calendar days of the hearing. The Vice President of Academic Affairs will make the final determination and formally advise the parties involved in the grievance. Penalties for violations of the university's academic integrity policy range from a warning to dismissal from the university. The university reserves the right, depending upon the severity of the conduct, to dismiss a student for a single violation of the university's academic integrity policy. In cases where a student previously has been found to have violated the university's academic integrity policy, for which he/she received a penalty less than dismissal from the university, and the student is subsequently found to have violated the policy once again, the Vice President of Academic Affairs may take more severe action for the subsequent violation than that previously imposed for the prior violation(s), up to and including dismissal from the university.

Students who wish to grieve circumstances that prohibit immediate continuation in a program or in a sequence of courses (e.g. dismissal from a program or a failing grade), will not be permitted to sit in on program or sequenced courses unless and until the grievance is favorably resolved. Under such circumstances, the student must file a grievance immediately upon receipt of the grade or of the dismissal notification. An expedited grievance process is then followed, and the process must be completed before the end of the Add Period.

Graduate Grievance Procedures

The university provides a uniform method by which students can pursue grievable issues. Grievable issues are either complaints about alleged violations of the institution's academic policies, including the academic integrity policy, or about unfairness in the application of policies.

In all cases, formal grievances must be filed and resolved within one semester of the occurrence of the event being grieved. Summer enrollment period is considered as a semester.

A student who has a grievance must attempt to resolve it by using the following procedures:

1. Prior to initiating a formal grievance, the student must attempt to resolve the matter on an informal basis by speaking to the person with whom the complaint rests.
2. If unable to reach a resolution, the student must discuss the matter with the program director who supervises the person against whom the complaint is lodged to attempt to resolve the matter.
3. If the matter is not resolved at that level, the student proceeds to the chair of the department in which the grievance resides.
4. If the matter is not resolved at that level, the student proceeds to the dean of the college in which the grievance resides.
5. If the matter is not resolved at that level, the student proceeds to the office of the Vice President of Academic Affairs, where a formal grievance may be filed.

To initiate the formal grievance process the student informs the Vice President of Academic Affairs, in writing, of her/his intent to seek formal redress through the grievance procedure indicating the nature of the complaint.

Within fourteen (14) calendar days of receipt of the written complaint, the Vice President of Academic Affairs will convene an academic grievance committee and provide the chair of the committee with the student's statement of complaint. The academic grievance committee is composed of: the Dean of Adult and Continuing Education; the chair of the graduate council; one faculty member who teaches in a graduate program, other than the one in which the grievance resides; and one graduate student appointed by the Vice President of Academic Affairs.

At least two (2) days in advance of the hearing, the chair of the committee will notify the grievant and the individual charged with the complaint of the date, time, and place of the hearing; the specification and nature of the complaint; and the composition of the committee.

The grievance hearing is an internal review and, as such, shall be private. The grievant may be assisted by a faculty representative. However, persons external to the university shall be excluded. The use of outside counsel is prohibited.

Both the grievant and the person being grieved have the right to be present when charges and evidence are presented to the committee, and to provide evidence in support of their respective positions. Committee members may question witnesses to evaluate all relevant facts of a given case. Witnesses shall be excluded except for the period of their questioning.

The report and recommendation of the committee shall be in writing, including the committee's rationale for the decision; the report may include any dissenting opinions. Only those committee members who have heard all testimony and evidence in a given case may vote on the committee's recommendation.

The committee report and recommendation shall be forwarded to the Vice President of Academic Affairs within ten calendar days of the hearing. The Vice President of Academic Affairs will make the final determination and formally advise the parties involved in the grievance. Penalties for violations of the Misericordia University's Academic Integrity Policy range from a warning to dismissal from the university. The university reserves the right, depending upon the severity of the conduct, to dismiss a student for a single violation of the university's academic integrity policy. In cases where a student previously has been found to have violated the university's academic integrity policy, for which he/she received a penalty less than dismissal from the university, and the student is subsequently found to have violated the policy once again, the Vice President of Academic Affairs may take more severe action for the subsequent violation than that previously imposed for the prior violation(s), up to and including dismissal from the university.

Council on Academic Accreditation (CAA) Complaint Procedures

A complaint about any accredited program or program in Candidacy status may be submitted by any student, instructional staff member, speech-language pathologist, audiologist, and/or member of the public.

Criteria for Complaints Against Graduate Education Programs

For a complaint to be considered by the CAA, it must:

- (a) be against an accredited education program or program in Candidacy status in speech-language pathology and/or audiology,
- (b) relate to the Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology, and specify where possible the relevant standards,
- (c) include verification and documentation (e.g., copies of grievance processes, communications verifying completion of processes, etc.) if the complaint is from a student or faculty/instructional staff member at that institution, that the complainant exhausted all relevant institutional grievance and review mechanisms before submitting a complaint to the CAA, if relevant to the complaint.

The complaint must clearly describe the specific nature of the complaint and the relationship of the complaint to the accreditation standards, and provide supporting data for the charge. The burden of proof rests with the complainant. All written testimony must include the complainant's name, address, and telephone contact information and the complainant's relationship to the program in order for the Accreditation Office to verify and communicate with the source of the complaint.

All complaints must be signed and submitted in writing to the Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology, American Speech Language-Hearing Association, 2200 Research Boulevard #310 Rockville, MD 20850. Complaints will not be accepted by email or facsimile.

Determination of Jurisdiction

Within 15 days of receipt of the complaint, Accreditation Office staff will acknowledge receipt of the complaint and will forward a redacted copy of the complaint to the Executive Committee of the CAA. The original letter of complaint is placed in an Accreditation Office file separate from the program's accreditation file.

The Executive Committee determines whether the complaint meets the above-specified criteria. Staff, because of the need to redact the complaint, verifies the accreditation status of the program against which the complaint is filed, and communicates this information to the Executive Committee with the redacted complaint. Although complainants are encouraged to specify the accreditation standards as

the basis for the complaint, the Executive Committee will verify the relevant standards related to the complaint as part of its jurisdiction review.

An affirmative vote by two-thirds of the voting members of the Executive Committee, exclusive of the chair, is required to proceed with an investigation of a complaint. If the Executive Committee of the CAA makes the determination that the complaint does not meet the above-listed criteria, the complainant is informed within 30 days of the letter transmitting the complaint to the EC that the CAA will not review the complaint.

Evaluation of Complaint

If the Executive Committee of the CAA determines that the complaint satisfies the above-listed criteria, the CAA will evaluate the complaint. The chair of the CAA informs the complainant within 30 days of the letter transmitting the complaint to the chair that the Council will proceed with an evaluation, including the specification of the standards upon which the investigation will be based. Because it may be necessary to reveal the identity of the complainant to the affected program or to other potential sources of relevant information, the complainant will be required to sign a waiver of confidentiality within 30 days of the letter indicating that the CAA will proceed with its evaluation. The complainant is given the opportunity to withdraw the complaint during that time. If the complainant does not wish to pursue the matter, the investigation is concluded. If the complainant does not wish to withdraw the complaint, the complainant is asked to keep the initiation of an investigation confidential.

Within 15 days of receipt of the waiver of confidentiality, the chair of the CAA notifies the program director and the institution's president or president's designee by certified return receipt mail that a complaint has been registered against the program, including the specification of the standards upon which the investigation will be based. The notification includes a redacted copy of the complaint without revealing the identity of the complainant. The program's director and the institution's president or president's designee are requested to provide complete responsive information and supporting documentation that they consider relevant to the complaint within 45 days of the date of the notification letter. Within 15 days of receipt of the program's response to the complaint, the chair of the CAA forwards the complaint and the program's response to the complaint to the CAA. The materials are redacted and the identity of the complainant and the program under investigation is not revealed to the members of the CAA or to recipients of requests for information, unless a majority of CAA members consider such disclosure necessary for the proper investigation of the complaint. If the majority of Council members conclude that individuals other than the complainant, the program director, and the institution's president or president's designee may have information relevant to the complaint, the chair of the CAA requests such information.

After reviewing all relevant information, the CAA determines the course of action within 30 days. Such actions include, but are not limited to the following:

- Dismissal of the complaint;
- Recommending changes in the program within a specified period of time and as they relate to standards (except for those areas that are solely within the purview of the institution);
- Continuing the investigation through an on-site visit to the program;
- Placing the program on probation;
- Withholding/withdrawing accreditation.

If the CAA determines that a site visit is necessary, the program director and the institution's president or president's designee are notified, and a date for the site visit is expeditiously scheduled. The program is responsible for expenses of the site visit. The site visit team is selected from the current roster of CAA site visitors. During the site visit, emphasis is given only to those standards with which the program is allegedly not in compliance. The site visit team submits a written report to the CAA no later

than 30 days following the site visit. As with all other site visits, only the observations of the site visitors are reported; site visitors do not make accreditation recommendations. The CAA forwards the report to the program director and the institution's president or president's designee within 15 days. The program or institution should provide a written response to the chair of the CAA within 30 days of the date on which the report is postmarked to the program director and the president or president's designee. The purpose of the response is to verify the accuracy of the site visit report.

The CAA reviews all evidence before it, including the site visit report and the program's response to the report, and takes one of the following actions within 21 days:

- Dismisses the complaint;
- Recommends modifications of the program within a specified period of time (except for those areas that are solely within the purview of the institution);
- Places the program on probation;
- Withholds/withdraws accreditation.

If the CAA withholds/withdraws accreditation, the program director and the institution's president or president's designee are informed within 15 days of the CAA decision that accreditation has been withheld/withdrawn. Notification also includes justification for the decision, and informs the program of its option to request Further Consideration. Further consideration is the mechanism whereby the program can present documentary evidence of compliance with the appropriate standards and ask the CAA to reevaluate its decision to withhold/withdraw accreditation.

If the program does not exercise its Further Consideration option, the CAA's decision to withhold/withdraw accreditation is final and no further appeal may be taken. If accreditation is withheld/withdrawn, the chair of the CAA notifies the Secretary of the U.S. Department of Education at the same time that it notifies the program of the decision.

If the program chooses to request Further Consideration, the CAA must receive the request within 30 days from the date of the notification letter. With the request for Further Consideration, the program must submit additional written documentation to justify why accreditation should not be withheld/withdrawn. A hearing with the CAA is not provided for Further Consideration requests. The CAA will evaluate the request for Further Consideration and take one of the following actions within 30 days:

- Recommends modifications of the program within a specified period of time (except for those areas that are solely within the purview of the institution);
- Places the program on probation;
- Withholds/withdraws accreditation.

Within 15 days of its decision the CAA notifies the program and the complainant of its decision. If the CAA decision after Further Consideration is to withhold/withdraw accreditation, the program may appeal the decision in accord with the Appeal Procedures described in Chapter VI of this manual.

Summary of Time Lines

The following summarizes the time lines in the complaint process, beginning from the date a complaint is received.

- Complaint is acknowledged within 15 days of receipt and forwarded to CAA Executive Committee (EC)
- If EC determines that complaint does not meet criteria for complaints, complainant is informed

- within 30 days that CAA will not review
- If EC determines that complaint meets criteria, complainant is informed within 30 days of the determination that CAA will proceed with evaluation
- Complainant is given 30 days to sign waiver of confidentiality or withdraw the complaint
- Within 15 days of receipt of waiver of confidentiality, the complaint is sent to the program for response within 45 days
- Within 15 days of receipt of program's response, Chair forwards complaint and program response to CAA for review
- Within 30 days, CAA determines course of action
- If CAA determines that a site visit is necessary, it is scheduled and site visit team submits report to CAA within 30 days of visit
- Site visit report is forwarded to program for response within 30 days
- CAA takes action within 21 days of program response
- If CAA withholds or withdraws accreditation, program is notified within 15 days of CAA decision
- If program does not request Further Consideration, decision is final and CAA notifies Secretary of U.S. Department of Education; if program requests Further Consideration, CAA must receive within 30 days from notification and takes action within thirty 30 days
- CAA informs program and complainant within 15 days of decision

Procedures for Complaints Against the Council on Academic Accreditation

Criteria for Complaints Against CAA

Complaints against the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology must relate to the accreditation process, decisions, or actions or activities of the council.

Complaints may be filed by any student, instructional staff member, speech-language pathologist, audiologist, and/or member of the public. All complaints must be signed and in writing to the vice president for academic affairs (vice president), American Speech-Language-Hearing Association, 2200 Research Boulevard #310 Rockville, MD 20850. The burden of proof rests with the complainant. Complaints will not be accepted by email or facsimile.

Determination of Jurisdiction

Receipt of a complaint is acknowledged by the CAA Office staff and forwarded to the vice president within 15 days of receipt of the complaint. The original letter of complaint is filed in the CAA Office. The vice president determines whether the complaint meets the above-specified criteria. If the vice president makes the determination that the complaint does not meet the above criteria, the complainant is informed within 30 days of transmitting the complaint to the vice president that the complaint will not be evaluated.

Evaluation of Complaint

If the vice-president determines that the complaint meets the above criteria, the complaint will be evaluated as specified below.

1. The vice president informs the complainant within 30 days of the letter transmitting the complaint to the vice president that the evaluation will precede. Because it may be necessary to identify the complainant to the CAA, a review committee, or to other sources of relevant information, the complainant will be required to sign a waiver of confidentiality within 30 days

- of the letter indicating that the complaint will be evaluated. The complainant is given the opportunity to withdraw the complaint during that time. If the complainant does not wish to pursue the matter, the process is concluded. If the complainant wishes to proceed, the complainant is asked to keep the initiation of an investigation confidential.
2. Within 15 days of receipt of the complainant's waiver of confidentiality, the vice-president notifies the CAA that a complaint has been registered against the Council and that an evaluation is in process. Notification includes a redacted copy of the complaint without revealing the identity of the complainant. The CAA is requested to provide complete responsive information and supporting documentation that it considers relevant to the complaint within 45 days of the date of the notification letter.
 3. Within 30 days of receipt of the complainant's waiver of confidentiality, the vice president shall appoint a Review Committee to review the complaint against the Council. To assure that the committee is thoroughly familiar with accreditation standards and Council policies and procedures, the Committee shall consist of three past members of the CAA who have served during the preceding 5 years, none of whom shall have any relationship or conflict of interest with the complainant. Within 15 days of receipt of the CAA's response to the complaint, the vice-president forwards the complaint and the CAA response to the complaint to the Review Committee.
 4. After reviewing all relevant information, the Review Committee shall determine the course of action within 60 days from the date material related to the complaint is mailed to the Review Committee. Such recommendations may include, but are not limited to:
 1. Dismissal of the complaint;
 2. Recommended changes in Council policies and procedures within a specified time period;
 3. Other recommendations.
 5. Within 15 days of the conclusion of its evaluation of the complaint, the Review Committee will forward its recommendations to the vice president. Such recommendations will be disseminated to the CAA for its review. A full discussion of the recommendations of the Review Committee shall be placed on the agenda for the next regularly scheduled meeting of the CAA and for consideration of appropriate Council action. In the event that more immediate action is required, the CAA may have a conference call for discussion and consideration of appropriate Council action.
 6. The vice president will notify the complainant of Council action on the complaint within 15 days of the Council's decision in the matter. Decisions of the Council relative to complaints may not be appealed.

Summary of Time Lines

- Complaint is acknowledged and forwarded to vice president within 30 days of receipt
- If vice president determines that complaint does not meet criteria for complaints, complainant is informed within 30 days that complaint will not be evaluated
- If the vice president determines that complaint meets criteria, complainant is informed within 30 days that evaluation will proceed
- Complainant is given thirty (30) days to sign waiver of confidentiality or withdraw the complaint
- Within 15 days of receipt of waiver of confidentiality, the complaint is sent to the CAA for response within 45 days
- Within 30 days of receipt of waiver of confidentiality, the vice president appoints Review Committee to review complaint
- Within 15 days of receipt of CAA's response, the vice president forwards complaint and CAA response to Review Committee
- Within 60 days, Review Committee determines course of action

- Review Committee forwards recommendations to vice-president within 15 days of decision, and vice president disseminates recommendations to CAA
- CAA discusses Review Committee recommendations at its next regularly scheduled meeting (or by conference call if immediate action is required) and takes appropriate action
- Vice President notifies complainant of CAA action within 15 days of CAA decision

XI. SCHOLARSHIPS/ASSISTANTSHIPS

Scholarships and/or assistantships may be available through the department. This availability is on a year-by-year basis. Contact the department chair for details.

XII. ALUMNI SURVEY

All alumni will be contacted approximately six months after graduation to complete a survey that addresses the preparation that the students received from the Speech-Language Pathology program at Misericordia University.

XIII. CLINICAL PRACTICUM

Introduction

The clinical education experience is designed to provide speech-language pathology students with opportunities to integrate academically acquired education with practice. It is during the students' experiences in clinic and practicum that they can learn, apply, practice, and refine skills of observation, evaluation, treatment, planning and implementation, documentation and communication. In the clinical setting, the students begin to define their future role as practicing speech-language pathologists, and can develop the necessary personal and professional skills essential to meeting the demands of this challenging field.

Principles of Speech-Language Pathology Ethics

The Department of Speech-Language Pathology is committed to facilitating an individual's ability to function to their potential within his or her total environment. In this role, speech-language pathologists serve and collaborate with consumers in all stages of health and illness, institutions, other professionals, colleagues, students, and the general public.

In order to further this commitment, the American Speech-Language-Hearing Association (ASHA) established the Code of Ethics. These principles are intended for use by all speech-language pathology practitioners, including students. A copy of the ASHA Code of Ethics can be found in Appendix of this student handbook. Students are encouraged to dialogue with faculty regarding issues of ethics. Violations of ethical principles may result in dismissal from the speech-language pathology program.

Requirements for Advancement to Clinical Experience Students must successfully complete all professional courses preceding the clinical education experience to participate in the scheduled experience. Failure to meet the academic and observation requirements may result in delaying advancement within the professional program. Such cases will be dealt with on an individual basis.

Prior to the first clinical education experience, each student must be enrolled in the professional liability insurance program, meet health requirements, obtain CPR certification, file Pennsylvania Child Abuse Clearance forms with the PA Department of Welfare, and Pennsylvania Criminal Record Check with the Pennsylvania State Police.

Clinical Education Courses

SLP 305 Observation and Clinical Procedures I
SLP 415 Observation and Clinical Procedures II
SLP 450 Optional Clinic
SLP 505 Clinic I
SLP 555 Diagnostic Clinic
SLP 560 Differential Diagnosis Communication Disorders
SLP 605 Clinic II
SLP 601 Summer Clinic I
SLP 602 Summer Clinic II
SLP 610 Fieldwork I
SLP 620 Fieldwork II
SLP 630 Fieldwork III (If needed)

Clinical Education Course Objectives

1. Students will interpret, integrate, and synthesize core concepts and knowledge as they relate to theory and practice for a variety of speech, language, cognitive, social, swallowing, and hearing disorders by working directly with persons exhibiting various communication disorders.
2. Students will demonstrate appropriate professional skills and clinical competence in developing, modifying, and implementing treatment for individuals exhibiting a variety of speech, language, cognitive, social, swallowing, and hearing disorders.
3. Students will incorporate critical thinking and decision-making skills while engaged in identification, evaluation, diagnosis, planning, implementation, and intervention for a variety of speech, language, cognitive, social, swallowing, and hearing disorders by working directly with persons exhibiting various communication disorders.
4. Students will provide evidence of documented clock hours of practicum experience that can be used to meet the professional practicum standards mandated by the American Speech-Language-Hearing Association (ASHA).

Required Clinical Hours

The following clock hour criteria for students completing a master's degree in speech-language pathology are those currently required by ASHA for people seeking the Certificate of Clinical Competence. These requirements have been approved for individuals applying for the Certificate of Clinical Competence after December 1992.

ASHA requires completion of a minimum of 400 clock hours of supervised clinical experience. Each student 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. Supervised practicum must include experience with client/ patient populations across the lifespan and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities. Each student's clinical clock hours accrue from clinical services (assessment/diagnosis/evaluation, screening, SimuCases, treatment, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech-Language Pathology; An ASHA – certified SLP may supervise screening audiology hours.

At the end of each clinical and externship period, the Clinical Director/supervisor verifies the clinical clock hours the student has earned. The student has the responsibility for keeping an accurate daily record (see appendix). The student is responsible for having the hours verified with a signature and ASHA certification number of the supervisor, and turning a copy of this report into the Clinical

Director at Misericordia University. The hours will then be given to the Clinical Administrative Assistant and further verified with the student's hours logged in the SharePoint data base at the end of each clinical experience.

In-House Clinical Assignments

Students assigned to the on-site clinic will receive their clinical assignments 4-5 days prior to the beginning of the semester. Students will generally have a schedule that includes individual clients and, where possible, group. Students will be assigned several clients per semester for hands on clinical experience. Students who have had some previous clinical experience may be asked to see an additional client if the clinical supervisor feels the student can handle it. It is advisable to have pediatric and adult experience before heading to your externship experience. Remember, current health care changes are increasing students' difficulty in earning all hours in externship experiences. Students are advised to earn as many clinical hours as possible during their initial practicum experiences.

Following the receipt of your clinic schedule, you will need to review the client file for each of their clients. Client files may not be removed from the department floor because of client confidentiality issues. Also, be aware of client confidentiality relative to paperwork, faxes, e-mail, and oral discussion. Do not leave paperwork with your client's name where others may have access to it. Files must be returned to their respective locations the same day they are checked out.

After completing your initial preparations to orient yourself to clients, please make an appointment to meet with the supervisor with whom you are scheduled to work to decide on your weekly supervisory conference meeting time. Each supervisor will post available meeting times for students on his/her office door prior to the opening of clinic. Please do not hesitate to ask for assistance. Notices of information are generally posted in the student room. Always check to see if the information you need is there for you.

Your initial meeting with your supervisor will allow for discussion and planning for each client. It is very important that you contact your clients to inform them of scheduled appointment times. **Do not contact your clients until after your initial supervisory meeting.** Clients are generally anxious for this information and you are encouraged to make initial contact calls in a timely manner. ALL client families must be contacted independent of the service delivery model utilized. Documentation of the contact call and all future contacts should be documented on the verbal telephone log (See Appendices). All log entries must be written in pen, must be signed with your full name, and must be dated. Students should refer to the *Patient Consent for use and Disclosure of Protected Treatment Information* (See appendix) prior to contacting their clients to determine the preferred way the client would like to be contacted and to determine if it is acceptable to leave a voice message should the client not answer the phone. Students who leave voice messages should state their name and indicate that they are calling from Misericordia University. Students should **not** say that they are calling from the Speech-Language and Hearing Center.

Students assigned to a clinical site off campus will need to follow the aforementioned regulations in addition to any policies set forth by that facility.

If a student receives a B- or lower (less than 83%) in a 500 or 600 level clinical course at the end of a semester, the student will be placed on clinical probation and must repeat the clinic. Students may be placed in a clinic with less than a total of four students for that clinical section and, may have additional supervisors to ensure that the student receives at least 25% supervision with each client/patient per session. In addition to providing written and verbal feedback the supervisor(s) may also assist these students in their treatment sessions to maximize the learning experience. The faculty and supervisors, therefore, are assured that the amount of supervision provided is in proportion to the student's needs.

The Clinic Director, with assistance from the clinical instructor from the previously failed clinic, will devise an individualized remediation plan. This individualized plan will be based on the specific needs of the student as outlined by the clinical instructor's written feedback/documentation and information provided on the Clinical Evaluation Form. The new clinical instructor will follow the remediation plan and will meet with the student at the end of each clinical day to review the student's performance and progress and provide ongoing feedback. Therapy observation summary reports, written documentation, and the Clinical Evaluation Form will be used to evaluate the student's ongoing performance throughout the repeated clinic. All documentation will be housed in the student's clinical binder and then scanned to digital format when the student leaves, is dismissed, or graduates from the program. If the student receives a B- or lower in a second clinic, the student will be dismissed from the program. To ensure that this procedure is applied consistently across all students who are identified as needing intervention, we complete a form that indicates whether or not a student has met, partially met, or not met the course objectives. If a student has not met or partially met an objective the deficiency will be noted on the form and the appropriate remediation plan will also be noted.

General Expectations of Clinic Students

1. Expectation is to abide by all policies in the student handbook for clinic as well as the expectations in your syllabus (this includes timeline deadlines).
2. In preparation for the semester, you should be watching recordings of your clients on VALT. Make notes of the clients likes and dislikes and what worked and what did not work and plan your sessions accordingly.
3. Students will be required to set up their own video schedules using VALT for clinic. Therefore, one room needs to be picked for each client for the semester. Changes may occur but then please remember to change the VALT schedule. If a client cancels or does not show, you are to record it on the designated form that will be on the supervisor's desk throughout the evening so the recording can then be deleted by the supervisor.
4. When setting up your therapy room, position yourself and the client strategically in the room to provide the best opportunity for video recordings.
5. You are expected to be in clinic the entire time of your scheduled clinic (2.5 hours per day). If you do not have scheduled clients then, please use this time wisely for observation, VALT watching etc. Take advantage of this available time to increase your knowledge of clinical activity.
6. When reviewing a chart for the first time, check to make sure that all consent forms are signed and dated. If a client/caregiver has not signed a form, have them do so when you meet them for the first time. If a form has not been co-signed, have your supervisor sign.
7. For many clients, you will need to consult with a specific faculty member. Be sure you do this BEFORE your initial meeting with your assigned supervisor. You should consult with Dr. Glen Tellis for fluency and Dr. Cari Tellis for voice. Be sure you are familiar with clients' diagnosis, goals, and recent progress so you can have a productive dialogue with the faculty member.
8. Respect all faculty and supervisors. Come prepared to your meetings. If you have a scheduled appointment, be on time. If you come during office hours and you see another student in the office, do not stand in the doorway or interrupt the meeting. Take a seat and wait your turn. If you have questions and you see your supervisor in the office, remember, he/she is probably busy. Faculty and supervisors will make every effort to meet to discuss your clients/concerns; however, do not expect them to drop everything to answer your questions. Politely ask if they are available and if not, come back when they say they will be free.
9. First supervisory meeting: Come prepared with knowledge of your clients, their goals and activities you are planning to use to address the goals. Your first week of lesson plans should be completed and brought with you. Lesson plans should include rationale for addressing each goal. You should also have treatment materials listed that you will use for each activity (page #'s if necessary, as well as copies made if possible) and procedure for completing each task. If you were unable to come to clinic the day of your session, would a peer be able to pick up your lesson plan and carry it out appropriately based on the information you have provided? This is how your lesson plans must be

written. This will be pertinent for the CLINIC SWAP that will occur twice during the semester. At the top of your lesson plan you should include the day you are seeing the client and the time of the session.

*Please also bring your charts so that we can refer to them as needed.

10. Please check Sharepoint and/or current charts for format of documentation
11. Students will be required to re-evaluate their clients at the beginning of the semester if they were not evaluated within the past year. A full report must follow this re-evaluation. If clients have been evaluated within the past year, then students will be required to evaluate one or more of their clients during the course of the semester as determined appropriate by you and your supervisor.
12. The names of tests should be in **bold print** and subtests *italicized*.
13. When writing/selecting goals for the semester, remember that your time frame for meeting those goals is approximately three (3) months. Make goals that are achievable within your timeframe for working with that client.
14. Goals should include baselines and reflect MUSTDO criteria (*measurable, understood, solution focused, time bound, doable, observable*).
15. Students are expected to be on time to clinic and for all sessions. Students, who arrive late on their clinical day will be dropped ½ of a letter grade for each week he/she is tardy. If your first client cancels, you should still arrive to clinic as scheduled.
16. Always come to clinic on time and ready to start therapy. Your room should be set up and ready to go for each client so that you take them on time. You may dismiss each client a few minutes early so you have time to provide education and carryover activities to the client/caregiver and prepare your room for your next client.
17. Apply academic knowledge to the clinical setting. This includes in the clinic as well as in discussions with your clinical supervisor.
18. Show the ability to modify therapy within the session and the treatment plan according to client performance.
19. In discussions with your supervisor, be reflective about your sessions of what went well and what you could do to improve your next session. It's a learning experience.
20. Professionally document clinic sessions in a way that is clear, concise, and shows analysis and reflection of the session using the SOAP format.
21. "S" section should state a subjective comment about your client's behavior. It is also good to mention here if homework was completed.
22. "O" section should include both independent data and cued data (ex: Jay independently produced /p/ in the initial position of words with 73% occurrence and increased to 86% accuracy with visual cues).
23. "A" section should not restate data nor state the activities client played.
24. "P" should include frequency of therapy and specific goals you will be addressing next session.
25. Optional clinic students should be using the SOAP format and include these letters in their notes. Graduate students should be using this format without the letters.
26. Make appropriate changes to SOAPS as noted by the supervisor and contact the supervisor to discuss comments if you do not understand the comments. All corrections should be highlighted.
27. Put cancellation/holiday/break SOAPS directly on yellow. State if they just did not show or if they called to cancel and the reason for the cancellation. You don't need a draft and there is no need to write out S O A P for cancellations.
28. ALL drafts should be submitted to your supervisor with each draft AND with the yellow final draft. Again, remember to highlight the corrected areas.
29. Journals should be used as a time of reflection to assist you to develop your clinical skills. Include what YOU did well and/or what your client is doing well and why. A negative experience should not include that your clients cancelled. You have no control over that. State what you learned, could have changed, and/or areas you need to improve upon.
30. Journals should vary every week...positives and negatives as well as your personal goals.
31. Timelines for all paperwork will be strictly enforced. Students who submit paperwork late will be dropped ½ of a letter grade for each week he/she is not compliant with time lines.

32. You need to check your mailbox and email daily for returned documentation/corrections. Generally speaking, corrections are to be made within a 24-hour period. Check paperwork timelines for specifics designated by your supervisor.
33. Students are responsible for providing their clients with supervisor approved weekly homework activities to maximize carryover across settings. Students assigned literacy clients will be responsible for keeping a literacy binder (with rules covered, practice activities, etc.) to send home each week and a copy of the binder in case the binder is not returned. All binders will be housed in the literacy cabinets at the end of the semester to ensure continuity of therapy each semester.
34. Students are responsible for communicating progress updates to clients and care givers.
35. Any paperwork you give to a client/caregiver (e.g., progress summary forms, homework, etc.) must be reviewed and approved by your supervisor. Your supervisor must co-sign all applicable documents.
36. Your signature and that of your supervisor must be on the same page as the document. If a document has multiple pages, that's OK; however, signatures cannot stand ALONE on a page.
37. When completing Treatment Plans and End of Semester Progress Summary reports, please highlight any new or revised goals. It helps me to see the modifications that you made.
37. If you need to participate in community service activities (hearing screenings, speech and language screenings, parent training workshops, etc.) during the semester and fail to participate in these scheduled or unscheduled events, your grade may be affected. They are an important component to your clinical work and require your involvement.
38. Please USE paperclips when handing in your drafts. DO NOT STAPLE any documentation. DO NOT staple final yellow copies.
39. Misericordia University Speech-Language and Hearing Center should be consistently used in all clinic documentation and referencing. It should be written exactly as noted above.
40. Use personal cell phones to communicate with clients and families at your own discretion.
41. Put your materials in designated areas after each session/evening ends. Please help to maintain clean and organized cabinets and a clinician's room. We will be conducting random "spot checks." If your materials are found, you will be held accountable, and it will have an impact on your grade.
42. DO NOT begin therapy until a supervisor is present and ready to supervise.
43. The Writing Rubric and observation forms will be used on a regular basis to provide students with feedback regarding their clinical abilities and written documentation. These forms will be utilized by your supervisor for grading purposes.
44. Students in graduate clinic will be involved in a Clinic Swap, on two separate occasions during the course of the semester. This swap will be unannounced. Your supervisor will provide you with additional information on this clinical activity as the semester progresses.
45. All students are required to write a Progress Summary Letter to the referring physician at the end of each semester. Students must ask caregiver for their approval before writing and sending this summary letter.
46. You are to utilize the Clinic Closeout form at the end of the semester prior to your final meeting with your supervisor. This means that each chart should be reviewed to ensure that all required documentation on the closeout form is present in the chart. If any document is missing, you will not be permitted to closeout with your supervisor. All documentation must be accounted for before you can closeout. Students will receive a ½ letter grade reduction for each chart that is incomplete.
47. Remember HIPPA. If you are discussing a client at any time with anyone (the client, your peers, family members, or faculty members), do so BEHIND closed doors.
48. When writing a supervisor's name and yours at the end of your lesson plans, tx plans and end of semester paperwork, please write:

Student Clinician

your name and credentials

Supervisor

*Your name should go first since the writing is essentially yours and not the work of your supervisor.

49. Please remember that I may be supervising up to 4 students/sessions at one time. If you need to

“pop” your head in for a quick question or concern, that is fine, but I may not be able to meet with you for a lengthy duration during those sessions. If a client should cancel and I have some available time, I will let you know. We will generally discuss your sessions at the end of the clinic evening or if time allows, throughout the evening.

50. Your supervisor’s primary means of communication with you will be via email. Please check it daily. You may email me at any time with any questions or concerns that arise. You may call him/her at any time for any situations that you feel need immediate/urgent attention. Please keep in mind that some supervisors will only be on campus on a regular basis during certain scheduled clinic hours. Supervisors will return emails and calls as soon as they are able to do so.
51. Students are responsible for developing and maintaining a Personal Clinic Materials Case during the course of the semester. This case should contain materials that may be useful in both the diagnostic and clinical settings. These cases will be checked by the assigned clinical supervisor at the time of close-outs at the end of the semester. Students will continue to add to their material cases in subsequent clinics.
52. Students who wish to take students off the clinic floor and/or off campus for therapy must follow the On-Off Campus Policy that is outlined in our online handbook. As stated in the policy, all caregivers must be made aware of our policy and sign the General Consent for On/Off Campus Therapy, before any minor can be taken off the clinic floor for therapy.
53. Supervisors’ primary means of communication with you will be via email. Please check it daily. You may email your supervisor at any time with any questions or concerns that arise. You may call him/her at any time for any situations that you feel need immediate/urgent attention. Please keep in mind that supervisors will only be on campus on a regular basis during their scheduled clinic hours and will return emails and calls as soon as they are able to do so.
54. Supervisors expect that you will come to them to discuss anything in question or any negative/positive concerns and thoughts you may have. Supervisors expect that you will ask to set up a time to meet to discuss any issues or questions you may have. Supervisors may not always be able to stay after the last clinic session to speak with you but remember, you can meet with your supervisor during scheduled office hours or by appointment. It is your responsibility to make your supervisor aware of concerns in order to address a situation. Remember that all the supervisors want you to succeed and our main goal as speech-language pathologists is to improve COMMUNICATION!!!!

By signing below, I understand what is expected of me in my upcoming clinic.

Student’s Signature

Date

Supervisor’s Signature

Date

General Expectations of Diagnostic Clinic Students

General:

1. Expectation is to abide by all policies in the student handbook for clinic as well as the expectations in your syllabus (this includes timeline deadlines).
2. You have been assigned one primary supervisor but you will have several supervisors throughout the course of the semester. ALL evaluation paperwork should go to the supervisor assigned to your evaluation. Your assigned supervisor should also sign your hours. Your Primary supervisor should receive your diagnostic observations forms and journals at the end of each week.

3. Every effort will be made to schedule evaluations so that you have adequate time to prepare; however, clients do occasionally cancel. In such cases, you may be assigned an evaluation with less preparation time.
4. Be sure to check SharePoint often for changes in the diagnostic schedule.
5. Students in diagnostic clinic maybe required to complete evaluations off campus. Your supervisor will provide you with additional information on this if applicable.
6. You must call to confirm your client's evaluation after your initial meeting with your supervisor. If they cancel, you MUST let the Clinical Director and your supervisor know immediately. If you have to leave a message and they do not get back to you in 24 hours you MUST let the Clinical Director and your supervisor know as well.
7. Students will be required to set up their own video recordings using VALT. If a client cancels or does not show, remind your supervisor to delete your recording. Check with your supervisor beforehand to see if he/she would like you to set up a recoding for the interview in a different room.
8. When setting up your therapy room, position yourself and the client strategically in the room to provide the best opportunity for video recordings.
9. Always come to clinic on time and ready to start therapy. Your room should be set up and ready to go for each client so that you take them on time. You may dismiss each client a few minutes early so you have time to provide education and carryover activities to the client/caregiver and prepare your room for your next client.
10. You are expected to be in clinic even if you are not assigned an evaluation for the week. If you do not have a scheduled evaluation you need to observe an evaluation that is taking place that day. Be sure to complete the appropriate observation form and give it to your assigned supervisor at the end of the week. It is wise to choose evaluations that are similar to those you may have coming up to further prepare yourself for your evaluation.
11. Students are expected to be on time to clinic and for all scheduled evaluations. Students, who arrive late on their clinical day will be dropped ½ of a letter grade for each week he/she is tardy. If your first client cancels, you should still arrive to clinic as scheduled.
12. In preparation for your evaluations you should watch recordings of past evaluations on VALT.
13. When a client arrives for the evaluation, check to make sure that all consent forms are signed and dated. If a client/caregiver has not signed a form, have them do so when you meet. If a form has not been co-signed, have your supervisor sign.
14. Remember HIPPA. If you are discussing a client at any time with anyone (the client, your peers, family members, or faculty members), do so BEHIND closed doors.
15. If you need to participate in community service activities (hearing screenings, speech and language screenings, parent training workshops, etc.) during the semester and fail to participate in these scheduled or unscheduled events, your grade may be affected. They are an important component to your clinical work and require your involvement.
16. Students are responsible for further developing and maintaining their Personal Clinic Materials Case and their portfolio during the course of the semester. These items will be checked by the assigned clinical supervisor at the time of close-outs at the end of the semester. Students will continue to add to their material cases in subsequent clinics.
17. Use personal cell phones to communicate with clients and families on your own discretion.
18. Put your materials in designated areas after each session/evening ends. Please help to maintain clean and organized cabinets and a clinician's room. We will be conducting random "spot checks. "If your materials are found, you will be held accountable, and it will have an impact on your grade.

Paperwork:

19. Most of your evaluations will be assigned in pairs. On occasion, you may be asked to complete an evaluation independently. For those evaluations done in pairs, remember that you and your partner are equally responsible for the evaluation report. You will both receive the same scores on the documentation form so you should check each other's work and make sure you agree with what is written before handing it in to your supervisor.

20. Timelines for all paperwork will be strictly enforced. Students who submit paperwork late will be dropped ½ of a letter grade for each week he/she is not compliant with time lines.
21. You need to check your mailbox and email daily for returned documentation/corrections. Generally speaking, corrections are to be made within a 24-hour period. Check your syllabus for specifics designated by your supervisor.
22. Supervisors will be responsible for giving your final Documentation Form, Specialist Form and Observation Form to your primary supervisor. It is the student's responsibility to make sure he/she has copies of all three documents and that his/her primary supervisor has all three copies as well.
23. Please check Sharepoint and/or current charts for format of documentation.
24. The Writing Rubric and observation forms will be used on a regular basis to provide students with feedback regarding their clinical abilities and written documentation. These forms will be utilized by your supervisor for grading purposes.
25. Evaluation reports should include Identifying information, Reason for Referral, History, Subjective findings, Summary (diagnosis, severity and prognosis), and a Plan and Recommendations.
26. Misericordia University Speech-Language and Hearing Center should be consistently used in all clinic documentation and referencing. It should be written exactly as noted above.
27. The names of tests should be in **bold print** and subtests *italicized*.
28. Goals should reflect MUSTDO criteria (*measurable, understood, solution focused, time bound, doable, observable*).
29. When writing short term goals for the semester, remember that your time frame for meeting those goals is approximately three (3) months. Make goals that are achievable within your timeframe for working with that client. Each report should include measureable long term goals with time frames (will vary according to diagnosis) as well.
30. Your signature, partner's signature, and that of your supervisor must be on the same page as the document. If a document has multiple pages, that's OK; however, signatures cannot stand ALONE on a page.
31. When writing a supervisor's name and yours at the end of your lesson plans, tx plans and end of semester paperwork, please write:

Student Clinician's Name

Supervisor's Name and Credentials

Student Clinician's Name

*Your name should go first since the writing is essentially yours and not the work of your supervisor. If there are two supervisors, then both names should be listed.

32. ALL drafts should be submitted to your supervisor with each draft AND with the yellow final draft. Again, remember to highlight the corrected areas. All test forms must accompany all drafts and corrections to any draft should be highlighted,
33. All drafts should be double spaced and on white paper. The final copy of every report should be single spaced and on yellow paper. All pages should be numbered.
34. Please USE paperclips when handing in your drafts. DO NOT STAPLE any documentation including journals. DO NOT staple final yellow copies.
35. All students are required to write a thank you for referral/summary letter to the referring physician at the end of each evaluation. Students must ask caregiver for their approval first before writing and sending this summary letter. This letter should accompany the initial draft of your report. If a letter is not needed, please make sure your supervisor is made aware of that request.
36. Journals should be used as a time of reflection to assist you to develop your clinical skills. Include what YOU did well and/or what your client is doing well and why. A negative experience should not include that your clients cancelled. You have no control over that. State what you learned, could have changed, and/or areas you need to improve upon.
37. Journals should vary every week...positives and negatives as well as your personal goals.

38. You are to utilize the Clinic Closeout form at the end of the semester prior to your final meeting with your supervisor. This means that each chart should be reviewed to ensure that all required documentation on the closeout form is present in the chart. If any document is missing, you will not be permitted to closeout with your supervisor. All documentation must be accounted for before you can closeout. Students will receive a ½ letter grade reduction for each chart that is incomplete.

Evaluations:

39. For many clients, you will need to consult with a specific faculty member. Be sure you do this BEFORE your initial meeting with your assigned supervisor. You should consult with Dr. Glen Tellis for fluency, Dr. Cari Tellis for voice, Dr. Scaler-Scott for literacy/cluttering, Dr Kisenweather for Dysphagia, and Dr. Tara O, Neill for AAC. Be sure you are familiar with clients' diagnosis, goals, and recent progress so you can have a productive dialogue with the faculty member.
40. Respect all faculty and supervisors. Come prepared to your meetings. If you have a scheduled appointment, be on time. If you come during office hours and you see another student in the office, do not stand in the doorway or interrupt the meeting. Take a seat and wait your turn. If you have questions and you see your supervisor in the office, remember, he/she is probably busy. Faculty and supervisors will make every effort to meet to discuss your clients/concerns; however, do not expect them to drop everything to answer your questions. Politely ask if they are available and if not, come back when they say they will be free.
41. For each initial supervisory meeting: Come prepared with knowledge of your clients, their suspected diagnosis, and tests and activities you are planning to use to adequately assess your clients.
42. Remember to bring a Specialist Form to all initial meetings with a specialist or assigned supervisor. If you meet with a supervisor first, the form should then accompany you to your meeting with your assigned supervisor.
43. When preparing for an evaluation you and your partner should decide on who is giving what test/ section of test. This should be documented on your workup plan.
44. Students are expected to have a thorough knowledge of test administration as well as how to score and interpret results. **Do Not** just familiarize yourself with your assigned portions though because if your partner is unable to make the evaluation, you may be asked to conduct the evaluation yourself.
45. Students should use one original test form for each test given. If two students are giving portions of a test, only one original form should be used. If you are both asked to score a test or, if you want to use two test forms, one should be a copy. Any information on a copy will need to be transferred to the original copy before submission with the initial draft.
46. DO NOT begin an evaluation until a supervisor is present and ready to supervise.
47. You will be expected to:
- Apply academic knowledge to the clinical setting. This includes in the clinic as well as in discussions with your clinical supervisor.
 - Modify therapy during the evaluation according to client performance.
48. Following most evaluations, you will be expected to immediately score your results and meet with your supervisor to discuss your diagnosis and recommendations. Have your test forms completed with the client's correct chronological age so you know where to look in the manual to score your results. Know what your standard/stanine scores mean.
49. In discussions with your supervisor, be reflective about your performance of what went well and what you could do to improve your next session. It's a learning experience.
50. Handouts MUST be provided for your clients following every evaluation. Handouts must be preapproved by your supervisor at least one day prior to the evaluation.
51. Any paperwork you give to a client/caregiver (e.g., progress summary forms, homework, etc.) must be reviewed and approved by your supervisor. Your supervisor must co-sign all applicable documents.
52. I will make every attempt to meet with you and your partner immediately after an evaluation to discuss your performance. If for some reason your supervisor cannot meet, a more suitable time will be arranged.

53. Supervisors' primary means of communication with you will be via email. Please check it daily. You may email your supervisor at any time with any questions or concerns that arise. You may call him/her at any time for any situations that you feel need immediate/urgent attention. Please keep in mind that supervisors will only be on campus on a regular basis during their scheduled clinic hours and will return emails and calls as soon as they are able to do so.
54. Supervisors expect that will you come to them to discuss anything in question or any negative/positive concerns and thoughts you may have. Supervisors expect that you will ask to set up a time to meet to discuss any issues or questions you may have. Supervisors may not always be able to stay after the last clinic session to speak with you but remember, you can meet with your supervisor during scheduled office hours or by appointment. It is your responsibility to make your supervisor aware of concerns in order to address a situation. Remember that all the supervisors want you to succeed and our main goal as speech-language pathologists is to improve COMMUNICATION!!!!

By signing below, I understand what is expected of me in my upcoming clinic.

Student's Signature

Date

Supervisor's Signature

Date

Externship Assignments

Prior to being assigned to an externship site:

- Students must have completed all 600 graduate level courses with the exception of SLP 660 Comprehensive Seminar in Speech Language Pathology and SLP 650 Professional Issues.
- Students must obtain a grade of B or better for all in-house and off-campus clinical assignments.
- Students must accrue at least 40 clinical clock hours.
- Students must maintain proof of all clinical clearance requirements including continued medical insurance coverage.
- Students must be approved for an off-campus placement by all clinical staff and faculty.

Upon Approval:

- Students must complete an externship application provided by the Clinical Director listing preferences for placement.
- Students must attend an externship orientation meeting at the beginning of the semester prior to first externship and a practicum meeting on-campus at Misericordia University at the end of the semester.
- Students must make an appointment with the Clinical Director to discuss individual needs and suitable placements.
- **Students are not allowed to contact an off-campus clinical site or supervisor to establish a fieldwork site or inquire about availability of a site without the permission of the Clinical Director.** This policy applies to family members or representatives of the student. **Any attempt to contact a site will result in a reduction in a clinical grade and will jeopardize placement in a facility.**
- The Clinical Director will give a list of established sites to the student; however, it is up to the discretion of the Clinical Director to determine which sites are suitable for a student based on the student's clinical and academic ability. A student could request a site that is not on the list of established sites; however, there is no guarantee that this site can be established and it may take longer for the Clinical Director to set up the site.

- If a site cannot be established within 2 months of the start date for a fieldwork (from the list of established sites or the sites that a student provides), the Clinical Director will place the student at an available site that may not be in a location of the student's choice. The approved site of the student's choice may take longer to establish than the 2-month window of confirmation. If a student chooses to wait for the site of his/her choice, the student may not receive confirmation until a week prior to the start date of the fieldwork.
- Clinical Director will notify student when successful contact has been made. Student may call site supervisor to make appointment for personal interview.
- Student and site supervisor will finalize terms of externship and complete and sign the *Terms of Externship Agreement* form. The student will return this form to the Clinical Director

Students Roles and Responsibilities for Fieldwork Placement

1. Guidelines for professional conduct at each externship site are those established by the site coordinators and supervisors of the individual sites. The student is responsible for following all guidelines outlined in the Misericordia University Speech-Language Pathology Handbook, as well as the externship site's policies and procedures manual to learn what is expected of him/her regarding such issues as dress code, schedules, attendance, report formats, confidentiality, conferences, and other matters.
2. Students should meet with the externship supervisor on site to discuss the externship and work schedule. The terms of the externship must be written down and signed by both the student and the supervisor at the beginning of the externship. This procedure will avoid any misunderstandings once the externship has commenced.
3. The work schedule at the externship site is to be followed by the student. For example, students should not plan to take off university holidays or days to study for exams or personal business. If attendance becomes a problem, the student's grade may be affected. "Call in" procedures for absences should be arranged in advance with the supervisor and should follow facility policy. All missed time must be made up at the end of the externship.
4. Externships will last a full 15-week semester. **The semester long commitment must be fulfilled even if the clinical clock hour requirement (400 hours) is met within the first few weeks of the externship.** The site supervisor, in conjunction with the Clinical Director, has the discretionary authority to require the student to extend the externship if the expected skills have not been acquired.
5. Students will assume responsibility for their own housing, transportation, parking, meals, lab coats, name badges (if required), and physical exams and inoculations (if required).
6. Students and supervisors must abide by the ASHA Code of Ethics. **If the student has a question about ethical conduct, it is the student's responsibility to contact the Clinical Director immediately.**
7. Students must understand that the first responsibility of the off – campus supervisor is to his / her own facility, and to the clients being served.
8. Once the externship begins the student is responsible for:
 - Maintaining confidentiality of client and facility information.
 - Reading and gaining familiarity with client records and pertinent background information.
 - Observing therapy and diagnostics for a period of time until the supervisor approves the student for beginning therapy (hours of observation time are not counted as clinical contact

time).

- Seeking information needed to do a diagnostic, plan a therapy program, and execute a therapy program. This may include independent research or specific assignments given to the student by the supervisor.
- Documenting client's performance according to the facility's common practice including progress notes, notes on charts, SOAP notes, etc.
- Participating in related clinical activities when requested by the supervisor such as staffing, team meetings, conferences with faculty members or families, and grand rounds.
- Establishing harmonious working relationships with colleagues and members of other professions within the facility.
- Keeping a record of his / her clinical clock hours. The form provided by Misericordia University must be used (See Appendix). If you find you are in jeopardy of not completing your required hours, please notify the Clinical Director well in advance of the end of the semester. This form must be initialed by the externship supervisor and must include his/her ASHA certification number, at the conclusion of the externship. The student is responsible for turning the original record of these forms to the Clinical Director. (The student maintains a copy of his or her clinical clock hours).
- Completing an externship facility evaluation to the University's externship coordinator. This evaluation is used to maintain current information on our off – campus sites, and is particularly helpful to fellow students in familiarizing themselves with various externship sites. The completed evaluation may be shared with the off -campus supervisor.
- Attending bimonthly online seminars to keep in close contact with Misericordia University's Clinical Director in the event of any concerns or difficulties. Don't wait until problems compound themselves before asking for help.

XIV. GENERAL CLINICAL AND FIELDWORK POLICIES AND PROCEDURES

Clinical Observation

Purpose: To outline the procedure for clinical observation.

Procedure:

1. Students are required to complete 25 hours of clinical observation of a certified speech-language pathologist.
2. All 25 hours of the ASHA required clinical observation must be done as part of the requirements of SLP 305-Observation and Clinical Procedures I, which is taken by traditional students in the spring semester of their sophomore year. It is necessary that each student observe: 5 hours of pediatric/school-based therapy, 5 hours of adult therapy (inpatient, outpatient and / or acute), and 15 additional hours in any combination of these two populations for the total of 25 hours.
3. Any non-traditional student who has had SLP 305-Observation and Clinical Procedures I waived must complete observation of: 5 hours of pediatric/school-based therapy, 5 hours of adult therapy inpatient, outpatient and / or acute), and 15 additional hours in any combination of these two populations for the total of 25 hours before commencing SLP 415-Observation and Clinical Procedures II.
4. Students will complete three additional observation hours through the Misericordia University Speech, Language, and Hearing Center in conjunction with assignments for SLP 415-Observation and Clinical Methods II. These observation hours will be part of a student clinician shadowing experience and will culminate in each student's first .25- hour clinical intervention experience (Please refer to SLP 415-Observation and Clinical Procedures II Syllabus).
5. All 25 observation hours must be completed prior to participating in any active clinical intervention.
6. Documentation for each clinical observation must be completed on a Clinical Observation Summary Report Form (see appendix).

7. All Clinical Observation-Summary Report Forms must be completed by the student and signed by the certified speech-language pathologist who has been observed. Each form must contain the certified speech-language pathologist's ASHA certification number in order to be valid. For the additional observation hours completed as part of the SLP 415 shadowing experience, the signature and ASHA number of the clinical supervisor observing each session must be obtained.
8. The white copy of all documentation for clinical observations will be filed in the student's clinical binder. The student should keep the yellow copy for their records.

Clinical Clearances for the Purpose of Obtaining Clinical Observations, Completing Coursework Assignments, and Providing Clinical Services

Purpose:

To outline the procedure for obtaining the essential clinical clearances necessary to obtain the required 25 observation hours prior to beginning clinic and to provide clinical services on and off campus.

Procedure:

1. All traditional students will need to obtain the following essential clinical clearances prior to entering the Misericordia University Speech-Language Pathology program:
 - Pennsylvania Criminal Background Check
 - Pennsylvania Child Abuse Clearance
 - FBI Clearance (Department of Education)
2. Pennsylvania clearances can be obtained using the following link: <http://www.education.pa.gov/Teachers%20-%20Administrators/Background%20checks/Pages/Federal-Criminal-History-Background-Checks.aspx#tab-1>
 The Pennsylvania Department of Human Services and Education utilize [IDEMIA](#) to process fingerprint-based FBI criminal background checks. Pre-registration is required. To pre-register for a FBI background check and/or find a fingerprinting location, applicants should access <https://www.identogo.com/>
 The code needed to obtain the FBI Clearance through the department of Education is: **1KG6RT**
3. All students will obtain the three aforementioned Pennsylvania clearances prior to beginning their freshmen year (45-day Grace Period).
4. The Pennsylvania Child Abuse Clearance, Criminal Background Check, and FBI clearance will need to be obtained prior to the student's freshman year and again by July 31st just prior to entering the student's 2nd year of graduate school. Student's participating in a fieldwork placement outside of PA will not be required to renew their PA clearances; however, they will need to obtain clearances required by the state in which they will be residing for their fieldwork placement. If no, clearances are required for an out of state placement, the student must obtain Pennsylvania clearances.
5. Students who are placed off campus for a clinical rotation may be asked to renew these clearances sooner. The clinical director will let you know if your clearances need to be renewed at an earlier date.
6. The cost of all clearances will be at the student's expense.
7. If a student fails to submit any of the required clearances prior to their freshmen year (45-day Grace Period), that student may have difficulty obtaining observation hours and will not be allowed to complete coursework assignments outside the classroom. No faculty or staff member or the Clinical Director will be held accountable for any student who is unable to obtain his/her observation hours and/or complete assignments due to insufficient clearances, as it is the student's responsibility to obtain the required clearances.
8. If a student fails to follow the guidelines for renewal of clearances, that student will not be allowed to participate in any fieldwork practicum.
9. The Administrative Assistant will log all clearance information into the SharePoint data base.

10. Students should keep copies of their clearances so they have proof when they begin setting up observations.
11. Non-traditional students will need to obtain these clearances on their own. The Clinical Director in conjunction with the Clinical Administrative Assistant will guide the student through the clinical clearance process prior to the start of clinic.

*Please see the College of Health Sciences and Education Clinical Polices for specific information about obtaining clinical clearances and procedures for a positive finding in any criminal clearance or drug screening.

Confidentiality Statement

Purpose: To outline the procedure to ensure students maintain patient confidentiality during coursework, supervised observations, and practicum experiences.

Procedure:

1. All speech-language pathology students will review and sign the Misericordia University Confidentiality Statement prior to participating in any observations or clinical education experiences.
2. Traditional students will sign this statement in the presence of a faculty member when they take SLP 305- Observations and Clinical Procedures I in the spring of their sophomore year.
3. Non-traditional students will need to contact the Clinical Director or a faculty member to obtain and sign this statement.
4. All students will sign the Misericordia University Confidentiality Statement again during their initial clinical orientation and at the commencement of all subsequent clinics.
5. Signed Confidentiality Statement forms will be kept on file in the student's clinical binder.
6. Any student who violates a patient's confidentiality will be subject to a letter grade reduction and/or dismissal from the Speech-Language Pathology program. Consequences for violation of patient confidentiality will be at the discretion of the faculty member, Clinical Director, or clinical supervisor, working with the student at the time the violation is identified.

HIPAA Policy

Purpose: To outline the procedure that upholds privacy act regulations and confidentiality.

Procedure:

1. All students will be required to complete the two-part HIPAA training online course during their freshmen year. Transfer students will be required to complete HIPAA training upon acceptance into the speech-language pathology program.
2. Students will receive an email from WordPress@ (www.discoveringhipaa.com) during the fall semester of their freshmen year. Transfer students will receive the link upon admittance into the program. WordPress will provide each student with a username, temporary password, and a link to reset their passwords.
3. To change the temporary password, it may be necessary for students to log off and back on to access the courses.
4. Once a new password has been created, students should follow the instructions to take the courses.
 - *Accessing and Sharing; Provider*
 - *Understanding HIPAA*
5. Following successful completion of both courses students will need to download and print their certificate of completion.
6. Students will provide a copy of this certificate to the Clinical Administrative Assistant following completion of the course.
6. The Clinical Administrative Assistant will record each student's training on the SharePoint Network and place a copy of the certificate in each student's clinical binder.

7. Any student who has not successfully completed the online HIPAA training course will not be allowed to participate in activities in the clinic until the training is complete.
8. Any student who violates a HIPAA regulation will be subject to a letter grade reduction and/or dismissal from the Speech-Language Pathology program. Consequences for violation of any HIPAA regulation will be at the discretion of the faculty member, clinical director, or clinical supervisor, working with the student at the time the violation is identified.

Revised: 12/04/2018

Communicable Disease (Blood Borne Pathogen) Policy

Purpose: To outline the standard clinical procedure for patients and students identified as having a communicable disease as well as to establish a code of professional conduct/patient care for student behavior with regard to a fellow student, hospital employee, or patient identified or perceived to have a communicable disease.

Procedure:

1. Students will follow the Communicable Disease Policy relative to patients as subscribed to by the clinical education center to which they are assigned as well as those described by the Center for Disease Control (CDC).
2. Students will follow the Communicable Disease Policy of the clinical education center to which they are assigned relative to employment of infected employees in the event he/she identifies themselves or is identified as having a communicable disease.
3. In the event the clinical education center to which you are assigned does not have a policy regarding employment of employees with a communicable disease, the Department of Speech-Language Pathology supports and will follow the university policy which subscribes to the following philosophy: "Access to Academics: Where under the control of the University, persons with HIV infection (sic-communicable disease) will not be denied access to classes, field placement, internship programs, etc." (Excerpt from Misericordia University's policy on file in the Dean of Student's office).
4. Because Universal precautions are required when dealing with any and all patients, this applies to all students experiencing their clinical portion of the program as well. In turn, reciprocity to protect patients should already be occurring.
5. As stated in the current, clinical education center agreement between Misericordia University and each facility, the facility will provide the same medical care as if afforded paid employees of the institution regarding emergency care relative to the communicable disease, e.g. HIV infection.
6. Any student who refuses or fails to work with a fellow student or hospital employee, or provide proper care for a patient in their charge known or perceived to have a communicable disease, will be required to undergo counseling with respect to communicable diseases and the care and treatment of such infected patients and/or coworkers.
7. In the event a student continues to refuse to perform their clinical duties as expected, they will be subject to the Program's disciplinary process.

Essential Functions of Speech-Language Pathology Document

In compliance with Title III of the Federal Americans with Disabilities Act of 1990, this document presents a list of essential functions for students in the Speech-Language Pathology Major at Misericordia University. Essential functions are defined as those skills that all Speech-Language Pathology students must have the capacity to complete with or without reasonable accommodations.

To ensure that students, faculty, colleagues, and patients are not placed in jeopardy by students with impaired intellectual, physical, or emotional functions a qualified student must:

- have vocationally adequate hearing and visual acuity with or without an aide
- be able to read, write, and speak English with efficiency
- have independent gross and fine motor capabilities that are within functional limits for daily provisions of therapy
- be able to learn, think critically, analyze, assess, and reason appropriately
- demonstrate emotional stability and the ability to accept responsibility and accountability in demanding situations
- speak English intelligibly
- maintain attention and concentration for an extended period of time (1-2 hours/session or class)

Students are responsible for completing the Essential Functions form (See appendix) prior to entering the program as a freshman. This form is initially housed in the student's academic binder. Students are then required to have their family physician complete the Essential Functions form at the end of their sophomore year and at the end of each subsequent year through their senior year. This form is part of the student's health clearance and is submitted to the Clinical Director with the student's clinical clearances by July 31 prior to the commencement of each school year. This form is then filed in the student's clinical binder. If a student cannot demonstrate the skills and abilities listed above, it is the responsibility of the student to request accommodations by applying for the ALP program or by completing the Disability Declaration form provided by Admissions. Once it is determined those accommodations are appropriate then a plan of accommodation (POA) will be developed collaboratively by the ALP Specialist and designated health science representative.

If a student's health status should change and the student is no longer able to participate in the classroom or clinical setting, it is the responsibility of the student to notify the Department Chair or Administrative Assistant. The person notified would ensure that the proper documentation is received from the student's health care provider and that information would be shared with the Director of Health Services. For more information regarding requesting reasonable accommodations refer to the current Misericordia University Undergraduate Catalog or contact the Assistant Dean of Students at (570) 674-6304.

By signing this statement, I concur that I am fully capable of executing the aforementioned essential functions of speech-language pathology.

Student's

Name _____

Student's Signature _____ Date _____

Department of Speech-Language Pathology Essential Functions Document

Program Applicant Agreement Statement

As a student in the Speech Language Pathology program, my signature below indicates that I have read:

- The essential functions document
- I agree with the contents; and I am committed to the policies

- I understand my rights with respect to accommodations and that if I seek such accommodations, it is my responsibility to disclose the disability for which I am seeking accommodations through Misericordia OfimmunizatAfice of Disability Resources.
- I understand that once the Office of Disability Resources notifies the program and/or faculty of my need for accommodations, the program in which I am enrolled will provide reasonable accommodations in the classroom, laboratory and clinical setting.
- I may be advised to discontinue the program should I fail to demonstrate all of the essential functions despite reasonable accommodations and reasonable levels of support from the faculty.
- The program may be unable to make accommodations due to cognitive or physical disabilities that preclude participation in skill required coursework, testing, laboratory or clinical activities.
- In the event reasonable accommodations cannot be made due to cognitive or physical disabilities that preclude participation in skill required coursework, testing or clinical I may be advised to discontinue the program.
- I am responsible to communicate necessary accommodations to my assigned clinical site; however, such accommodations in the clinical environment may not be feasible. Clinical accommodations are beyond the University's control and when not feasible may preclude clinical placement and prohibit me from completing the program.

Signature

Date

I understand that Misericordia University's Speech-Language Pathology Department accepts but cannot guarantee clinical placement requests.

Revised 05/2015

Department of Speech-Language Pathology Clearance Letter to Incoming Freshmen



Department of Speech-Language Pathology

MISERICORDIA
UNIVERSITY

This letter is to inform you of the background and health clearances you will need to obtain prior to beginning your freshman year at Misericordia University. You will need these clearances to participate in campus wide events involving children and adults, complete clinical observations, and fulfill clinical and fieldwork requirements necessary to graduate with a degree in speech-language pathology. **Students who fail to obtain any of the required clearances will not be allowed to enter into the Speech-Language Pathology program at Misericordia University.**

The clearances* you will need to obtain include:

- Pennsylvania Criminal Background Check (**Reason for clearance- volunteer**)
- Pennsylvania Child Abuse Clearance (**Reason for clearance- volunteer**)
- Federal Bureau Investigation (FBI) Clearance from the **Department of Education**
- Initial health clearance (form below) which **MUST** include proof of a 2-step PPD and all immunizations listed on the attached form. **This health form is required by the CHSE and is different than the one required by the University. You family physician will need to complete BOTH health forms.**

*Background check clearances are required by the Speech-Language Pathology (SLP) Department; therefore, a copy should be sent to the Clinical Administrative Assistant in the SLP Department. There are separate health forms for the University and the SLP Department. The attached health form **MUST** be returned to the SLP department. The University health form should be uploaded using the Magnus Health (SMR) Student Medical Record portal. If you have questions contact, Tracey O'Day via email: today.misericordia.edu or via phone: 570-674-6724

To obtain the required background check clearances use the following link. <http://www.education.pa.gov/Teachers%20-%20Administrators/Background%20checks/Pages/Federal-Criminal-History-Background-Checks.aspx#tab-1>

The Pennsylvania Department of Human Services and Education utilize [IDEMIA](#) to process fingerprint-based FBI criminal background checks. Pre-registration is required. To pre-register for an FBI background check and/or find a fingerprinting location, applicants should access <https://www.identogo.com/>

The code needed to obtain the FBI Clearance through the department of Education is: **1KG6RT**

Students are responsible for all fees associated with obtaining their health and FBI clearances. Students can obtain the Criminal Background Check and Child Abuse Clearance free of charge if he/she registers as a “**volunteer.**”

Please send verification of all required background check clearances and completed initial health form in confidence by June 1 to: Lori Cimino, Clinical Director, Speech-Language Pathology Department, Misericordia University, 301 Lake Street, Dallas, PA 18612.

Dress Code/Personal Hygiene Policy

The faculty and staff of the Misericordia University Speech-Language Pathology Department believe it is imperative that students dress professionally at all times when observing and/or working in any clinical setting on and off-campus. **Students in the clinical area, not in proper dress, will not be permitted to observe and/or perform patient/client care.** The following dress code is strictly enforced.

Appropriate attire for female students includes:

- casual slacks/blouses/sweaters
- dresses
- skirts
- casual, dress shoes
- closed toe shoes
- Stockings are required with dresses and skirts

Appropriate attire for male students includes:

- golf shirts/sweaters
- casual/dress pants
- dress shirt/tie
- casual/dress shoes

***Name tags must be worn at all times in the clinical area.**

Students are not permitted to wear:

- jeans
- sweatpants, sweatshirts
- tank tops, halters, sleeveless tops, T-shirts
- shirts exposing the mid-drift area
- dangling jewelry, tongue or nose piercing or rings
- sandals/ flip flops/sneakers
- shorts
- tattoos must be covered

In regards to personal hygiene:

- Hair should be worn in good taste, out of the face, and if necessary, tied back to prevent it from coming in contact with the patient/client. Hair color should be natural in color.
- Deodorants and perfumes or colognes may be worn; however, the scent must be minimal and non-offensive.
- Jewelry may be worn, however, no hanging (long chains, bracelets, hoop or dangle earrings) jewelry will be tolerated.
- Fingernail length should not be excessive for patient/client comfort and safety.
- Beards and/or mustaches must be neatly groomed. Those without beards or mustaches must be clean shaven daily.

Name Tags

A Misericordia University name badge must be worn at all times during on-site clinical and fieldwork education unless otherwise determined by the individual clinical facility. Students will be issued name tags at the commencement of their clinical experience. Students may be required to wear lab coats at certain practicum sites. Lab coats can be purchased at any uniform store the student's expense.

Clinical/Fieldwork Student Evaluation Policy

Purpose: The faculty and staff of Misericordia University's Department of Speech-Language Pathology designed clinical education to give our undergraduate and graduate students an opportunity to immerse themselves in the daily operation of classrooms and clinics run by certified speech-language pathologists. In doing so, our students can learn more about speech-language pathology by applying the knowledge and skills they learned while enrolled in Misericordia University's speech-language pathology classes.

Procedure:

1. University Clinical Supervisors will formally evaluate students assigned to an on-site or off campus clinic twice each fall and spring semester (mid-term and final) using the *Clinical Education Performance Evaluation Form* (see appendix). Students will only receive one performance evaluation during summer sessions. This student performance assessment appraises the competency levels for evaluation, intervention, and interaction and personal quality skills necessary for graduate students of speech-language pathology to ensure readiness for entry level practice. Instructions for the use of the form are provided in the introduction section of the form.
2. Using this evaluation form, university supervisors will assign grades based on the total number of points received for each competency and any additional information documented throughout the course of the clinical rotation (i.e., timely completion of paperwork, completion of self evaluations and journals, attendance).
3. Clinical Instructors (CI), who are not employees of Misericordia University, assigned to supervise students during an off-campus clinic or Fieldwork I, II, or III placement will use the *Clinical Education Performance Evaluation Form* twice each semester (mid-term and final) to evaluate a student's performance. CI is only responsible for allotting a student a specific number of points in any competency area. It is the responsibility of the University Clinical Supervisor to assign a student's final clinical grade based on total number of points received for each competency, telephone and/or personal supervisory conferences, written information documented in the CI report, information documented by the University Clinical Supervisor during the fieldwork site visit (if applicable), and any additional information obtained and documented between the CI and the University Clinical Supervisor (if applicable).
4. In cases where the University Clinical Supervisor believes that a student is struggling (based on the CI reports and observations made by the University Clinical Supervisor) in the clinical setting, the supervisor may choose to complete a *Clinical Education Performance Evaluation Form* (mid-term and final) based on information documented in the CI evaluation report, telephone and/or personal supervisory conferences, information documented by the University Clinical Supervisor during the fieldwork site visit (s), and any additional information obtained and documented between the CI and the University Clinical Supervisor. This information in

conjunction with the information provided by the CI will be used by the University Clinical Supervisor to determine the student's grade (mid-term and final).

5. Graduate Students, completing externships for student teaching certification, will be evaluated by the University Clinical Supervisor using the *Pennsylvania Statewide Evaluation Form for Student Professional Knowledge and Practice* (see appendix) in addition to the aforementioned procedures.
6. University Clinical Supervisors do not issue a student greater than 89 points (see Appendix for *Supervisor Evaluation Form*) in any area at mid-term. A CI assigned to supervise students off campus will follow the same policy. If a student receives less than 83 points in any area at mid-term, detailed notes and documentation must accompany all evaluation reports (mid-term and final) so the student is aware of the reason for the points received. If a student receives less than 83 points in any area at mid-term, then weekly documentation and notes are necessary to provide the student with feedback about clinical performance. All students must sign all documents and feedback provided by the supervisor.

Clinical/Fieldwork Student Self-Evaluations and Clinical Journals Policy

Purpose: The faculty and staff of Misericordia University's Department of Speech-Language Pathology believe self-assessment is a vital skill for effective professional development.

The following guidelines were established to outline the procedure for a student's self-assessment of their own clinical competencies.

Procedure:

1. Students assigned to an on-site or off-campus clinic will complete a *Student Self-Assessment of Clinical Competencies Form* (see appendix) at mid-term and at the end of the semester. This form will be reviewed and signed by the University Clinical Supervisor at the time of the student's performance evaluation. The form will then be placed in the student clinical binder.
2. Students assigned to a fieldwork site will complete and review their self-evaluations with their Clinical Instructor (CI). The CI will sign the form indicating that it has been reviewed. The student will then turn the form into the University Clinical Supervisor who will place the form in the student's clinical binder.
3. Students assigned to an on-site or off-campus clinic will complete *Weekly Clinical Journals* (see appendix) to reflect on personal clinical experiences. Journals will be reviewed and signed by the University Clinical Supervisor during the student's weekly clinical supervisory meeting. All journals will be returned to the student once reviewed.
4. Students assigned to a fieldwork site will complete and review their *Weekly Clinical Journals* with their CI. The CI will sign the journals indicating that they have been reviewed. The student will then turn the journals into the University Clinical Supervisor at mid-term and at the end of the semester. Clinical journals for fieldwork students will be discarded unless the student requests otherwise.

Clinical Probation/Dismissal Policy

Purpose:

To outline the procedure that is necessary for maintaining clinical privileges.

Procedure:

1. Any student who receives a grade B- or lower in any 500 and/or 600 level graduate clinical course will be placed on clinical probation for 1 year. The student has one opportunity to retake the failed clinic or fieldwork and receive a “B” or better. If the student achieves a B or better in the repeated clinic or fieldwork, he/she will be removed from clinical probation; however, the previous failing grade (B- or lower) will remain on the student’s transcript (a grade replacement will not be allowed). If a student passes the previously failed clinic and the student’s GPA falls below 3.5 because of the failed clinic, the student will be placed on academic probation for 1 year. At the end of the year, if the GPA is not 3.5 or higher, the student will be dismissed from the program. Students may only remain on probation **once** during the entire academic and clinical program. If the student fails to achieve a grade of “B” or better in a repeated 500 and/or 600 level graduate clinical course or if the student fails a subsequent clinic, he/she will be dismissed from the program. **A student who fails any two clinical courses will be dismissed from the program.**
2. If a student is dismissed by a CI or University Clinical Supervisor from any 500 and/or 600 graduate clinical course during a semester, the student will be placed on clinical probation for 1 year and be given a failing clinical grade of B- or a grade commensurate with the failing grade received at midterm. The student will not be reassigned to a clinic or placed at another site until the following semester. If the student is dismissed from a school placement during the semester the student will not be placed in another school setting until the following semester of that year. If a student is dismissed from a school placement during the spring semester the student will not be placed in another school setting until the fall semester of that year. If the student fails to achieve a grade of “B” or better in the repeated 500 and/or 600 level graduate clinical course **or** if the student fails a subsequent clinic, he/she will be dismissed from the program. **A student who fails any two clinical courses will be dismissed from the program.**
3. Students who are dismissed from a 600 level clinical course by a CI and/or University Supervisor will be required to retake the repeated clinical course in a similar setting within a 30-mile radius of Misericordia University. If the student needs to take an additional 600 level clinical course to meet graduation requirements, that clinical course may also need to be completed within a 30-mile radius of Misericordia University regardless of whether it is taken before or after the repeated clinical course.
4. Students who drop their enrollment in any 500 and/or 600 level graduate clinical course will be placed on clinical probation for 1 year and receive an IP grade. The student will not be reassigned to a clinic or be placed at another site until the following semester. The IP grade will remain until the student successfully completes the clinical course. If the student fails to achieve a grade of “B” or better in the repeated 500 and/or 600 level graduate clinical course **and** if the student fails a subsequent clinic, he/she will be dismissed from the program. **A student who fails any two clinical courses will be dismissed from the program.**
 - a. Exceptions for dropping a clinic may be made for severe illness, family emergencies, etc. If a student drops a second clinical course, he/she will be dismissed from the program.

5. First year (seniors) graduate students who are placed on clinical probation may be placed on or off-campus, at the discretion of the Clinical Director.
6. Second year graduate students who are placed on clinical probation must complete all their fieldwork placements within 30 miles of Misericordia University.

Fieldwork Remediation Policy

Students who receive a B- or lower in a fieldwork course (SLP 610/SLP620), will be placed on clinical probation and must take SLP 630 in accordance with timelines outlined in the Clinical Probation Dismissal Policy. The Clinic Director, will use the Clinical Evaluation Form and any documentation provided by the fieldwork CI to devise an individualized remediation plan specific to the needs of the student. This remediation plan may require the student to complete additional assignments that the Clinical Director deems appropriate (this could include but is not limited to observing additional therapy or SimuCases, viewing and critiquing past clinical sessions, researching speech disorders, evaluating and treating clients in our on-campus clinic or off campus, etc.). In cases where the student is given additional assignments, the Clinical Director will meet with the student at times specified in the remediation plan to review the student's performance and progress. The student may also be referred to the SSC for additional support during this time. Detailed written documentation, observation summary reports (if applicable), and/ or a rubric will be used to evaluate the student's performance and, if the student meets criteria and demonstrates improvement, h/she will be placed at a site similar to the one the student failed. The site will be within a 30-mile radius of Misericordia University so the Clinical Director can make frequent visits if necessary. All documentation will be housed in the student's clinical binder and then scanned to digital format when the student leaves, is dismissed, or graduates from the program. If the student receives a B- or lower in a second fieldwork, the student will be dismissed from the program. To ensure that this procedure is applied consistently across all students who are identified as needing intervention, we complete a form that indicates whether or not a student has met, partially met, or not met the course objectives. If a student has not met or partially met an objective the deficiency will be noted on the form and the appropriate remediation plan will also be noted.

Professional Behaviors Policy

Purpose: To outline the professional guidelines in the following areas: 1. personal conduct, 3. clinical absences, 4. tardiness, 5. unpreparedness, and 5. clinical responsibilities.

Procedure:

Student must:

1. Demonstrate respect to clients, caregivers, peers, staff, and faculty in any clinical environment and classroom settings.
2. Immediately contact the Clinical Director at Misericordia University and the Clinical Supervisor to cancel therapy in the event of an injury or illness. Once the Clinical Director and supervisor has been informed and approves the absence, the Administrative Assistant and client(s) should be notified if appropriate. Clinical practicum is not to be cancelled for any reason other than an illness or emergency situation.
3. Notify the Clinical Supervisor and client, if appropriate, if they are going to be late for a therapy session.
4. Have a lesson plan and equipment ready ahead of time for each clinical day. For diagnostics, have equipment, tests, and pertinent data on hand.
5. Ensure that the Clinical Supervisor is continually informed about each client through lesson plans, consultation, client evaluations, and semester reports. It is also the student's duty to get needed information and complete follow-up procedures that have been discussed.

Professional Behaviors and Incident Procedures

Purpose: To outline the procedure to be followed for completing the Professional Behavior Incident Form in the event a student violates any professional behavior (see appendix).

Procedure:

1. Students are required to follow the professional behaviors as listed above. **Students who breach any of the professional behaviors either in the classroom or clinical site, may be subject to delay in completion of the program or may face dismissal from the program.**
2. Any breach of a professional behavior, will be recorded by the University Clinical Supervisor on the Professional Behavior Incident Form.
3. The instructor and student will review the incident and the repercussions. The student will be given the opportunity to write comments on the Professional Behaviors Incident Form before signing and dating that the incident was reviewed with him/her.
 - a. The instructor will place the signed Professional Behaviors Incident Form in the student's administrative file.
4. Should a second professional incident occur, the Clinical Director, the University Supervisor, or the Clinical Instructor, and the student will review the second violation and a meeting will be established with the student and all the above parties. A plan of action will be determined. All appropriate parties will be forwarded a copy of the signed and dated Professional Behaviors Incident Form.
5. Repercussions may include, but are not limited to:
 - Refer for counseling evaluation
 - Remedial plan
 - Delay in completion of the program
 - 1-year probationary period
 - Dismissal from the program

In most instances a second violation will result in dismissal from the program.

Attendance Policy

Purpose: To outline the procedure for canceling clinic due to an illness or emergency situation.

Procedure:

1. Attendance is **mandatory** during all on and off-site clinical education experiences and fieldwork experiences.
2. Students will be allowed up to two absences per clinical and/or fieldwork rotation.
3. Should a student need to cancel clinic he/she must notify their clinical and/or fieldwork supervisor, **and** the Clinical Director and/or the Clinical Administrative Assistant at Misericordia University of any absence via email and by telephone at least one hour prior to the beginning of a clinic day.
4. The student **must** personally speak with his/her supervisor and the Clinical Administrative Assistant and/or Clinical Director in addition to sending an email.
5. Students working in the on-campus clinic **must** maintain an updated copy of their clients' phone numbers. Should the Clinical Administrative Assistant and/or the Clinical Director be unable to cancel the student's clients, it will be the student's responsibility to contact his/her clients to inform them of their cancelation. Students must document all phone calls made to family members using the client Telephone Log located in the client's chart.
6. Sickness and emergencies are excused absences; however, written documentation may be required. A physician's excuse is required by the Clinical Director or by the individual clinical education site if illness exceeds 3 days.
7. Rescheduling of missed clinical time is dependent on the discretion of the clinical or fieldwork supervisor and/or Clinical Director. These arrangements will be made at the

- convenience of the faculty and the affiliating agency.
8. If the student anticipates being late or needs to leave the clinical site early, the student **must** notify his/her clinical and/or fieldwork supervisor, and the Clinical Director and/or the Clinical Administrative Assistant at Misericordia University via email and telephone. Additionally, all fieldwork students must notify the Clinical Director at Misericordia University via email and telephone of any changes in their clinical schedule that relate to supervisor illness, scheduled in-services, etc.
 9. Every effort must be made to avoid absences and tardiness during clinical education.
 10. A student who accumulates more than two inexcusable absences and/or who fails to appropriately notify the clinical supervisor and/or externship supervisor and Clinical Director and/or Clinical Administrative Assistant at Misericordia University of any absence or tardiness will be subject to disciplinary action by the Clinical Director which will include a letter grade reduction for each unexcused absence or tardiness.
 11. Consequences for failure to adequately follow this attendance policy will be at the discretion of the clinical/fieldwork supervisor and/or Clinical Director.

Make-up of Clinical Hours Policy

Purpose: To outline the procedure for rescheduling cancelled clinical assignments.

Procedure:

1. Clinical make up time is defined as time owed for cancellations by the student.
2. Upon returning to the clinical/fieldwork site, the student shall arrange to make up the absent/tardy time agreed upon by the University Clinical Supervisor or Clinical Instructor (CI). Students owing make up time at the completion of any clinical semester will be issued a grade of "I" (Incomplete). The incomplete grade will remain until the time is made up and incomplete contract is fulfilled.
3. If the University Clinical Supervisor approves an incomplete contract the student is responsible for filing the incomplete contract at Misericordia University. See the university calendar for deadline to remove incomplete grades.
4. If the student fails to make an effort to make time up, the University Clinical Supervisor shall notify the Clinical Director and Department Chair and the student will be subject to clinical probation.

Illness and Injury during the Clinical Day

Purpose: To outline the procedure for action regarding the student who becomes ill or is injured during the clinical day.

Procedure:

1. See the clinical education center's handbook for specific school/clinic policies regarding illness or injury.
2. The student will incur expenses if such arise due to this illness or injury.
3. If the student refuses emergency room treatment, a release of responsibility form must be signed.
4. Individual situations will be left to the discretion of the Clinical Director.
5. If a student is injured at the clinical education center or at an offsite center, an incident report must be completed and signed by the student and Misericordia University Clinical Director. Forms may be secured through the Misericordia University Student Health Center. The original form will be maintained in the student's file at the Misericordia University Student Health Center.

Clinical Incident Report

Purpose: To outline the procedure for reporting incidents or unusual occurrences involving a Misericordia University Health Sciences student who is participating in a clinical education experience. An incident is defined as any occurrence out of the normal operation of the institution. The incident may result in an injury or a situation that could cause an injury to a patient, staff, or student. Any situation when an incident report is filed at a clinical education site, a Misericordia University *Clinical Incident Report Form* (see appendix) must be filed.

Procedure:

1. See the clinical education site's documentation for specific policies regarding reporting of clinical incidents.
2. Only in the event of any student injury is the signature of the student (in the appropriate space) required in section V of the "Clinical Incident Report."
3. In the event of any student injury where treatment is not covered by the individual clinical education site, the student will incur the expense.
4. Forms for reporting clinical incidents may be obtained from the department's Clinical Administrative Assistant.
5. This form must be completed by the student's clinical supervisor and signed by both the student and the clinical supervisor.
6. The original report will be forwarded to the department's chairperson. Copies will be distributed as follows: the gold copy to the student, the pink copy to the controller's office, and the yellow copy in the student's department file. Additionally, if a student sustained an injury the Director of the Student Health Center will also receive a copy of the report.

Clinical Assignments Policy

Purpose: To outline the procedure for the distribution of students into sections for clinical education courses.

Procedure:

1. The Clinical Director in conjunction with the Department Chair will assign students to clinic.
2. Each student will complete two clinical rotations and a diagnostic clinic prior to beginning their fieldwork experience.
3. The Clinical Director and Department Chair will assign students to a clinic based on their academic schedule. A student's work schedule will not be considered when assigning clinics. A student can request a change in his/her clinic schedule; however, there is no guarantee that the clinic will be changed. The student must present legitimate reason to change his/her schedule. Changes to a schedule will be made at the discretion of the Clinical Director and Department Chair.
4. Students will be assigned to one clinic and a diagnostic clinic on campus. The student's third clinic may or may not be off campus and the decision to place a student off campus will be based on the student's performance in a previous clinic.
5. The Clinical Director will assign clients to student clinicians working on campus and at MU Early Intervention Sites. Therapy times will also be assigned at the discretion of the Clinical Director. At no time can a student refuse to treat a client population based on their own reservations.
6. Clients may be scheduled up to 2 times per week and may be scheduled for individual therapy, group therapy, or both.
7. Students will be assigned up to five patients per week for a total of one to six clinical hours per week (7-8 clients per week during summer clinics). In the event that a student is performing exceptionally well in clinic, the Clinical Director may assign that student additional clients.

8. Students assigned to a clinic off campus may need to contact the Clinical Instructor at that site to set up a schedule. The Clinical Director will inform the student in such cases. Students assigned to a clinic off campus may be required to work one full day or two half days for a total of four-six hours per week.
9. Student clinicians will follow the assigned schedule for the entire semester
10. Students assigned to a clinic on campus must contact their patients within two working days prior to the initial session to introduce themselves and to confirm the scheduled appointment. If contact cannot be made, it is the student clinician's responsibility to inform the Clinical Director.
11. Students should use the telephones in the clinic to call their clients/patients and leave the Clinical Administrative Assistant's office number (570) 674-6724, should they need to leave a message. Students who choose to use their personal cell phones to call clients/patients should still give the Clinical Administrative Assistant's office number for all return calls.
12. Students should not contact their patient's until they have met with their assigned supervisor and discussed the case first.

Clinic Procedure Checklist for Students

Purpose: To outline the clinical procedures for students.

1. Prior to the commencement of clinic:

- Upon receiving your clinic schedule, you will want to obtain your client's charts and review the content.
 - Charts are housed in the office outside The Administrative Assistant's office).
 - You need to sign each chart out /in using the form provided on the top of the cabinet.
 - Charts **cannot** leave the clinic floor and need to be in your possession at all times.
 - When you return a chart, put it on top of the cabinet. Do not file it in a drawer.
- Gather relevant information about each of your clients from the most recent progress summary form, SOAP notes from the previous semester and evaluation and/or re-evaluation reports. You will also want to review past video of your clients' sessions to adequately prepare yourself for your initial meeting with your supervisor.
 - Check the date of your clients' last evaluation. In most cases, clients who have not been evaluated within the past year will need to be re-evaluated. Check with your supervisor to determine your need to re-evaluate.
 - Make an appointment to meet with your supervisor using the sign-up sheet posted on your supervisor's office door.
 - Using the information you gathered, prepare a rough lesson plan (LP) for each of your clients including test(s) you would give if a re-evaluation is necessary. Be sure to have ideas and materials in mind to assist you in targeting your goals. You should spend some time exploring the materials in the gym so you know what is available to plan your LPs.
- Meet with your supervisor to discuss your LPs. You cannot begin treating clients until your LPs are approved.
- Call your clients to introduce yourself and confirm their appointment.
 - If there is a schedule conflict and the treatment time needs to be changed, notify the clinical director and/or administrative assistant immediately.
- Review your LPs, gather your materials, and practice how will target your goals for each of your clients.
- Prepare your data sheets.
- Pre-schedule your sessions on VALT using the instructions provided in orientation.

2. Day of clinic:

- Find a clinic room and it set up appropriately
 - Toys as appropriate
 - Materials as appropriate
 - Test forms, tests, and manipulatives (if applicable)
 - Pens/pencils
 - Data sheets
 - Reinforcers as appropriate
 - Check equipment to make sure it is working and calibrated
- If you are assigned to a clinic in the morning or early afternoon, your supervisor will inform you when your client has arrived. You should check in the waiting area and then with Tracey if your supervisor does not inform you that your client has arrived, before putting your materials away. If you are assigned to an evening clinic, you will have to wait outside the waiting area and greet your client when they arrive. If this is the case, be sure to let your supervisor know that you are going to get your client.
- If your client is a “**No show**,” inform your supervisor.
- Upon meeting your client, ask if the consent for recording is signed. Remember the following:
 - Firm handshake
 - Exchange names
 - Introduce supervisor
 - Walk client back to treatment room
- Conduct session, following supervisor’s feedback as you receive it.
- Remember to collect data for all goals
- End each session about 3-5 mins early so you have time to close out
- Provide some sort of homework at the end of each session and discuss homework and clients’ performance with the caregiver.
- After your client leaves, prepare your room for your next client. Be sure to wipe down chairs and tables and put any dirty toys in a bin to be washed at a later time in the day.
- Follow the same procedure for each client you have on your schedule.
- Should a client not show or cancel, be sure to write his/her name on the cancelation sheet in your supervisor’s office so the recorded session can be deleted. If you know your client cancelled, edit VALT to cancel the session.

3. End of the clinical day:

- Clean your clinic room and return all toys and materials where you found them.
- Meet with your supervisor to discuss your sessions and obtain feedback for subsequent sessions
- Write your SOAP notes, re-evaluations, etc. and hand them in following the timelines outlined by your supervisor.

4. Mid-term:

- At midterm, make an appointment with your supervisor to review your midterm grade.
- When you meet with your supervisor you should bring your self-evaluation, critique, and your signed hours
- You will receive your midterm grade at the end of this meeting.

5. End of the semester

- Approximately 2 weeks before the end of the semester begin writing your progress summary reports or discharge summaries. You should write as much information as possible. Submit your first draft of your summaries to your supervisor with your weekly paperwork. Once corrected

your first draft of your summaries to your supervisor with your weekly paperwork. Once corrected make the changes. When it comes time to submit your final draft, all you will need to add is the progress information for each goal you targeted. A template of the Progress Summary is on Share Point.

- Complete your progress summary letter to the referring physician/professional and submit it to your supervisor for approval. An example of this letter is on Share Point. Once approved, the letter should go to the Tracey and she will send it to the referral source.
- Once all your paperwork is complete, make an appointment to meet with your supervisor to closeout your charts once clinic ends for the semester. Use the sign-up sheet on your supervisor's office door.
- When you meet with your supervisor you should bring all your clients files which have been prepared with paperwork in the specified order. Each file should contain the following:
 - Final drafts of all SOAP notes
 - Completed semester calendar
 - Final draft of your progress summaries or discharge summaries
 - Progress summary letter to the referring physician/ professional
- You should also bring your self-evaluation, video critique, and your signed hours to your final meeting.
- You will have successfully closed out for the semester when you and your supervisor have signed off on the close-out form.

Diagnostic Procedure Checklist for Students

Purpose: To outline the diagnostic procedures for students.

1. Prior to the evaluation:

- Send letter to referral source
- Gather relevant case history information (referral, client, etc.)
- Contact referral source for records/reports/videos if applicable
- If no case history, meet with supervisor or clinical specialist to discuss questions you should ask family then, with supervisor's approval, contact family to obtain pertinent information and request case history be returned before the evaluation date if possible.
- Review tests and select those which you feel are pertinent to the evaluation
- Complete diagnostic work up plan using the template on SharePoint (located under Diagnostic Forms)
- Complete the Diagnostic Checklist form and bring it with you to your initial meeting

- Make an appointment with your supervisor or clinical specialist to review your work-up plan (you may be asked to make revisions to your work-up plan and resubmit it at a later date)
- Call to confirm appointment and answer basic questions
- Meet with clinical specialist as needed until you feel comfortable with evaluation process
- Meet with supervisor as needed until you feel comfortable with evaluation process
- Once your Diagnostic Work-up Plan is approved, begin preparing for your evaluation
- Check out tests, practice administration, review scoring and what scoring means in advance (you should be prepared to administer all sections of the evaluation in the event your partner is ill on the day of the evaluation.)

2. Day of the evaluation:

- Have room set up appropriately
 - Toys as appropriate
 - Materials as appropriate
 - Test forms
 - Test and manipulatives
 - Pens/pencils
 - Reinforcers as appropriate
 - Check equipment to make sure it is working and calibrated
- Complete identification information in ink on all test forms (including chronological age)
- Informed supervisor client is ready, greet client and ask if consent for recording is signed. Remember the following:
 - Firm handshake
 - Exchange names
 - Introduce supervisor
 - Walk client back to treatment room

gloves	pen light
snack	clipboard
stop watch	
recording device	

tongue depressor

3. Evaluation:

- Opening phase of interview
 - Purpose
 - Overview of evaluation process
 - Body of the interview
 - Summarize main points
- Transition to assessment
 - Qualitative and quantitative assessment
 - Score and interpret tests
 - Stimulability and trial therapy
- Complete the evaluation and score all tests before meeting with your supervisor
- Discuss findings, recommendations and plan with your supervisor
- Close-out with caregiver/client
 - Discuss results (always start with positive)
 - Diagnosis
 - Prognosis
 - Recommendations and referrals
 - Educate and counsel
 - Answer questions
 - Provide handouts
- Have client/ caregiver schedule therapy time with Tracey if applicable

4. Following the evaluation:

- Meet with your supervisor to discuss your performance
- Disinfected toys, equipment, and surfaces in the clinic area
- Return tests back to the diagnostic closet and materials back to the gym
- Submit follow-up letter with the final draft and upon approval you and your supervisor must sign it.
- Give follow up letter to referring physician to Tracey
- Complete and submit diagnostic report as per timelines designated by your supervisor (all test form MUST accompany the initial report and subsequent drafts)
- Complete revisions as necessary and submit the final draft (on yellow paper upon approval) to your supervisor for signature (student name (s) should appear first on the final page of the report followed by your supervisor's name(s))

5. New Clients:

- No new client should be scheduled for their first therapy before the following Monday after the evaluation is completed
- When the evaluating clinicians hand in their diagnostic report draft, a copy should be given to the treating clinician.
- The draft report should include all tests scores and goals in draft form. If for some reason test scores cannot be included in the report, a copy of the score sheet should be given to the treating clinician.
- The treating clinician will be responsible to prepare for their session using the draft results and goals, with the knowledge that goals may change as the report becomes finalized.
- The treating clinician should plan accordingly for meetings with specialists and supervisors, with the knowledge that specialists may not be available to meet before the first therapy session.

6. Mid-term:

- At midterm, make an appointment with your supervisor to review your midterm grade.
- When you meet with your supervisor you should bring your self-evaluation, critique, and your signed hours.
- You will receive your midterm grade at the end of this meeting.

7. End of the semester:

- Once all your evaluation reports are complete, make an appointment to meet with your supervisor to closeout your charts. Use the sign-up sheet on your supervisor's office door.

- When you meet with your supervisor you should bring all your clients files. Each file should contain the following:
 - Signed consent forms
 - Copy of “thank you for referral letter”
 - Copy of “evaluation results letter “
 - Final draft of your evaluation report
- You should also bring your self-evaluation, critique, and your signed hours to your final meeting.
- You will have successfully closed out for the semester when you and your supervisor have signed off on the close-out form.

Supervisor Observation Policy (on-campus/ MU Early Intervention off campus sites)

Purpose: To outline the procedure for the supervision of student clinicians.

Procedure:

1. The Clinical Director, clinical supervisor and/or any SLP faculty member may supervise a student working in the Speech-Language and Hearing Center at Misericordia University.
2. Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision a student receives must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the clinic. Supervision must be sufficient to ensure the welfare of the client/patient.
3. In cases where the student is clinically weak or may be treating a challenging patient, additional supervision will be provided. These weaker students are also given fewer clients initially. The Clinical Director assists with supervision as needed to ensure that all students receive adequate supervision. Off campus supervisors only supervise one student at any given time.
4. Clinical supervisors may monitor sessions from behind the observation window or they may choose to go directly into the therapy room to observe and/or assist the student. At times the supervisor may choose to view a session using the VALT system.
5. Students may be supervised by more than one supervisor per semester depending on the clinical case and, the style of supervision will vary slightly depending on the clinical supervisor.
6. Students will receive written and/or verbal feedback following all sessions. Printed feedback will be written on the *Clinical Supervisors Observation Report of Therapy Session* (see appendix). Students will obtain the yellow copy for their records. The white copy will be filed until the end of the semester and then discarded.
7. Students are required to schedule a weekly supervisory meeting with their supervisor. During this time clinical feedback from previous sessions will be discussed further if necessary.

Fieldwork Assignment Policy

Purpose: To outline the procedure for the establishment of fieldwork assignments.

Procedure:

1. The Clinical Director will assign students to fieldwork sites.
2. At the beginning of each academic year, the Clinical Director will give each student who is planning to begin their fieldwork placement in the subsequent academic year a Fieldwork Request Form. This form will allow the student to select three possible sites for their fieldwork placements.
3. Students should refer to the SharePoint Network for a list of current clinical affiliations when selecting and ranking your fieldwork sites.

4. Students will have until mid-December to complete this form. Students who do not submit this form by the specified deadline will not be guaranteed a placement for the fall semester.
5. Students must select sites within a 200-mile radius of Misericordia University so it is possible for the Clinical Director or University Supervisor to make a site visit (s). A student can request a site that exceeds the allotted miles requirement; however, there is no guarantee that the student will be placed at that site. A student must present with exceptional clinical and academic skills to be considered for a placement located further than 200 miles from the University. All sites will be assigned at the discretion of the Clinical Director.
6. **Students are not allowed to contact an off-campus clinical site or supervisor to establish a fieldwork site or inquire about availability of a site without the permission of the Clinical Director.** This policy applies to family members or representatives of the student. **Any attempt to contact a site will result in a reduction in a clinical grade and will jeopardize placement in a facility.**
7. The Clinical Director will notify the student via e-mail or by phone when a site has been secured and/or of changes in a site have occurred.
8. In the event that more than one student requests a particular site, the Clinical Director will determine which student will attend the site. Decisions will be made based on the student's ability to work in that particular setting and be at the discretion of the Clinical Director.

On and Off Campus Therapy Policy

Purpose: To outline the procedure for clinical students who would like to take clients, who are minors (aged 5- 17), on/off campus for the purpose of generalizing techniques learned in the therapy room to more realistic settings.

1. Student clinicians who plan to take a client on/off campus for therapy must first plan and execute two-three simulated activities on the clinic floor and/or in Passan Hall located at 100 Lake Street, Dallas, PA.
2. Once the student clinician and clinical supervisor agree the client is ready to go on/off campus, the student clinician must notify the client's caregiver of their need to go on/off campus and have the *General Consent for On/Off Campus Therapy* form signed by the client's legal guardian at least one week prior to the scheduled event.
3. Student clinicians must schedule an on/off campus event at least one week prior to the scheduled session. The on/off campus activity must be clearly outlined in the student clinician's lesson plan and approved by the clinical supervisor prior to its execution.
4. When planning on/off campus therapy sessions, student clinicians should make every effort to plan the activity as close to Passan Hall as possible, preferably in walking distance. If an activity is not within walking distance, and transportation is required, the student must meet the client and caregiver at the designated location.
5. The client's caregiver should be present to observe the activity to learn strategies and techniques for continued practice across all environments.
6. Following the on/off campus activity, the student clinician, client, and caregiver need to return to campus and discuss the outcome of the session. The student clinician must then suggest a similar activity that the client and caregiver can practice at home and follow up on the outcome of this home activity in the next session.

The Speech-Language and Hearing Center

**MISERICORDIA
UNIVERSITY**

General Consent for On-Off Campus Therapy

Client's Name Birthdate

Parents/legal guardian Relationship

Phone (including area code) Home Cell/Work

I give consent for my child to engage in therapeutic activities with his/her student clinician on the Misericordia University Campus and/or within the community. I understand that these activities will serve to maximize my child's therapy and that it is my responsibility to transport my child to the area designated by my student clinician. I will observe my child during this scheduled session and then return the Misericordia University Speech-Language, and Hearing Center for follow-up and review with my student clinician.

This form has been fully explained to me and I certify that its contents are understood.

Parent or legal guardian signature (relationship) Date

Witness Signature Date

Student Evaluation of Clinical Supervisor/Clinical Site Policy

Purpose: To outline the procedure for evaluating internal/external site supervisors and/or external sites.

Procedure:

- a. Students must complete an evaluation of their on-campus/off-campus clinical supervisors as well as fieldwork supervisor(s) and external clinical sites at the end of their clinical/fieldwork experience using the *Student Evaluation of Clinical Supervisor/Clinical Site* form (fieldwork site) (see appendix) or the *Student Evaluation of Clinical Supervisor Online Survey Monkey* (on-campus/off-campus clinic)
- b. Clinic students assigned to an on campus or off campus clinic will complete an evaluation of their supervisor(s) at midterm as well. The Clinical Director will then review this information with each supervisor so they are aware of their student's needs for the remainder of the semester.
- c. Clinic students must complete the online survey by the date specified by the Clinical Director at the end of their clinical placement. The Chair and Clinical Director will then review the survey results and share the information with each clinical supervisor for continuous improvement.
- d. For fieldwork evaluations, the Clinical Director reviews the information and then the Clinical Administrative Assistant inputs the data into SharePoint and an excel data base and generates a full report. For on-campus/off-campus evaluations, the Clinical Director reviews the information with each supervisor for continuous improvement.
- e. The Clinical Administrative Assistant copies the fieldwork evaluation reports and sends the reports to the Clinical Director for review. Once reviewed by the Clinical Director, the report is kept on file in the Clinical Director's office. If the student agrees, the Clinical Director will also send a copy of the evaluation to the fieldwork Clinical Instructor.
- f. The Clinical Director refers to the clinical supervisor/clinical site report to set up future sites for students to ensure that the sites and supervisors are superior.
- g. The Clinical Director will not place students with supervisors and/or at a site that has not received a rating of 3 or higher in previous student evaluations.

Supervisor Observation Policy (off campus clinic/fieldwork assignments)

Purpose: To outline the procedure for the supervision of student clinicians in an off campus or fieldwork clinic.

Procedure:

1. The assigned Clinical Instructor (CI), or another certified and licensed SLP may supervise a student working in an off-campus setting.
2. Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision a student receives must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the clinic. Supervision must be sufficient to ensure the welfare of the client/patient. At times the CI will assist the student in the treatment session to optimize training.
3. Supervisors are required to provide students with verbal feedback following all sessions and written feedback following at least six sessions throughout the course of the semester. Printed feedback will be written on the *Clinical Supervisors Observation Report of Therapy Session* (see appendix) or on a form the CI chooses to use. Students will obtain copies of all written

feedback for their records. Copies will also be sent to the Clinical Director along with the Supervisor Evaluation Form at mid-term and at the end of the semester.

4. Students are required to schedule a weekly supervisory meeting with their CI. During this time clinical feedback from previous sessions will be discussed further if necessary.

Clinical File Checkout Policy

Purpose: To outline the procedure for signing out clinical files to ensure patient/client confidentiality of clinical records.

Procedure:

1. All clinical files are located outside the Clinical Administrative Assistant's office in a secured room—accessible only to clinical students and faculty by electronic admission.
2. Student clinicians and faculty must sign out the time they removed and sign in the time they returned the clinical files using the *Medical Records Checkout Form* (see appendix).
3. Clinical Files are not permitted to be taken from the Speech-Language and Hearing Center floor at any time.
4. All clinical files signed out by student clinicians or faculty must be returned to the secured room by the end of the day.
5. At no time should a student leave a chart unattended in the clinical area. Files found unattended will subject the student to half a letter grade reduction and/or other consequence deemed appropriate by the Clinical Director.

Diagnostic Evaluation/ Re-evaluation Policy

Purpose: To outline the procedure for completing diagnostic evaluations.

Procedure:

1. The Clinical Director will assign diagnostic evaluations with scheduled evaluation times to student clinicians in Clinic and Diagnostic Clinic
2. Students will review the *Clinical Referral/Intake Form, Case History, previous records* and available medical records information prior to the evaluation.
3. Students assigned to Clinic will complete the *Diagnostic Report Work-Up Form* (see appendix) and place in their clinical supervisor's mailbox for approval at least 3 days (36 hours) prior to the scheduled evaluation.
4. The Clinical Director will return the form to the student 24 hours prior to the evaluation with approval or appropriate changes.
5. Students will be responsible for all preparations for the evaluation session. Diagnostic tests are located in the Treatment Room 203A and can be checked out in the Clinical Administrative Assistant's office. Students are responsible for returning all Diagnostic Tests. (See Diagnostic Test Check-Out Policy).
6. All patients scheduled for a diagnostic evaluation must be contacted two working days prior to the evaluation by the student clinician assigned to the case, to introduce themselves and to confirm the scheduled appointment. If contact cannot be made, it is the student clinician's responsibility to inform the Clinical Director. Students should not contact their patients until they first meet with their supervisor to discuss the case.
7. Students assigned to Diagnostic clinic will follow the guidelines for diagnostic evaluations as outlined in their course syllabus.

Diagnostic Checkout Policy

Purpose: To outline the procedure for signing out diagnostic tests.

Procedure:

1. All diagnostic materials will be kept locked in the diagnostic closet at all times.
2. Clinicians and faculty must sign out diagnostic materials using the *Diagnostic/Clinical Materials Checkout Request Form* (see appendix) located in the Clinical Director's office.
3. Diagnostic materials are not permitted to be taken from The Speech-Language and Hearing Center without approval from the Clinical Director.
4. Faculty and student clinician's who wish to sign out diagnostic materials for review in class or within the clinic may do so during any given clinic day. Priority for reviewing materials will be given to those students who are participating in SLP 450 (Optional Clinic), SLP 505 (Clinic I), SLP 605 (Clinic II), SLP 560 (Diagnostic Methods), and SLP 555 (Diagnostic Clinic).
5. Any missing materials will be billed to the party who was last to sign them out for full replacement value.

Diagnostic Report Writing Policy

Purpose: To outline the procedure for writing diagnostic reports.

Procedure:

1. Students are required to follow the guidelines outlined in the *Diagnostic Report Writing-Child Form* (see appendix) when writing a report involving a child with a communication disorder.
2. Students are required to follow the guidelines outlined in the *Diagnostic Report Writing-Adult Form* (see appendix) when writing a report involving an adult with a communication disorder.
3. Report Writing Skills will be evaluated using the *Report Writing Form* (see appendix) unless stated otherwise by the supervisor.

Hearing Screening Policy

Purpose: To outline the procedure for performing hearing screenings.

Procedure:

1. Children under 18 years of age will be screened at 20 db in both ears at 500 Hz, 2,000 Hz, and 4000 Hz.
2. Adults 18 years and older will be screened at 25 db in both ears at 500 Hz, 1,000 Hz, 2,000 Hz, and 4,000 Hz.
3. Criteria for passing the hearing screening is that the client must pass all frequencies in both ears.
4. Referral for full audiological testing by a certified audiologist will be made for all clients that fail the hearing screening.
5. Hearing Screening Forms will be placed in the client's permanent file.
6. Children under three years of age or who are unable to follow the instructions for a hearing screening using a traditional audiometer will be screened using the Otoacoustic Emissions device (OAE).

Clinical Clock Hours Policy (On Campus Clinic/ MU Early Intervention)

Purpose: To outline the procedure for documenting clinical clock hours for students assigned to clinic on campus and the Early Intervention Center.

Procedure:

1. Students assigned to clinic on campus or at an Early Intervention Center must document their clinical hours on SharePoint at the end of each clinical day.
2. Individual supervisors will access SharePoint on a weekly basis and verify the student's clinical hours.
3. In addition, students must complete the *Semester to Date Hours Record* form on a weekly basis using the Excel spreadsheet provided to them via SharePoint. This form must be printed and signed by the site supervisor at the end of each clinical week.
4. Students must return their signed *Semester to Date Hours Record* forms to their Clinical Supervisor at mid-term and at the end of the semester. Students assigned to the off-campus clinic at St Paul's must return their signed hours in to the Clinical Administrative Assistant on a weekly basis.
5. The Clinical Director will verify the hours documented on the signed, *Semester to date HoursRecord* forms by comparing them to those submitted on SharePoint and then submit them to the Clinical Administrative Assistant who will then record the data into the SharePoint network.
6. At mid-term and at the end of the semester the Clinical Administrative Assistant will transfer the student's approved clinical hours into the Clinical Hours Database.
7. A hardcopy of the student's total clinical hours for the semester will be placed in the student's clinical binder at the end of each semester. A student may request a hardcopy of their total hours at the end of each semester.
8. Students **must** keep copies of all their signed Semester to Date Hours Records forms obtained during any given semester. The Clinical Director, clinical/fieldwork supervisor and the Clinical Administrative Assistant will not be held responsible for any Semester to Date Hours Records forms that are misplaced or lost. Students will not receive credit for clinical clock hours if the required forms are not signed and turned into the Clinical Director.

Clinical Clock Hours Policy (Off Campus Clinic/Fieldwork)

Purpose: To outline the procedure for documenting clinical clock hours for students assigned to clinic off campus and for all fieldwork students:

Procedure:

1. Student's assigned to clinic off campus and all fieldwork students must document their clinical hours on SharePoint at the end of each clinical day.
2. In addition, students must complete the *Semester to Date Hours Record* form on a daily basis using the Excel spreadsheet provided to them via SharePoint. This form must be printed and signed by the site supervisor at the end of each week.
3. Students must return the signed *Semester to Date Hours Record* forms to the Clinical Director at mid-term and at the end of the semester.
4. The Clinical Director will verify the hours documented on the signed, *Semester to date Hours record* forms by comparing them to those submitted on SharePoint and then submit them to the Clinical Administrative Assistant who will then record the data into the SharePoint network.

5. A hardcopy of the student's total clinical hours for the semester will be placed in the student's clinical binder at the end of each semester. A student may request a hardcopy of their total hours at the end of each semester.
6. Students **must** keep copies of all their signed Semester to Date Hours Records forms obtained during any given semester. The Clinical Director, clinical/fieldwork supervisor and the Clinical Administrative Assistant will not be held responsible for any Semester to Date Hours Records forms that are misplaced or lost. Students will not receive credit for clinical clock hours if the required forms are not signed and turned into the Clinical Director.

Treatment Documentation Guidelines

Purpose: To outline the documentation guidelines for treatment procedures that will take place within Misericordia University's Speech-Language and Hearing Center.

Procedures:

Treatment Plan of Care (see appendix)

A Treatment Plan of Care (TPOC) will be completed following each diagnostic re-evaluation and at the beginning of each semester as requested by the clinical supervisor. The POC will include the following:

- Functional outcome goal
- Semester objectives
- Treatment rationale
- Treatment techniques/strategies/approaches
- Home program plan

Treatment plans will be due as stated by each clinical supervisor in the treatment guidelines.

Lesson Plans (see appendix)

Students are required to complete individual/group lesson plans for each patient they will be treating.

The following criteria apply:

- Students will need to write a weekly lesson plan for every client. If a client is scheduled for more than one session per week, only one lesson plan is required unless the patient's goals change. In the advent that a patient's goals change, a new lesson plan will need to be written and submitted to the supervisor for approval prior to the client's next session.
- Lesson Plans for the following week will be due as stated by each clinical supervisor in the treatment guidelines.
- Lesson plans will be reviewed and revised by the clinical supervisor. Students will not be required to re-write lesson plans unless the supervisor requests a revised copy.
- The lesson plan will be returned to the student. Revised lesson plans will be submitted to the clinical supervisor on the day of treatment. All students should keep a copy of their lesson plan for their sessions.

Soap Notes (see appendix)

Student clinicians will write a soap note for every session completed. The following criteria apply:

- All soap notes for the week are due as stated by each clinical supervisor in the treatment guidelines.
Soap notes will be reviewed and revised by the clinical supervisor then returned to the student clinician's mailbox.
- Final drafts of soap notes from the previous week are due as stated by each clinical supervisor and are to be placed in the clinical supervisor's mailbox to be signed and filed in the client's permanent folder. Students must destroy all working drafts using the shredder provided in the student work area once the final document has been approved.

Progress Summary Reports (see appendix)

Progress summary reports will be written during the last two weeks of clinic. The following criteria apply:

- Rough drafts of progress reports will be turned into the clinical supervisor prior to the last week of clinic. Progress reports will be reviewed and revised by the clinical supervisor then returned to the student clinician's mailbox.
- Final drafts of progress reports will be due as stated by the clinical supervisor after the rough draft of the progress report is returned to the student's mailbox. All reports must be signed by the student and the supervisor.
- The final report will then be placed in the patient's clinical file.
- Students must destroy all working drafts using the shredder provided in the student work area once the final document has been approved.

Discharge Summary Reports (see appendix)

Discharge summary reports will be written when a patient has met criteria for all established goals and no longer requires speech-language services or when a patient feels there is no longer a need to continue receiving therapy. The following criteria apply:

- Rough drafts of discharge summaries will be turned into the clinical supervisor three days following the patient's discharge. Discharge reports will be reviewed and revised by the clinical supervisor then returned to the student clinician's mailbox.
- Final drafts of discharge reports will be due 3 working days after the rough draft of the report is returned to the student's mailbox. All reports must be signed by the student and the supervisor.
- The final report will then be placed in the patient's clinical file.
- Students must destroy all working drafts using the shredder provided in the student work area once the final document has been approved.

*There will be no exceptions to the aforementioned timelines. Failure to meet documentation timelines will result in a half letter grade reduction for each clinical document that is turned in late.

Clinical Documentation Policy (Onsite Clinic)

Purpose: To outline the procedure for appropriate completion of clinical documentation.

Procedure:

1. At the commencement of each semester students are provided private directories on Microsoft SharePoint to store their clinical documentation.
2. Outlines for all on-site clinical documentation are provided on Microsoft SharePoint for use by students assigned to clinic on campus.
3. Students are required to complete all clinical documents using the SharePoint server.
4. Students are not permitted to work on clinical documents outside the Speech-Language and Hearing Center or on their own personal computers. Students must complete all clinical documentation on terminals located in the Speech-Language Pathology Department.

Clinical Documentation Policy (MU Early Intervention Classroom/Off Campus Clinic)

1. Students assigned to an off-campus clinic at an Early Intervention Center must complete their daily notes and treatment logs in MS Word format using the computers provided at the clinical site by Misericordia University. Once the documents have been approved by the clinical supervisor and printed they must be deleted from the computer.
2. All daily notes and treatment logs will be printed by the supervisor and given to the Clinical Assistant who will then make a copy for the client's file. The Clinical Assistant will send the original daily notes directly to Early Intervention at the end of each month and the treatment logs are retained in the client's file for state verification purposes.

3. Students must complete monthly progress notes using Leader Services for Access billing. IEP's and quarterly progress reports are completed using Pelican. As passwords are necessary to gain access to these systems, students will only be able to complete this documentation in the presence of their clinical supervisor.
4. All progress notes and IEP's will be printed by the supervisor and given to the Clinical Assistant who will then make a copy for the client's file. The Clinical Assistant will send the original monthly progress reports and IEP's to Early Intervention.
5. Students who are completing clinical assignments at off-campus sites will need to follow the documentation guidelines established by that particular site.

Videotaping/Audio-taping Policy

Purpose: To outline the procedure to follow when videotaping and audio-taping clinical sessions for assessment, self-evaluation, and research purposes.

Procedure:

1. All patients are required to sign the *General Consent for Videotaping, Audio-taping and Observations Form* (see appendix) prior to receiving services in Misericordia University's Speech-Language and Hearing Center. Patient's who choose to waive this form will be assured that their sessions will not be taped and or viewed by students for teaching purposes.
2. Students must verify that all patients have signed the appropriate consent form prior to video and/or audio-taping any clinical sessions.
3. If a consent form is not present in a patient's clinical chart it is the student's responsibility to have the patient complete this form prior to audio and/or videotaping a session. Without consent a patient cannot be taped.
4. Should a family decline videotaping, it is the student's responsibility to notify the clinical supervisor of this request.
5. Prior to taping or observing a clinical session, students must also verbally inform patients of their plans to do so.

Photocopy Policy

Purpose: To outline the procedure for making photocopies within the SLP department. Procedure:

1. Students in need of photocopies for clinic must submit a request using the Photocopy Request Form located in the Clinical Administrative Assistant's office.
2. The request form must be completed at least 24 hours before the copies are needed and then placed in the "Copy Bin" located near the student mailboxes.
3. A Work Study or the Clinical Administrative Assistant will make the copies and place them in the student's mailbox before or by the time designated on the request form.
4. Students are NOT allowed to make their own copies. Any student caught making copies will lose their rights to have further copies made within the SLP department.
5. Students may copy pages from a book for clinical purposes but under NO circumstances should a student request that a book be copied in its entirety as this infringes on copyright laws.
6. Students are not allowed to copy diagnostic test forms as this infringes on copyright laws. Students scoring tests together need to use original test forms.
7. Students in need of copies for a class assignment or presentation must do so at their own expense.

Cell Phone Policy

To provide quality services to our clients and to be courteous to other students, the use of personal cell phones is prohibited in the Speech-Language and Hearing Clinic during hours of operation. Students are not permitted to use personal phones in the treatment rooms or when walking within the clinic. Students are permitted to use cell phones in the student work room; however, personal calls in the student area should be kept to a minimum so as not to distract other students who are trying to complete their paperwork. Students assigned to a fieldwork site must be courteous and limit their use of personal cell phones during scheduled

working hours. Cell phones should only be used in emergency situations. At no time should a student take a personal call while working with a client or when engaged in work related activities. Failure to follow these guidelines will result in disciplinary action.

Client/Patient/Student Safety Policy

Purpose: To outline the procedure for maintaining student/ patient/client safety within the Misericordia University Speech-language and Hearing Center and on campus.

Procedure:

1. Specific policies to be followed in the event of a fire, bomb threat, hostile intruder, psychological crisis, crime, or utility failure can be found on:
<https://emu.misericordia.edu/group/mycampus/campus-safety>.
2. Prior to clinical orientation, students are instructed to review the policies and procedures in the Misericordia University Campus Safety Handbook located on the eMU campus website.
3. Students are informed that they must know and follow these policies and procedures.
4. Students sign a form indicating that they have read and understand the procedures outlined in the MU Campus Safety Handbook.
5. Faculty, staff, and students are required to be certified by the American Red Cross in Health Care Provider CPR.
6. In the advent of illness or injury, faculty, staff and students are to follow the procedures learned in their CPR training course to ensure the well being of the injured or ill person.

On Campus Fire Safety Policy

Fire safety is also of primary importance and the Campus Safety Department recommends the following measures to maintain a safe environment:

- If you observe or suspect a fire, activate the building fire alarm immediately. All fires, regardless of the size, must be reported to the Campus Safety Department.
- If the fire alarm sounds while you are in your room, don't panic.
- Keep calm, turn on the lights, and dress for the weather.
- Before you open the door, feel for excessive heat.
- If the door feels normal, leave by the nearest exit. Do not use the elevator.
- Be familiar with the location of disabled people in your building and, if necessary, assist them in teaching a safe location. Notify the Campus Safety Department of their location.
- Leave the building and stay 500 feet from the building. Remain at that location until directed to reenter the building by a Campus Safety Officer or the Fire Department.
- If the door feels hot, do not open the door.
- Seal the cracks and openings with towels, sheets, etc.
- To attract attention, hang clothes or bedding out of the window and shut the window promptly.
- Don't break the window or leave it open unless the room is filling up with smoke.
- Stay calm and wait for help.

The Campus Safety Department conducts one fire drill in each residence hall and office/classroom building each semester. The purpose of these drills is to allow the occupants of the buildings to become familiar with the sounds of the fire alarm, the location of exits, and building evacuation plans. Students are responsible for learning specific fire safety policies at each fieldwork site.

Weather Emergencies Policy

Purpose: To describe the procedures to be followed in the event of an emergency, weather-related or otherwise.

Procedure:

1. In the event that the university or clinical education center (to which a student is assigned), declares a weather emergency, the student will not be required to attend clinic. This is considered an excused absence and will not count toward one of the students two allotted absences.
2. In the event of poor weather conditions (in which a weather emergency has NOT been declared by either the clinical education center or university), students will be responsible for determining their ability to attend clinical duty. Students who deem it impossible to get to the clinical site, must contact their clinical instructor and the university clinical director via the telephone and follow the instructions given by the clinical instructor and/ or clinical director regarding canceling and/or rescheduling clients. This absence will count toward one of the students two allotted absences and students may be asked to make up their missed sessions.
3. In the event of a compressed schedule at the university or a delay at the clinical education site, the student will report to the speech-language and hearing center or clinical education site when the site opens. If the university or site then closes after the delay announcement, the student should return home and the time off will not be counted as an absence. At the discretion of the clinical instructor, students may be asked to make up canceled sessions.
4. Delay or Cancellation of Classes by University Administration due to weather emergency:

Announcements regarding delay or cancellation of University classes will be made on the following radio and television stations:

Radio Stations:

WAZL
WKRZ
WGGY
WISH
WILK

WGBI
WICK/WWDL
WSGD/WCDL
WHLM/WJMW
WEZX/WEJL/WBAX

TV stations:

WYOU
WNEP
WBRE

5. Delay or Cancellation of Classes by University Administration due to circumstances other than weather: A decision regarding suspension of clinic will be made by the Department Chair, in consultation with the department faculty on a case by case basis. For example, if classes are suspended for the scheduled funeral of a University employee, students will be credited benefit time equal to the amount of the time classes are suspended, allowing for students to attend the funeral. If classes are suspended, or school is closed due to an on-campus emergency, (i.e. water main break, heating problem, bomb scare, etc.), the Speech-Language and Hearing Center at Misericordia University will be closed; however, off campus clinics will remain in session as students off campus will be unaffected.

6. Delay or Cancellation of Classes by individual clinical instructor.

There may be a time when a clinical instructor calls off and is unable to supervise at the university or clinical site.

- A. If the clinical instructor is on campus, the clinical director will make every effort to find an on call therapist to cover clinic. Students should report to clinic as scheduled unless told otherwise by the clinical instructor or clinical director.

- B. If the clinical instructor is at an off-campus site and there is no other licensed and certified instructor to cover, the student will not be allowed to attend clinic on that day. This absence will not count toward one of the student's two allotted absences; however, the student may be asked to make up therapy sessions.

Revised 02/18/2015

Clinical Materials Checkout Policy

Purpose: To outline the procedure for signing out clinical materials.

Procedure:

1. On campus clinical students **Do Not** need to sign out materials for use in the clinic.
2. Clinicians assigned to St Paul's must sign out all clinical materials using the *Diagnostic Tests/Clinical Materials Checkout Request Form* (see appendix) located in the Sensory-Motor Gym.
3. Materials taken from the clinic, for use at St Paul's, **Must Not** be removed from the clinic until the end of the clinical day and **Must** be returned to the clinic the next day at the end of the student's clinical day.
4. Faculty and students who wish to sign out therapy materials for review in class may do so however, the materials **MUST** be signed out just prior to the class and returned immediately following the class. Priority for reviewing materials will be given to those students who are participating in SLP 450 (Optional Clinic), SLP 505 (Clinic I), SLP 605 (Clinic II), SLP 560 (Diagnostic Methods), and SLP 555 (Diagnostic Clinic).
5. Any missing therapy materials will be billed to the party who was last to sign them out for full replacement value.

Standard Precautions*

A. Hand washing

- Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Wash hands immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments. It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites.
- Use a plain (non-antimicrobial) soap for routine hand washing.
- Use an antimicrobial agent or a waterless antiseptic agent for specific circumstances (e.g., control of outbreaks or hyper endemic infections), as defined by the infection control program.

B. Gloves

Wear gloves (clean, non-sterile gloves are adequate) when touching blood, body fluids, secretions, excretions, and contaminated items. Put on clean gloves just before touching mucous membranes and non-intact skin. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another patient, and wash hands immediately to avoid transfer of microorganisms to other patients or environments.

C. Patient-Care Equipment

Handle used patient-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments. Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately. Ensure that items are discarded properly. All toys and therapy materials that have been contaminated with bodily fluids must be disinfected using **Madacide FD Germicidal Spray** or **Citrace Germicide Spray** immediately following the client's session. The standard procedure for cleaning toys and equipment is as follows:

- **Wipe item thoroughly with disinfectant wipes**
- **Hold Spray 10-inches from the surface of the item, press atomizer with quick short strokes, spraying evenly until wet**
- **Wait 10-minutes and wipe**

D. Environmental Control

Tables and chairs must be disinfected using **Madacide FD Germicidal Sprayer Citrace Germicide Spray** **immediately** following each clinical session.

E. Occupational Health and Blood borne Pathogens

Mouthpieces, resuscitation bags, or other ventilation devices can be used as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is enhanced.

*Taken with some modification from the Centers of Disease Control website:
http://www.cdc.gov/ncidod/dhqp/gl_isolation_standard.htm

Electronic Equipment Checkout Policy

Purpose: To outline the procedure for signing out all electronic equipment (i.e., Audiometers, Augmentative and Alternative Communication (AAC) devices, Wii, Chattervox, etc.)

Procedure:

1. All electronic equipment will be housed in a locked cabinet in the AAC Lab or in a locked cabinet in the secure room outside the Clinical Administrative Assistant's office.
2. Students who wish to use any electronic equipment **MUST** leave their student identification (ID) or driver's license with the Clinical Administrative Assistant. The Clinical Administrative Assistant will hand over the equipment to the student after receiving the ID and will then lock the cabinet. In the event that the Clinical Administrative Assistant is not available, students may then ask the Department Assistant, Clinical Director, or a faculty member. These staff or faculty members will follow the same procedure as the Clinical Administrative Assistant.
3. Upon leaving some form of ID, the designated ID holder will give the student the desired electronic equipment.
4. All students **MUST** sign out the equipment using the *Electronic Equipment Checkout Request Form* (see appendix) located in the AAC Lab.
5. Electronic equipment is not permitted to be taken from the Misericordia University Speech-Language and Hearing Center. Students are only allowed to use the equipment in the Center.

6. All students MUST return electronic equipment to the ID holder at which time their ID will be returned.
7. Any damaged or missing equipment will be billed to the student who signed it out for full replacement value.

Computer-Printer Policy

Purpose: To outline the procedure for use of printers located in the Student Room.

Procedure:

1. Students will be issued a maximum of 500 pieces of computer paper from Misericordia University per semester for clinical and classroom use.
2. Clinical students will be issued an additional 250 sheets of paper from the Department for use in the clinic.
3. Paper usage will be tracked by IT using a *P Counter* located in the Student Room.
4. Students who use their paper allotment before the semester ends will need to contact Student Accounts to receive additional paper at the expense of the student.
5. All paper for clinical use will be housed in the Clinical Directors office (HEA 206).
6. Students must sign the *Paper Sign Out Sheet* located in the Clinical Director's office prior to taking a pack of paper.
7. Paper usage will be monitored by the Clinical Administrative Assistant and Clinical Director.
8. Students should contact the Clinical Administrative Assistant, Department Assistant or a Clinical Supervisor should they need paper in the absence of the Clinical Director.
9. At no time should a student enter the Clinical Director's office and remove paper without permission from a faculty or staff member.

Cardio Pulmonary Resuscitation (CPR) Certification Policy

Purpose:

To outline the procedures for obtaining Health Care Provider CPR Certification (one-two person, Infant-child-adult, Heimlich and AED).

1. All students must obtain CPR certification prior to entering the clinical setting and maintain certification throughout their clinical experience while a student at Misericordia University.
2. Students will first obtain CPR certification (good for two years) in the spring semester of their sophomore year and then again in the spring semester of their senior (first year of graduate school).
3. Through a partnership with TransMed Ambulance Services' Technical Training Institute, students will become certified in CPR through the American Safety and Health Institute (ASHI).
4. Students will need to register for HP999 in the fall semester of their sophomore and senior (first year of graduate school) years.
5. Two weeks prior to scheduled class students will receive an email from emstinepa@gmail.com with instructions on how to access the online portion of the program. Students must watch the classroom portion online, complete the online test and print their certification of completion. Students will then bring that certification to their designated class time and test their skills in front of the paramedics. Once all of the classes are completed the paramedics will print the CPR cards and deliver them to the Health & Wellness Center where students can come pick them up during our regularly scheduled hours.

6. The cost for certification is the sole responsibility of the student.

Students who wish to obtain certification on their own can go to a Red Cross facility of their choice or they can contact the TransMed Ambulance Services' Technical Training Institute themselves via email emstinepa@gmail.com or by going directly to the website at www.emstraining.us. Students who choose to receive certification on their own are responsible for making sure that the course they take is a Health Care Provider CPR Course (one-two person, Infant-child-adult, Heimlich and AED) and is good for two years. Should a student receive certification that is only good for one year, they will need to be recertified the following year or they will not meet the clinical clearance requirements to participate in clinic or fieldwork.

SPEECH-LANGUAGE PATHOLOGY IMMUNIZATION POLICY

Purpose:

To outline the procedure for obtaining the essential immunizations necessary to participate in Misericordia University's speech-language pathology program. These immunizations are needed to work in our oncampus clinic as well as to complete off campus clinical and fieldwork assignments.

Procedure:

1. Prior to admittance into the speech-language pathology program at Misericordia University, students must undergo a physical examination by their family physician and have their family physician complete the *Speech-Language Pathology Initial Health Clearance Form* as well as the attached *Essential Functions of Speech-Language Pathology Document* form.
2. On the required form, all students must provide proof of the following immunizations:
 - Rubella Titer
 - 2 STEP TUBERCULIN SKIN TEST: **2-STEP PPD** TEST VIA MANTOUX
(fully documented) Chest x-ray report (**only** if PPD via MANTOUX is positive) Chest x-ray is necessary every three years following initial x-ray unless required by an off-campus site
 - Tetanus Toxoid Booster within 10 years
 - MMR2 Vaccine or Titer
 - Poliomyelitis
 - Hepatitis B (must have three in series) *
 - Varicella Vaccine or Titer
 - Any other site-specific requirements (ex: flu vaccine, etc...)
3. Incoming freshmen will need to log onto the freshman portal on myMU to obtain a copy of the speech-language pathology initial health clearance and essential functions forms. Students will need to submit the completed forms to the speech-language pathology department on or before June 1st prior to beginning their freshmen year.
4. Students will need to have a yearly physical and have their physician complete the *Speech-Language Pathology Follow-Up Health Clearance Form* as well as the attached *Essential Functions of Speech-Language Pathology Document* form by July 31st of each year following submission of the initial health clearance.
5. A student who chooses not to have all of the required immunizations or who fails to obtain subsequent physicals will not be able to successfully meet the clinical requirements set forth by our accrediting body, the American Speech-Language and Hearing Association (ASHA) and therefore will not be able to meet the standards to complete the speech-language pathology program at Misericordia University.

*Misericordia University follows the current CDC Hepatitis vaccination recommendations when Hepatitis B vaccination is required by your program or clinical/fieldwork site. Students who choose not to follow the recommendations may not be able to obtain clinical site placement and thus may be unable to complete and graduate from the academic program.”

Revised: 01/08/19

**MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES & EDUCATION
SPEECH-LANGUAGE PATHOLOGY
INITIAL HEALTH CLEARANCE**

This is your Health Clearance Form. This form **will not** be accepted unless all requested information and test results are included. Completion is required **prior** to commencement of Clinical, without exception. You must return this form **fully completed**, with all the requested lab results to:

*Misericordia University
Speech-Language Pathology Department
301 Lake Street
Dallas, Pennsylvania 18612*

Notes:

A student who chooses not to have all of the required immunizations will not be able to meet the standards to complete the speech-language pathology program at Misericordia University and therefore will not be able to successfully meet the clinical requirements set forth by our accrediting body, the American Speech-Language and Hearing Association (ASHA).

It is recommended that prior to submission; you photocopy this entire form (including laboratory studies) for your own records. Should any questions arise regarding your clearance, keeping a photocopy of this information may prevent you from having delays in starting your clinical experience.

Speech-Language Pathology Initial Health Clearance

Please check that each of the following are completed prior to submission to your clinical director:

STUDENT

1. **SECTION I.**
 - ▶ a. Completed Demographic/Emergency Information
 - ▶ b. Photocopy of Health Insurance Card

2. **SECTION II.**
 - ▶ a. Allergies or Medication Currently Taken
 - ▶ b. ****ATTACHED COPY OF RUBELLA TITER****
 - ▶ c. 2 Step Tuberculin Skin Test: ****2-Step** PPD Test via Mantoux (fully documented); Chest x-ray report (**only** if PPD via Mantoux is **positive**)
 - ▶ d. Immunization Report
 - ▶ e. Tetanus Toxoid Booster within 10 years
 - ▶ f. MMR2
 - ▶ g. Poliomyelitis
 - ▶ h. Hepatitis B (must have two in series)
 - ▶ i. Varicella Vaccine or Titer if never had the chicken pox

3. **SECTION III.**
 - ▶ a. Signed Essential Functions of Speech –Language Pathology Form
 - ▶ b. Signed “Medical Records Release Form”
 - ▶ c. Signed “Student Statement of Responsibility”

**HEALTH CLEARANCE FORM
COLLEGE OF HEALTH SCIENCES & EDUCATION
MISERICORDIA UNIVERSITY
301 LAKE STREET
DALLAS, PENNSYLVANIA 18612**

****STUDENTS ARE RESPONSIBLE FOR ATTACHING A PHOTOCOPY OF THEIR HEALTH INSURANCE CARD.**

Section I. TO BE COMPLETED BY THE STUDENT:

_____ Gender: M F
Last Name (Print) First Name Middle

Social Security # _____ Date of Birth ____ / ____ / ____

_____ (____) _____
Home Address Phone Number

_____ (____) _____
School Address Phone Number

_____ (____) _____
Person to be notified in case of an emergency Phone Number

SECTION II. TO BE COMPLETED BY THE HEALTH CARE PROVIDER:
(physician, nurse practitioner, or physician’s assistant)

Height _____ inches Weight _____ pounds Blood Pressure _____ / _____

List any know allergies (if none, state none) _____

List any prescribed medications currently being taken _____

1. **Required Testing:** Copy of official results must be attached. Blood work must be drawn no earlier than 3 months prior to exam. All SLP students must have an initial 2-step PPD test completed prior to attending any clinical experiences. Each subsequent year the student is required to complete a one step PPD.

Required	One Step	Two Step
a. Date test administered		
b. Test site (i.e. right forearms, left forearm)		
c. Facility test provided (i.e. physician office, hospital)		
d. Date test read		
e. By Whom was test read (i.e. nurse, physician)		

	Negative	mm induration	Date
One Step			
Two Step			

	Positive	mm induration	Date
One Step			
Two Step			

If TB test positive, chest x-ray report must be attached.

Exception: In such event when a 2 step PPD has been completed by the student prior to entering the SLP program, the student must provide written verification from their health care provider which includes the date the test was completed and the results. This student will be required to have a one step completed for the annual Speech-Language Pathology Department clinical clearance.

2. Rubella Titer Level must be drawn regardless of MMR immunization. Results of a previous titer will be accepted.
3. Has this individual ever had chicken pox/shingles? Yes _____ Date _____ No _____
If no, Date of Varicella Vaccine _____ or Titer _____

Immunization:

Required	Completed (yes or no)	Date of Most Recent
Tetanus Toxoid Booster within 10 years		
MMR2		
Poliomyelitis		

Hepatitis B: (students must provide documentation of at least 2 injections in series)

a. education	yes	no	documentation
b. date of injections (photocopy required)	1 _____	2 _____	3 _____
c. waiver (photocopy required)	yes _____	no _____	

SECTION III: ESSENTIAL FUNCTIONS OF SPEECH-LANGUAGE PATHOLOGY

TO BE COMPLETED BY THE HEALTH CARE PROVIDER

To ensure that students, faculty, colleagues, and patients are not placed in jeopardy by students with impaired intellectual, physical, or emotional functions a qualified student must:

- have vocationally adequate hearing and visual acuity with or without an aide
- be able to read, write, and speak English with efficiency
- have independent gross and fine motor capabilities that are within functional limits for daily provisions of therapy
- be able to learn, think critically, analyze, assess, and reason appropriately
- demonstrate emotional stability and the ability to accept responsibility and accountability in demanding situations
- speak English intelligibly
- maintain attention and concentration for an extended period of time (1-2 hours/session or class)

If a student cannot demonstrate the skills and abilities listed above, it is the responsibility of the student to request accommodations by applying for the Alternative Learning Program (ALP) or by completing the Disability Declaration form provided by the Office of Admissions. Once it is determined that accommodations are appropriate, then a plan of accommodation (POA) will be developed collaboratively by the ALP Specialist and a designated health science representative. For more information about requesting reasonable accommodations refer to the current Misericordia University Undergraduate Catalog or contact the Assistant Dean of Students at (570) 674-6304.

Is the individual capable of executing the Essential Functions of Speech-Language Pathology listed above?

Cleared without accommodations Yes _____ No _____

Cleared with accommodations Yes _____ No _____

Please specify accommodations below:

To be completed by the health care provider: (Please Print)

Health Care Provider Name: _____

Address: _____

Phone #: (____) _____ Fax #: (____) _____

Signature: _____ Date: _____

TO BE COMPLETED BY THE STUDENT

STATEMENT OF RESPONSIBILITY

By signing this statement, I agree to the following:

- 1. that the information presented within this document is correct to the best of my knowledge.
- 2. if my health status should change, I understand that it is my responsibility to the Clinical Coordinator.

Student's Signature _____

Date _____

MEDICAL RECORDS RELEASE FORM

I, _____, give permission to the Student Health Services of Misericordia University to release information concerning my health status to the Department Chair of my major (Speech-Language Pathology) and to those clinical sites which require such information.

Student's Signature _____

Date _____

CLINICAL CLEARANCE RELEASE

I, _____, give permission to Misericordia University to release any/all clinical clearance information to those clinical sites which require such information.

Student's Signature _____

Date _____

CHANGE IN HEALTH STATUS

I, _____, understand that if I should experience a change in health status at any point during the program, I must submit documentation of medical clearance to return to class, laboratory, or clinical education with or without accommodations.

**Department of Speech-Language Pathology
Essential Functions Document**

PROGRAM APPLICANT AGREEMENT STATEMENT

TO BE COMPLETED BY THE STUDENT

- As a student in the Speech Language Pathology program, my signature below indicates that I have read:
 - The essential functions document.
 - I agree with the contents; and I am committed to the policies.
 - I understand my rights with respect to accommodations and that if I seek such accommodations, it is my responsibility to disclose the disability for which I am seeking accommodations through Misericordia Office of Disability Resources.
 - I understand that once the Office of Disability Resources notifies the program and/or faculty of my need for accommodations, the program in which I am enrolled will provide reasonable accommodations in the classroom, laboratory and clinical setting.
 - I may be advised to discontinue the program should I fail to demonstrate all of the essential functions despite reasonable accommodations and reasonable levels of support from the faculty.
 - The program may be unable to make accommodations due to cognitive or physical disabilities that preclude participation in skill required coursework, testing, laboratory or clinical activities.
 - In the event reasonable accommodations cannot be made due to cognitive or physical disabilities that preclude participation in skill required coursework, testing or clinical I may be advised to discontinue the program.
 - I am responsible to communicate necessary accommodations to my assigned clinical site; however, such accommodations in the clinical environment may not be feasible. Clinical accommodations are beyond the University's control and when not feasible may preclude clinical placement and prohibit me from completing the program.

Signature

Date

“The Department of Speech Language Pathology accepts but cannot guarantee clinical placement requests.”

Revised 10/18/2018

**SECTION III: ESSENTIAL FUNCTIONS OF SPEECH-LANGUAGE
PATHOLOGY TO BE COMPLETED BY THE HEALTH CARE PROVIDER**

To ensure that students, faculty, colleagues, and patients are not placed in jeopardy by students with impaired intellectual, physical, or emotional functions a qualified student must:

- have vocationally adequate hearing and visual acuity with or without an aide
- be able to read, write, and speak English with efficiency
- have independent gross and fine motor capabilities that are within functional limits for daily provisions of therapy
- be able to learn, think critically, analyze, assess, and reason appropriately
- demonstrate emotional stability and the ability to accept responsibility and accountability in demanding situations
- speak English intelligibly
- maintain attention and concentration for an extended period of time (1-2 hours/session or class)

If a student cannot demonstrate the skills and abilities listed above, it is the responsibility of the student to request accommodations by applying for the Alternative Learning Program (ALP) or by completing the Disability Declaration form provided by the Office of Admissions. Once it is determined that accommodations are appropriate, then a plan of accommodation (POA) will be developed collaboratively by the ALP Specialist and a designated health science representative. For more information about requesting reasonable accommodations refer to the current Misericordia University Undergraduate Catalog or contact the Assistant Dean of Students at (570) 674-6304.

Is the individual capable of executing the Essential Functions of Speech-Language Pathology

listed above? Cleared without accommodations Yes _____ No _____

Cleared with accommodations Yes _____ No _____

Please specify accommodations below:

To be completed by the health care provider: (Please Print)

Health Care Provider Name: _____

Address: _____

Phone #: (____) _____ Fax #: (____) _____

Signature: _____ Date: _____

TO BE COMPLETED BY THE**STUDENT STATEMENT OF****RESPONSIBILITY**

By signing this statement, I agree to the following:

1. that the information presented within this document is correct to the best of my knowledge.
2. if my health status should change, I understand that it is my responsibility to the Clinical Coordinator.

Student's Signature _____

Date _____

MEDICAL RECORDS RELEASE FORM

I, _____, give permission to the Student Health Services of Misericordia University to release information concerning my health status to the Department Chair of my major (Speech-Language Pathology) and to those clinical sites which require such information.

Student's Signature _____

Date _____

CLINICAL CLEARANCE RELEASE

I, _____, give permission to Misericordia University to release any/all clinical clearance information to those clinical sites which require such information.

Student's Signature _____

Date _____

CHANGE IN HEALTH STATUS

I, _____, understand that if I should experience a change in health status at any point during the program, I must submit documentation of medical clearance to return to class, laboratory, or clinical education with or without accommodations.

**Department of Speech-Language Pathology
Essential Functions Document**

PROGRAM APPLICANT AGREEMENT STATEMENT
TO BE COMPLETED BY THE STUDENT

As a student in the Speech Language Pathology program, my signature below indicates that I have read:

- The essential functions document.
- I agree with the contents; and I am committed to the policies.
- I understand my rights with respect to accommodations and that if I seek such accommodations, it is my responsibility to disclose the disability for which I am seeking accommodations through Misericordia Office of Disability Resources.
- I understand that once the Office of Disability Resources notifies the program and/or faculty of my need for accommodations, the program in which I am enrolled will provide reasonable accommodations in the classroom, laboratory and clinical setting.
- I may be advised to discontinue the program should I fail to demonstrate all of the essential functions despite reasonable accommodations and reasonable levels of support from the faculty.
- The program may be unable to make accommodations due to cognitive or physical disabilities that preclude participation in skill required coursework, testing, laboratory or clinical activities.
- In the event reasonable accommodations cannot be made due to cognitive or physical disabilities that preclude participation in skill required coursework, testing or clinical I may be advised to discontinue the program.
- I am responsible to communicate necessary accommodations to my assigned clinical site; however, such accommodations in the clinical environment may not be feasible. Clinical accommodations are beyond the University's control and when not feasible may preclude clinical placement and prohibit me from completing the program.

Signature

Date

“The Department of Speech Language Pathology accepts but cannot guarantee clinical placement requests.”

Follow Up SLP Clearance
Speech-Language Pathology

Student Name _____

**MISERICORDIAUNIVERSITY
 DIVISION OF HEALTH SCIENCES
 SPEECH-LANGUAGE
 PATHOLOGY DEPARTMENT
 FOLLOW-UP
 HEALTH CLEARANCE**

This is your Health Clearance Form. This form **will not** be accepted unless all requested information and test results are included. Completion is required **prior** to commencement of your clinical affiliation, without exception. You must return this form **fully completed**, with all the requested lab results to the:

*Misericordia University
 Speech-Language Pathology Department
 301 Lake Street
 Dallas, Pennsylvania 18612*

Note:

It is recommended that prior to submission; you photocopy this entire form (including laboratory studies and x-ray results) for your own records. Should any questions arise regarding your clearance, having a photocopy of this information may prevent you from having delays in starting your Fieldwork experience.

Speech-Language Pathology Follow-up Health Clearance

Please check that each of the following is completed prior to submission.

STUDENT

- | | |
|----|---|
| 1. | SECTION I. |
| ” | a. Completed Demographic/Emergency Information |
| ” | b. Photocopy of Health Insurance Card |
| 2. | SECTION II. |
| ” | a. Allergies or medications currently taken |
| ” | b. Tuberculin skin test: PPD via Mantoux (fully documented) |
| ” | c. Chest x-ray report (only if PPD via Mantoux is <u>positive</u>) |
| 3. | SECTION III. |
| ” | a. Signed Essential Functions of Speech-Language Pathology |
| ” | b. Signed “Medical Records Release Form” |
| ” | c. Signed “Student Statement of Responsibility” |

Follow Up SLP Clearance

Speech-Language Pathology

Student Name _____

**HEALTH CLEARANCE FORM
SPEECH-LANGUAGE PATHOLOGY DEPARTMENT
MISERICORDIA UNIVERSITY
301 LAKE STREET
DALLAS, PA 18612**

**** Students are responsible for attaching a photocopy of their health insurance card.**

Section I. TO BE COMPLETED BY THE STUDENT:

_____ **Gender: M F**
Last Name (Print) First Name Middle

Social Security # _____ Date of Birth ___/___/___

_____ (____) _____
Home Address Phone Number

_____ (____) _____
School Address Phone Number

_____ (____) _____
Person to be notified in case of an emergency Phone Number

Follow Up SLP Clearance
Speech-Language Pathology

Student Name _____

Section II TO BE COMPLETED BY THE HEALTH CARE PROVIDER:
 (physician, nurse practitioner, or physician's assistant)

Height _____ inches Weight _____ pounds Blood Pressure _____ / _____

List any known allergies (if none, state none) _____

List any prescribed medications currently being taken _____

REQUIRED TESTING:

1. Tuberculin (TB) Skin Test: PPD via Mantoux technique
 - a. Date TB test administered: _____
 - b. TB test site (i.e. right forearm, left forearm) _____
 - c. Facility TB test provided (i.e. physician office, hospital): _____
 - d. Date TB test read: _____ By whom? (i.e. nurse, physician) _____
 - e. Tuberculin Skin Test Results:

Negative _____ mm induration _____ Date: _____
 Positive _____ mm induration _____ Date: _____

- f. If TB test positive, chest x-ray report must be attached.

2. Has this individual ever had chicken pox/shingles? Yes _____ Date _____ No _____

Is the individual capable of executing the clinical responsibilities related to their major (Speech-Language Pathology)?

Follow Up SLP Clearance

Speech-Language Pathology

Student Name _____

**SECTION III: ESSENTIAL FUNCTIONS OF SPEECH-LANGUAGE PATHOLOGY
TO BE COMPLETED BY THE HEALTH CARE PROVIDER**

To ensure that students, faculty, colleagues, and patients are not placed in jeopardy by students with impaired intellectual, physical, or emotional functions a qualified student must:

- have vocationally adequate hearing and visual acuity with or without an aide
- be able to read, write, and speak English with efficiency
- have independent gross and fine motor capabilities that are within functional limits for daily provisions of therapy
- be able to learn, think critically, analyze, assess, and reason appropriately
- demonstrate emotional stability and the ability to accept responsibility and accountability in demanding situations
- speak English intelligibly
- maintain attention and concentration for an extended period of time (1-2 hours/session or class)

If a student cannot demonstrate the skills and abilities listed above, it is the responsibility of the student to request accommodations by applying for the Alternative Learning Program (ALP) or by completing the Disability Declaration form provided by the Office of Admissions. Once it is determined that accommodations are appropriate, then a plan of accommodation (POA) will be developed collaboratively by the ALP Specialist and a designated health science representative. For more information about requesting reasonable accommodations refer to the current Misericordia University Undergraduate Catalog or contact the Assistant Dean of Students at (570) 674-6304.

Is the individual capable of executing the Essential Functions of Speech-Language Pathology listed above?

Cleared without accommodations Yes _____ No _____

Cleared with accommodations Yes _____ No _____

Please specify accommodations below:

To be completed by the health care provider: (Please Print)

Health Care Provider Name: _____

Address: _____

Phone #: (_____) _____ Fax #: (_____) _____

Signature: _____ Date: _____

Speech-Language Pathology

Student Name _____

TO BE COMPLETED BY THE STUDENT

STATEMENT OF RESPONSIBILITY

By signing this statement, I agree to the following:

1. that the information presented within this document is correct to the best of my knowledge.
2. if my health status should change, I understand that it is my responsibility to the Clinical Coordinator.

Student's Signature _____

Date _____

MEDICAL RECORDS RELEASE FORM

I, _____, give permission to the Student Health Services of Misericordia University to release information concerning my health status to the Department Chair of my major (Speech-Language Pathology) and to those clinical sites which require such information.

Student's Signature _____

Date _____

CLINICAL CLEARANCE RELEASE

I, _____, give permission to Misericordia University to release any/all clinical clearance information to those clinical sites which require such information.

Student's Signature _____

Date _____

CHANGE IN HEALTH STATUS

I, _____, understand that if I should experience a change in health status at any point during the program, I must submit documentation of medical clearance to return to class, laboratory, or clinical education with or without accommodations.

Speech-Language Pathology

Student Name _____

Department of Speech-Language Pathology Essential Functions Document

PROGRAM APPLICANT AGREEMENT

STATEMENT TO BE COMPLETED BY THE STUDENT

- As a student in the Speech Language Pathology program, my signature below indicates that I have read:
- The essential functions document.
- I agree with the contents; and I am committed to the policies.
- I understand my rights with respect to accommodations and that if I seek such accommodations, it is my responsibility to disclose the disability for which I am seeking accommodations through Misericordia Office of Disability Resources.
- I understand that once the Office of Disability Resources notifies the program and/or faculty of my need for accommodations, the program in which I am enrolled will provide reasonable accommodations in the classroom, laboratory and clinical setting.
- I may be advised to discontinue the program should I fail to demonstrate all of the essential functions despite reasonable accommodations and reasonable levels of support from the faculty.
- The program may be unable to make accommodations due to cognitive or physical disabilities that preclude participation in skill required coursework, testing, laboratory or clinical activities.
- In the event reasonable accommodations cannot be made due to cognitive or physical disabilities that preclude participation in skill required coursework, testing or clinical I may be advised to discontinue the program.
- I am responsible to communicate necessary accommodations to my assigned clinical site; however, such accommodations in the clinical environment may not be feasible. Clinical accommodations are beyond the University's control and when not feasible may preclude clinical placement and prohibit me from completing the program.

Signature

Date

“The Department of Speech Language Pathology accepts but cannot guarantee clinical placement requests.”

Revised 8/20/2015

Student Clinician-Client/Caregiver Endowment Policy

Purpose: To outline the procedure for students who receive gifts from clients/patients and/or caregivers.

Procedure:

1. Students who receive gifts, in any amount, must immediately make their clinical supervisor and the Clinical Director aware of the gift(s) received. The Clinical Director will decide if the gift is within reason and appropriate to accept.
2. Students may accept inexpensive, tangible gifts (up to \$30.00) or monetary gifts (up to \$30.00) from clients/patients and/or caregivers that are given as a token of appreciation for their clinical services in any on campus or off campus clinical/fieldwork placement. These inexpensive gifts may be kept by the recipient for personal use.
3. Tangible and monetary gifts in excess of \$30.00 will need to be returned to the donor or, if the donor prefers, donate any amount over \$30.00 to the Misericordia University Speech-Language and Hearing Center (the student will be allowed to keep a maximum \$30.00 of the total donation). All tangible and monetary gifts donated to the Center will be used in the Center. If a tangible gift is not appropriate for use in the Center, the donor will be asked if he/she would like to donate the amount of the gift (minus \$30.00) to the Center. All monetary gifts donated to the Center will be used to purchase materials/equipment for use in the Center.
4. It will be the responsibility of the gift recipient to ask the donor how he/ she would like the gift to be used if the gift exceeds the allotted amount.
5. If the donor chooses to donate part of the gift to the Center, it will be the responsibility of the gift recipient to then notify the client, family member, and/or caregiver as to how the gift will be used in the Center.
6. For all gifts exceeding \$30.00, the recipient of the gift, in conjunction with the Clinical Director, will be responsible for writing a note of thanks to the donor to show appreciation for the donation to the Center.

Policy for Reporting Verbal/Sexual Harassment by a Client, Peer, Faculty, or Staff

Purpose:

To outline the standard clinical procedure students must follow for reporting verbal/sexual harassment suspected by a client, peer, faculty, or staff while working as a student clinician in the Misericordia University Speech-Language and Hearing Center.

Procedure:

- Students who become uncomfortable when working with a client due to the nature of the client's behavior and/ or actions should immediately report their concerns, in writing, using the *Misericordia Speech-Language Pathology Verbal/Sexual Harassment Complaint Form*, to their clinical supervisor.
- The clinical supervisor, once receiving the complaint, will immediately address the issue with the client and let the client know that the client's actions are not acceptable and will not be tolerated in the clinic.
- Should a student report a second occurrence, in writing, with the same client, the client will be dismissed from therapy and no further services will be provided to the client in the Misericordia University Speech-Language and Hearing Center.
- All meetings between the client and clinical supervisor will be documented in writing, on the *Misericordia University Sexual/Verbal Harassment Complaint Form* and signed by both the client and the clinical supervisor. The signed documentation form will be housed in the client's clinical chart.
- Students who believe they have been harassed by a peer, faculty or staff member due to the nature of their behavior and/or actions should refer to the University website for information regarding sexual harassment and the process for reporting suspected abuse.

APPENDICES

APPENDIX A

CODE OF ETHICS

Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

Rules of Ethics

- A. Individuals shall provide all services competently.
- B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
- D. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

- F. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.
- G. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.
- H. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.
- I. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- J. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
- K. Individuals shall not provide clinical services solely by correspondence.
- L. Individuals may practice by telecommunication (e.g., telehealth), where not prohibited by law.
- M. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.
- N. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.
- O. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.
- P. Individuals shall include persons as participants in research or teaching demonstrations only if the participation is voluntary, without coercion, and with their informed consent.
- Q. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw the affected areas of practice.
- R. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

Principle of Ethics II

Individuals shall honor their responsibility to achieve and maintain the highest Level of professional competence and performance.

Rules of Ethics

- A. [Deleted effective June 1, 2014] Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.
- B. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence considering their level of education, training, and experience.
- C. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.
- D. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.
- E. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

Principle of Ethics

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Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.

Rules of Ethics

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.
- B. Individuals shall not participate in professional activities that constitute a conflict of interest.
- C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.
- D. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.
- E. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.
- F. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
- G. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

Principle of Ethics IV

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

Rules of Ethics

- A. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.
- B. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
- C. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.
- D. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.
- E. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- F. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.
- G. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- H. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
- I. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- J. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
- K. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
- L. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- M. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.
- N. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.

APPENDIX B

CODE OF PROFESSIONAL PRACTICE AND CONDUCT FOR EDUCATORS

CHAPTER 235. CODE OF PROFESSIONAL PRACTICE AND CONDUCT FOR EDUCATORS

Sec.

- 235.1. Mission.
- 235.2. Introduction.
- 235.3. Purpose.
- 235.4. Practices.
- 235.5. Conduct.
- 235.6. Legal obligations.
- 235.7. Certification.
- 235.8. Civil rights.
- 235.9. Improper personal or financial gain.
- 235.10. Relationships with students.
- 235.11. Professional relationships.

Authority

The provisions of this Chapter 235 issued under section (5) (a) (10) of the act of December 12, 1973 (P. L. 397, No. 141) (24 P. S. § 12-1255(a) (10)), unless otherwise noted.

Source

The provisions of this Chapter 235 adopted June 26, 1992, effective November 1, 1992, 22 Pa. B. 3176, unless otherwise noted.

§ 235.1. Mission.

The Professional Standards and Practices Commission is committed to providing leadership for improving the quality of education in this Commonwealth by establishing high standards for preparation, certification, practice and ethical conduct in the teaching profession.

§ 235.2. Introduction

(a) Professional conduct defines interactions between the individual educator and students, the employing agencies and other professionals. Generally, the responsibility for professional conduct rests with the individual professional educator. However, in this Commonwealth, a Code of Professional Practice and Conduct (Code) for certificated educators is required by statute and violation of specified sections of the Code may constitute a basis for public or private reprimand. Violations of the Code may also be used as supporting evidence, though may not constitute an independent basis, for the suspension or revocation of a certificate. The Professional Standards and Practices Commission (PSPC) was charged by the act of December 12, 1973 (P. L. 397, No. 141) (24 P. S. § § 12-1251—12-1268), known as the Teacher Certification Law, with adopting a Code by July 1, 1991. See 24 P. S. § 12-1255(a) (10).

(b) This chapter makes explicit the values of the education profession. When individuals become educators in this Commonwealth, they make a moral commitment to uphold these values.

§ 235.3. Purpose.

(a) Professional educators in this Commonwealth believe that the quality of their services directly influences the Nation and its citizens. Professional educators recognize their obligation to provide services and to conduct themselves in a manner which places the highest esteem on human rights and dignity. Professional educators seek to ensure that every student receives the highest quality of service and that every professional maintains a high level of competence from entry through ongoing professional development. Professional educators are responsible for the development of sound educational policy and obligated to implement that policy and its programs to the public.

(b) Professional educators recognize their primary responsibility to the student and the development of the student's potential. Central to that development is the professional educator's valuing the worth and dignity of every person, student and colleague alike; the pursuit of truth; devotion to excellence; acquisition of knowledge; and democratic principles. To those ends, the educator engages in continuing professional development and keeps current with research and technology. Educators encourage and support the use of resources that best serve the interests and needs of students. Within the context of professional excellence, the educator and student together explore the challenge and the dignity of the human experience.

§ 235.4. Practices.

(a) Professional practices are behaviors and attitudes that are based on a set of values that the professional education community believes and accepts. These values are evidenced by the professional educator's conduct toward students and colleagues, and the educator's employer and community. When teacher candidates become professional educators in this Commonwealth, they are expected to abide by this section.

(b) Professional educators are expected to abide by the following:

(1) Professional educators shall abide by the Public School Code of 1949 (24 P. S. § § 1-101—27-2702), other school laws of the Commonwealth, sections 1201(a)(1), (2) and (4) and (b)(1), (2) and (4) of the Public Employee Relations Act (43 P. S. § § 1101.1201(a)(1), (2) and (4) and (b)(1), (2) and (4)) and this chapter.

(2) Professional educators shall be prepared, and legally certified, in their areas of assignment. Educators may not be assigned or willingly accept assignments they are not certified to fulfill. Educators may be assigned to or accept assignments outside their certification area on a temporary, short-term, emergency basis. Examples: a teacher certified in English filling in a class period for a physical education teacher who has that day become ill; a substitute teacher certified in elementary education employed as a librarian for several days until the district can locate and employ a permanent substitute teacher certified in library science.

(3) Professional educators shall maintain high levels of competence throughout their careers.

(4) Professional educators shall exhibit consistent and equitable treatment of students, fellow educators and parents. They shall respect the civil rights of all and not discriminate on the basis of race, national or ethnic origin, culture, religion, sex or sexual orientation, marital status, age, political

beliefs, socioeconomic status, disabling condition or vocational interest. This list of bases or discrimination is not all-inclusive.

(5) Professional educators shall accept the value of diversity in educational practice. Diversity requires educators to have a range of methodologies and to request the necessary tools for effective teaching and learning.

(6) Professional educators shall impart to their students principles of good citizenship and societal responsibility.

(7) Professional educators shall exhibit acceptable and professional language and communication skills. Their verbal and written communications with parents, students and staff shall reflect sensitivity to the fundamental human rights of dignity, privacy and respect.

(8) Professional educators shall be open-minded, knowledgeable and use appropriate judgment and communication skills when responding to an issue within the educational environment.

(9) Professional educators shall keep in confidence information obtained in confidence in the course of professional service unless required to be disclosed by law or by clear and compelling professional necessity as determined by the professional educator.

(10) Professional educators shall exert reasonable effort to protect the student from conditions which interfere with learning or are harmful to the student's health and safety.

§ 235.5. Conduct.

Individual professional conduct reflects upon the practices, values, integrity and reputation of the profession. Violation of § § 235.6—235.11 may constitute an independent basis for private or public reprimand, and may be used as supporting evidence in cases of certification suspension and revocation.

§ 235.6. Legal obligations.

(a) The professional educator may not engage in conduct prohibited by the act of December 12, 1973 (P. L. 397, No. 141) (24 P. S. § § 12-1251—12-1268), known as the Teacher Certification Law.

(b) The professional educator may not engage in conduct prohibited by:

(1) The Public-School Code of 1949 (24 P. S. § § 1-101—27-2702) and other laws relating to the schools or the education of children.

(2) The applicable laws of the Commonwealth establishing ethics of public officials and public employees, including the act of October 4, 1978 (P. L. 883, No. 170) (65 P. S. § § 401—413), known as the Public Official and Employee Ethics Law.

(c) Violation of subsection (b) shall have been found to exist by an agency of proper jurisdiction to be considered an independent basis for discipline.

Cross References

This section cited in 22 Pa. Code § 235.5 (relating to conduct).

§ 235.7. Certification.

The professional educator may not:

- (1) Accept employment, when not properly certificated, in a position for which certification is required.
- (2) Assist entry into or continuance in the education profession of an unqualified person.
- (3) Employ, or recommend for employment, a person who is not certificated appropriately for the position.

Cross References

This section cited in 22 Pa. Code § 235.5 (relating to conduct).

§ 235.8. Civil rights.

The professional educator may not:

- (1) Discriminate on the basis of race, National or ethnic origin, culture, religion, sex or sexual orientation, marital status, age, political beliefs, socioeconomic status; disabling condition or vocational interest against a student or fellow professional. This list of bases of discrimination is not all-inclusive. This discrimination shall be found to exist by an agency of proper jurisdiction to be considered an independent basis for discipline.
- (2) Interfere with a student's or colleague's exercise of political and civil rights and responsibilities.

Cross References

This section cited in 22 Pa. Code § 235.5 (relating to conduct).

§ 235.9. Improper personal or financial gain.

The professional educator may not:

- (1) Accept gratuities, gifts or favors that might impair or appear to impair professional judgment.
- (2) Exploit a professional relationship for personal gain or advantage.

Cross References

This section cited in 22 Pa. Code § 235.5 (relating to conduct).

§ 235.10. Relationships with students.

The professional educator may not:

- (1) Knowingly and intentionally distort or misrepresent evaluations of students.
- (2) Knowingly and intentionally misrepresent subject matter or curriculum.
- (3) Sexually harass or engage in sexual relationships with students.
- (4) Knowingly and intentionally withhold evidence from the proper authorities about violations of the legal obligations as defined within this section.

Cross References

This section cited in 22 Pa. Code § 235.5 (relating to conduct).

§ 235.11. Professional relationships.

The professional educator may not:

- (1) Knowingly and intentionally deny or impede a colleague in the exercise or enjoyment of a professional right or privilege in being an educator.
- (2) Knowingly and intentionally distort evaluations of colleagues.
- (3) Sexually harass a fellow employee.
- (4) Use coercive means or promise special treatment to influence professional decisions of colleagues.
- (5) Threaten, coerce or discriminate against a colleague who in good faith reports or discloses to a governing agency actual or suspected violation of law, agency regulations or standards.

Cross References

This section cited in 22 Pa. Code § 235.5 (relating to conduct).

APPENDIX C

SCOPE OF PRACTICE IN SPEECH-LANGUAGE PATHOLOGY



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Scope of Practice in Speech-Language Pathology

Ad Hoc Committee on the Scope of Practice in Speech-Language Pathology

Reference this material as: American Speech-Language-Hearing Association. (2007). *Scope of Practice in Speech-Language Pathology* [Scope of Practice]. Available from www.asha.org/policy.

Index terms: scope of practice

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About This Document

This scope of practice document is an official policy of the American Speech-Language-Hearing Association (ASHA) defining the breadth of practice within the profession of speech-language pathology. This document was developed by the ASHA Ad Hoc Committee on the Scope of Practice in Speech-Language Pathology. Committee members were Kenn Apel (chair), Theresa E. Bartolotta, Adam A. Brickell, Lynne E. Hewitt, Ann W. Kummer, Luis F. Riquelme, Jennifer B. Watson, Carole Zangari, Brian B. Shulman (vice president for professional practices in speech-language pathology), Lemmietta McNeilly (ex officio), and Diane R. Paul (consultant). This document was approved by the ASHA Legislative Council on September 4, 2007 (LC 09-07).

Introduction

The *Scope of Practice in Speech-Language Pathology* includes a statement of purpose, a framework for research and clinical practice, qualifications of the speech-language pathologist, professional roles and activities, and practice settings. The speech-language pathologist is the professional who engages in clinical services, prevention, advocacy, education, administration, and research in the areas of communication and swallowing across the life span from infancy through geriatrics. Given the diversity of the client population, ASHA policy requires that these activities are conducted in a manner that takes into consideration the impact of culture and linguistic exposure/acquisition and uses the best available evidence for practice to ensure optimal outcomes for persons with communication and/or swallowing disorders or differences.

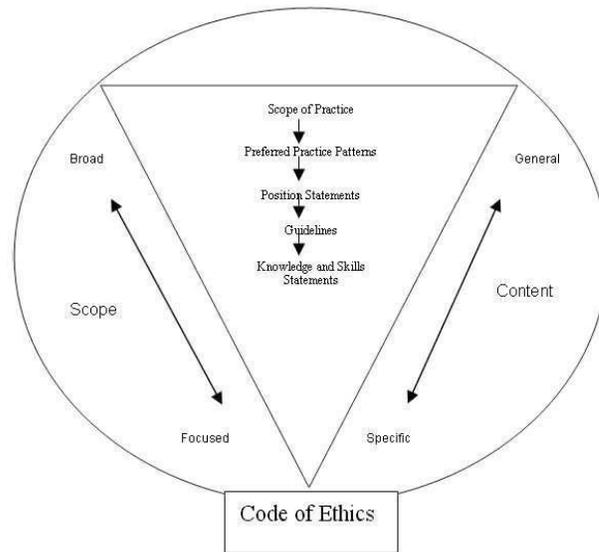
As part of the review process for updating the *Scope of Practice in Speech-Language Pathology*, the committee made changes to the previous scope of practice document that reflected recent advances in knowledge, understanding, and research in the discipline. These changes included acknowledging roles and responsibilities that were not mentioned in previous iterations of the *Scope of Practice* (e.g., funding issues, marketing of services, focus on emergency responsiveness, communication wellness). The revised document also was framed squarely on two guiding principles: evidence-based practice and cultural and linguistic diversity.

Statement of Purpose

The purpose of this document is to define the *Scope of Practice in Speech-Language Pathology* to

1. delineate areas of professional practice for speech-language pathologists;
2. inform others (e.g., health care providers, educators, other professionals, consumers, payers, regulators, members of the general public) about professional services offered by speech-language pathologists as qualified providers;
3. support speech-language pathologists in the provision of high-quality, evidence-based services to individuals with concerns about communication or swallowing;
4. support speech-language pathologists in the conduct of research;
5. provide guidance for educational preparation and professional development of speech-language pathologists.

Figure 1. Conceptual Framework of ASHA Practice Documents



This document describes the breadth of professional practice offered within the profession of speech-language pathology. Levels of education, experience, skill, and proficiency with respect to the roles and activities identified within this scope of practice document vary among individual providers. A speech-language pathologist typically does not practice in all areas of the field. As the ASHA Code of Ethics specifies, individuals may practice only in areas in which they are competent (i.e., individuals' scope of competency), based on their education, training, and experience.

In addition to this scope of practice document, other ASHA documents provide more specific guidance for practice areas. Figure 1 illustrates the relationship between the ASHA Code of Ethics, the *Scope of Practice*, and specific practice documents. As shown, the ASHA Code of Ethics sets forth the fundamental principles and rules considered essential to the preservation of the highest standards of integrity and ethical conduct in the practice of speech-language pathology.

Speech-language pathology is a dynamic and continuously developing profession. As such, listing specific areas within this *Scope of Practice* does not exclude emerging areas of practice. Further, speech-language pathologists may provide additional professional services (e.g., interdisciplinary work in a health care setting, collaborative service delivery in schools, transdisciplinary practice in early intervention settings) that are necessary for the well-being of the individual(s) they

Framework for Research and Clinical Practice

are serving but are not addressed in this *Scope of Practice*. In such instances, it is both ethically and legally incumbent upon professionals to determine whether they have the knowledge and skills necessary to perform such services.

This scope of practice document does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. It may serve, however, as a model for the development or modification of licensure laws.

The overall objective of speech-language pathology services is to optimize individuals' ability to communicate and swallow, thereby improving quality of life. As the population profile of the United States continues to become increasingly diverse (U.S. Census Bureau, 2005), speech-language pathologists have a responsibility to be knowledgeable about the impact of these changes on clinical services and research needs. Speech-language pathologists are committed to the provision of culturally and linguistically appropriate services and to the consideration of diversity in scientific investigations of human communication and swallowing. For example, one aspect of providing culturally and linguistically appropriate services is to determine whether communication difficulties experienced by English language learners are the result of a communication disorder in the native language or a consequence of learning a new language.

Additionally, an important characteristic of the practice of speech-language pathology is that, to the extent possible, clinical decisions are based on best available evidence. ASHA has defined evidence-based practice in speech-language pathology as an approach in which current, high-quality research evidence is integrated with practitioner expertise and the individual's preferences and values into the process of clinical decision making (ASHA, 2005). A high-quality basic, applied, and efficacy research base in communication sciences and disorders and related fields of study is essential to providing evidence-based clinical practice and quality clinical services. The research base can be enhanced by increased interaction and communication with researchers across the United States and from other countries. As our global society is becoming more connected, integrated, and interdependent, speech-language pathologists have access to an abundant array of resources, information technology, and diverse perspectives and influence (e.g., Lombardo, 1997). Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders can be a means to strengthen research collaboration and improve clinical services.

The World Health Organization (WHO) has developed a multipurpose health classification system known as the International Classification of Functioning, Disability and Health (ICF; WHO, 2001). The purpose of this classification system is to provide a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the breadth of the role of

the speech-language pathologist in the prevention, assessment, and habilitation/rehabilitation, enhancement, and scientific investigation of communication and swallowing. It consists of two components:

- Health Conditions
 - Body Functions and Structures: These involve the anatomy and physiology of the human body. Relevant examples in speech-language pathology include craniofacial anomaly, vocal fold paralysis, cerebral palsy, stuttering, and language impairment.
 - Activity and Participation: Activity refers to the execution of a task or action. Participation is the involvement in a life situation. Relevant examples in speech-language pathology include difficulties with swallowing safely for independent feeding, participating actively in class, understanding a medical prescription, and accessing the general education curriculum.
- Contextual Factors
 - Environmental Factors: These make up the physical, social, and attitudinal environments in which people live and conduct their lives. Relevant examples in speech-language pathology include the role of the communication partner in augmentative and alternative communication, the influence of classroom acoustics on communication, and the impact of institutional dining environments on individuals' ability to safely maintain nutrition and hydration.
 - Personal Factors: These are the internal influences on an individual's functioning and disability and are not part of the health condition. These factors may include, but are not limited to, age, gender, ethnicity, educational level, social background, and profession. Relevant examples in speech-language pathology might include a person's background or culture that influences his or her reaction to a communication or swallowing disorder.

The framework in speech-language pathology encompasses these health conditions and contextual factors. The health condition component of the ICF can be expressed on a continuum of functioning. On one end of the continuum is intact functioning. At the opposite end of the continuum is completely compromised functioning. The contextual factors interact with each other and with the health conditions and may serve as facilitators or barriers to functioning. Speech-language pathologists may influence contextual factors through education and advocacy efforts at local, state, and national levels. Relevant examples in speech-language pathology include a user of an augmentative communication device needing classroom support services for academic success, or the effects of premorbid literacy level on rehabilitation in an adult post brain injury. Speech-language pathologists work to improve quality of life by reducing impairments of body functions and structures, activity limitations, participation restrictions, and barriers created by contextual factors.

Qualifications

Speech-language pathologists, as defined by ASHA, hold the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), which requires a master's, doctoral, or other recognized postbaccalaureate degree. ASHA-certified speech-language pathologists complete a supervised postgraduate professional experience and pass a national examination as described in the ASHA certification standards. Demonstration of continued professional development is

Professional Roles and Activities

mandated for the maintenance of the CCC-SLP. Where applicable, speech-language pathologists hold other required credentials (e.g., state licensure, teaching certification).

This document defines the scope of practice for the field of speech-language pathology. Each practitioner must evaluate his or her own experiences with preservice education, clinical practice, mentorship and supervision, and continuing professional development. As a whole, these experiences define the scope of competence for each individual. Speech-language pathologists may engage in only those aspects of the profession that are within their scope of competence.

As primary care providers for communication and swallowing disorders, speech-language pathologists are autonomous professionals; that is, their services are not prescribed or supervised by another professional. However, individuals frequently benefit from services that include speech-language pathologist collaborations with other professionals.

Speech-language pathologists serve individuals, families, and groups from diverse linguistic and cultural backgrounds. Services are provided based on applying the best available research evidence, using expert clinical judgments, and considering clients' individual preferences and values. Speech-language pathologists address typical and atypical communication and swallowing in the following areas:

- speech sound production
 - articulation
 - apraxia of speech
 - dysarthria
 - ataxia
 - dyskinesia
- resonance
 - hypernasality
 - hyponasality
 - cul-de-sac resonance
 - mixed resonance
- voice
 - phonation quality
 - pitch
 - loudness
 - respiration
- fluency
 - stuttering
 - cluttering
- language (comprehension and expression)
 - phonology
 - morphology
 - syntax
 - semantics
 - pragmatics (language use, social aspects of communication)
 - literacy (reading, writing, spelling)
 - prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)
 - paralinguistic communication

- cognition
 - attention
 - memory
 - sequencing
 - problem solving
 - executive functioning
- feeding and swallowing
 - oral, pharyngeal, laryngeal, esophageal
 - orofacial myology (including tongue thrust)
 - oral-motor functions

Potential etiologies of communication and swallowing disorders include

- neonatal problems (e.g., prematurity, low birth weight, substance exposure);
- developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention deficit disorder);
- auditory problems (e.g., hearing loss or deafness);
- oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral-motor dysfunction);
- respiratory compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease);
- pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence);
- laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis, tracheostomy);
- neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebral vascular accident, dementia, Parkinson's disease, amyotrophic lateral sclerosis);
- psychiatric disorder (e.g., psychosis, schizophrenia);
- genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome).

The professional roles and activities in speech-language pathology include clinical/educational services (diagnosis, assessment, planning, and treatment), prevention and advocacy, and education, administration, and research.

Clinical Services

Speech-language pathologists provide clinical services that include the following:

- prevention and pre-referral
- screening
- assessment/evaluation
- consultation
- diagnosis
- treatment, intervention, management
- counseling
- collaboration
- documentation
- referral

Examples of these clinical services include

1. using data to guide clinical decision making and determine the effectiveness of services;

Scope of Practice in Speech-Language Pathology

Scope of Practice

2. making service delivery decisions (e.g., admission/eligibility, frequency, duration, location, discharge/dismissal) across the lifespan;
3. determining appropriate context(s) for service delivery (e.g., home, school, telepractice, community);
4. documenting provision of services in accordance with accepted procedures appropriate for the practice setting;
5. collaborating with other professionals (e.g., identifying neonates and infants at risk for hearing loss, participating in palliative care teams, planning lessons with educators, serving on student assistance teams);
6. screening individuals for hearing loss or middle ear pathology using conventional pure-tone air conduction methods (including otoscopic inspection), otoacoustic emissions screening, and/or screening tympanometry;
7. providing intervention and support services for children and adults diagnosed with speech and language disorders;
8. providing intervention and support services for children and adults diagnosed with auditory processing disorders;
9. using instrumentation (e.g., videofluoroscopy, electromyography, nasendoscopy, stroboscopy, endoscopy, nasometry, computer technology) to observe, collect data, and measure parameters of communication and swallowing or other upper aerodigestive functions;
10. counseling individuals, families, coworkers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication and swallowing;
11. facilitating the process of obtaining funding for equipment and services related to difficulties with communication and swallowing;
12. serving as case managers, service delivery coordinators, and members of collaborative teams (e.g., individualized family service plan and individualized education program teams, transition planning teams);
13. providing referrals and information to other professionals, agencies, and/or consumer organizations;
14. developing, selecting, and prescribing multimodal augmentative and alternative communication systems, including unaided strategies (e.g., manual signs, gestures) and aided strategies (e.g., speech-generating devices, manual communication boards, picture schedules);
15. providing services to individuals with hearing loss and their families/caregivers (e.g., auditory training for children with cochlear implants and hearing aids; speechreading; speech and language intervention secondary to hearing loss; visual inspection and listening checks of amplification devices for the purpose of troubleshooting, including verification of appropriate battery voltage);
16. addressing behaviors (e.g., perseverative or disruptive actions) and environments (e.g., classroom seating, positioning for swallowing safety or attention, communication opportunities) that affect communication and swallowing;
17. selecting, fitting, and establishing effective use of prosthetic/adaptive devices for communication and swallowing (e.g., tracheoesophageal prostheses, speaking valves, electrolarynges; this service does not include the selection or fitting of sensory devices used by individuals with hearing loss or other auditory perceptual deficits, which falls within the scope of practice of audiologists; ASHA, 2004);

Scope of Practice in Speech-Language Pathology	Scope of Practice
<p>Prevention and Advocacy</p>	<p>18. providing services to modify or enhance communication performance (e.g., accent modification, transgender voice, care and improvement of the professional voice, personal/professional communication effectiveness).</p> <p>Speech-language pathologists engage in prevention and advocacy activities related to human communication and swallowing. Example activities include</p> <ol style="list-style-type: none"> 1. improving communication wellness by promoting healthy lifestyle practices that can help prevent communication and swallowing disorders (e.g., cessation of smoking, wearing helmets when bike riding); 2. presenting primary prevention information to individuals and groups known to be at risk for communication disorders and other appropriate groups; 3. providing early identification and early intervention services for communication disorders; 4. advocating for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal, cultural, and linguistic barriers; 5. advising regulatory and legislative agencies on emergency responsiveness to individuals who have communication and swallowing disorders or difficulties; 6. promoting and marketing professional services; 7. advocating at the local, state, and national levels for improved administrative and governmental policies affecting access to services for communication and swallowing; 8. advocating at the local, state, and national levels for funding for research; 9. recruiting potential speech-language pathologists into the profession; 10. participating actively in professional organizations to contribute to best practices in the profession.
<p>Education, Administration, and Research</p>	<p>Speech-language pathologists also serve as educators, administrators, and researchers. Example activities for these roles include</p> <ol style="list-style-type: none"> 1. educating the public regarding communication and swallowing; 2. educating and providing in-service training to families, caregivers, and other professionals; 3. educating, supervising, and mentoring current and future speech-language pathologists; 4. educating, supervising, and managing speech-language pathology assistants and other support personnel; 5. fostering public awareness of communication and swallowing disorders and their treatment; 6. serving as expert witnesses; 7. administering and managing clinical and academic programs; 8. developing policies, operational procedures, and professional standards; 9. conducting basic and applied/translational research related to communication sciences and disorders, and swallowing.
<p>Practice Settings</p>	<p>Speech-language pathologists provide services in a wide variety of settings, which may include but are not exclusive to</p> <ol style="list-style-type: none"> 1. public and private schools;

2. early intervention settings, preschools, and day care centers;
3. health care settings (e.g., hospitals, medical rehabilitation facilities, long-term care facilities, home health agencies, clinics, neonatal intensive care units, behavioral/mental health facilities);
4. private practice settings;
5. universities and university clinics;
6. individuals' homes and community residences;
7. supported and competitive employment settings;
8. community, state, and federal agencies and institutions;
9. correctional institutions;
10. research facilities;
11. corporate and industrial settings.

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APPENDIX D

PREFERRED PRACTICE PATTERNS FOR SPEECH-LANGUAGE PATHOLOGY



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Preferred Practice Patterns for the Profession of Speech-Language Pathology

Approved by the ASHA Legislative Council, November 2004

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Reference this material as: American Speech-Language-Hearing Association. (2004).
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Available at <http://www.asha.org/members/deskref-journals/deskref/default>

Index terms: articulation, augmentative/alternative communication, auditory processing disorders, aural rehabilitation, cognitive functions and disorders, fluency, language functions and disorders, literacy, oral myofunctional disorder, patient/family education, phonology, preferred practice patterns, prevention, resonance, scope of practice, screening, swallowing, voice functions and disorders

Document type: Preferred Practice Patterns

¹ The 2004 edition of the Preferred Practice Patterns is different from the 1997 edition (i.e., some procedures have been added, others have been deleted.)

15. Speech Sound Assessment
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17. Spoken and Written Language Assessment—School-Age Children and Adolescents
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Preamble to the *Preferred Practice Patterns for the Profession of Speech-Language Pathology*

This revision was completed by the Ad Hoc Committee for the Review and Revision as Needed of the Preferred Practice Patterns for the Profession of Speech-Language Pathology, which was appointed in 2003. Members of the committee include Ron Gillam (chair), Tempii Champion, Leora Cherney, Nickola Nelson, Mark Ylvisaker, and Janet Brown (ex officio). Celia Hooper, 2003–2005 vice president for professional practices in speech-language pathology, served as monitoring vice president. The committee is indebted to many ASHA members who contributed their expertise in the development or review of this document, including John Riski, Larry Shriberg, Teri Bellis, Alina de la Paz, Travis Threats, and the steering committees of the Special Interest Divisions, and to ASHA staff members from the speech-language pathology and audiology professional practices and multicultural affairs units for their careful review.

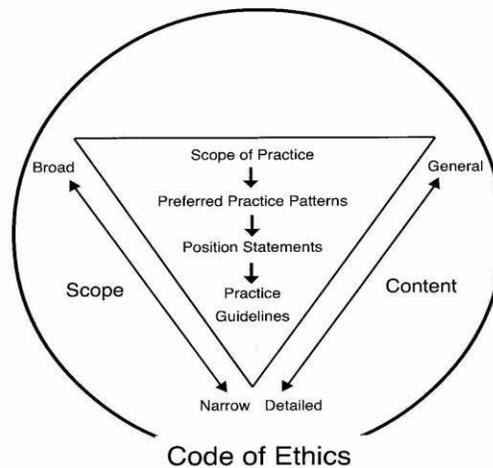
Preamble

The American Speech-Language-Hearing Association (ASHA) established the *Preferred Practice Patterns for the Profession of Speech-Language Pathology* to enhance the quality of professional services. These statements were developed as a guide for ASHA-certified speech-language pathologists and as an educational tool for other professionals, members of the general public, consumers, administrators, regulators, and third-party payers. The practice patterns apply across all settings in which the procedure is performed and are to be used with sensitivity to and knowledge of cultural and linguistic differences and the individual preferences and needs of clients/patients and their families. In publishing these statements, ASHA does not intend to exclude members of other professions or related fields from rendering services within their scope of practice for which they are competent by virtue of education and training.

The Preferred Practice Patterns provide an informational base to promote delivery of quality patient/client care. They are sufficiently flexible to permit both innovation and acceptable practice variation, yet sufficiently definitive to guide practitioners in decision making for appropriate clinical outcomes. They further provide a focus for professional preparation, continuing education, and research activities. However, the Preferred Practice Patterns are neither a yardstick to measure acceptable conduct nor a set of aspirational principles. Rather, they reflect the normally anticipated professional response to a particular set of circumstances. There may be legitimate reasons for departing from the practice patterns. The ultimate judgment regarding the appropriateness of any given procedure is made by the speech-language pathologist in light of individual circumstances often based on collaborative decision making with the client/patient, family/caregivers, and other professionals. Practitioners, however, need to be aware of the Preferred Practice Patterns, carefully considering the justifications for alternative practices.

These generic and universally applicable practice patterns were developed to be consistent with the World Health Organization's *International Classification of Functioning, Disability and Health* (WHO, 2001) as well as the framework of the *Scope of Practice for Speech-Language Pathology* (ASHA, 2001). For each procedure, the *Preferred Practice Patterns for the Profession of Speech-Language Pathology* specify the professionals who perform the procedure, expected outcome(s), clinical indications for the procedure, clinical processes, setting and equipment specifications, safety and health precautions, and documentation. Adherence, however, to the *Preferred Practice Patterns for the Profession of Speech-Language Pathology* does not guarantee a desired outcome.

It is useful to regard these practice patterns within a conceptual framework of ASHA policy statements that range in scope and specificity. Figure 1 illustrates these categories of policy statements for professional practice from broad to narrow in scope, and general to detailed in content, within the context of the ASHA *Code of Ethics* (2003). These categories are defined as follows:



- **Scope of Practice Statement:** A list of professional activities that define the range of services offered within the profession of speech-language pathology.
- **Preferred Practice Patterns:** Statements that define generally applicable characteristics of activities directed toward individual patients/clients and that address structural requisites of the practice, processes to be carried out, and expected outcomes.
- **Position Statements:** Statements that specify ASHA's policy and stance on a matter that is important not only to the membership but also to other outside agencies or groups.
- **Practice Guidelines:** A recommended set of procedures for a specific area of practice, based on research findings and current practice. These procedures detail the knowledge, skills, and/or competencies needed to perform the procedures effectively.

In applying the practice patterns, all ASHA members and ASHA-certified professionals are bound by the ASHA Code of Ethics. All professional activity is consistent with the Code of Ethics. Particularly relevant to clinical practice are those provisions for holding paramount the welfare of persons served and providing only those clinical services for which one is competent, considering education, training, and experience.

The original Preferred Practice Patterns (approved by the ASHA Legislative Council in 1992) addressed the professions of speech-language pathology and audiology and were the product of extensive peer review by all segments of the professions of speech-language pathology and audiology. In clinical areas of controversy, working groups were formed to reach consensus

on accepted practice patterns. The 1997 version and the current version of the *Preferred Practice Patterns for the Profession of Speech-Language Pathology* address only the profession of speech-language pathology and were revised by an ad hoc committee of ASHA members in collaboration with expert members as individuals or groups. Each version was circulated for select and widespread peer review by speech-language pathologists and audiologists. As a result, the practice patterns represent the consensus of the members of the professions after they considered available scientific evidence, existing ASHA and related policies, current practice patterns, expert opinions, and the collective judgment and experience of practitioners in the field. Requirements of federal and state governments and accrediting and regulatory agencies also have been considered.

The Preferred Practice Patterns reflect current practice based on available knowledge. Because speech-language pathology is a dynamic and continually developing profession, advances are expected to change current practice patterns. Similarly, advances in educational and health care policy and practices influence professional practices. The practice patterns are updated periodically to reflect new clinical, scientific, and technological developments that occur inside and outside the profession of speech-language pathology.

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Fundamental Components and Guiding Principles

Individuals Who Provide the Service(s)

- Speech-language pathologists providing specific services hold the appropriate credentials, including ASHA certification, and have pertinent training and experience.
- Speech-language pathology assistants who provide screening and/or intervention services do so under the supervision of an ASHA-certified speech-language pathologist (in accordance with the current *Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants*). The speech-language pathologist who supervises speech-language pathology assistants maintains full responsibility for the quality and appropriateness of services provided to the patient/client.
- Speech-language pathologists may provide services as part of a collaborative team.

Expected Outcome(s)

- Comprehensive assessment, intervention, and support address the following components within the World Health Organization's *International Classification of Functioning, Disability, and Health* (2001) framework.
 - Body structures and functions:
 - Identify and optimize underlying anatomic and physiologic strengths and weaknesses related to communication and swallowing effectiveness. This includes mental functions such as attention as well as components of communication such as articulatory proficiency, fluency, and syntax.
 - Activities and participation, including capacity (under ideal circumstances) and performance (in everyday environments):
 - Assess the communication and swallowing-related demands of activities in the individual's life (contextually based assessment);
 - Identify and optimize the individual's ability to perform relevant/desired social, academic, and vocational activities despite possible ongoing communication and related impairments;
 - Identify and optimize ways to facilitate social, academic, and vocational participation associated with the impairment.
 - Contextual factors, including personal factors (e.g., age, race, gender, education, lifestyle, and coping skills) and environmental factors (e.g., physical, technological, social, and attitudinal):
 - Identify and optimize personal and environmental factors that are barriers to or facilitators of successful communication (including the communication competencies and support behaviors of everyday people in the environment).
 - Services may result in a diagnosis of a communication disorder, identification of a communication difference, prognosis for change (in the individual or relevant contexts), intervention and support, evaluation of their effectiveness, and referral for other assessments or services as needed.

- Although the outcomes of speech, language, or hearing services may not be guaranteed, a reasonable statement of prognosis is made to referral sources, clients/patients, and families/caregivers.
- Outcomes of services are monitored and measured in order to ensure the quality of services provided and to improve the quality of those services.
- Appropriate follow-up services are provided to determine functional outcomes and the need for further services after discharge.

Clinical Indications

- Screening services are used to identify individuals with potential communication or swallowing disorders.
- Assessment services are provided as needed, requested, or mandated or to rule in or out a specific disabling condition.
- Intervention and consultation services are provided when there is a reasonable expectation of benefit to the patient/client in body structure/function and/or activity/participation.

Clinical Process

- Comprehensive assessment, intervention, and support address the components within the World Health Organization's *International Classification of Functioning, Disability and Health* (2001) framework, as described previously.
- Services are consistent with the best available scientific and clinical evidence in conjunction with individual considerations.
- Assessment may be static (i.e., using procedures designed to describe structures, functions, and environmental demands and supports in relevant domains at a given point in time) or dynamic (i.e., using hypothesis testing procedures to identify potential for change and elements of successful interventions and supports).
- Services address patient/client and family preferences, goals, and special needs to enhance participation and improve functioning in life activities that the patient/client, family, and others deem important. Materials and approaches have ecological validity in that they are appropriate to the patient's/client's chronological and developmental ages; medical status; physical and sensory abilities; education; vocation; cognitive status; and cultural, socioeconomic, and linguistic backgrounds.
- Counseling and consultation are essential components that address the nature and impact of the disorder or difference and engage the patient/client, family/caregiver, and others (e.g., teachers, employers, peers) in the clinical process, as appropriate.
- Services may include instruction of communication partners (e.g., family/caregivers, peers, educators) in how to facilitate functioning, remove communication barriers, and enhance participation.
- A variety of service delivery models and supports may be utilized, including direct service (e.g., pullout, individual, small group, classroom, community settings); indirect service through consultation and collaboration; service by support personnel with appropriate supervision; service by transdisciplinary or interdisciplinary teams; and service mediated by technology (e.g., telepractice).

Setting, Equipment Specifications, Safety and Health Precautions

- Settings for assessment, intervention, and support are selected on the basis of intervention goals and in consideration of the World Health Organization (WHO) framework described above. There is a plan to generalize and maintain intervention gains that includes references to relevant settings and activities.
- Telepractice (i.e., telehealth) may be used, when appropriate, to overcome barriers to accessing service caused by distance, unavailability of specialists and subspecialists, or impaired mobility.
- All services ensure the safety of the patient/client and clinician and adhere to universal health precautions (e.g., prevention of bodily injury and infectious disease transmission).
- Equipment is maintained according to manufacturer's specifications and recommendations. Instruments are properly calibrated, and calibration records are maintained.
- Decontamination (e.g., cleaning, disinfection, or sterilization) of multiple-use equipment before reuse is carried out according to facility-specific infection control policies and manufacturer's instructions.

Documentation

- Speech-language pathologists prepare, sign, and maintain, within an established time frame, documentation that reflects the nature of the professional service.
- Results of assessment and treatment are reported to the patient/client and family/caregivers, as appropriate. Reports are distributed to the referral source and other professionals when appropriate and with written consent.
- The privacy and security of documentation are maintained in compliance with the regulations of the Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act (FERPA), and other state and federal laws.
- Except for screenings, documentation addresses the type and severity of the communication or related disorder or difference, associated conditions (e.g., medical or educational diagnoses) and impact on activity and participation (e.g., educational, vocational, social).
- Documentation includes summaries of previous services in accordance with all relevant legal and agency guidelines.

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To review the entire **Preferred Practice Pattern document for Speech-Language Pathology**, please see:

<http://www.asha.org/NR/ronlyres/C589BA8F-5931-48AA-8E02-59CF989DC01F/0/v1PPPSLP.pdf>

APPENDIX E

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)



U.S. Department of Education
Promoting educational excellence for all Americans.



Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
 - School officials with legitimate educational interest;
 - Other schools to which a student is transferring;
 - Specified officials for audit or evaluation purposes;
 - Appropriate parties in connection with financial aid to a student;
 - Organizations conducting certain studies for or on behalf of the school;
 - Accrediting organizations;
 - To comply with a judicial order or lawfully issued subpoena;
 - Appropriate officials in cases of health and safety emergencies; and
 - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information or technical assistance, you may call (202) 260-3887 (voice). Individuals who use TDD may call the Federal Information Relay Service at 1-800-877-8339.

Or you may contact us at the following address:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-5920

APPENDIX F

STANDARDS OF CERTIFICATE OF CLINICAL COMPETENCE

2014 Standards for the Certificate of Clinical Competence in SLP

The Standards for the Certificate of Clinical Competence in Speech-Language Pathology are shown in bold. The Council for Clinical Certification implementation procedures follow each standard.

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

Standard I: Degree

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

Implementation: The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) has the authority to determine eligibility of all applicants for certification.

Standard II: Education Program

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

Implementation: If the graduate program of study is initiated and completed in a CAA-accredited program or in a program that held candidacy status for CAA accreditation, and if the program director or official designee verifies that all knowledge and skills required at the time of application have been met, approval of academic course work and practicum is automatic. Applicants eligible for automatic approval must submit an official graduate transcript or a letter from the registrar that verifies the date the graduate degree was awarded. The official graduate transcript or letter from the registrar must be received by the National Office no later than 1 year from the date the application was received. Verification of the graduate degree is required of the applicant before the certificate is awarded.

Individuals educated outside the United States or its territories must submit documentation that course work was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants outside the United States or its territories must meet each of the standards that follow.

Standard III: Program of Study

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

Implementation: The minimum of 36 graduate semester credit hours must have been earned in a program that addresses the knowledge and skills pertinent to the ASHA Scope of Practice in Speech-Language Pathology.

Standard IV: Knowledge Outcomes

Standard IV-A

The applicant must have demonstrated knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences.

Implementation: Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). Acceptable courses in physical sciences should include physics or chemistry.

Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. A stand-alone course in statistics is required. Research methodology courses in communication sciences and disorders (CSD) may not be used to satisfy the statistics requirement. A course in biological and physical sciences specifically related to CSD may not be applied for certification purposes to this category unless the course fulfills a university requirement in one of these areas.

Academic advisors are strongly encouraged to enroll students in courses in the biological, physical, and the social/behavioral sciences in content areas that will assist students in acquiring the basic principles in social, cultural, cognitive, behavioral, physical, physiological, and anatomical areas useful to understanding the communication/linguistic sciences and disorders.

Standard IV-B

The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

Standard IV-C

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

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

Implementation: It is expected that course work addressing the professional knowledge specified in Standard IV- C will occur primarily at the graduate level.

Standard IV-D

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

Standard IV-E

The applicant must have demonstrated knowledge of standards of ethical conduct.

Implementation: The applicant must have demonstrated knowledge of the principles and rules of the current ASHA Code of Ethics.

Standard IV-F

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

Implementation: The applicant must have demonstrated knowledge of the principles of basic and applied research and research design. In addition, the applicant must have demonstrated knowledge of how to access sources of research information and have demonstrated the ability to relate research to clinical practice.

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech- language pathology. Issues typically include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures.

Standard IV-H

The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.

Standard V: Skills Outcomes

Standard V-A

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

Implementation: Individuals are eligible to apply for certification once they have completed all graduate-level academic course work and clinical practicum and been judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards.

The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. For oral communication, the applicant must have demonstrated speech and language skills in English, which, at a minimum, are consistent with ASHA's current position statement on students and professionals who speak English with accents and nonstandard dialects. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence in English.

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

1. Evaluation

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

2. Intervention

- a. **Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.**
- b. **Implement intervention plans (involve clients/patients and relevant others in the intervention process).**
- c. **Select or develop and use appropriate materials and instrumentation for prevention and intervention.**
- d. **Measure and evaluate clients'/patients' performance and progress.**
- e. **Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.**
- f. **Complete administrative and reporting functions necessary to support intervention.**
- g. **Identify and refer clients/patients for services as appropriate.**

3. Interaction and Personal Qualities

- a. **Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.**
- b. **Collaborate with other professionals in case management.**
- c. **Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.**
- d. **Adhere to the ASHA Code of Ethics and behave professionally.**

Implementation: The applicant must have acquired the skills referred to in this standard applicable across the nine major areas listed in Standard IV-C. Skills may be developed and demonstrated by direct client/patient contact in clinical experiences, academic course work, labs, simulations, examinations, and completion of independent projects.

The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that he or she can demonstrate skills across the ASHA Scope of Practice in Speech-Language Pathology. *Supervised clinical experience* is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech- Language Pathology.

These 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.

Alternative clinical experiences may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive).

Supervisors of clinical experiences must hold a current ASHA Certificate of Clinical Competence in the appropriate area of practice during the time of supervision. The supervised activities must be within the ASHA Scope of Practice in Speech-Language Pathology to count toward certification.

Standard V-C

The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

Implementation: Guided observation hours generally precede direct contact with clients/patients. The observation and direct client/patient contact hours must be within the ASHA Scope of Practice in Speech-Language Pathology and must be under the supervision of a qualified professional who holds current ASHA certification in the appropriate practice area. Such supervision may occur simultaneously with the student's observation or afterwards through review and approval of written reports or summaries submitted by the student. Students may use video recordings of client services for observation purposes.

Applicants should be assigned practicum only after they have acquired sufficient knowledge bases to qualify for such experience. Only direct contact with the client or the client's family in assessment, intervention, and/or counseling can be counted toward practicum. Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through clinical simulation (CS) methods. Only the time spent in active engagement with the CS may be counted. CS may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive).

Debriefing activities may not be included. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client at a time in order to count the practicum hours. It is possible for several students working as a team to receive credit for the same session, depending on the specific responsibilities each student is assigned. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.

Standard V-D

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

Implementation: A minimum of 325 clock hours of clinical practicum must be completed at the graduate level. At the discretion of the graduate program, hours obtained at the undergraduate level may be used to satisfy the remainder of the requirement.

Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.

Implementation: Direct supervision must be in real time. A supervisor must be available to consult with a student providing clinical services to the supervisor's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills. **The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.**

Standard V-F

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

Implementation: The applicant must demonstrate direct client/patient clinical experiences in both assessment and intervention with both children and adults from the range of disorders and differences named in Standard IV-C.

Standard VI: Assessment

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

Implementation: Results of the Praxis Examination in Speech-Language Pathology must be submitted directly to ASHA from ETS. The certification standards require that a passing exam score must be earned no earlier than 5 years prior to the submission of the application and no later than 2 years following receipt of the application. If the exam is not successfully passed and reported within the 2-year application period, the applicant's certification file will be closed. If the exam is passed or reported at a later date, the individual will be required to reapply for certification under the standards in effect at that time.

Standard VII: Speech-Language Pathology Clinical Fellowship

The applicant must successfully complete a Speech-Language Pathology Clinical Fellowship (CF).

Implementation: The Clinical Fellowship may be initiated only after completion of all academic course work and clinical experiences required to meet the knowledge and skills delineated in Standards IV and V. The CF experience must be initiated within 24 months of the date the application is received. Once the CF has been initiated, it must be completed within 48 months. For applicants completing multiple CFs, all CF experiences related to the application must be completed within 48 months of the date the first CF was initiated. Applications will be closed for a CF/CFs that is/are not completed within the 48-month timeframe or that is/are not reported to ASHA within 90 days after the 48-month timeframe. The Clinical Fellow will be required to reapply for certification and must meet the Standards in effect at the time of re-application. CF experiences older than 5 years at the time of application will not be accepted.

The CF must have been completed under the mentorship of an individual who held the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) throughout the duration of the fellowship. It is the Clinical Fellow's responsibility to identify a mentoring speech-language pathologist (SLP) who holds

an active Certificate of Clinical Competence in Speech-Language Pathology. Should the certification status of the mentoring SLP change during the CF experience, the Clinical Fellow will be awarded credit only for that portion of time during which the mentoring SLP held certification. It, therefore, is incumbent on the CF to verify the mentoring SLP's status periodically throughout the Clinical Fellowship experience. A family member or individual related in any way to the Clinical Fellow may not serve as a mentoring SLP.

Standard VII-A: Clinical Fellowship Experience

The Clinical Fellowship must have consisted of clinical service activities that foster the continued growth and integration of knowledge, skills, and tasks of clinical practice in speech-language pathology consistent with ASHA's current Scope of Practice in Speech-Language Pathology. The Clinical Fellowship must have consisted of no less than 36 weeks of full-time professional experience or its part-time equivalent.

Implementation: No less than 80% of the Fellow's major responsibilities during the CF experience must have been in direct client/patient contact (e.g., assessment, diagnosis, evaluation, screening, treatment, clinical research activities, family/client consultations, recordkeeping, report writing, and/or counseling) related to the management process for individuals who exhibit communication and/or swallowing disabilities.

Full-time professional experience is defined as 35 hours per week, culminating in a minimum of 1,260 hours. Part-time experience of less than 5 hours per week will not meet the CF requirement and may not be counted toward completion of the experience. Similarly, work in excess of the 35 hours per week cannot be used to shorten the CF to less than 36 weeks.

Standard VII-B: Clinical Fellowship Mentorship

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

Implementation: Mentoring must have included on-site observations and other monitoring activities. These activities may have been executed by correspondence, review of video and/or audio recordings, evaluation of written reports, telephone conferences with the Fellow, and evaluations by professional colleagues with whom the Fellow works. The CF mentor and Clinical Fellow must have participated in regularly scheduled formal evaluations of the Fellow's progress during the CF experience. The Clinical Fellow must receive ongoing mentoring and formal evaluations by the CF Mentor.

The mentoring SLP must engage in no fewer than 36 supervisory activities during the clinical fellowship experience. This supervision must include 18 on-site observations of direct client contact at the Clinical Fellow's work site (1 hour = 1 on-site observation; a maximum of six on-site observations may be accrued in 1 day). At least six on-site observations must be conducted during each third of the CF experience. On-site observations must consist of the Clinical Fellow engaged in screening, evaluation, assessment, and/or habilitation/rehabilitation activities. Use of real-time, interactive video and audio-conferencing technology is permitted as a form of on-site observation, for which pre-approval must be obtained.

Additionally, supervision must also include 18 other monitoring activities. At least six other monitoring activities must be conducted during each third of the CF experience. Other monitoring activities are defined as evaluation of reports written by the Clinical Fellow, conferences between the mentoring SLP and the Clinical Fellow, discussions with professional colleagues of the Fellow, etc., and may be executed by correspondence, telephone, or reviewing of video and/or audio tapes.

On rare occasions, the CFCC may allow the supervisory process to be conducted in other ways. However, a request for other supervisory mechanisms must be submitted in written form to the CFCC, and co-signed by the CF mentor, before the CF is initiated. The request must include the reason for the alternative supervision and a description of the supervision that would be provided. At a minimum, such a request must outline the type, length, and frequency of the supervision that would be provided.

A CF mentor intending to supervise a Clinical Fellow located in another state may be required to also hold licensure in that state; it is up to the CF mentor and the Clinical Fellow to make this determination before proceeding with a supervision arrangement.

Standard VII-C: Clinical Fellowship Outcomes

The Clinical Fellow must have demonstrated knowledge and skills consistent with the ability to practice independently.

Implementation: At the completion of the CF experience, the applicant will have acquired and demonstrated the ability to

- integrate and apply theoretical knowledge,
- evaluate his or her strengths and identify his or her limitations,
- refine clinical skills within the Scope of Practice in Speech-Language Pathology,
- apply the ASHA Code of Ethics to independent professional practice.

In addition, upon completion of the CF, the applicant must have demonstrated the ability to perform clinical activities accurately, consistently, and independently and to seek guidance as necessary.

The CF mentor must submit the *Clinical Fellowship Report and Rating Form*, which includes the *Clinical Fellowship Skills Inventory (CFSI)*, as soon as the CF successfully completes the CF experience. This report must be signed by both the Clinical Fellow and mentoring SLP.

Standard VIII: Maintenance of Certification

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

Implementation: Individuals who hold the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) must accumulate 30 certification maintenance hours of professional development during every 3- year maintenance interval. Intervals are continuous and begin January 1 of the year following award of initial certification or reinstatement of certification. A random audit of compliance will be conducted.

Accrual of professional development hours, adherence to the ASHA Code of Ethics, submission of certification maintenance compliance documentation, and payment of annual dues and/or certification fees are required for maintenance of certification.

If renewal of certification is not accomplished within the 3-year period, certification will expire. Individuals wishing to regain certification must submit a reinstatement application and meet the standards in effect at the time the reinstatement application is submitted.

APPENDIX G

CLINICAL CERTIFICATION BOARD INTERPRETATIONS OF CLINICAL PRACTICUM

CLINICAL CERTIFICATION BOARD INTERPRETATIONS OF CLINICAL PRACTICUM**A. Interpretations**

1. Individuals holding CCC in Speech-Language Pathology may supervise: • All speech-language pathology evaluation and treatment services • Non-diagnostic audiologic screenings for the purpose of performing a speech and/or language evaluation or for the purpose of initial identification of individuals with other communicative disorders • Aural habilitative and rehabilitative services
2. Individuals holding CCC in Audiology may supervise:
 - Audiologic evaluation
 - Amplification (hearing aid selection and management)
 - Speech and/or language screening for the purpose of initial identification of individuals with other communicative disorders
 - Aural habilitative and rehabilitative services
3. Only direct client contact time may be counted as clinical practicum hours. Time spent in writing lesson plans, scoring tests, transcribing language samples, preparing activities, receiving in-service training, writing reports and travel time between clients may not be counted.
4. Evaluation refers to those hours in screening, assessment, and diagnosis that are accomplished prior to the initiation of a treatment program. Hours to be counted in the evaluation category may also include reevaluation (another informal assessment). Periodic assessments during treatment are to be considered treatment.
5. Time spent with either the client or a family member engaging in information seeking, information giving, counseling, or training for a home program may be counted as clinical clock hours (provided the activity is directly related to evaluation or treatment).
6. Time spent in multidisciplinary staffing, educational appraisal and review or in meetings with professionals regarding diagnosis and treatment of a given client may not be counted. Conference time with clinical supervisors may not be counted.
7. If a client presents communication disorders in two or more of the disorder categories, accumulated clock hours should be distributed among these categories according to the amount of treatment time spent on each. For example, if a client with both language and articulation problems received 20 hours of treatment and approximately three quarters of each treatment session were spent on language and one quarter was spent on articulation, the clinician should record the credit for 15 hours of language treatment and five hours of articulation treatment.

APPENDIX H

COMPETENCY BASED OBJECTIVES FOR FIELDWORK IN CLINIC, HOSPITALS, AND
REHABILITATION SETTINGS

COMPETENCY BASED OBJECTIVES FOR FIELDWORK IN CLINIC, HOSPITALS, AND REHABILITATION SETTINGS

Competencies student clinicians will demonstrate by the end of fieldwork education in medical settings:

- A. Professionalism – Demonstrates A Professional Attitude and Work Ethic by:
1. Effectively balancing work and personal responsibilities
 2. Attending professional meetings
 3. Exhibiting interest and enthusiasm about his/her work
 4. Interacting appropriately with cooperating therapist
 5. Arriving on time
 6. Regular attendance
 7. Showing initiative
 8. Being dependable
 9. Dressing appropriately
 10. Utilizing appropriate voice quality, rate, and intonation
- B. Daily Planning Procedures:
1. Write lesson plans in advance
 2. Read and interpret patient's medical chart/records
 3. Write progress notes
 4. Plan therapy that addresses multiple goals in a session
 5. Collaborate effectively with other rehabilitation personnel
 6. Use information and evaluations from previous therapy sessions
 7. Utilize a variety of materials appropriate to patient's interests, abilities, and age level
 8. Manipulate equipment and materials before therapy sessions
 9. Keep daily billing and client care logs
 11. Keep weekly clinical hours
- C. Diagnosis:
1. Informally assess the need for further testing
 2. Select appropriate diagnostic instruments and procedures
 3. Effectively complete:
 - a. An oral – facial examination
 - b. Diagnostic tests for Aphasia
 - c. Diagnostic tests for Motorspeech
 - d. Diagnostic tests for cognitive impairment
 - e. Diagnostic tests for articulation / phonology
 - f. Diagnostic tests for language 107
 - g. Spontaneous language sample analysis
 - h. A diagnostic assessment for voice
 - i. A diagnostic assessment for fluency
 - j. Hearing screening / thresholds
 4. Interpret and communicate diagnostic results:
 - Verbal
 - Written

D. Therapy:

1. Establish and maintain good rapport with patient
2. Provide the rationale for selection of specific therapy techniques
3. Employ therapy procedures appropriate to patients:
 - Age level
 - Ability level
 - Interests
4. Give directions clearly to:
 - Individual
 - Group
5. Communicate goals, therapy techniques and progress to family members, physician, other
6. Communicate goals, therapy techniques and progress to rehabilitation personnel

E. Aphasia Therapy:

1. Conduct Aphasia therapy techniques appropriate to patient's needs
2. Conduct therapy consistent with goals
3. Provide appropriate type and level of cue
4. Obtain maximum number of responses per therapy session
5. Provide reinforcement
6. Be flexible in therapy situations
7. Evaluate the patient's performance with respect to moving on to the next therapy step

F. Motorspeech Therapy:

1. Conduct motorspeech (Dysarthria/Apraxia) therapy techniques appropriate to patient's needs
2. Conduct therapy consistent with goals
3. Provide appropriate type and level of cue
4. Implement oral/motor exercises
5. Obtain maximum number of responses per therapy session
6. Provide reinforcement
7. Be flexible in therapy situations
8. Evaluate patient's performance with respect to moving on to the next therapy step
9. Record progress on a consistent basis for a specific goal

G. Cognitive Therapy:

1. Conduct cognitive/memory therapy techniques appropriate to the patient's needs
2. Provide appropriate levels of models and prompts
3. Obtain appropriate number of responses per therapy session
4. Utilize a variety of appropriate activities to teach compensatory strategies
5. Record progress on a consistent basis for a specific goal

H. Fluency Therapy:

1. Provide information and consultation to patient and family
2. Conduct fluency therapy appropriate to patient's needs
3. Be flexible in therapy situations
4. Record progress on a consistent basis for a specific goal

I. Voice Therapy:

1. Conduct appropriate therapy techniques
2. Conduct therapy consistent with goals
3. Counsel patient about vocal hygiene
4. Discriminate appropriate voice Production
5. Be flexible in therapy situations
7. Provide appropriate reinforcement
8. Provide patient with self-evaluation and self-management techniques for appropriate vocal behavior
9. Explain the steps of making a medical referral
10. Record progress on a consistent basis on a specific goal

J. Articulation Therapy:

1. Conduct articulation/phonology therapy techniques appropriate to patient's needs
2. Conduct therapy consistent with goals
3. Discriminate correct/incorrect sound production with 85 percent agreement with cooperating therapist
4. Provide appropriate type and level of cue
5. Implement oral motor exercises
6. Obtain maximum number of responses per therapy session
7. Provide reinforcement
8. Be flexible in therapy situations
9. Evaluate the patient's performance with respect to moving on to the next therapy step

K. Language Therapy:

1. Conduct language therapy techniques appropriate to patient's needs
2. Recognize correct/incorrect language productions with 85 percent agreement with the other cooperating therapist
4. Provide appropriate level of models and prompts
5. Obtain appropriate number of responses per therapy session
6. Utilize a variety of appropriate activities
7. Record progress on a consistent basis for a specific goal

L. Augmentative/Alternative Communication Systems:

1. Identify a variety of systems (sign, communication board, electronic devices, hearing aids, and so on.)
2. Collaborate with students, peers, teachers/family in order to select vocabulary
3. Prepare and/or program systems appropriate to patient's level of functioning
4. Train student, teacher, and family in use of communication systems

M. Feeding /Oral Motor Therapy:

1. Collaborate with support personnel on diagnostic results and intervention strategies
2. Implement strategies (positioning, textures, cues, and safety precautions)
3. Implement oral motor exercises

N. Self-Evaluation:

1. **Evaluate therapy through weekly reflective journals (see appendix) (Weekly journals need to be signed by the externship site supervisor and turned into the Clinical Director at Misericordia University at the end of the semester)**
2. Follow through on suggestions from the cooperating therapist
3. Set personal objectives for change as a result of self-evaluation

APPENDIX I

COMPETENCY BASED OBJECTIVES FOR STUDENT TEACHING (PUBLIC SCHOOL
SETTING) IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

**COMPETENCY BASED OBJECTIVES FOR STUDENT TEACHING (Public School Setting) IN
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**

Competencies student teachers will demonstrate by the end of student teaching:

A. Professionalism – Demonstrates A Professional Attitude and Work Ethic by:

1. Effectively balancing work and personal responsibilities
2. Attending professional meetings
3. Exhibiting interest and enthusiasm about his/her work
4. Interacting appropriately with cooperating therapist
5. Arriving at school on time
6. Regular attendance
7. Showing initiative
8. Being dependable
9. Dressing appropriately
10. Utilizing appropriate voice quality, rate and intonation

B. Laws and Standards:

1. Explain IDEA (Individual with Disabilities Education Act)
2. Participate in Intervention Assistance Team (IAT)
3. Participate in MFE/IEP Team/Annual Review
4. Prepare Individualized Education Plans (IEP)
5. Utilize diagnostic information to determine present levels of performance
6. Utilize diagnostic information to write measurable objectives

C. Daily Planning Procedures:

1. Write lesson plans in advance
2. Write plans to meet IEP objectives for:
 - Individual/small group
 - Classroom
3. Plan therapy that addresses multiple goals in a session
4. Collaborate effectively with other school personnel
5. Use information and evaluations from previous therapy sessions
6. Utilize a variety of materials appropriate to client's interests, abilities, age level, and curriculum
7. Manipulate equipment and materials before therapy sessions

D. Diagnosis:

1. Informally assess the need for further testing
2. Select appropriate diagnostic instruments and procedures
3. Effectively complete:
 - a. an oral-facial examination
 - b. diagnostic tests for articulation/phonology
 - c. diagnostic tests for language
 - d. a spontaneous language sample analysis
 - e. a diagnostic assessment for voice
 - f. a diagnostic assessment for fluency
 - g. hearing screening/thresholds
 - h. classroom observation/teacher consultation
 - i. a parent checklist or interview

4. Interpret and communicate diagnostic results:
 - Verbal
 - written

E. Scheduling:

1. Select a caseload based upon eligibility criteria established by school district
2. Schedule therapy program in relation to total school schedule
3. Communicate with parents and school personnel about therapy schedule

F. Therapy:

1. Establish and maintain good rapport with client
2. Provide the rationale for selection of specific therapy techniques
3. Employ therapy procedures appropriate to child's:
 - Age level
 - Ability level
 - Curriculum
4. Give directions clearly to
 - Individual/small group
 - Classroom
5. Handle child's behavior effectively in
 - Individual/small group
 - Classroom
6. Begin and end therapy on time
7. Provide for carry-over to classroom and home
8. Communicate goals, therapy techniques and progress to parents
9. Communicate goals, therapy techniques and progress to teacher

G. Articulation Therapy:

1. Conduct articulation/phonology therapy techniques appropriate to child's needs
2. Conduct therapy consistent with goals
3. Discriminate correct/incorrect sound production with 85 percent agreement with cooperating therapist
4. Provide appropriate type and level of cue
5. Implement oral-motor exercises
6. Obtain maximum number of responses per therapy session
7. Provide reinforcement
8. Be flexible in therapy situations
9. Evaluate the pupil's performance with respect to moving on to the next therapy step
10. Record progress on a consistent basis for a specific goal

H. Language Therapy:

1. Conduct language therapy techniques appropriate to child's needs
2. Recognize correct/incorrect language productions with 85 percent agreement with the other cooperating therapist
3. Provide appropriate level of models and prompts
4. Obtain appropriate number of responses per therapy session
5. Utilize a variety of appropriate activities
6. Record progress on a consistent basis for a specific goal

I. Fluency Therapy:

1. Provide information and consultation to teachers and parents
2. Conduct fluency therapy appropriate to child's needs
3. Be flexible in therapy situations
4. Record progress on a consistent basis for a specific goal

J. Voice Therapy:

1. Conduct appropriate therapy techniques
2. Conduct therapy consistent with goals
3. Counsel pupils/parents/teacher about vocal hygiene
4. Discriminate appropriate voice production
5. Be flexible in therapy situations
6. Provide appropriate reinforcement
7. Provide student with self-evaluation and self-management techniques for appropriate vocal behavior
8. Explain the steps of making a medical referral
9. Record progress on consistent basis on a specific goal

K. Self-Evaluation:

1. **Evaluate therapy through weekly reflective journals (see appendix) (Weekly journals need to be signed by the externship site supervisor and turned into the Clinical Director at Misericordia University at the end of the semester)**
2. Follow through on suggestions from the cooperating therapist
3. Set personal objectives for change as a result of self-evaluation

L. Augmentative/Alternative Communication Systems:

1. Identify a variety of systems (sign, communication board, electronic devices hearing aids, and so on.)
2. Collaborate with students, peers, teachers/family in order to select vocabulary
3. Prepare and/or program systems appropriate to child's level of functioning
4. Train student, teacher, and family in use of communication systems

M. Feeding/Oral Motor Therapy:

1. Collaborate with support personnel on diagnostic results and intervention strategies
2. Implement strategies (positioning, textures, cues, and safety precautions)
3. Implement oral motor exercises
4. Record progress and adopt plans as needed

N. Observation:

1. Gain knowledge about a range of disabilities by working with or observing students with a variety of speech/language disorders
2. Gain knowledge about a range of related professions by working with or observing professionals in related fields

APPENDIX J

EDUCATIONAL/MEDICAL SETTINGS

EDUCATIONAL/MEDICAL SETTINGS

A list of current educational and medical fieldwork sites can be found at <https://slpsharepoint.misericordia.edu>. This site is accessible via secure password to all Misericordia University Speech-Language Pathology students in the spring semester of their junior year. Students who wish to view current sites prior to their junior year can refer to the clinical site charts located outside the Clinical Assistant's office or in the Clinical Site Binder located in the Student Room. This list is continuously updated with new sites.

APPENDIX K

FORMS

ADVISING FORM

Department of Speech-Language Pathology - PLAN OF STUDY ADVISEMENT

Student Name: _____ Class/Year: _____

Phone (cell): _____

(home): _____ Email: _____

STATEMENTS OF UNDERSTANDING

I understand that I need to maintain a cumulative GPA of 3.3 or above throughout my freshman year until the end of the fall semester of my sophomore year to remain in the major. By the end of the spring semester of my sophomore year, I need to maintain a cumulative GPA of 3.5 or above to remain in the major. I must maintain a cumulative GPA of a 3.5 or above until the completion of the master's program (end of the 5th year). If my cumulative GPA is not 3.5 or above at the end of the spring semester of the sophomore year, I will not be allowed to take any SLP courses and will be **dismissed** from the major. I am ultimately responsible for meeting the requirements of the SLP curriculum selected, university core requirements, as well as adhering to add/drop deadlines, grade replacement policies, withdrawal policies from a course or courses, or withdrawal policies from the program or university. I agree and understand that if I complete the plan of study according to the semester schedule outlined in this document and maintain the required GPA, I will graduate at the determined time. I have also read the SLP Student Handbook, the university catalog, the College of Health Sciences Clinical Policies, and the Misericordia SLP website and thoroughly understand and agree to abide by all the academic/clinical policies outlined in these documents.

Student Signature and Date

If my cumulative GPA (from the freshmen year to the end of the fall semester of the sophomore year) falls below 3.3, I will be placed on **probation** for one **semester**. After the semester on probation, if my cumulative GPA (from freshmen year to the end of the fall semester of the sophomore year) is still below 3.3, I will be dismissed from the program and **cannot take** any more SLP classes. If my cumulative GPA is below 3.5 by the end of the fall semester of my sophomore year, I will be placed on probation for the spring semester of my sophomore year. At the end of the spring semester sophomore year, if my cumulative GPA is not 3.5 or higher, I will be dismissed from the program and cannot take any more SLP classes. If I have never been on probation and if my cumulative GPA at the end of the spring semester of the sophomore year drops to below 3.5, I will be placed on probation during the fall of my junior year. At the end of the fall semester of the junior year, if my cumulative GPA is still below 3.5, I will be dismissed from the program. If my cumulative GPA (from the fall semester of the junior year to the end of the 5th year) falls below 3.5, I will be placed on probation for one semester. After the semester on probation, if my cumulative GPA (from the fall semester of the junior year to the end of the graduate program) is still below 3.5, I will be dismissed from the program and **cannot take** any more SLP classes. **I understand that I can only fall below the required GPA once during the entire program.**

Student Signature and Date

I agree that I must receive a grade of B- or better in all graduate level **academic** courses (500 and 600 level). If I receive a C+ or lower in any graduate level academic course (excluding clinic), I have one opportunity to retake that course and receive a B- or better. Failure to achieve a grade of B- or better in that repeated course will result in my dismissal from the program. I understand that if I receive a C+ or lower in two or more 500 and/or 600 level academic

courses, I will be dismissed from the program regardless of my cumulative GPA or passing a previously failed academic class. If I receive a C+ grade or lower in two academic courses in one semester, I will be dismissed from the program and will not have the opportunity to retake those courses regardless of my cumulative GPA or passing a previously failed class. If I receive a C+ grade or lower in an academic course and B- or lower in a 500 and/or 600 level graduate clinic/fieldwork in the same semester, I will be dismissed from the program regardless of my cumulative GPA or passing a previously failed class or clinic/fieldwork. If I receive a C+ grade or lower in an academic course and B- or lower in a 500 and/or 600 level graduate clinic /fieldwork in two separate semesters, I will be dismissed from the program regardless of my cumulative GPA or passing a previously failed class or clinic/fieldwork.

Student Signature and Date

I agree that I must complete all 500/600 graduate level academic and clinic courses with the exception of SLP 660 Comprehensive Seminar in Speech Language Pathology and SLP 650 Professional Issues prior to beginning the fieldwork courses.

Student Signature and Date

I agree that if I receive a grade B- or lower in any 500 and/or 600 level graduate **clinic/fieldwork course**, I will be placed on clinical probation. I will have one opportunity in the following semester to achieve a B or better in a subsequent clinic/fieldwork course. If the failed fieldwork course is in an educational setting in the spring semester, I will need to take the subsequent fieldwork course in the following fall semester. If I achieve a B or better in a subsequent clinic/fieldwork, I will be removed from clinical probation; however, the previous failing grade (B- or lower) will remain on my transcript (refer to Graduate Academic Policies and Procedures - Graduate Program Standing in the catalog). If I fail to achieve a grade of B or better in a subsequent 500 and/or 600 graduate clinic/fieldwork or if I fail a subsequent clinic/fieldwork course, I will be dismissed from the program. I understand that if I fail any two clinic courses and/or fieldwork (or a combination of clinic and a fieldwork), I will be dismissed from the program regardless of my cumulative GPA or passing a previously failed clinic.

Student Signature and Date

I understand that I must pass all comprehensive examination questions as a requirement for graduation. If I fail any question on the first attempt at the written examination, I will return to orally defend the failed question(s). Should I fail to obtain a passing score following the oral component of the comprehensive examination, I will not be permitted to take SLP 620 (Fieldwork II) in the spring semester. I will return in 6 weeks to complete a new written comprehensive examination for the subject that was previously failed. If I pass on the second attempt, I will be allowed to register in the following semester for the SLP 600 level fieldwork course that is applicable to my course of study. If I was planning to take a fieldwork placement in an educational setting in the spring semester, I will need to wait until the fall semester to complete that fieldwork. If I fail any portion of the written component of the comprehensive examination on the second attempt, no oral defense will be permitted and I will be automatically dismissed from the program.

Student Signature and Date

I agree that if I am dismissed by a Clinical Instructor or University Clinical Supervisor from any 500 and/or 600 graduate clinic/fieldwork course during a semester, I will be placed on clinical probation and be given a failing clinical grade commensurate with my performance at the time of dismissal (e.g., B- or lower). I will not be reassigned to a clinic/fieldwork site or placed at another site until the following semester. If I am dismissed from a school placement during the spring semester, I will not be placed in another school setting until the fall semester of that year. If I achieve a B or better in a subsequent clinic/fieldwork, I will be removed from clinical probation; however, the previous failing

grade (B- or lower) will remain on my transcript (refer to Graduate Academic Policies and Procedures - Graduate Program Standing in the catalog). If I fail to achieve a grade of B or better in a subsequent 500 and/or 600 graduate clinic/fieldwork or if I fail a subsequent clinic/fieldwork course, I will be dismissed from the program. I understand that if I fail any two clinic courses and/or fieldwork (or a combination of clinic and a fieldwork), I will be dismissed from the program regardless of my cumulative GPA or passing a previously failed clinic. I understand that I cannot fail more than one clinic/fieldwork course.

Student Signature and Date

I agree that if I drop my enrollment in any 500 and/or 600 level graduate clinical course, I will be placed on clinical probation and receive an IP grade. I will not be reassigned to a clinic or be placed at another site until the following semester. If I drop my enrollment from a school placement during the spring semester, I will not be placed in another school setting until the fall semester of that year. *Reasons deemed excusable for choosing to leave any clinic/fieldwork placement are dependent upon the discretion of the Clinical Director.

Student Signature and Date

I agree that while I am a student in the SLP program I will not work in the schools under emergency certification and/or will not provide speech therapy services until I receive my master's degree from Misericordia. Failure to comply with this requirement will result in immediate dismissal from the program.

Student Signature and Date

I understand and agree to the following:

- If I do not complete and submit all my required background check clearances and initial health clearance by advising week during the fall semester of my freshmen year, I will not be approved to register for classes in the spring semester of my freshmen year.
- I will be required to renew my background clearances again prior to July 31st of my final year of graduate school. I may need to obtain additional clearances or tests (e.g., drug screening, flu shot, etc.) at my own expense, if requested by the fieldwork site.
- I am required to get an annual health clearance. If I do not complete a follow up health clearance by July 31st of each year from the summer before my sophomore year to the 5th year in the program, I **will not be allowed** to participate in SLP 305 Observation and Clinical Procedures I, SLP 415 Observation and Clinical Procedures II, and/or my clinical and/or fieldwork placement scheduled for the upcoming semester of that academic year.

A positive Criminal Record Check (Federal and/or State), positive Child Abuse History and/or a positive drug screening may result in any of the following: inability to find a clinical placement, delay in clinical placement, dismissal from a clinical placement, inability to obtain professional licensure, legal ramifications, inability to matriculate or continue in the SLP program, and/or inability to meet requirements for graduation from the program. As a result, I may not be able to complete the requirements of the SLP program, may not be eligible for federal or state credentialing/licensing required for practice, and may be dismissed from the program.

Student Signature and Date

Advisor Signature and Date

I understand and agree that I am not allowed to contact an off-campus clinical site or supervisor to establish a fieldwork site or inquire about availability of a site without the permission of the Clinical Director. This policy also applies to my family members or my representatives. Any attempt to contact a site will result in a reduction in my clinical grade and will jeopardize my placement in the facility. I understand that there is a list of established sites that I can choose from and, that I can request a site that is not on the list; however, it is up to the discretion of the Clinical Director to determine which sites are suitable for me based on my clinical and academic performance. I understand that it takes time to set up a site and regardless of the site (s) I choose (established or new), my placement may not be secured until close to my start date. I also understand that there is no guarantee that the site (s) I request will be able to be established. If a site cannot be confirmed within two months of the start date for my fieldwork (from the list of

established sites or the sites that I provide), the Clinical Director may ask me for the names of additional sites and/ or choose to place me at an available site that may not be in a location of my choice to ensure I have a placement for the semester.

Student Signature and Date

Advisor Signature and Date

This section is only for students pursuing Pennsylvania Educational Specialist Certification (ESC)

I will complete a fieldwork SLP 610 or 620 (supervised by a licensed SLP-CCC) in an education setting as well as pass the PRAXIS-SLP. I understand that the SLP department does not award ESC. It is awarded by the Teacher Education Department (TED). For Educational Specialist Certification, I **must apply** to the TED. I agree to pursue the Educational Specialist Certification Track. For Teacher Certification requirements for specific states, please visit, asha.org/advocacy/state and click on the state of interest and review teacher requirements to work in schools as well as licensing requirements.

Student Signature and Date

Advisor Signature and Date

I. Core Curriculum

Area	Courses	Credit	Semester Scheduled	Student Initial	Advisor Initial	Semester Completed	Student Initial	Advisor Initial	Grade
Behavioral/Social Sciences	Core (ASHA)	3							
	Core	3							
English Lit *	Core	3							
	Core (English 151)	3							
Fine Arts *	Core	3							
	Core	3							
History/Political Science*	Core	3							
	Core	3							
Math	Bank I	3							
	Bank II (MTH 115 Stat - ASHA)	3							
Philosophy *	PHL 100	3							
	Core	3							
Religious studies *	RLS 104	3							
	Core	3							
Natural Science**	Core (Bio) (ASHA)	3							
	Core (Physical Science) (ASHA)	3							

Writing Intensive

*In addition to English 151, all students are required to complete two courses that are listed as writing intensive. These courses may be in any discipline and are indicated with a “W” at the end of the course number in the listing of the master schedule.

**Note: Take Physical Science in the freshmen year

II. SLP Undergraduate Requirements

Area	Courses	Credit	Semester Scheduled	Student Initial	Advisor Initial	Semester Completed	Student Initial	Advisor Initial	Grade
SLP 210	Introduction to Communication Disorders	3							
SLP 215	Development Across the Lifespan (ASHA)	3							
SLP 220	Anatomy and Physiology of Speech and Hearing Science	3							
SLP 230	Phonetics	3							
SLP 250	Speech and Hearing Science	3							
SLP 260	Artic, Phonology, Lang Disorders	3							
SLP 305	Observation & Clinical Procedures I	2							
SLP 310/512*	Research Methods (SLP 310 is Writing Intensive) (ASHA)	3							
SLP 325	Stuttering, Voice, and Cleft Palate	3							
SLP 330	Introduction to Audiology	3							
SLP 350	Adult Communication Disorders	3							
SLP 415	Observation & Clinical Procedures II	2							
SLP 435	Communication Disorders in Autism	3							
SLP 445	Medical Speech-Language Pathology	3							

*Note: Transfer students with BS degrees should register for SLP 512

Area	Courses	Credit	Semester Scheduled	Student Initial	Advisor Initial	Semester Completed	Student Initial	Advisor Initial	Grade
SLP 301	Literacy & Speech-Language Pathology in Schools (Free Elective) (PDE Requirement)	3							
SLP 450	Optional Clinic (Free Elective)	3							
SLP 480	Special Topics (Free Elective)	3							

* All transfer and nontraditional students must take these courses if they have not taken equivalent courses elsewhere.

III. SLP Graduate Requirements

Area	Courses	Credit	Semester Scheduled	Student Initial	Advisor Initial	Semester Completed	Student Initial	Advisor Initial	Grade
SLP 500	Articulation & Phonological Disorders	3							
SLP 505	Clinic I (sec I-IV)	3							
SLP 510	Fluency Disorders	3							
SLP 515**	Hearing Seminar (students split)	1							
SLP 525	Child Language Disorders	3							
SLP 530	Voice Disorders	3							
SLP 540	AAC	3							
SLP 545	Aphasia & Cognitive Communication Disorders	3							
SLP 555	Diagnostic Clinic	1							
SLP 560	Diagnostics	3							
SLP 565	SLP Seminar I	1							
SLP 566	SLP Seminar II	1							
SLP 575	Motor Speech Disorders	3							
SLP 585	SLP Seminar III	3							
SLP 590	Dysphagia	3							
SLP 601	Summer Clinic I (I-IV)	3							
SLP 602	Summer Clinic II (I-IV)	3							
SLP 605	Clinic II (sec I-IV)	3							
SLP 610	Fieldwork I (Education Specialist Certificate)	9							
SLP 620	Fieldwork II (Education Specialist Certificate)	9							
SLP 630	Fieldwork III (Education Specialist Certificate)	9							
SLP 650	Professional Issues	3							
SLP 660	Comprehensive Seminar in Communication Disorders	3							
SLP 680	Thesis	3							

**Students are required to take two clinics (e.g., SLP 505, 605, 601, or 602) and are only required to take SLP 560 Diagnostics (3cr) with SLP 555 Diagnostic Clinic (1cr) once and SLP 515 Hearing Seminar once.

**Students will be split between the two semesters of SLP 515 Hearing Seminar (Fall/Spring Graduate I – Senior Year)

Note 1: Students who pursue Education Specialist Certification will need to pass the PRAXIS-SLP and complete a fieldwork in an educational setting.

Note 2: Students may need to take SLP 630 – a third field placement until they have satisfied the department's and ASHA's certification requirements pertaining to clinical experiences.

Note 3: For prerequisites, please refer to the catalog or advising sheet.

IV. Culminating Requirement

Students have the choice between doing a thesis or a comprehensive exam. Students who choose to do a thesis will register for SLP 680 Thesis Option 3 credits. Students who choose to do a comprehensive exam will register for SLP 660 Comprehensive Seminar in Communication Disorders and complete the comprehensive exams (see handbook for details of comprehensive exam policy).

V. GPA/Credit Requirement

Interval	Overall GPA	Credits
End of Freshman Year		
End of Sophomore Year		
End of Junior Year		
End of Senior Year		
End of Fifth Year		

VI. Assessments

Assessment (Test Code #)	Scheduled for	Date Taken	Passing Score	Min. Score	Score	Advisor Sign
Praxis SLP Exam for CCC and License #5331 (Educational Specialist Certification)	End of fall semester of 5 th year after comprehensive exams		162			

VII. Final Review: Date of anticipated _____ Graduation date _____

Completion of ASHA CCC requirements

Coursework completed: _____ (advisor signature/date)

25 observation hours completed: _____ (advisor signature/date)

400 clinical clock hours completed: _____ (clinical director signature/date)

Completion of Education Specialist Certification requirements (if applicable)

Coursework completed _____ (advisor signature/date)

Fieldwork completed: _____ (advisor signature/date)

Completion of Comprehensive Exams and Oral Defense (if required)

Comprehensive Exams completed: _____ (advisor signature/date)

Oral Defense of Comps completed (if required): _____ (advisor signature/date)

Completion of Master's Thesis (if applicable)

Master's Thesis completed: _____ (advisor signature/date)

(advisor signature/date)



General Consent Form

Client's Name: _____

(initial) Consent for Assessment/Reassessment and Treatment

I understand that the Center, acting through its personnel, may desire to administer such assessment/treatment, it deems necessary or appropriate in its efforts to assist my family member/I. I therefore give consent and authorize The Center and its staff of employed speech-language pathologists to perform such assessment and treatment procedures as may be necessary or appropriate in the care and treatment of myself or my family member until such consent is revoked in writing.

I acknowledge that I or my family member has been voluntarily presented for treatment; that a satisfactory disclosure of information has been made and that all of my questions asked about the procedure (s) have been answered in a satisfactory manner by the speech-language pathologists. Should care be discontinued at my request, contrary to the advice of the speech language pathologist, I relieve The Center and staff of all responsibilities for any untoward results which may follow.

I understand that all such procedures will be conducted by students in training and under the supervision of individuals holding appropriate professional certification and/or licensure in the State of Pennsylvania and deemed competent by Misericordia University. I further understand that the information obtained by the school in performing those procedures may be important or significant from an educational and professional standpoint. I hereby consent to the utilization of any information obtained from the diagnosis or treatment of my own/my family member's symptoms by the school and its personnel for research and/or educational purpose.

I understand that the qualifications of the instructor and student, and the expectations for treatment, will be discussed prior to initiation of any therapy. I understand that the school offers no guarantees about a cure of my/my child's/my family's condition or any other results or benefits of the recommended therapy. I understand that I have the right to refuse the recommended course of treatment, as well as the right to withdraw from the program at any time.

I understand that the Misericordia University Speech- Language and Hearing Center has a no tolerance policy for verbal and/or sexual harassment by a client. A client who behaves in a way that makes a student uncomfortable will immediately be dismissed from the Center.

I understand that students are not permitted to connect or accept friend requests on social media (e.g., Facebook, Instagram, or other platforms) while they are enrolled in the speech-language pathology program at Misericordia University.

(initial) Consent for Videotaping, Audiotaping, and Observations

In consideration of the educational function of Misericordia University and The Speech-Language and Hearing Center at Misericordia University, I understand that I or my family member may be observed for education or research purposes while receiving services at The Speech-Language and Hearing Center. It is understood that the staff, observers, and students will consider any information revealed during such examinations or demonstrations as privileged communications and will hold such information in confidence.

I also understand that audio and video recordings and photographs may be made and/or used in education, research, and media and in such cases, clients will not be identified by name.

(initial) Notice of Privacy Practices

I have received and understand this practice's Notice of Privacy Practice written in plain language. This notice explains in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights, and the practice's legal duties with respect to my protected health information.

Signature of Client, Parent or Legal Guardian (relationship) Date

Witness Date



Student Confidentiality Statement

I understand that I will have access to confidential information regarding clients of the Speech-Language and Hearing Center at Misericordia University and other facilities. Confidentiality involves the protection of clients and families in conversations, written information, and electronic communication.

I agree not to violate the privacy of any client by abiding by the following:

1. Conversations regarding any clients should not involve the name of the client particularly the last name of the client.
2. Conversations regarding any clients should not occur with any person other than clinical staff, supervising faculty, and/or student clinicians.
3. Written work including lesson plans, SOAP notes, progress reports, diagnostic reports, other professionals' reports, and progress charts, should never be left in any place where others may have access to the information.
4. All creation and revisions to lesson plans, SOAP notes, progress reports, re-evaluations, diagnostic reports, and tracking of clinical hours must be completed on the SharePoint network system within the Speech-Language and Hearing Center at Misericordia University.
5. Clinical students are not permitted to access the Sharepoint Network outside of the Misericordia University Speech-Language and Hearing Center environment for any reason.
6. Fieldwork students are allowed to access the SharePoint network to document clinical hours and to access fieldwork forms.
7. Electronic communication including faxes and electronic mail must be read, filed appropriately, or deleted/destroyed with consideration of the client and his/her family.

I understand that the Sharepoint Network is monitored consistently by the IT staff at Misericordia University to ensure that there is no access to any clinical files or documentation from any IP address that is not associated with the on-site clinic. If a non-registered IP address is the source of access to my personal site at any time, I will be immediately reported to the faculty at Misericordia University.

I understand that a breach of confidentiality will result in serious penalties and possibly dismissal from the Speech-Language Pathology program as determined by the faculty and administration of the program or sponsoring institution.

My signature below indicates that I have read this statement carefully.

Student Signature/D

ate

Student Name

Witness Signature/

Date

Witness Name/Title

**The Speech-Language
And Hearing Center
At Misericordia University**

Student Observation Confidentiality Statement

I understand that as a related part of my coursework and supervised observation, I will have access to confidential information regarding clients of the Speech-Language and Hearing Center at Misericordia University.

I promise not to violate the privacy of any client by abiding by the following:

1. Conversations regarding any clients should not involve the name of the client particularly the last name of the client.
2. Conversations regarding any clients should not occur with any person other than clinical staff, supervising faculty, and/or student clinicians.
3. Written documentation that I am required to complete regarding my observations should not include the name of the client particularly the last name of the client.

I understand that a breach of confidentiality will result in serious penalties as determined by the faculty and administration of the program or sponsoring institution. Penalties could include dismissal from the Speech-Language and Hearing Center without further opportunity to observe in the future.

My signature below indicates that I have read this statement carefully. In addition, the statement and its ramifications have been explained by a faculty member in the context of either practicum meetings or classes.

Signature/

Date

Witness

COLLEGE OF HEALTH SCIENCES AND EDUCATION: HIPAA POLICIES AND PROCEDURES

As a student of Misericordia University and as a condition of my clinical assignment, I agree to the following:

- › I understand that I am responsible for complying with the privacy and confidentiality policies and procedures.
- › I agree to treat all patient information that I have access to during my clinical assignment as confidential and privileged information.
- › I will only access patient information that is necessary in order to perform my clinical obligations.
- › I will seek approval from the designated clinical supervisor prior to removing any patient information from the clinical education site and I will not take patient information from the clinical education site without properly removing any identifiable patient information.
- › Upon completion of my clinical education at the clinical education site, I agree to continue to maintain the confidentiality of any patient information I learned while a student at the clinical education site.

HIPAA PRIVACY RULE TRAINING

I have completed the HIPAA online training series entitled *HIPAA: A Guide for Healthcare Workers*, and understand my responsibilities related to confidentiality as a health care provider.

PRINT NAME

SIGNATURE

DATE



EQUITABLE TREATMENT STATEMENT

Misericordia University does not discriminate on the basis of race, age, color, disability, religion, gender, nationality, marital status, sexual orientation or ethnic origin. Faculty, staff, students and clients are treated equitably – that is, without regard to gender, sexual orientation, age, race, creed, national origin, or disability. The institution and program comply with all applicable laws, regulations, and executive orders pertaining thereto.



Department of Speech-Language Pathology

MISERICORDIA
UNIVERSITY

**THE MISERICORDIA UNIVERSITY SPEECH-LANGUAGE AND HEARING
CENTER
CHILD FLUENCY CASE HISTORY**

Instructions: Please complete this form with as much detail as possible. This information will be confidential. If a question does not apply to you, please indicate, not applicable (N/A).

Please return this form prior to your appointment and send it to the following address:

Speech-Language and Hearing Center
Misericordia University
301 Lake Street
Dallas, PA 18612

GENERAL INFORMATION

Patient's name: _____	Date: _____
Gender: M F	
Age: _____	
Date of birth: _____	
Address: _____	Telephone: _____
	Cell phone: _____
Email: _____	
Referral source: _____	
Caregiver(s) name: _____	

MEDICAL AND DEVELOPMENTAL HISTORY

- Where there any complications during the pregnancy or birth of the child:

- Describe any developmental problems during infancy or early childhood (i.e., late to walk or talk, feeding problems, food allergies):

- Was the child's speech and language development unusually rapid or delayed? If so, please explain.

4. List all significant illnesses, injuries, severe fevers, and operations:

Date	Illness	Complications	Treatment	Physician

5. List any medications the child is currently taking: _____

6. When was the child's last hearing screening administered? _____

a. What were the results? _____

7. Do other family members have speech, language, reading problems, or learning disabilities? If so, please describe:

8. Are any family members left-handed or use both right and left hand equally well?

9. Do any family members talk very rapidly? _____

FAMILY HISTORY

Father/Caregiver:

Name: _____

Age: _____

Occupation: _____

Mother/Caregiver:

Name: _____

Age: _____

Occupation: _____

Siblings:

Name: _____

Age: _____

HISTORY OF FLUENCY DISORDER

DESCRIBE YOUR CHILD'S SPEECH

CHECK ALL THAT APPLY:

- 1. My child has difficulty finding the right words. _____
- 2. My child has difficulty getting to the point. _____
- 3. My child has difficulty organizing their thoughts. _____

BACKGROUND

1. At what age were the disfluencies noticed? _____
2. Who first noticed or mentioned the disfluencies? _____
3. In what situation were the disfluencies first noticed? _____
4. When the disfluencies were first noticed, were they easy or forced?

5. When stuttering first began, was there any avoidance of speaking (i.e., changing words or stopping mid-stutter, using gestures instead of speech)? If so, please provide examples.

6. Describe any situations that might have been associated with the onset of the disfluencies: _____

7. What were the first types of disfluencies noticed (check all that apply):
 - A. Repetitions of the whole word (“dog-dog-dog”) _____
 - B. Repetitions of the first letter (“d-d-d-dog”) _____
 - C. Repetitions of the first syllable (“do-do-dog”) _____
 - D. Complete blocks on the first letter (“d.....og”) _____
 - a. If blocks occurred, how long did they last? _____
 - E. Prolongations (“ssssmile”) _____
 - F. Speech is difficult to understand and/or sounds “mumbled” _____
 - G. Speech rate sounds too fast _____
 - H. Repetitions at the end of a word (“dog-og-og”) _____
 - I. Other _____
8. Do disfluencies occur primarily at the beginning of sentences or are they scattered throughout the sentence? _____
9. Does or did the child add extra words or sounds to “get started,” (i.e., “hey mom, hey mom...”). _____
10. Does or did the child use a lot of filler words (i.e., “um, uh, like”)?

11. What was the child's reaction to their first disfluencies? (check all that apply)
- a. Indifferent _____
 - b. Fearful _____
 - c. Surprise _____
 - d. Shame _____
 - e. Anger _____
 - f. Other _____
12. Has the child received any speech services? _____
- a. What treatment strategies were used to help reduce the disfluencies?

 - b. Did you notice any changes in their speech?

13. Has your child been diagnosed with:
- a. Attention deficit hyperactivity disorder (ADHD) _____
 - b. Attention deficit disorder (ADD) _____

PROGRESSION OF DISFLUENCIES

1. Following the onset of the first disfluencies, have there been any changes in symptoms?
Check all that are appropriate.
- a. Increase in number of repetitions per word _____
 - b. Increase in amount of disfluencies _____
 - c. Periods of no disfluencies _____
 - d. Longer periods of disfluencies _____
 - e. Lowered voice _____
 - f. Slower speech rate _____
 - g. Physical struggle (i.e., facial tension, eye blinks) _____
 - h. Loss of eye contact _____
2. Were there any periods (weeks/months) when the disfluencies disappeared?

3. Were there any periods (weeks/months) when the disfluencies increased?

4. Are there any situations (e.g., speaking in front of new people) that are difficult? If so, please describe the situations.

5. Does your child have disfluencies when he or she... (check all that apply)
- a. Asks questions? _____
 - b. Talks to young children? _____
 - c. Says his or her name? _____
 - d. Answers direct questions? _____
 - e. Talks to adults or teachers? _____
 - f. Speaks when tired? _____
 - g. Talks to family members? _____
 - h. Uses the telephone? _____
 - i. Uses new words that are unfamiliar? _____
 - j. Reads out loud? _____
 - k. Recites memorized material? _____
 - l. Speaks when excited? _____
 - m. Talks to friends? _____
6. Do you know anyone who stutters and/or clutters? _____
- a. Are they relatives or friends? (Please circle)

EDUCATIONAL AND SOCIAL HISTORY

1. School: _____
2. School Placement or Grade Level: _____
3. What are the child's favorite subjects and activities in school?

4. What are the child's least favorite subjects and activities in school?

5. Hobbies: _____
6. Sports: _____

3. Were there any periods (weeks/months) when the disfluencies increased?

4. Are there any situations (e.g., speaking in front of new people) that are difficult? If so, please describe the situations.

5. Does your child have disfluencies when he or she.... (check all that apply)
- a. Asks questions? _____
 - b. Talks to young children? _____
 - c. Says his or her name? _____
 - d. Answers direct questions? _____
 - e. Talks to adults or teachers? _____
 - f. Speaks when tired? _____
 - g. Talks to family members? _____
 - h. Uses the telephone? _____
 - i. Uses new words that are unfamiliar? _____
 - j. Reads out loud? _____
 - k. Recites memorized material? _____
 - l. Speaks when excited? _____
 - m. Talks to friends? _____
6. Do you know anyone who stutters and/or clutters? _____
- a. Are they relatives or friends? (Please circle)

EDUCATIONAL AND SOCIAL HISTORY

1. School: _____
2. School Placement or Grade Level: _____
3. What are the child's favorite subjects and activities in school?

4. What are the child's least favorite subjects and activities in school?

5. Hobbies: _____
6. Sports: _____



The Speech-Language and Hearing Center

**MISERICORDIA
UNIVERSITY**

CASE HISTORY: ADULT

Date (of completion): _____

NAME OF PERSON COMPETING CASE HISTORY: _____

IDENTIFYING INFORMATION

Name: _____ Sex _____ Age _____ Date of Birth: _____

Address: _____ Telephone: _____

_____ Work Telephone: _____

Referred by: _____

Address: _____

EDUCATIONAL & VOCATIONAL INFORMATION

Education level: _____

(If university, indicate area of specialization)

Occupation: _____ Employer: _____

Last Date of Employment: _____

FAMILY INFORMATION

Marital status: single _____ married _____ separated _____ divorced _____ remarried _____

Name of spouse _____ # of years married _____

Occupation _____ Educational level _____

Work Phone _____

Children:

NAME	AGE	SEX	SPEECH PROBLEM?	REMARKS

List other people living in your home and their relationship to you

Native Language _____

Other languages spoken in your home _____

Other languages that you speak, write, etc. _____

PRESENT COMMUNICATION/ COGNITION/ SWALLOWING PROBLEMS

Describe your present communication/ cognition/ swallowing status

Date of onset of your problem (s) (date, age) _____

Have you recently lost weight? ____ If yes, how much weight have you lost? _____

Has your present problem (s) caused any family, work or social problems for you?

If so, please describe _____

Do you have hearing loss? _____ Describe _____

Do you wear a hearing aid? _____ Ear _____ Type of aid _____

Who prescribed aid? _____ Cause of loss _____

MEDICAL INFORMATION

Is there a medical reason for your communication/ cognition/ swallowing problem(s)?

If "yes", describe _____

Were you unconscious? _____ if so, for how long? _____ Paralyzed? _____

Did you experience: Disorientation or Concentration Problems? _____

Loss of Memory _____ Slurred Speech _____

Difficulty finding words when talking _____

How soon were you seen by a physician? _____

Were you hospitalized? _____ Attending Physician _____

Did you have a CAT scan? _____ MRI Scan _____ Videofluoroscopy _____

Date (s), location, and results _____

Are you now under a physician's care? _____ if "yes" for what reason? _____

Physician's name _____ Address _____
 _____ Phone _____

Before this illness or accident, your health was:

Excellent _____ Average _____ Fair _____ Poor _____

Before this illness or accident, have you ever had: Fainting spells? _____

A heart condition? _____ High Blood Pressure? _____ Strokes? _____ Seizures? _____

Describe any other illnesses, accidents or operations you have had:

Are you taking any medications (Yes/No)? What medications are you currently taking?

Allergies? _____

PRIOR THERAPY OR EVALUATIONS

PLACE	TYPE OF HELP RECEIVED	DATE

Describe any visual problems you have

Do you wear glasses? _____

GENERAL INFORMATION

Please check your hobbies and interests.

Hunting_____ Music_____ Gardening_____

Fishing_____ Cooking_____ Stamps _____

Photography_____ Carpentry_____ Painting _____

Mechanics_____ Camping_____ Crafts _____

Sewing_____ Knitting_____ Reading _____

Other _____

Add any additional information/ comments you feel might be pertinent to the evaluation:



Department of Speech-Language Pathology

**MISERICORDIA
UNIVERSITY**

**THE MISERICORDIA UNIVERSITY SPEECH-LANGUAGE AND HEARING
CENTER
ADULT FLUENCY CASE HISTORY**

Instructions: Please complete this form with as much detail as possible. This information will be confidential. If a question does not apply to you, please indicate, not applicable (N/A).

Please return this form prior to your appointment and send it to the following address:

Speech-Language and Hearing Center
Misericordia University
301 Lake Street
Dallas, PA 18612

GENERAL INFORMATION

Patient's name: _____ Date: _____
 Gender: M F
 Age: _____
 Date of birth: _____
 Address: _____ Telephone: _____
 _____ Cell phone: _____
 Email: _____
 Referral source: _____
 Caregiver(s) name: _____

MEDICAL HISTORY

1. As far as you know, was your speech and language development normal? _____
 - a. Please describe any difficulties: _____
2. Currently, how is your health? Good _____ Fair _____ Poor _____
 - a. Have you ever been hospitalized? _____
 - b. Do you have any chronic or current medical problems? If yes, please list.

- c. Are you presently taking medications? If yes, please list.

FAMILY HISTORY

- 1. Is there a family history of stuttering or any other speech, language, learning, reading, attention, or hearing problems? If yes, please describe.

HISTORY OF FLUENCY DISORDER
DESCRIBE YOUR SPEECH

CHECK ALL THAT APPLY:

- 1. I have difficulty finding the right words. _____
- 2. I experience difficulty getting to the point. _____
- 3. I have difficulty organizing my thoughts. _____

ONSET

- 1. When were the disfluencies first noticed?

- 2. Who first noticed the disfluencies?

3. What do you believe caused the disfluencies?

TYPES OF DISFLUENCIES

1. Please check the following that apply to your disfluencies:

- a. Repetitions of sounds (“d-d-dog”) _____
- b. Repetitions of single syllable words (“I-I-I want to go.”) _____
- c. Repetitions of syllables (“do-do-dog”) _____
- d. Repetitions of phrases (“I want-I want-I want to go.”) _____
- e. Prolongations (“sssssmile”) _____
- f. Speech is difficult to understand _____
- g. Listeners tell you that you mumble _____
- h. Listeners tell you that you speak too quickly _____
- i. Use of “filler words” (“um,” “and then,” “like”) _____
- j. Repetitions at the end of a word (“dog-og-og”) _____
- k. Other: _____

2. Please describe the following that apply when speaking:

- a. Breathing difficulties: _____
- b. Changes in loudness: _____
- c. Facial movements: _____
- d. Hand movements: _____
- e. Other body movements: _____
- f. Struggle and tension: _____

3. Describe any changes in your speech since the disfluencies began.

4. List at least three situations in which you have noticed your speech is worse than usual.

- a. _____
- b. _____
- c. _____

5. List at least three situations in which you have noticed your speech is better than usual.

- a. _____
- b. _____
- c. _____

6. List any people, and their relationship to you, whom you have the greatest difficulty talking to.

- a. _____
- b. _____
- c. _____

7. List any people, and their relationship to you, whom you have the least difficulty talking to.

- a. _____
- b. _____
- c. _____

8. What is your typical reaction to your fluency problem?

9. What are other people's reactions to your fluency problem?

10. Complete the following chart, regarding prior treatment, to the best of your ability:

When	Where (facility)	How long	Therapy Technique

11. How often do you stutter? _____

12. Are there times throughout the day when you do not stutter? _____

a. How long do they last? _____

b. Are they related to who is listening to you speak? _____

c. Are they related to what you are talking about? _____

d. Are they related to your emotional state? _____

13. Once you have disfluencies, do you try to stop them? If so, how?

SOCIAL HISTORY

1. What is your occupation? _____

a. Briefly explain your job responsibilities.

2. Who do you live with? If applicable, please include ages of children.

3. Please list any hobbies or interests.

QUESTIONS PERTAINING TO THERAPY

1. What specific questions do you have that you would like us to answer?

2. What goals would you like to see accomplished if you participate in therapy?



The Speech-Language and Hearing Center

MISERICORDIA UNIVERSITY

Augmentative/Alternative Communication Case History

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell: _____

Date of Birth: _____

Medical Diagnosis: _____

Referring Physician: _____

Person completing form _____

Relationship: _____

REASON FOR REFERRAL: _____

RESIDENCE:

- Family Home Group home Nursing Home
- Staff Support _____

EDUCATIONAL HISTORY

Please describe school programs that this person attends/or has attended in the past:

EMPLOYMENT HISTORY

Please describe the type of work this person does or has done:

SPEECH THERAPY

Please describe previous involvement in speech therapy, if any (where, duration, etc.): _____

CURRENT COMMUNICATION STATUS

1. Does this person demonstrate interest in communication? Yes No
Describe: _____

2. Describe current mode/modes of communication used:
 Vocalizations Sounds Gestures Pictures Device (type?)
 Words Phrases/Sentences Writing, Yes/No (mode?)
Explain: _____

3. Does this mode/modes appear to meet this person's needs? Yes No
Explain (frustration, behavioral issues, etc.): _____

4. What communication needs does this person have? (ADL's, social, vocational, educational, etc.) _____

COMPREHENSION (Understanding of language):

Can this person identify any of the following on request?

- Objects
- Pictures
- Letters
- Words
- Read Sentences

Does this person have a reliable Yes/No response? Yes No

Explain _____

Does this person follow directions? One Step Two Step Multiple Step

PRAGMATICS (Social language)

Does this person: Initiate communication Make eye contact Interact socially

Please comment: _____

MOTOR SKILLS

Describe functional abilities or limitations of upper extremities and fingers:

Describe functional abilities of face, neck, head (including oral motor): _____

Describe functional abilities of lower extremities: _____

- Ambulatory
- Independent
- Requires Assistive Device
- Wheelchair Dependent

SENSORY STATUS

Hearing:

Audiological evaluation **Yes** **No**

Where completed: _____

Date completed: _____

Amplification recommended: **Yes** **No**

Vision

Eye examination: **Yes** **No**

Where _____ **completed:** _____

Date completed: _____

Visual Acuity: **Aided** **Unaided**

Are there any known visual perceptual deficits (neglect, hemianopsia)? **Yes** **No**

Can he/she visually attend/concentrate? **Yes** **No**

Tactile

1. Does he/she have any disturbances in the use of tactile, kinesthetic or proprioceptive stimulation? **Yes** **No**

If so please describe: _____



Updated Child/Adult Speech-Language and Hearing Case History Form

Client's Name Birthdate Semester /year

Address

UPDATED MEDICAL HISTORY: (New diagnoses, change in medical status or change in medication)

UPDATED OCCUPATIONAL/ SOCIAL HISTORY: (List present educational programs, other therapy programs, etc.)

UPDATED SPEECH AND LANGUAGE HISTORY: (List improvement/regression in speech, listening, reading, and/or writing)

What are interests/ dislikes the therapist should know? (food, games, shows, activities, etc.)

What other information would be beneficial for the therapist to know?

Client's Name Semester/Year

With my consent, the Misericordia University Speech-Language and Hearing Center may use and disclose protected treatment information (PTI) about the client to carryout treatment. Please refer to the Misericordia University Notice of Privacy Practices for a more complete description of such uses and disclosures. With my consent the Misericordia University Speech-Language and Hearing Center may contact me in the following manner:

Best way to contact you: Home Work Cell E-Mail

Person to contact: _

Home Phone:_ **Leave a message** Yes_ No_

Work Phone: _

Leave a message Yes_ No_

Cell Phone:

Leave a message Yes_ No_

*Text: _

E-mail: _

**Text messages are transmitted over a public network onto a personal cellphone and as such may not be secure. If a student does not wish to use text, a secondary method of contact will be used.*

May we discuss any test results, performance, or appointment reminders with your spouse, significant other or other caregivers?

Yes: _ No: _ Name: _

Relationship: _

If No, Reason:

I have the right to request that the Misericordia University Speech-Language and Hearing Center restrict how to use and disclose my PTI to carry out treatment. However, the center is not required to agree to my required restrictions, but if they do, they are bound by this agreement. I may revoke my consent in writing to the extent that the Center has already made disclosures in reliance upon my prior consent.

A parent must provide a court order of sole custody or other legal documentation when requesting medical information be withheld from another parent. We cannot purposely withhold information when requested by a parent without a court order or legal documentation.

Client, parent or legal guardian: _

Date: _



The Speech-Language and Hearing Center

**MISERICORDIA
UNIVERSITY**

Hearing Screening

Client: _____ Date: _____

Audiometer Used: _____

Instructions:

Screen Children (Under 18 Yrs.) at 20 db in both ears at 500 Hz, 1000 Hz, 2000z, and 4000 Hz.

Screen Adults (18 Yrs and Older) at 25 db in both ears at 500 Hz, 1000 Hz, 2000 Hz, and 4000 Hz.

Right Ear		
HZ	PASS	FAIL
500		
1000		
2000		
4000		

Left Ear		
HZ	PASS	FAIL
500		
1000		
2000		
4000		

Criteria For Passing Hearing Screening: Client Must Pass All Frequencies In Both Ears.

	Right Ear	Pass	Fail
Results: (Circle)	Left Ear	Pass	Fail
Reliability of Testing?	Good	Fair	Poor
Referral For Full Audiological Testing?		Yes	No

Comments:

Student Clinician

Clinical Supervisor

The Speech-Language
And Hearing Center
at Misericordia University

Speech- Language and Hearing/
Reading, Writing and
Spelling Case History Form

IDENTIFYING INFORMATION

Name of patient: _____ Date of Birth: _____

Patient's Address: _____

Phone Number: _____ Cell Phone Number: _____

Race (optional): _____ Today's Date: _____

Name of person completing form: _____

Relationship to Patient: _____

Caregiver(s) Address (if different from above): _____

Caregiver(s) Phone Number: _____ Cell Phone: _____

Name of Additional Caregiver(s) & Relationships to patient: _____

E-mail contact - _____

Caregiver(s) Occupation: _____

With whom does the patient reside? _____

What language is spoken to the patient? _____

What language(s) is/are spoken at home? _____

What language(s) does the patient speak? _____

If the patient is bi/multilingual, which language is dominant? _____

Who referred you to the Speech Language and Hearing Center at Misericordia University? _____

What is the nature of the problem? _____

2

What do you hope to accomplish by coming to the Speech-Language and Hearing Center?

Number of siblings the patient has: _____

Do any of the siblings have a history of speaking/language problems? _____

If so please explain: _____

How does the patient communicate? (Circle all that apply)

Gestures Sign Language Sounds/Vocalizations Words Phrases Sentences

How well can the patient be understood? (Circle all that apply)

Not At All By Familiar People By All Others

The patient is able to understand: (Circle all that apply)

Single Words Name Short Directions Multiple Step Directions

Has the patient received any previous speech therapy and/or other services?

If so, please explain: _____

Has the patient been seen by other specialists? _____

If so, who did the patient see, and what were the conclusions or recommendations: _____

MEDICAL HISTORY

Describe the patient's health (please circle): Good Fair Poor

Please describe any treatment or medication: _____

Does the patient have a history of ear infections? _____

How many occurrences? _____ At what ages? _____

Describe the treatment: _____

Has the patient had a full audiological examination in the past year? _____

If so, what were the results? _____

EDUCATIONAL INFORMATION

Patient's School: _____

School Address: _____

School Phone: _____ Teacher's name: _____

Placement/Grade: _____

Describe the patient's performance and behavior in school: _____

Does the patient have an aide with him/her in school? Yes _____ No _____

How long is the aide with the patient each day? _____

Does the patient have a current IFSP/ IEP? _____

DEVELOPMENTAL INFORMATION

Check which is applicable: This is our biological _____ foster _____ adopted _____ child.

How many pregnancies has the mother had? _____ Which was the patient? _____

Any medical problems before this pregnancy? _____

Did the mother have any of the following during pregnancy? (Circle all that apply)

German Measles Toxemia Anemia Kidney Infection Accidents Injuries

Describe Accidents/Injuries: _____

Did the mother take any prescription and/or nonprescription medications during this pregnancy?

If yes, what kinds? _____

Was the pregnancy normal? Yes _____ No _____

If not please describe: _____

Patient's birth weight? _____ Any birth injuries? _____

Was the patient an RH baby? _____ Did the child require oxygen? _____

What special medication or treatment did the child receive at birth if any? _____

Breast or bottle fed? _____ If breast fed, for how long? _____

Did the infant have feeding problems? _____

If "yes" explain _____

Swallowing or choking difficulty? Yes _____ No _____ if "yes" explain _____

Sat alone _____ months. Fed self _____ months. Walked alone _____

Determined handedness _____ (age) _____

Physical development has been: (Circle)

Rapid Normal Slow

Please describe any difficulties: _____

Coordination is: (Circle) Good Clumsy

Does the patient require assistance with seating or mobility? (Please describe) _____

Feeding difficulty: Yes No if "yes" explain: _____

Check these as they apply to the patient: Ages if possible.

DESCRIBE

	Sleeping problems	
	Toilet training problems	
	Difficulty concentrating	
	Needs a lot of discipline	
	Interactive	
	Excitable	
	Laughs easily	
	Cries a lot	
	Difficult to manage	
	Overactive	
	Sensitive	
	Gets along with adults	
	Emotional	
	Stays with an activity	
	Happy	
	Irritable	
	Makes friends easily	
	Plays normally with toys	

What are your primary concerns about the patient? _____

SPEECH AND LANGUAGE HISTORY

Was the patient responsive as an infant? (Smile or laugh appropriately) Yes _____ No _____

If "No" explain:

When did the patient first make sounds? _____ months. Examples of early sounds _____

Did the patient begin to babble and then stop? Yes _____ No _____

When did the patient say his/her first words? _____ Examples of words _____

When did the patient first use phrases? _____

Examples of phrases _____

6

When did the patient first use sentences? _____

Examples _____

When were you first concerned about the patient's speech or language? _____

What caused the concern? _____

How does the patient communicate at this time? Provide examples of his/her present communication:

DAILY BEHAVIOR

Please list some of the patient's likes:

Foods: _____

People: _____

Toys: _____

Places: _____

Activities: _____

Other: _____

Please list any of the patient's dislikes: _____

Please list any of his/her achievements that are especially important to him/her or you.

Please list any additional information you feel might be helpful in the evaluation or in the therapy of the patient

Reading, Writing, and Spelling Development (Please complete if applicable)

Please answer the following questions regarding literacy development of the person being evaluated today. If you have any details or specific examples, please include them.

Does he or she:	Circle one.	Details or examples:
Read to his/herself?	Sometimes Often Never	
Ask to be read to?	Sometimes Often Never	
Offer to read to you?	Sometimes Often Never	
Point to or talk about pictures in a book?	Sometimes Often Never	
Ask what letters or words say?	Sometimes Often Never	
Recognize any letters or words?	Sometimes Often Never	
Identify or read letters or words?	Sometimes Often Never	
Comprehend picture books?	Sometimes Often Never	
Play with language by rhyming words?	Sometimes Often Never	
Identify the sounds that begin or end words?	Sometimes Often Never	
Know how many parts are in words? (He or she may clap out syllables)	Sometimes Often Never	
Write or scribble?	Sometimes Often Never	
Write his/her name?	Sometimes Often Never	
Distinguish between upper and lowercase letters?	Sometimes Often Never	
Blend sounds together to make words? (<i>c-a-t</i> makes "cat")	Sometimes Often Never	
Sound out words into parts? ("cartoon" sounds like <i>car-toon</i>)	Sometimes Often Never	
Invent spelling for words? (" <i>speshul</i> " for "special", or "bg" for "big")	Sometimes Often Never	
Spend a lot of time/too much time on activities that involve reading or writing?	Sometimes Often Never	
Dislike or avoid reading?	Sometimes Often Never	
Dislike or avoid writing?	Sometimes Often Never	

Is his/her performance in school affected by their reading or writing difficulties? Please explain:

What are your main concerns regarding his/her reading or writing abilities?

Has he/she expressed any concern or difficulty toward reading or writing?

Oral/Peripheral/facial/motor speech examination

Oral/Pharyngeal Cavity	Deviant			Not
	Pass	Slight	Marked	Passing
Tongue				
Can stick out tongue				
Can move tongue upward (try to touch nose with tip of tongue)				
Can move tongue downward (try to touch chin with top of tongue)				
Can move the top of the tongue from left to the right corner of the mouth				
Can move the top of the tongue from right to left corner of the mouth				
Can move the tongue smoothly around the vermilion of lips (lick around lips) clockwise and counterclockwise				
Can move tongue from left to right on the outside/inside of the upper teeth				
Can move the tongue from right to left on the outside/inside of the upper teeth				
Can say "pa-pa-pa" quickly, smoothly				
Can say "ta-ta-ta" quickly, smoothly				
Can say "ka-ka-ka" quickly, smoothly				
Can alternate between quick repetitions of "pa-ta-ka", "ka-ta-pa", "ta-pa-ka"				
Velopharyngeal function				
During short, repeated "ah" phonation adequate velar movement is noted				
Can puff up cheeks				
Can maintain intraoral air (puffed cheeks) when slight pressure is applied to cheeks				
Absence of nasal emission				

Breathing	Deviant			Not Passing
	Pass	Slight	Marked	
Breathing during speaking				
Can sustain "ah" for 5 seconds				
Comments:				

Oral/Pharyngeal Cavity
The head should be bent back slightly for inspection of the palatal areas. A few reminders:
Missing frontal teeth might have a direct effect on sibilant production. Dentition: Class I (normal) occlusion: lower molars (or canine for children without molars) half a tooth ahead of upper molars. Class II malocclusion (overbite): Maxilla protruded in relation to mandible, measured by the position of the first (maxillary and mandibular) molars. Class III malocclusion: Mandibular molar more than half a tooth ahead of maxillary molar. Cross bite: Misalignment of the teeth characterized by a crossing of the rows of teeth. Macroglossia= tongue appears too large Microglossia= tongue appears too small Shrinkage, i.e., a "shriveled" tongue area, might indicate a paralytic condition. The midline of the hard and soft palates appear normally pink and white; a blue tint suggests a submucous cleft. Redness of fauces and pharynx might indicate inflammation.

	Deviant			Not Passing
	Pass	Slight	Marked	
Dentition				
Front teeth present				
Spacing of teeth adequate				
Axial orientation of teeth is adequate				
Class I normal occlusion				
If malocclusion is noted, indicate the type:				

Oral/Pharyngeal Cavity	Deviant			
	Pass	Slight	Marked	Not Passing
Tongue				
Normal size in relationship to oral cavity				
Normal color				
No shrinkage				
Absence of fissures, lesions, fasciculations				
Normal resting position				
Palate (hard and soft)				
Normal color				
Normal width of vault				
Absence of fistulas, fissures				
Absence of clefts				
If cleft, circle one: Repaired Unrepaired				
Normal uvula				
If abnormal, circle one: Bifid Other Deviations				
Normal length of uvula				
Appearances of fauces, pharynx				
Comments:				

FUNCTION

For older children and adults, these tasks can be elicited by asking the client to complete the task. For younger children (preschool age and below) imitation may be required.

Head/Face	Pass	Deviant		Not Passing
		Slight	Marked	
Eyes/facial appearance				
Can smile, frown on command				
Smiling, frowning symmetrical				
Lips				
Can protrude lips with mouth closed				
Can protrude lips with mouth slightly open				
Can protrude lips to left/right side				
Mandible				
Can lower mandible on command				
Can move mandible to left/right side				
Comments:				



Diagnostic Report Guidelines - Child

Name:

Date:

Date Of Birth:

Age:

Parent's Name:

Address:

Phone Number:

Supervisor:

Student Clinicians:

Reason for Referral:

History:

- Medical History
- Developmental History
- Familiar/social History
- Educational/Employment History

Evaluation:

- List components of the evaluation

Behavior:

Oral Peripheral Examination:

Hearing:

Language:

- Receptive
- Expressive

Phonology/Articulation:

Voice:

Fluency:

Summary and Conclusions:

- Diagnosis
- Prognosis

Recommendations:

- Frequency/Duration
- Treatment techniques, strategies, approaches to meet objectives
- Treatment rationale

Plan:

Long Term Goals: (Time frame to be achieved)

Short Term Objectives: (Time frame to be achieved)



Diagnostic Report Guidelines - Adult

Name:

Date of Birth:

Spouse/Caregiver

Phone Number:

Supervisor:

Date:

Age:

Address:

Student Clinicians:

Reason for Referral:

History:

-Medical History

-Family, Social, Occupational History

Evaluation:

-List components of the evaluation

Subjective Findings: (Statement of Mental Status, Orientation, Cooperation, Motivation, Attention)

Oral Peripheral Examination:

Hearing:

Visual Acuity:

Speech Intelligibility:

Voice:

Fluency:

Language:

-Receptive Language

Yes/No Questions

Commands

Recognition Skills

Understanding a Paragraph

WH- Questions

-Expressive Language

Repetition Skills

Naming Skills

Automatic Speech

Sentence Completion

Defining Words/Expressive Speech

Spontaneous Speech

Reading Comprehension:

- Letter Recognition
- Word Recognition
- Phrase Comprehension
- Sentence Comprehension
- Paragraph Comprehension

Writing:

- Copying
- Dictation
- Spontaneous

Mathematics:

- Basic Operations
- Complex Operations

Cognition:

- Short Term Memory
- Remote Memory
- Long Term Memory

Summary and Conclusions:

- Diagnosis
- Prognosis

Recommendations:

- Frequency/Duration
- Treatment techniques, strategies, approaches to meet objectives
- Treatment rationale

Plan:

Long Term Goals: (Time frame to be achieved)

Short Term Objectives: (Time frame to be achieved)

Oral/Pharyngeal Cavity
(frame to be achieved)



TREATMENT PLAN

(Semester Dates- e.g., XX/XX to XX/XX)

PATIENT'S NAME:

DATE OF INITIAL EVALUATION: SPEECH-LANGUAGE DIAGNOSIS:

PATIENT'S DATE OF BIRTH: PATIENT'S AGE:

FUNCTIONAL OUTCOME GOAL(S):

SEMESTER OBJECTIVES: (# your objectives)

TREATMENT RATIONALE: (List)

PATIENT/CAREGIVER EDUCATION PLAN:

Student Clinician's Signature

Clinical Supervisor's Signature

Date

Date



LESSON PLAN

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Client's Name: _____

Date/Time: _____

Student's Name: _____

(include day of week)

Level	Objectives	Materials/Procedures	Rationale	Data	Notes

(+) Appropriate Response

(-) Incorrect Response

(/) Approximation

(?) Unintelligible

(M) Model

(CR) Cued Response

(DR) Delayed Response

(NR) No Response

(IDK) I Don't Know

(HOH) Hand Over Hand

(SC) Self-Corrected

(Rep) Clinician Repetition

CLINICIAN DIRECTED HIERARCHY CHART

Continuum of Clinician Behaviors throughout the Intervention Process

Cues & Prompts

Maximum -----> *Minimum*

Model Target Response

Direct Imitation -----> *Delayed Imitation* -----> *None*

Feedback

Frequent -----> *Rare*

Linguistic Complexity

Simple -----> *Complex*

⇒ *Maintain a high rate of client accuracy throughout (about 75% accuracy)*

Level	Client Ability	Clinician Support to Achieve Target Success	Parents/Teachers/Outside of Therapy
Level 5 Getting There!!	Able to self-monitor for errors with minimal support in unstructured activities Client is consistently 80-100% accurate in the therapy setting	Provide very minimal or indirect cues Provide opportunities for production in unstructured activities and/or linguistically complex tasks Provide opportunities for self-monitoring in unstructured activities and outside of therapy setting	Client is able to self-monitor most of the time outside of therapy Parents/teachers report client is generally accurate in most circumstances Provide Level 4-Level 5 activities
Level 4 Carrying it Over	Able to use target in new or exciting games, discourse with some support Able to self-monitor for errors with moderate support in structured or familiar activities Target is consistently accurate in structured activities Target is inconsistent in unstructured activities	Provide occasional/minimal cues Generally, not necessary to provide a model of the target Provide opportunities for production in increasingly distracting, less structured activities in therapy Use increasingly complex linguistic stimuli Provide opportunities for client to self-evaluate accuracy Reinforce evidence of self-monitoring & generalization Provide many opportunities for production outside of therapy room	Client is able to produce target consistently in structured activities outside of therapy, 10-20 minutes Client is able to self-monitor for specified periods of time outside of therapy Parents/teachers may comment that target is spontaneously produced more frequently Provide Level 3 activities for home/school
Level 3 Moving Along	Aware of target goal in structured speech/language activity May need more cues initially in session; fewer cues towards end of session May need review of previously acquired steps initially in session	Provide minimal-moderate cues Use of delayed imitation may be needed initially; fewer models needed later in session May initiate activity with drill review, then proceed with less structured activity Use of intermittent feedback is sufficient Promote self-monitoring of accuracy Increase linguistic complexity for productions	Client is able to practice Level 2 skills in specific, structured activities with parents, teachers Emerging spontaneous use of target in structured settings (therapy, homework) Generally, does not produce target independently outside of therapy
Level 2 A Conscious Effort	Able to produce target with conscious effort Needs frequent cues to maintain accuracy Needs consistent models to maintain accuracy Can be accurate with slightly more complex stimuli	Provide moderate level of cues Use prompts frequently, but not consistently Use both direct imitation and delayed imitation Provide ample, explicit feedback Elicit target with simple stimuli; slightly more complex than in Level 1	Support client in identifying new target to parent/teacher Send home materials that promote <i>awareness</i> of new target May practice Level 1 skills for <i>short</i> periods of time
Level 1 Beginning a New Goal	Generally unaware of target Requires maximum, explicit cues to produce new target accurately Produces target correctly only in direct imitation Accurate with only very simple stimuli	Demonstrate/explain new target Provide maximum auditory/visual/tactile cues Provide models of target consistently Elicit target through direct imitation Provide consistent (100%), contingent feedback Provide explicit feedback for correct production Elicit target with linguistically simple stimuli	Clinician will discuss new target, approach to therapy Discuss initial steps to achieve long-term goal May send home products from activities to stimulate awareness of target



Sample SOAP Note (Adult)

Client: Name

Date:

Client arrived on time for today's session. His voice was closest to Speech quality with thick-stiff TVFBC (EL: 2), thyroid tilt (EL: 5), and AES narrow (EL: 3). When asked to rate his voice on a scale from 1 (best voice) to 10 (worst voice), Client reported that his voice was a 3.

Client participated in the following voice-related tasks:

- Singhale with 25% accuracy when given auditory, explicit, and gestural cues
- Changed velar position on command with 100% accuracy when given auditory, explicit, and gestural cues
- Explicit instruction on the following figures: H/N, torso, FVF, AES narrow, tongue, larynx, lips

Client demonstrated difficulty producing singhale at the beginning of the session. He was producing a stiff-fold nasal singhale. All conditions of velum were explicitly taught and practiced to help correct his singhale. Client quickly produced low, mid, and high velum on command. After he could feel the difference between mid and high velum, his ability to singhale improved. Client was instructed to practice singhale and singhale sirens for his next session. Client demonstrated all figure conditions that were addressed with accuracy and demonstrated an understanding of each figure condition.

Client's next voice therapy session will target: Goals must be measurable

- Singhale and singhale sirens to continue to increase vocal fold flexibility throughout his vocal range
- Review explicit instruction on the figure conditions that in the recipe to produce Twang
 - Thyroid tilt, TVF onsets
- Twang in words and short phrases
- Spectrogram to confirm Twang quality and increase his independence in staying in quality

Graduate Student Clinician

Clinical Supervisor



Sample SOAP Note (Child)

Client's Name:

Date:

LR arrived on time for his session accompanied by his grandmother, who sat in on his session. He attended therapy in the late morning rather than the afternoon today due to a scheduling conflict for an eye appointment. LR exhibited signs of drowsiness throughout the session, characterized by frequent yawning and some shortness with the clinician. He explained he was tired today from being up late the night before.

LR independently produced /s/ in the initial position of words in with 73% accuracy, increasing to 100% accuracy given visual cues. He independently produced /s/ in the final position of words with 87% accuracy, increasing to 100% accuracy given verbal cues. LR independently produced /s/ in the medial position of words with 78% accuracy increasing to 88% accuracy given visual cues. LR decoded third grade sight words with 96% accuracy, increasing to 100% accuracy given verbal cues. LR independently explained why words belonged or didn't belong in a specified category in 3/3 trials.

LR benefitted from a visual model when producing /s/ in all position of words. His productions of /s/ improved after being reminded to look at the clinician for visual cues and slow his rate of production. Due to success with /s/ in final position of words, /s/ in final position will be trialed at the phrase level as well. LR decoded third grade Dolch words with a high level of accuracy, decoding one word independently ("carry"). His sight word decoding improved significantly from last week which may be due to the position of a word study activity ("augh can say "aff" of "aw") and added this rule to his literacy binder. He demonstrated an appropriate understanding of the rule by writing real and nonsense words that followed the rule. He identified words in a reading passage that followed this rule and explained which sound each word made with a high level of accuracy.

LR will continue to receive speech therapy one time per week for 60 minutes to address literacy deficits. Sessions will incorporate words study activities, tracking and Skywriting, and productions of /s/. The following goals will be addressed:

1. LR will complete words study activities that involve spelling rules to facilitate spelling with 90% accuracy.
2. LR will complete tracking and skywriting activities with 90% accuracy given verbal cueing
3. LR will complete sight word identification activities using an age-appropriate list with 90% accuracy.
4. LR will independently produce /s/ in the final position of words with 95% accuracy
5. LR will independently produce /s/ in the final position of words in phrases with 86% accuracy.

Graduate Student Clinician

Clinical Supervisor



End of Semester Progress Summary Report

Identifying Information

Patient's name _____ Date of report _____

Date of birth _____ Age _____

Parent's/Caregiver's name _____ Date of report _____

Address _____

Phone (include area code) _____ Home _____ Cell _____ Office _____

Initial Speech-Language evaluation date _____ Last interim report due _____

Number of sessions scheduled _____ Number of sessions attended _____

Current Diagnosis _____

Graduate student clinician _____

Medical History

Summary pertinent medical, developmental, social, and educational history.

Present Goals/Objectives please list

Long-term goals

Short- term objectives

Progress Summary/Treatment Outcomes

Discuss for each short-term objective.

Example: Discuss objective 1, Include data, Pre-test information. Discuss methods used and results.

Overall Assessment (include effectiveness of treatment techniques, strategies, and approaches to meet objectives)

Plan

1. Recommendation for intervention
2. Frequency and duration
3. Prognosis

Updated Short-term Objectives (please number and include baseline data)

Graduate Student Clinician

Date

Clinical Director/ Supervisor

Date



Clinical Observation Summary Report

Student _____ Date of observation _____ Clock hours earned _____

Location of observation _____ Name of clinician observed _____

Speech diagnosis _____

Child (birth to 16 years) Adult (17 years and older) Evaluation Treatment

Age of patient observed _____ Type of observation _____

Summary of Session

Materials Used

- _____ -

Overall Impressions/Comments

SHA license number _____ Certified clinician signature _____

White copy to SLP secretary
 Yellow copy for your records

Supervisor's Signature _____ Student's Signature _____



Diagnostic Observation Summary Report

Student **Date of observation**

Name of clinicians observed

Speech diagnosis following observation

Child (birth to 16 years) **Adult (17 years and older)**

Summary of Session (Include your overall impressions of the evaluation and an informal diagnosis based on observations)

Tests Administered (Include what each test assesses)

Provide One Long Term Goal and One Short Term Goal Based On Your Observations

Supervisor's Signature

Student's Signature

Diagnostic Meeting Checklist

Student Name: _____ Supervisor's Name: _____
 Diagnostic Evaluation Date: _____ Date Evaluation Assigned: _____
 Client's Name: _____ Diagnosis: _____

Referring Physician: _____
 Student(s) assigned to evaluation: _____
 Clinical Specialist's Name: _____
 Contact first initiated: _____ Contact Method: Email Text Phone Personal contact
 Agreed Meeting Day/Date: _____

****To be completed by the Clinical Specialist:***

Clinical Specialist will rate the student on preparedness in the following areas:

- Rating Scale:**
 5=Fully Prepared (no assistance needed)
 4= Very Prepared (minimal assistance needed)
 3= Prepared (moderate assistance needed)
 2= Somewhat Prepared (maximum assistance)
 1=Not Prepared

Skill	Initial Date:	Follow up Date:
Provides appropriate work up plan including diagnosis and case history information		
Suggests appropriate and relevant tests/testing procedures		
Explains evaluation procedures that clinician is required to complete prior to the evaluation (e.g., phone calls, handouts, etc.)		
Engages in constructive discussions with the clinical specialist		
Other:		

Completed initial letter to physician: Yes No Date: _____
 Student's Signature: _____ Date: _____
 Clinical Specialist's Signature: _____ Date: _____

Diagnostic Report Drafts	1	2	3	4	5
Date of Submission					

Completed follow up letter to physician (after evaluation report completed): Yes No Date: _____

Student's Signature: _____ Date: _____
 Clinical Supervisor/ Clinical Specialist's Signature: _____ Date: _____

****This form must accompany each draft and upon completion, submitted to your assigned supervisor)***

Supervisor's Notes:



The Speech-Language and Hearing Center

**MISERICORDIA
UNIVERSITY**

FIELDWORK SITE VISIT

CLINICAL SUPERVISOR'S OBSERVATION REPORT

Course: _____ Fieldwork Site: _____

Clinician: _____ Site Supervisor: _____

Date of Session: _____ Clinical Supervisor: _____

Therapy followed lesson plan	1	2	3	4	5	NA
Proficiency in Using Materials	1	2	3	4	5	NA
Clinician kept accurate records	1	2	3	4	5	NA
Effectively reinforced the client	1	2	3	4	5	NA
Session time was used effectively	1	2	3	4	5	NA
Clinician was in control of session	1	2	3	4	5	NA
Rate/pitch/volume were appropriate	1	2	3	4	5	NA
Handled discipline appropriately	1	2	3	4	5	NA

Used appropriate language levels	1	2	3	4	5	NA
Identified errors from target behaviors	1	2	3	4	5	NA
Used appropriate correction techniques	1	2	3	4	5	NA
Encouraged client to self-evaluate	1	2	3	4	5	NA
Provided appropriate instructions	1	2	3	4	5	NA
Perceived client's tolerance level	1	2	3	4	5	NA

Additional Comments: _____

5 competent 4 adequate 3 developing 2 inadequate 1 skill not evident NA not applicable

Student Signature

Clinical Supervisor's Signature



STUDENT CLINICIAN’S VIDEO CRITIQUE

Clinician: _____ Client’s Initials/Diagnosis: _____

Date of Session: _____ Clinical Supervisor: _____

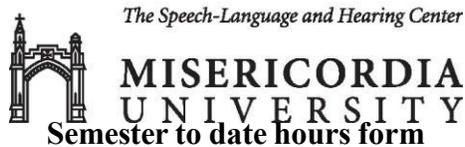
Therapy followed lesson plan	1	2	3	4	5	NA
Proficiency in Using Materials	1	2	3	4	5	NA
Clinician kept accurate records	1	2	3	4	5	NA
Effectively reinforced the client	1	2	3	4	5	NA
Session time was used effectively	1	2	3	4	5	NA
Clinician was in control of session	1	2	3	4	5	NA
Rate/pitch/volume were appropriate	1	2	3	4	5	NA
Handled discipline appropriately	1	2	3	4	5	NA
Used appropriate language levels	1	2	3	4	5	NA
Identified errors from target behaviors	1	2	3	4	5	NA
Used appropriate correction techniques	1	2	3	4	5	NA
Encouraged client to self-evaluate	1	2	3	4	5	NA
Provided appropriate instructions	1	2	3	4	5	NA
Perceived client’s tolerance level	1	2	3	4	5	NA

Strengths/ Areas of Improvement: _____

5 competent 4 adequate 3 developing 2 inadequate 1 skill not evident NA not applicable

Student Signature

Clinical Supervisor’s Signature



Clinician: _____

Week of: _____

			M	T	W	TH	F	TOTAL Week
Articulation/Phonetics	Evaluation	Adult						
		Child						
	Treatment	Adult						
		Child						
Language	Evaluation	Adult						
		Child						
	Treatment	Adult						
		Child						
Voice	Evaluation	Adult						
		Child						
	Treatment	Adult						
		Child						
Fluency	Evaluation	Adult						
		Child						
	Treatment	Adult						
		Child						
Swallowing	Evaluation	Adult						
		Child						
	Treatment	Adult						
		Child						
Hearing	Screening	Adult						
		Child						
	Treatment	Adult						
		Child						
Cognition	Evaluation	Adult						
		Child						
	Treatment	Adult						
		Child						
Pragmatics	Evaluation	Adult						
		Child						
	Treatment	Adult						
		Child						
AAC	Evaluation	Adult						
		Child						
	Treatment	Adult						
		Child						
TOTALS								

TOTAL HOURS THIS Week _____

TOTAL HOURS LAST WEEK _____

TOTAL HOURS TO DATE _____

Clinical Supervisor _____ ASHA Number _____

Date _____



The Speech-Language and Hearing Center

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CLINICAL EDUCATION JOURNAL

Student's Name: _____ **Date:** _____
Week: _____

CHECKLIST: The following documentation has been handed in to your supervisor.

_____ Diagnostic Reports	_____ Lesson Plans
_____ SOAP Notes	_____ Verbal/Telephone Log
_____ Weekly Clinical Hours	_____ Interim Report
_____ Diagnostics/Material Returned	_____ Discharge Summaries

CLINICAL JOURNAL:

This was a: _____ good week _____ so so week _____ challenging week

Identify two positive and one not so positive experience you had this week.

What might you have done differently to change the not so positive experience?

List two clinical skills on which you got a better handle on this week.

List two clinical skills on which you need to work on.

In what ways were your communication/interpersonal skills used effectively this week?

On the back: Write an objective for yourself to be accomplished next week in each of the following areas:

1. Professional-Technical Skills
2. Interpersonal Relationships
3. Professional Behavior

Student's Signature: _____

Supervisor's Signature: _____



The Speech-Language and Hearing Center

**MISERICORDIA
UNIVERSITY**

**MISERICORDIA UNIVERSITY
DEPARTMENT OF SPEECH-LANGUAGE PATHOLOGY
301 LAKE STREET
DALLAS, PA18612**

STUDENT SELF-ASSESSMENT OF CLINICAL COMPETENCIES

STUDENT'S NAME: _____ **DATE:** _____
COURSE NO: _____ **SEMESTER:** _____
CLINICAL INSTRUCTOR: _____

Instructions:

Self-assessment is a vital skill for effective professional development. The purpose of this assessment is to assist clinical and academic faculty to better evaluate the student's needs in his/her development of clinical competence. You are asked to rate your competency and your exposure for evaluation and treatment using the following rating scales:

A. EVALUATION AND INTERVENTION COMPETENCY

Competency Level

Exposure

- | | |
|--|---|
| <p>5 - Able to apply self-directed research and theoretical knowledge with complete independence to provide intervention that exceeds expectations of the Clinical Instructor (CI) within the therapeutic setting.</p> <p>4- Able to independently provide intervention, requiring only minimal guidance from the CI within the therapeutic setting.</p> <p>3- Able to integrate general direction and specific instruction from the CI within the therapeutic setting.</p> <p>2- Requires assistance to complete skill with CI physically present; needs specific direction and demonstration to perform effectively within the therapeutic setting.</p> <p>1- Unable to complete skill competently with CI physically present even when given specific direction and demonstration within the therapeutic setting.</p> | <p>4- clinical and classroom</p> <p>3- clinical only</p> <p>2- classroom and lab</p> <p>1- classroom only</p> <p>0- no exposure</p> |
|--|---|

Communication Areas	Evaluation		Intervention	
	Competency	Exposure	Competency	Exposure
Articulation				
Fluency				
Voice and Resonance				
Receptive and Expressive Language				
Hearing				
Swallowing				
Cognition				
Social Aspects				
Augmentative and Alternative Communication				
Cultural/Linguistic Diversity				

Service Delivery Models	Competency	Exposure
Individual Pullout		
Small Group Pullout		
Collaborative/Consultative		
Classroom-based		
Community-based		
Monitoring		

Student Self-Assessment 2

B. DOCUMENTATION SKILLS

Documentation	Competency	Exposure
Lesson Plans		
Evaluation Reports		
Interim/Progress Reports		
Daily notes/logs		
Discharge Summaries		
Insurance Forms		

C. INTERPERSONAL AND AFFECTIVE SKILLS

You are asked to rate your confidence level for interpersonal and affective skills using the following scale:

- 4= very confident
- 3=confident
- 2= minimally confident
- 1= not confident at all
- 0=no exposure

SKILL

CONFIDENCE LEVEL

- 1. Giving instructions to clients. _____
- 2. Discussing evaluation findings with client/family. _____
- 3. Discussing treatment plan with client/family. _____
- 4. Communicating/collaborating effectively with other professionals. _____
- 5. Requesting more/less help from supervisor. _____
- 6. Providing feedback to supervisor. _____
- 7. Discussing own strengths and weaknesses. _____
- 8. Confronting and resolving conflict with others. _____
- 9. Establishing rapport with client. _____
- 10. Perceiving client's verbal/nonverbal behaviors
Relating to attention and motivation _____
- 11. Selecting and using appropriate cueing/ prompting/reinforcement. _____
- 12. Modifying treatment session according to client response. _____

STUDENT SIGNATURE

CLINICAL INSTRUCTOR

MISERICORDIA UNIVERSITY
DEPARTMENT OF SPEECH-LANGUAGE PATHOLOGY
301 Lake Street
Dallas, PA 18612

CLINICAL EDUCATION EVALUATION FORM
SPEECH-LANGUAGE PATHOLOGY STUDENTS

Optional Clinic _____ Clinic I _____ Clinic II _____ Diagnostic Clinic _____
Fieldwork I _____ Fieldwork II _____ Fieldwork III _____

_____MIDTERM _____FINAL

STUDENT INFORMATION

Student's Name: _____

Dates of Clinical Experience: _____ Semester: _____

Course Number: _____

CLINICAL EDUCATION SITE INFORMATION

Name of Clinical Affiliation Facility: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Clinical Instructor/University Clinical Supervisor's Name:

ASHA Certification Number: _____

INTRODUCTION: INSTRUCTIONS FOR USE

This student performance assessment appraises the competency levels for the evaluation, intervention, and interaction and personal quality skills necessary for graduate students of speech-language pathology to ensure readiness for entry-level practice. These competencies are based on standards developed by the Council for Accreditation on Audiology and Speech-Language Pathology (CAA) from the American Speech-Language-Hearing Association (ASHA). The 2005 Standards were created in response to: (a) changes in the scope of practice, (b) the need to protect consumers, and (c) the need to promote quality service. The performance criteria used in this instrument are imperative to the judgment of overall clinical competence.

DIRECTIONS FOR RATING EVALUATION AND INTERVENTION COMPETENCIES IN SECTION I AND II.

Competency means to consistently perform the activity accurately, skillfully, and in the appropriate time and place. Indicate the student's current level of development in Sections I and II using the following rating scale:

- 5 = Able to apply self directed research and theoretical knowledge with complete independence to provide intervention that exceeds expectations of the Clinical Instructor (CI) within the therapeutic setting.
- 4 = Able to independently provide intervention, requiring only minimal guidance from the CI within the therapeutic setting.
- 3 = Able to integrate general direction and specific instruction from the CI within the therapeutic setting.
- 2 = Requires assistance to complete skill with CI physically present; needs specific direction and demonstration to perform effectively within the therapeutic setting.
- 1 = Unable to complete skill competently with CI physically present even when given specific direction and demonstration within the therapeutic setting.
- 0 = Not applicable/no exposure.

DIRECTIONS FOR RATING INTERACTION AND PERSONAL QUALITIES IN SECTION III

- 5 = Independent; exemplary
- 4 = Exceeds
- 3 = Meets
- 2 = Improvement Needed
- 1 = Unacceptable

INSTRUCTIONS FOR SCORING

Each of the three sections is scored separately. There are a maximum number of 10 competencies that can be scored. Score **only** those applicable to your practicum setting. If the competency item is **not** applicable, circle "0". **DO NOT** include this competency item when arriving at the total score.

Competency Score

To obtain the total score, use the conversion chart below. Add up the total number of points. Divide this by the maximum number that could have been achieved. This will give you the competency score. For example, if all 10 items were scored, at a competency level of 5, the maximum score possible would be 190 (10 X 19). If the total of all the competencies was 180 (10 X 18), the student would obtain a competency score of 94 (180/190). If only 9 items were scored at a competency level of 19, the maximum score possible would be 171 (9 X 19). If the total of all the competencies was 144 (9 X 16), the student's competency score would be 84 (144/171).

CONVERSION CHART:	1= 13 points	4=17 points
	2= 14 points	5=19 points
	3=15 points	

- **University Clinical Supervisors do not issue a student greater than 89 points (see Appendix for *Supervisor Evaluation Form*) in any area at mid-term. A CI assigned to supervise students off campus will follow the same policy. If a student receives less than 83 points in any area at mid-term, detailed notes and documentation must accompany all evaluation reports (mid-term and final) so that students are aware of the reason for the points they have received. If a student receives less than 83 points in any area at mid-term, then weekly documentation and notes are necessary to provide the student with feedback about clinical performance. All students must sign all documents and feedback provided by the supervisor.**
- **Clinical Instructors are only responsible for assigning a student a specific number of points in any competency area. It is the responsibility of the Clinical Supervisor at Misericordia University to assign a student's final clinical grade based on total number of points received for each competency and information documented in this report, information documented by the University Clinical Supervisor during the fieldwork site visit (if applicable), and any additional information obtained and documented between the Clinical Instructor and the University Clinical Supervisor (if applicable).**

SECTION I: EVALUATION COMPETENCIES

EVALUATION COMPETENCIES	COMPETENCY LEVEL					
1. Conduct screening and prevention procedures (including prevention activities).	5	4	3	2	1	n/a
2. Collect case history information and integrate information from clients/patients, family, caregivers, teachers and relevant others, including other professionals.	5	4	3	2	1	n/a
3. Select and administer appropriate informal and formal assessment procedures, such as behavioral observations, non standard and standardized tests, and instrumentation for evaluation and/ or to monitor clients'/patients' progress.	5	4	3	2	1	n/a
4. Adapt evaluation/ therapy activities to meet Clients'/patients' needs.	5	4	3	2	1	n/a
5. Accurately score and interpret formal diagnostic tests and/or monitor clients'/patients' progress to establish/change a diagnosis.	5	4	3	2	1	n/a
6. Interpret, integrate, and synthesize all information to develop/change a diagnosis and make appropriate recommendations for intervention.	5	4	3	2	1	n/a
7. Complete administrative and reporting functions necessary to support evaluation/change in clients'/patients' status.	5	4	3	2	1	n/a
8. Engage in constructive discussions with clinical supervisor(s) to plan and conduct procedures to assess clients'/patients' status.	5	4	3	2	1	n/a
9. Clinical documentation is complete and written professionally using appropriate language, tone, and terminology.	5	4	3	2	1	n/a
10. Identify and refer clients/patients for appropriate services.	5	4	3	2	1	n/a

Total Competency Score Student Achieved: _____
Maximum competency scored based on applicable items _____
Overall Competency Score for Evaluation: _____

Areas Assessed: (Check all that apply)
 _____Articulation_____Fluency_____Voice and Resonance_____Receptive and Expressive
 Language_____Hearing_____Swallowing_____Cognition_____Social Aspects of Communication
 _____Augmentative and Alternative Communication_____Culturally Diverse

COMMENTS: *Necessary for University Clinical Supervisor to determine mid-term and final grade.
 Please use the back of this page if you require additional room.

SECTION II: INTERVENTION COMPETENCIES

INTERVENTION COMPETENCIES	COMPETENCY LEVEL					
1. Establish long and short term goals that are measurable, objective, and contain appropriate time frames.	5	4	3	2	1	n/a
2. Develop setting-appropriate intervention plans with measureable and achievable goals that meet clients'/patients' needs.	5	4	3	2	1	n/a
3. Collaborate with clients/patients, and relevant others in the planning process.	5	4	3	2	1	n/a
4. Implement intervention plans (involve clients/patients and relevant others in the intervention process.	5	4	3	2	1	n/a
5. Select or develop and use appropriate materials or instrumentation for prevention and intervention.	5	4	3	2	1	n/a
6. Collect accurate and consistent data during the treatment process.	5	4	3	2	1	n/a
7. Measure and evaluate clients'/patients' performance and progress based on data collected.	5	4	3	2	1	n/a
8. Modify intervention plans, strategies, materials, treatment techniques, or instrumentation as appropriate to meet the needs of the clients/patients.	5	4	3	2	1	n/a
9. Complete administration and reporting functions necessary to support intervention	5	4	3	2	1	n/a
10. Identify and refer clients/patients for services as appropriate.	5	4	3	2	1	n/a

Total Competency Score Student Achieved: _____
Maximum competency score based on applicable items: _____
Overall Competency Score for Intervention: _____

Areas Assessed: (Check all that apply)
 _____ Articulation _____ Fluency _____ Voice and Resonance _____ Receptive and Expressive
 Language _____ Hearing _____ Swallowing _____ Cognition _____ Social Aspects of Communication
 _____ Augmentative and Alternative Communication _____ Culturally Diverse

COMMENTS: *Necessary for University Clinical Supervisor to determine mid-term and final grade. Please use the back of this page if you require additional room.

SECTION III: INTERACTION AND PERSONAL QUALITY COMPETENCIES

INTERACTION COMPETENCIES **COMPETENCY LEVEL**

- | | | | | | |
|--|---|---|---|---|-------|
| 1. Attendance is reliable and punctual. | 5 | 4 | 3 | 2 | 1 |
| 2. Demonstrate the ability to work with patients/clients of various ages, gender, socioeconomic, and ethnic backgrounds. | | | 5 | 4 | 3 2 1 |
| 3. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural and linguistic background of clients/patients, family, caregivers, and relevant others. | 5 | 4 | 3 | 2 | 1 |
| 4. Collaborate with other professionals in case management. | 5 | 4 | 3 | 2 | 1 |
| 5. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others. | 5 | 4 | 3 | 2 | 1 |
| 6. Demonstrate effective use of time to complete verbal and written tasks involving case management. | 5 | 4 | 3 | 2 | 1 |
| 7. Provides appropriate direction and feedback to clients/patients, families/caregivers. | 5 | 4 | 3 | 2 | 1 |
| 8. Implements clinical instructor’s suggestions in an open and non-defensive manner, and follows through on recommendations for clients. | 5 | 4 | 3 | 2 | 1 |
| 9. Demonstrates initiative in planning and implementing evaluation and /or treatment procedures. | 5 | 4 | 3 | 2 | 1 |
| 10. Adhere to the ASHA code of ethics and behave professionally. | 5 | 4 | 3 | 2 | 1 |

Total Competency Score Student Achieved:

Maximum competency score based on applicable items:

Overall Competency Score for Interaction and personal qualities:

COMMENTS: *Necessary for University Clinical Supervisor to determine mid-term and final grade. Please use the back of this page if you require additional room.

Total # of Days Absent at time of Midterm:

Total # of Days Absent at time of Final:

Total # of Days Absent:

***DIRECTIONS FOR RATING EVALUATION AND INTERVENTION
COMPETENCIES***

Competency means to consistently perform the activity accurately, skillfully, and in the appropriate time and place. Circle the student's current level of development in the Evaluation and Intervention Competencies sections using the following rating scale:

- 5: **Competency in skill area well developed;** demonstrates adequate theoretical knowledge and independence in clinical application; requires only confirmation from the Clinical Instructor (CI) to perform effectively in the clinical setting.
- 4: **Competency in skill area developed but needs refinement;** demonstrates adequate theoretical knowledge; requires general guidance from the CI to perform effectively in the clinical setting.
- 3: **Competency in skill area present but requires further development;** demonstrates general theoretical knowledge; requires specific guidance from the CI to perform effectively in the clinical setting.
- 2: **Competency in skill area emerging;** demonstrates limited theoretical knowledge; requires frequent guidance from the CI to perform effectively in the clinical setting.
- 1: **Competency in skill area not present;** lacks both theoretical knowledge and clinical application; unable to complete skill competently with CI physically present even when given specific, frequent direction and demonstration.
- 0: Not applicable/no exposure

DIRECTIONS FOR RATING INTERACTION AND PERSONAL QUALITIES

- 5: Independent, exemplary
- 4: Exceeds
- 3: Meets
- 2: Improvement Needed
- 1: Unacceptable

SCORING

To meet the criterion for competency, a level of 4 or 5 must be obtained. All competencies judged below 4 **will not** meet the criterion for competency. To meet graduation requirements imposed by the American-Speech-Language-Hearing Association (ASHA), students must meet competencies for **all** evaluation, intervention, and interaction and personal qualities standards.

***Students who fail to achieve a competency rating of 4 or better in any one skill area will be required to complete an additional clinical rotation to gain the skills and knowledge necessary to become competent in that area. If competency is not demonstrated following an additional clinical rotation, the student will be dismissed from the program.**

Completion of an additional clinical rotation does not guarantee successful completion of the program.

	Evaluation Competencies	Articulation	Fluency	Voice	Language	Hearing	Social aspects of language	Cognition	Swallowing	AAC
	Level of Competency									
1.	Conducts screening and preventive procedures (Includes prevention activities)									
2.	Collects case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.									
3.	Selects and administers appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures.									
4.	Adapts evaluation procedures to meet client/patient needs									
5.	Interprets, integrates, and synthesizes all information to develop diagnoses and make appropriate recommendations for intervention									
6.	Completes administrative and reporting functions necessary to support evaluation									
7.	Refers clients/patients for appropriate services.									

*As documented in Standard IV-G of the certification standards in speech-language pathology, students must show acquisition of each of the seven aforementioned skill outcomes for each of the nine disordered areas listed above. **Clinical skills may be developed and demonstrated by means other than direct client/patient contact in clinical practicum experiences**, such as academic course work, labs, simulations, examinations, and completion of independent projects.

	Intervention Competencies	Articulation	Fluency	Voice	Language	Hearing	Social aspects of language	Cognition	Swallowing	AAC
	Level of Competency									
1.	Develops setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborates with clients/patients and relevant others in the planning process.									
2.	Implements intervention plans (involve clients/patients and relevant others in the intervention process).									
3.	Selects or develops and use appropriate materials and instrumentation for prevention and intervention.									
4.	Measures and evaluates clients'/patients' performance and progress.									
5.	Modifies intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.									
6.	Completes administrative and reporting functions necessary to support intervention.									
7.	Identifies and refers clients/patients for services as appropriate.									

*As documented in Standard IV-G of the certification standards in speech-language pathology students must show acquisition of each of the seven aforementioned skill outcomes for each of the nine disordered areas listed above. **Clinical skills may be developed and demonstrated by means other than direct client/patient contact in clinical practicum experiences**, such as academic course work, labs, simulations, examinations, and completion of independent projects.

	Interaction and Personal Qualities	Level of Competency
1.	Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.	
2.	Collaborates with other professionals in case management	
3.	Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others	
4.	Adheres to ASHA Code of Ethics and behaves professionally	

SUMMARY:

DISORDERS	MET	NOT MET
<i>Evaluation</i>		
1. Articulation		
2. Fluency		
3. Voice		
4. Receptive and Expressive Language		
5. Hearing		
6. Social Aspects of Language		
7. Cognition		
8. Swallowing		
9. AAC		
<i>Intervention</i>		
1. Articulation		
2. Fluency		
3. Voice		
4. Receptive and Expressive Language		
5. Hearing		
6. Social Aspects of Language		
7. Cognition		
8. Swallowing		
9. AAC		
Interaction and Personal Qualities		

Strengths:

Weaknesses:

CLINICAL DIRECTOR

ASHA LICENSE NUMBER



Professional Behaviors Incident Form

The **Speech-Language** and **Hearing Center** at Misericordia University

Professional Behavior(s) Violated (please check all that apply)

Interpersonal Skills

- Demonstrates interest in patients as individuals
- Respects cultural and personal differences of others (non-judgmental about patient's lifestyle)
- Respects personal space of patients and others
- Respects role of other healthcare professionals and support staff
- Establishes trust
- Demonstrates the ability to work with persons of various ages, ethnic, gender, socioeconomic, racial backgrounds, and lifestyles in an appropriate and professional manner
- Accepts the role of a team player

Comments

Communication Skills

- Articulates thoughtful contribution to discussion in an appropriate manner
- Selects a communication style (verbal and written) to meet the needs of different audiences
- Presents verbal and written message with logical organization and sequencing
- Maintains and provides an open and constructive communication
- Communicates in a professional manner
- Addresses questions/concerns in a timely manner
- Listens to and hears others before responding to what is being said
- Communicates with others in a respectful, confident manner
- Recognizes impact of non-verbal communication and responds accordingly
- Talks about difficult issues with sensitivity and objectivity
- Collaborates with others by approaching others to discuss differences in opinion
- Clearly expresses own opinions and concerns

Comments

Use of Constructive Feedback

- Acknowledges errors and/or assets
- Demonstrates a positive attitude toward feedback
- Asks for clarification and/or clarifying one's position
- Reconciles differences with sensitivity
- Engages in non-judgmental, constructive, problem-solving discussions
- Uses self-assessment for professional growth
- Recognizes that criticism is directed at behavior and not at a person

Comments

Effective Use of Time

- Completes assignments and meet all deadlines as required
- Uses unscheduled time efficiently
- Demonstrates flexibility
- Plans ahead
- Sets priorities and reorganizes as needed
- Performs multiple tasks simultaneously
- Demonstrates initiative

Comments

Responsibilities

- Is dependable, reliable, and accountable with all assigned tasks
- Follows through with commitments
- Recognizes one's limitations and work towards improving them
- Accepts responsibilities for own actions and outcomes
- Offers and accepts helps when appropriate
- Follows appropriate chain of command and represent own concerns/ issues during conflict resolution
- Follows all HIPPA guidelines to maintain confidentiality

Comments

Commitment to Learning

- Seeks assistance when appropriate
- Identifies and locate appropriate resources, both internal and external
- Identifies needs for further information
- Seeks out alternative professional literature
- Sets personal and professional goals
- Elicits input, opinions, and participation from others
- Welcomes and seeks new learning opportunities
- Accept that there is more than one right answer
- Demonstrates willingness in sharing knowledge
- Consults other professionals

Comments

Stress Management

- Recognizes own signs of stress
- Becomes aware of how signs of stress may be perceived by others
- Responds in a calm and professional manner to potential stressors such as confrontation, emergency, challenge, and change in schedule/plan.
- Modulates emotional response to a level appropriate to the situation and context
- Demonstrates the ability to identify and utilize a range of internal and external supports as coping mechanisms
- Demonstrates the ability to utilize a coping strategy appropriate for the setting and situation

Comments

Adheres to Ethics

- Principle of Ethics I:** Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.
- Principle of Ethics II:** Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance
- Principle of Ethics III:** Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.
- Principle of Ethics IV:** Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

Comments

Students Signature Date

Instructor's signature Date

Clinical Director's signature Date

Student's response

Plan of Action (check one)

- Written reprimand
- With remedial plan
- Without remedial plan
- Probation for 1 year
- Dismissal from Speech-Language Pathology Program
- Forward to department chair *required*
- Forward to college dean
- Forward to vice president of academic affairs
- Forward to clinical director *required*
- Copy to student *required*



Agreement for Off-Campus Practicum Placement

_____ Agrees to accept
(Off-Campus Facility)

_____ For placement as part of his/her
practicum training in the Department of Speech Language Pathology. During this placement

_____ agrees to the following responsibilities:
(Off-Campus Facility)

1. Provide the student with a coordinated program of clinical orientation, observation and practicum that is as consistent as possible with the student's clinical interests, needs and capabilities, and with the faculty's caseload, space, equipment, staff and client management and policies and procedures.
2. Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the practicum.
3. Assume responsibility for having a supervisor on site at all times when the student is performing practicum at the facility. Discuss major goals and expectations for the practicum placement with the student and encourage the student to express his/her own goals and expectations.
4. Provide continual feedback to students throughout the practicum placement, as well as, complete formal midterm and end of semester evaluations for submission to the University training program.
5. Sign weekly therapy logs verifying student practicum hours.
6. Provide the training program a copy of the supervisor's current ASHA membership card for verification of certification status.

The student, _____, agrees to the following responsibilities:

1. To abide by the policies and procedures established by the off-campus facility.
2. To abide by the assignment schedule as agreed upon by the off-campus facility and the university training program. Tardiness and absences (except in the case of illness or family death) are unacceptable and reason for expulsion from the training program.
3. To submit weekly therapy logs for verification of practicum hours to the off-campus supervisor for his/her signature.
4. To maintain strictest confidentiality on any issues or information relating to the off-campus facility and its patients and abide by all HIPPA standards and procedures.
5. To complete an evaluation of the off-campus supervisor at the end of the semester for submission to the University training program.
6. Graduate students will provide proof of malpractice insurance coverage.
7. No remuneration will be provided to students for any work performed at the off-campus facility.

A university training program faculty member will act as a liaison with the off-campus facility. A mutually agreed upon schedule of site visits or, if more appropriate, telephone contact will be established to ensure an ongoing joint review of the student's performance and progress.

Student

Date

University Liaison

Date ASHA#

Off-Campus Facility Supervisor

Date ASHA#

<i>College of Health Sciences and Education</i>

CLINICAL INCIDENT REPORT

Purpose: This form is used to report incidents or unusual occurrences involving a Misericordia University student who is engaged in a scheduled clinical activity. The entire form must be completed and signed by both the student and the clinical faculty/supervisor. The original report will be forwarded to the department chairperson. Copies will be distributed as follows: Gold- student; Pink- controller's office; Yellow-department student file.

PLEASE PRINT OR TYPE INFORMATION ON FORM AND ATTACHED SHEETS.

I.					
Student Name: _____			SS#: _____		
Program/Level: (Circle one)					
Medical Imaging:	Sophomore	Junior	Senior	Sonography	
Nursing:	BSN(Junior)	BSN(Senior)	RN to BSN	RN to MSN	Graduate
Occupational Therapy:	Level I	Int. I	Int. II	Int. III	Level II
Physical Therapy:	MSPT I	MSPT II	MSPT III		
SLP		Junior	Senior	Graduate	
Clinical Faculty/Supervisor Name: _____			Title: _____		
Date of Report: _____		Date of Incident: _____		Time of Incident: _____ a.m. p.m.	
Name of clinical agency where incident occurred: _____					
Address: _____					
Place where incident occurred: _____					

II.
What was the student doing when the incident occurred? (Be specific. If the student was using equipment or handling material, etc. please identify and tell what was being done.)

III.
How did the incident occur? (Describe fully the events that resulted in the incident. Tell what happened, how it happened, whether an injury occurred as a result, and name any equipment, personnel, or other factors involved in the incident. Attach additional pages to this form if necessary.)

IV.
If an injury resulted, explain who was injured and the nature and location of the injury. (Describe fully, including parts of the body affected.)

V.
Was medical attention received? (Describe by whom, where and when.)

*Signature is required in the appropriate space below **only if** student sustained an injury.*

Treatment **received** (student's signature) _____

Treatment **refused** (student's signature) _____

VI.
Who was notified of the incident? (Provide the names of each person in the order that they were notified of the incident. Be sure to include Misericordia University personnel. Include the dates when notified and by whom. If a student sustained an injury, the Director of the Student Health Center must be notified.)

VII.
Provide a plan to keep other such incidents from occurring in the future. (This section is completed by the clinical faculty/supervisor in consultation with the student. List mutually agreed upon strategies.)

VIII.
Additional Comments: (Attach additional sheets as needed.)

Student Signature: _____ **Date:** _____

Faculty/Supervisor Signature: _____ **Date:** _____



CANCELLATION POLICIES

Inclement Weather

1. Check the local TV or radio stations or the Misericordia University (MU) Hotline 570-674-6311 to see if the University is closed. If MU is closed, the MU Speech-Language and Hearing Center will also be closed.
2. If MU has a compressed schedule with classes beginning at 10:00 am, The Center will open at 10:00 AM – the Center does not operate on a compressed schedule, your appointment time will stay the same time.
3. If MU opens at 12:00 PM (noon), the Center will open at noon. The morning sessions will be cancelled.
4. If MU has an early dismissal, The Center will close at that time and all appointments will be cancelled at the time given and evening appointments will be cancelled.
5. If MU cancels evening classes The Center will close when the university closes.

MISERICORDIA UNIVERSITY INFORMATION HOTLINE NUMBER 570-674-6311

Therapy Appointment

1. If you need to cancel a scheduled appointment please call 570-674-6724. Follow the prompts to leave a message if you do not speak directly with the Administrative Assistant or student receptionist.
2. If you forget to cancel a scheduled appointment, please call our Center immediately to let your clinician know your reason for the cancellation.
3. Clients who miss three consecutive sessions without providing a reason for cancellation will be dismissed from therapy for the semester. If you would like to resume services in the following semester, contact the administrative assistant to schedule your appointment.

CLINIC CHECKOUT

Student Clinician Name: _____ Date: _____

Semester: _____ Course: _____ Semester Grade: _____

Patient Folder Information	Present (check)	Absent (check)
Registration Forms (if applicable)		
HIPPA Forms if applicable)		
Informed Consent (if applicable)		
Case History (if applicable)		
Medical/Educational Records (if applicable)		
Initial Evaluation Report		
All Original Test Forms (with identifying information completed)		
Re-evaluation Report (if applicable)		
Treatment Plan if applicable)		
End of Semester Summary		
Discharge Summary (if applicable)		
Attendance Record (on top of SOAP Notes)		
All SOAP Notes (most current on top)		
Consent to Release (if applicable)		
Clinical Hours	-----	-----
Semester to Date Hours (signed)		
Student Evaluation	-----	-----
Student Self-Evaluation (signed)		
Video Critique (signed)		
Student Portfolio	-----	-----
A minimum of one piece of academic or clinical documentation for each of the following:	-----	-----
Articulation/Phonology		
Child Language		
Voice		
Dysphagia		
Fluency		
Cognition		
Motor Speech		
AAC		
Social-Pragmatics		
Journals		
Writing sample		
Other/Optional:	-----	-----
Hearing		
Literacy		
Research		

Student Clinician Signature

Supervisor Signature



Academic, Clinical, and Safety Policy Understanding Agreement

I have read, thoroughly understand, and agree to abide by the academic and clinical policies, procedures, and requirements outlined in the Speech-Language Pathology Student Handbook located online on the Misericordia Website. I further agree that I have read, understand and will abide by the policies and procedures outlined in the Misericordia University Safety Handbook located on the Misericordia website.

Name _____
(Please Print)

(Signature)

Date: _____

Lori Cimino M.S., CCC-SLP
Given By:



Department of Speech-Language Pathology

**MISERICORDIA
UNIVERSITY**

Student Observer Critique

Student Observer's Name

Thank you for agreeing to allow one of our students to observe you in your clinical setting. Your efforts assist our students in developing the skills necessary to become conscientious, courteous professionals in the field of Speech-Language Pathology.

To ensure that our undergraduate students act professionally in the clinical setting, your feed back is important to us. We stress to our students that they must:

- D Be courteous when scheduling observations**
- D Arrive on time for scheduled observations**
- D Dress professionally**
- D Ask appropriate questions and demonstrate an interest in the clients they observe**
- D Act in a professional manner**

Should you have any comments regarding the behavior of your student observer, please contact me via email lcimino@misericordia.edu or by phone: 570-674-8050.

Sincerely,

**Lori Cimino, M.S., CCC-SLP
Assistant Professor and Clinical Director**

***Please detach the bottom portion of this form and return it to your student observer.**

Student Observer's Name

I certify that I received the Student Observer Critique form.

Speech-Language Pathologist's Name Speech-Language Pathologist's Signature

Date: _____



Department of Speech-Language Pathology

**MISERICORDIA
UNIVERSITY**

Student Evaluation of Clinical Supervisor/Clinical Site

Send to Supervisor (FW Students Only): yes: _____ No: _____ Date: _____
Student's Name: _____

Supervisor's Name: _____ Site: _____

Field Work I: _____ Field Work II: _____ Fieldwork III: _____

Please use the following 5-point scale to rate your clinical supervisor on the items below:
4= excellent 3= good 2=fair 1= poor N/A= not applicable

1. The supervisor explained the clinical goals and expectations to meet at the beginning of the semester.

1 2 3 4 N/A

Comments: _____

2. The supervisor provided constructive, realistic, and adequate criticism of my sessions.

1 2 3 4 N/A

Comments: _____

3. The supervisor advised me about my progress throughout the semester.

1 2 3 4 N/A

Comments: _____

4. The supervisor provided assistance and direction for planning therapy goals and procedures.

1 2 3 4 N/A

Comments: _____

5. The supervisor exhibited competence in the therapy and/or diagnostics she/he supervised.

1 2 3 4 N/A

Comments: _____

6. The supervisor provided adequate written and/or oral feedback following most sessions.

1 2 3 4 N/A

Comments: _____

7. The supervisor provided adequate supervision (i.e., 25% of total contact with each client/patient, and took place throughout the practicum).

1 2 3 4 N/A

Comments: _____

8. The supervisor reviewed and returned my clinical paperwork in accordance with the guidelines specified in the paperwork timelines.

1 2 3 4 N/A

Comments: _____

9. The supervisor was available for consultation prior to the start and end of each clinical day.

1 2 3 4 N/A

Comments: _____

10. The supervisor maintained ethical standards in compliance with the ASHA Code of Ethics.

1 2 3 4 N/A

Comments: _____

11. The supervisor maintained student/client confidentiality at all times.

1 2 3 4 N/A

Comments: _____

12. On a scale of 1-4 with 4 being excellent and 1 being poor, I would rate my supervisor.

1 2 3 4 N/A

Comments: _____

Please write any further comments regarding this clinical supervisor below:

Student Evaluation of Clinical Site

	Strongly Disagree (1)	Disagree (2)	Agree (2)	Strongly Agree (4)
Site was conducive to learning				
Staff were professional, courteous				
Obtained sufficient clinical hours				
I would recommend this site to other students				

Please write any further comments regarding this clinical supervisor below:



Department of Speech-Language Pathology

**MISERICORDIA
UNIVERSITY**

Student Evaluation of Clinical Supervisor (on-campus/off-campus)

Name of Supervisor: _____
Site: _____ Semester: _____

Optional Clinic: _____ Clinic I: _____ Clinical II: _____ Diagnostic Clinic _____

Please use the following 5-point scale to rate your clinical supervisor on the items below:

4= excellent 3= good 2=fair 1= poor N/A= not applicable

1. The supervisor explained the clinical goals and expectations to meet the beginning of the semester.

1 2 3 4 N/A

Comments: _____

2. The supervisor provided constructive, realistic, and adequate criticism of my

sessions. 1 2 3 4 N/A

Comments: _____

3. The supervisor advised me about my progress throughout the

semester. 1 2 3 4 N/A

Comments: _____

4. The supervisor provided assistance and direction for planning therapy goals and

procedures. 1 2 3 4 N/A

Comments: _____

5. The supervisor exhibited competence in the therapy and/or diagnostic she/he supervised. 1 2 3 4 N/A

Comments: _____

6. The supervisor provided adequate written and /or oral feedback following most sessions. 1 2 3 4 N/A

Comments: _____

7. The supervisor provided adequate supervision (i.e., 25% of total contact with each client/patient, and took place throughout the practicum).

1 2 3 4 N/A

Comments: _____

8. The supervisor reviewed and returned my clinical paperwork in accordance with the guidelines specified in the paperwork timelines.

1 2 3 4 N/A

Comments: _____

9. The supervisor was available for consultation prior to the start and end of each clinical day.

1 2 3 4 N/A

Comments: _____

10. The supervisor maintained ethical standards in compliance with the ASHA Code of Ethics.

1 2 3 4 N/A

Comments: _____

11. The supervisor maintained student/client confidentiality at all times.

1 2 3 4 N/A

Comments: _____

Documentation Rubric

Student's Name: _____ Supervisor's Name: _____
 Semester: _____ Date Reviewed: _____

- Optional Clinic Clinic I Clinic II Diagnostic Clinic
 Diagnostic Report Re-evaluation Treatment Plan Lesson Plan SOAP Progress Summary

- 4= Independent and exemplary
 3= Minimal guidance needed
 2= Moderate guidance needed
 1= Maximum guidance needed
 0= Skill not evident

Documentation Content and Style	4	3	2	1	0	n/a
Follows standard format template						
Information is reported under appropriate headings						
Documentation is written professionally using appropriate language, tone, and terminology						
Submits paperwork in a timely manner						
Edits and revisions are appropriate, accurate, and complete						
Grammar, punctuation and spelling is adequate						

Diagnostic Report/ Re-evaluation Content and Style	4	3	2	1	0	n/a
Provides appropriate analysis and interpretation for each section						
Reports standardized and non-standardized measures with norm references as appropriate						
Summary and conclusions are clear, succinct, and contain an appropriate diagnosis including severity and prognosis						
Plan and recommendations are complete and contain appropriate information including frequency and duration of treatment and referrals						
Treatment plan includes goals that are appropriate, objective, and measurable including time frames						

Clinical Documentation Content and Style	4	3	2	1	0	n/a
Varies subjective and analysis weekly						
Provides independent and cued data						
"A" section includes clinical analysis and assessment						
Plan is updated to reflect client's progress and performance						
Goals are written in MUSTDO format						

Progress Summary Content and Style	4	3	2	1	0	n/a
Treatment outcomes clearly indicate if goal met/not met						
Overall assessment is clear and contains information pertaining to goals met/not met						
Plan and updated objectives reflect progress or modifications needed based on current status						

Total Score: _____

 Supervisor's Signature

 Student's Signature

CLIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED TREATMENT INFORMATION

Client's Name: _____

Parent(s), legal guardian: _____
(Relationship)

With my consent, the Misericordia University Speech-Language and Hearing Center may use and disclose protected treatment information (PTI) about the client to carryout treatment. Please refer to the Misericordia University Notice of Privacy Practices for a more complete description of such uses and disclosures. With my consent the Misericordia University Speech-Language and Hearing Center may contact me in the following manner:

Home Phone: _____ **Leave a message**
Yes ___ No ___

Work Phone: _____ **Leave a message**
Yes ___ No ___

Cell Phone: _____ **Leave a message**
Yes ___ No ___

***Text:** _____

E-mail: _____

**Text messages are transmitted over a public network onto a personal cellphone and as such may not be secure. If a student does not wish to use text, a secondary method of contact will be used.*

May we discuss any test results, performance, or appointment reminders with your spouse, significant other or other caregivers?

Yes: ___ No: ___ Name: _____

Relationship: _____

If No, Reason: _____

I have the right to request that the Misericordia University Speech-Language and Hearing Center restrict how to use and disclose my PTI to carry out treatment. However, the Center is not required to agree to my required restrictions, but if they do, they are bound by this agreement. I may revoke my consent in writing to the extent that the Center has already made disclosures in reliance upon my prior consent.

A parent must provide a court order of sole custody or other legal documentation when requesting medical information be withheld from another parent. We cannot purposely withhold information when requested by a parent without a court order or legal documentation.

Client, parent or legal guardian: _____ **Date:** _____

**MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES and
EDUCATION**

Table of Contents

- Policy #1:** Student Clinical/Fieldwork Clearance
- Policy #2:** Criminal Record Check and Child Abuse History Clearance
- Policy #3:** CPR Certification
- Policy #4:** Clinical/Fieldwork Incident Report
- Policy #5:** Policy for Injuries from Sharp Instruments and Blood Borne Pathogens Exposure
- Policy #6:** HIPAA Confidentiality
- Policy #7:** Essential Functions Documentation Process
- Policy #8:** Drug Screening Policy

**MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH
SCIENCES and EDUCATION**

POLICY #1: STUDENT CLINICAL/FIELDWORK CLEARANCE**Purpose:**

1. The College of Health Sciences and Education has established requirements for those students engaging in clinical/fieldwork education experiences.
2. The documentation of such requirements will be placed on file in the department of the student's major both prior to the beginning of clinical/fieldwork education experience and yearly thereafter.

Procedure:

Required forms may be secured from the Clinical/Fieldwork Coordinator of the individual department/program.

1. The student will be provided with a Clinical Clearance packet, which contains a checklist. The student must use this list to ensure that all required items are included, prior to submission to the Clinical/Fieldwork Coordinator. Some sites may require additional information, immunizations or testing. Students will be notified of any additional requirements. The students must comply with such requests in order to initiate a clinical/fieldwork education experience at that site.
2. Students are required to obtain clinical clearance as determined by the established protocol of their department. Students are responsible for adhering to each program's dates.
3. The Health Clearance Form contains all mandatory tests that must be completed by the student's health care provider. The completed Health Clearance Form and copies of the final lab results must be submitted to the Clinical/Fieldwork Coordinator of the student's major/program. Submission of this documentation is required for clinical clearance prior to the start of the actual clinical/fieldwork experience.
4. Misericordia University follows the current CDC Hepatitis vaccination recommendations when Hepatitis B vaccination is required by your program or clinical/fieldwork site. Students who choose not to follow the recommendations may not be able to obtain clinical site placement and thus may be unable to complete and graduate from the academic program.
5. It is the responsibility of the student to maintain current clinical clearance.
6. There will be verification by the Clinical/Fieldwork Coordinator that all required clinical documentation has been completed.
7. Clinical Clearance will be withheld if all requirements are not fulfilled. As a result, the clinical/fieldwork experience start will be delayed.
8. Some clinical/fieldwork sites may require copies of any/all clinical clearance documentation. Students will be required to sign a statement allowing Misericordia University to release such information.
9. Any change in medical status following the initial clearance, must be reported to the Clinical/Fieldwork Coordinator, and the student must provide an updated clearance from a health care provider, to continue/resume classroom, laboratory and / or clinical/fieldwork activities.

**MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH
SCIENCES and EDUCATION**

**POLICY #2: CRIMINAL RECORD CHECK AND CHILD ABUSE HISTORY
CLEARANCE**

Purpose:

To inform students interested in pursuing careers in the Health Sciences and Education that:

1. Criminal Record Check, (Federal and/or State), Child Abuse History Clearance, may be required by the program, by the professional licensing board, or by any site providing clinical placements for students during their education.
2. The student must authorize release of the results of any Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance when requested by the program, university, or clinical placement site.
3. All costs associated with the Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance are the responsibility of the student unless specifically stated otherwise by the party requesting the Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance.
4. A positive Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance may result in any of the following:
 - Inability to find a clinical placement
 - Dismissal from a clinical placement
 - Inability to obtain professional licensure
 - Legal ramifications
 - Inability to matriculate or continue within a program within the College of Health Sciences and Education
 - Inability to meet requirements for graduation from the program of study
5. Any student with a history of a positive finding on a Criminal Record Check or Child Abuse History Clearance should seek advice from legal counsel for the potential impact on the ability of the student to meet specific program or licensing requirements prior to entering a program in the College of Health Sciences and Education.

Procedure:

1. Any student with a history of a positive finding or a change in status on a Criminal Record Check or Child Abuse History Clearance must inform the Clinical/Fieldwork Coordinator who will inform the Department Chair and Dean of the College of Health Sciences and Education. The student should also seek advice from legal counsel for the potential impact on the ability of the student to meet specific program or licensing requirements.

2. Any program requiring mandatory Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance prior to enrollment or clinical/fieldwork placement will inform students of the specific requirements and timing for these clearances.
3. Clinical/Fieldwork Placements that have required Criminal Record Checks, (Federal and/or State), and/or Child Abuse History Clearances policies will be clearly identified for students prior to placement in the facility. *
**Students should be aware that the individual sites may institute changes in policies without notice. Should this occur the student is still responsible for meeting the requirements of the site.*
4. In cases where students are the direct recipient of the criminal record check the student must supply the Clinical/Fieldwork Coordinator with a copy of the report. Any student who fails a Criminal Record Check, (Federal and/or State), and/or Child Abuse History Clearance has the right to appeal the result with the vendor and/or authorized issuing agency completing the clearance. The student must notify the Clinical/Fieldwork Coordinator if and when an appeal will be initiated. In the event a student fails a criminal record check the Clinical/Fieldwork Coordinator will notify the Department Chair and Dean. The student will be notified if s/he cannot be placed at a site. .
5. Failure to comply with this policy will preclude participation in clinical/fieldwork placement. As a result, the student may not be able to complete the requirements of the Health Sciences or Education program, may not be eligible for federal or state credentialing/licensing required for practice, and may be dismissed from the respective program.

**MISERICORDIA UNIVERSITY
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POLICY #3: CPR CERTIFICATION

Purpose:

1. To establish criteria for CPR certification.
2. To establish a procedure for submitting results.

Procedure:

1. Students are required to obtain certification in professional level/healthcare provider Adult (one and two person)/Infant/Child/AED CPR at their own expense.
2. Certification must be kept current for the length of time the students/clinical employee are enrolled in any clinical/fieldwork education experience.
3. A copy of the official certification card must be submitted to the designated clinical/fieldwork coordinator by the date specified by each department.
4. Students will not be allowed to participate in clinical/fieldwork education experiences unless they provide proof of the approved level of CPR certification.
5. It is the responsibility of the students to be aware of the expiration date. They must submit a copy of the current CPR card to the designated clinical education/fieldwork coordinator prior to the respective expiration date. Failure to comply with these requirements will result in a delay in their clinical placement or removal from the clinical/fieldwork education site. If students are removed from the site and do not obtain clearance within the timeline designates by department, students will be subject to disciplinary action by their department.

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POLICY #4: CLINICAL/FIELDWORK INCIDENT REPORT

Purpose:

To provide guidelines for reporting incidents or unusual occurrences involving a Misericordia University Health Sciences and Education student who is participating in a clinical/fieldwork education experience.

An incident is defined as any occurrence out of the normal operation of the institution. The incident may result in an injury or a situation that could cause an injury to a patient, staff or student. Any situation when an incident report is filed at a clinical/fieldwork education site, a Misericordia University Clinical/Fieldwork Incident report form must be filed.

Procedure:

1. See the site's documentation for specific policies regarding reporting of clinical/fieldwork incidents.
2. In the event of any student injury where treatment is not covered by the individual site, the student will incur the expense.
3. Forms for reporting clinical/fieldwork incidents may be obtained from the department's clinical education/fieldwork coordinator.
4. This form must be completed by the student's clinical employee/supervisor, (clinical employee – an appointed employee whose duty is to supervise college students at the clinical /fieldwork education site, who will, in that capacity, have direct client contact and involvement in clinical/fieldwork activities), and signed by both the student and the clinical employee/supervisor.
5. The original report will be forwarded to the department's chairperson. Copies will be distributed as follows: the student, the controller's office, and the student's department file.



Misericordia

College of Health Sciences
and Education

CLINICAL/FIELDWORK
INCIDENT
REPORT

Purpose: This form is used to report incidents or unusual occurrences involving a Misericordia University student who is engaged in a scheduled clinical/fieldwork activity. The report is to be completed by the student's clinical employee/supervisor and signed by both the student and the clinical employee/supervisor. The original report will be forwarded to the department chairperson. Copies will be distributed as follows: student; controller's office; department student file.

PLEASE PRINT OR TYPE INFORMATION ON FORM AND ATTACHED SHEETS. I.

Student Name: _____

Misericordia University e-mail address: _____

Program: _____

Level: _____

Clinical Employee/Supervisor Name: _____

Title: _____

II. What was the student doing when the incident occurred? (Be specific. If the student was using equipment or handling material, etc. please identify and tell what was being done.)

III. How did the incident occur? (Describe fully the events that resulted in the incident. Tell what happened, how it happened, whether an injury occurred as a result, and name any equipment, personnel, or other factors involved in the incident. Attach additional pages to this form if necessary.)

IV. If an injury resulted, explain who was injured and the nature and location of the injury. (Describe fully, including parts of the body affected.)

V. Was medical attention received? (Describe by whom, where, and when.)

*Signature is required in the appropriate space below **only if** student sustained an injury.*

Treatment **received** (student's signature) _____

Treatment **refused** (student's signature) _____

VI. Who was notified of the incident? (Provide the names of each person in the order that they were notified of the incident. Be sure to include Misericordia University personnel. Include the dates when notified and by whom).

VII. Provide a plan to keep other such incidents from occurring in the future. (This section is completed by the clinical employee/supervisor in consultation with the student. List mutually agreed upon strategies.)

Additional Comments: (Attach additional sheets as needed.)

Student Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

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**POLICY # 5: POLICY FOR INJURIES FROM SHARP INSTRUMENTS AND
BLOOD BORNE PATHOGENS EXPOSURE**

Purpose:

To develop a standard policy for the prevention and treatment of sharp instrument injury and blood borne pathogens exposure incurred during clinical/fieldwork education experiences. This policy is in compliance with Occupational Safety and Health Administration (OSHA) Blood Borne Pathogens Exposure Control Plan to which Misericordia University adheres.

Procedure:

1. Standard Precautions and Transmission Based Precautions will be observed during any tasks that involve exposure to blood, body fluids, or tissues.
2. During clinical/fieldwork education experiences, site specific policies and procedures will apply regarding the care and use of needles and other exposure to blood borne pathogens. During academic education experiences, the Misericordia University policies and procedures will apply.
3. After use, disposable syringes, needles and other sharp instruments will be placed in the appropriate puncture resistant sharps container.
4. The student is responsible for reviewing the clinical/fieldwork education site's documentation for specific policies regarding reporting of clinical/fieldwork incidents.
5. In the event a student is injured with a sharp instrument or otherwise exposed to blood borne pathogens during the clinical/fieldwork education experience, the clinical/fieldwork education coordinator and/or the Administrative Specialist must be notified immediately.

As outlined in the College of Health Sciences Policy #4 Clinical/Fieldwork Incident Report, a Clinical/Fieldwork Incident Report form must be completed and returned within 10 working days from the date of the incident. Forms for reporting these incidents may be obtained from the department's clinical/fieldwork coordinator

6. For specific policies and procedures regarding academic courses on campus, refer to the individual department policy.

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POLICY #6: HIPAA CONFIDENTIALITY

Purpose:

To provide guidelines for providing HIPAA confidentiality education to all Misericordia University Health Sciences and Education students who will participate in clinical/fieldwork education experiences.

Procedure:

1. Prior to the commencement of student placement at the clinical/fieldwork education site, each Health Sciences and Education department Clinical/Fieldwork Coordinator will arrange for the students to complete HIPAA training.
2. Upon completion of HIPAA training, students will submit verification of their HIPAA training to their department Clinical/Fieldwork Coordinator.
3. Copies of the verification will be maintained in the students' department academic file and/or in the students' individual clinical file housed at the clinical/fieldwork education site.
4. See the clinical/fieldwork education site's documentation for specific policies regarding HIPAA education.
5. Any student who has not successfully completed HIPAA training by the specified date will not be allowed to begin a clinical/fieldwork experience as scheduled. Individual program policies regarding absence will be applied in these cases.

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POLICY #7: ESSENTIAL FUNCTIONS DOCUMENTATION PROCESS

Purpose:

To provide a consistent, timely, accurate method for documenting a student's capacity to perform essential functions.

1. All students will be advised of the essential functions required of their Health Sciences and Education majors/certificate program prior to formally entering the programs.
2. Medical clearances related to the essential functions will be required of all students prior to their entering the laboratory or clinical/fieldwork education settings, following any subsequent change in health or functional status, and as deemed necessary by each individual department.
3. By reviewing the list of essential functions, it is expected that students will be able to indicate their likeliness of successful compliance, document any limitations related to essential functions, and request specific accommodations relevant to the listed tasks, as necessary. Ideally, potential accommodations will be considered prior to entrance into the major or certificate program. Minimally, the medical clearances required prior to participation in the laboratory or clinical/fieldwork settings must define any limitations and the accommodations needed to comply with the essential functions.
4. Reasonable accommodations will be provided to support students with documented disabilities. An accommodation cannot pose a threat to the patient, staff, student, or interfere with the program's essential functions, if it is to be considered reasonable.
5. In compliance with a policy respecting student's rights to privacy, confidential information will be released on a need-to know basis. In the clinical setting, information about a student's accommodations which relate to the clinical performance standards will need to be shared with clinical/fieldwork educators and those involved with accommodation delivery and facilitation. The student may or may not choose to disclose the underlying condition or specific details of their disability. Accommodations that relate solely to classroom experience need not be revealed to clinic personnel. The student must sign a written release (provided by the Student Success Center (SSC) defining the information that will be shared in the clinical setting. Accommodations provided in the clinic are specific to the site and the clinical/fieldwork experience and may not be the same as the classroom.
6. Clinical/Fieldwork site assignment/selection may include a consideration of the site's ability for flexibility, ability to work with students with disabilities, and facility and logistical characteristics. The clinical/fieldwork site will make the determination as to whether or not it can provide the reasonable accommodations.
7. This process is intended to ensure equal access to professional programs. However, it is not an assurance of student success.

Procedures:

1. Departments distribute Clinical Clearance Forms (CCF) and Essential Functions Document (EFD) to students in accordance with each department time line.
2. Students submit completed forms to the designated person in each department.
3. The Clinical/Fieldwork Coordinator reviews final paragraph of CCF to determine if the Health Care Provider has indicated that the student is able to fulfill the essential functions of the profession, with or without accommodations.
4. If a student requests accommodation, the student must contact the Office for Students with Disabilities to initiate the process. Once it is determined by the Assistant Director SSC/Office for Students with Disabilities (OSD), Clinical Director, Clinical/Fieldwork site and the student if accommodations are appropriate, then an Accommodation Plan will be developed collaboratively. A copy of the Accommodation Plan is attached to the CCF.
5. The Clinical/Fieldwork Coordinator has a preliminary discussion with a potential placement site to discuss (without identifying the student) the specific accommodations required and the learning objectives. If the site is agreeable, the Clinical/Fieldwork Coordinator and student meet with clinical/fieldwork site to review the Accommodation Plan.

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POLICY # 8: DRUG SCREENING POLICY

Purpose: To inform students interested in pursuing careers in the Health Sciences and Education of the following:

1. Drug Screening may be required by the program, by the professional credentialing/licensing board, or by any site providing clinical/fieldwork placements for students during their education.
2. The student must authorize release of the results of any Drug Screening when requested by the program, university, or site.
3. All costs associated with Drug Screening are the responsibility of the student unless specifically stated otherwise by the party requesting the Drug Screening.
4. A positive drug screening may result in any of the following:
 - inability to find a clinical placement
 - delay in clinical placement
 - dismissal from a clinical placement
 - inability to obtain professional licensure/certification
 - legal ramifications
 - inability to matriculate or continue within a program within the College of Health Sciences and Education
 - inability to meet requirements for graduation from the program of study

Procedure:

1. Any program requiring mandatory Drug Screening prior to enrollment or clinical/fieldwork placement will inform students of the specific requirements and timing for Drug Screening.
2. Clinical/Fieldwork Placements that have required Drug Screening policies will be clearly identified for students prior to placement in the facility*
**Students should be aware that the individual sites may institute changes in policies without notice. Should this occur, the student is still responsible for meeting the requirements of the site.*
3. In the event a student fails a drug screen and is notified by the vendor directly, the student must notify the Clinical/Fieldwork Coordinator who will notify the Department Chair and Dean of the College of Health Sciences and Education. Any student who fails a drug screening has the right to appeal the results with the vendor and/or authorized laboratory completing the screen. The student must notify the Clinical/Fieldwork Coordinator if and when an appeal will be initiated. The student will be notified if s/he can or cannot be placed in a facility. If a delay in placement results the department will determine when and if a make-up opportunity will be granted.
4. Failure to comply with this policy will preclude participation in clinical/fieldwork placement. As a result, the student may not be able to complete the requirements of the Health Sciences or Education program, may not be eligible for federal or state

credentialing/ licensing required for practice, and may be dismissed from the respective program.