

WILLIAM PATERSON UNIVERSITY DEPARTMENT OF COMMUNICATION DISORDERS AND SCIENCES

CLINICIAN'S HANDBOOK

The graduate program is accredited by the Council on Academic Accreditation of the
American Speech-Language-Hearing Association



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SECTION 1: INTRODUCTION AND OVERVIEW:

WELCOME

Welcome to the Department of Communication Disorders and Sciences, and in particular to the William Paterson University Speech and Hearing Clinic. We are proud of and excited about our undergraduate and graduate programs and are confident that they will provide you with a solid foundation of knowledge and experiences. We look forward to working with you and to helping you develop your professional skills.

The clinical education of our students is an essential component of our program. The Clinician's Handbook has been designed to acquaint our students with clinical policies and procedures. It should serve as a reference throughout the clinical experience and explains responsibilities and expectations of student clinicians during a range of clinical assignments and experiences. It is expected that the student will become familiar with the contents of this manual and abide by the guidelines contained therein.

Finally, please realize that feedback from our students is always welcomed and appreciated. Your input regarding the workings of the clinic, supervision, navigating externship placement, etc. is important. Despite how busy the Clinic becomes, the clinical supervisors and Clinical Manager remain available to you.

INTRODUCTION

The Speech and Hearing Clinic at William Paterson University is a facility that provides a full range of diagnostic and therapeutic services in the areas of speech, language and hearing to children and adults. The clinic, which has been in operation since 1959, is affiliated with the Department of Communication Disorders and Sciences that is accredited by the American Speech-Language-Hearing Association (ASHA).

CLINIC MISSION STATEMENT

The mission of the William Paterson University Speech and Hearing Clinic reflects its commitment to promoting clinical excellence and ethical practices in the areas of evaluative and therapeutic procedures, preparing its graduates to interact successfully with clients and other professionals in a variety of employment settings, and ensuring the delivery of quality professional services in speech-language pathology and audiology to individuals within the University and surrounding communities.

CLINIC GOALS

The goals of the William Paterson University Speech and Hearing Clinic are:

1. To provide students, under the supervision of ASHA Certified personnel, with diagnostic and therapeutic experiences required for the demonstration of specific knowledge and skills as part of the successful completion of the Clinical Clock Hour requirements for graduation and professional certification as Speech Language Pathologists as specified by the current ASHA standards.
2. To detect, through screening and/or complete diagnostic procedures, the presence of speech, language, or hearing problems.
3. To evaluate speech, language, and hearing to determine if intervention is needed.
4. To refer clients, if necessary, to appropriate sources for supplementary diagnosis and/or treatment.
5. To provide high quality speech, language and hearing services to clients.
6. To acquaint the public with the nature of speech, language, and hearing problems, and with the services available to prevent and remediate these problems.
7. To increase public awareness about communicative disorders.

In addition to providing optimal services to the public, our program is dedicated to the thorough preparation of students according to ASHA certification requirements. In doing so, we evaluate and treat clients of diverse ages, backgrounds, and clinical diagnoses.

STUDENT LEARNING OUTCOMES

The clinical experience is designed to develop knowledge and skills in the following clinical areas (articulation, fluency, voice and resonance, receptive and expressive language, hearing, swallowing, cognitive aspects of communication, social aspects of communication, and varied communication modalities):

1. The student will
 - a. Conduct screening and prevention procedures
 - b. Collect and integrating case history
 - c. Select and administer appropriate standardized and non-standardized evaluation procedures and techniques, materials and instrumentation
 - d. Adapt evaluation procedures to meet client needs
 - f. Interpret, integrate, and synthesize all information resulting from assessment to develop diagnoses and make appropriate recommendations for intervention and/or referral
 - g. Administer appropriate diagnostic protocols
 - h. Write diagnostic reports that reflect accurate diagnostic findings
 - i. Complete administrative and reporting functions necessary to support evaluation
 - j. Refer clients for appropriate services
 - k. Document functional consequences of speech, language, swallowing, and/or hearing impairments

2. The student will
 - a. Develop appropriate intervention plans with measurable and achievable goals that meet client's needs
 - b. Implement intervention plans involving clients and relevant others in the intervention process
 - c. Use appropriate management approaches and strategies
 - d. Select, develop, and use appropriate materials and instrumentation for prevention and intervention
 - e. Measure and evaluate clients' performance and progress
 - f. Write appropriate reports necessary to support intervention
 - g. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients
 - h. Refer clients for appropriate services
 - i. Plan for functional and measurable goals and outcomes
 - j. Interpret, integrate and synthesize information for clinical decision making, conferencing, and counseling
3. The student will:
 - a. Communicate effectively, recognizing the needs, values, preferred mode of communication and cultural/linguistic background of the client, family, caregivers, and relevant others
 - b. Collaborate with peers, clients and their families, and other professionals in case management
 - c. Counsel the clients, caregivers and family, as it pertains to communication and swallowing disorders and their prevention
 - d. Adhere to ethical and professional behavior as per ASHA's Code of Ethics.
 - e. Locate and use information about communication processes and disorders.
 - f. Express his or her ideas in written and oral form sufficient for entry into professional practice.
 - g. Demonstrate critical thinking ability, as shown by the ability to interpret, integrate and synthesize information related to research, assessment, intervention, and self-evaluation of clinical competence.
 - h. Use oral and written ability, knowledge, and skills to communicate about communication and swallowing disorders

Evidence that a student's knowledge and skills have been achieved includes a combination of various formative and summative therapy and diagnostic practicum evaluation forms and documentation.

CLINICAL PRACTICUM EXPERIENCES

The following are representative experiences in which it is anticipated the student clinician will

be able to apply knowledge learned during the on campus clinical practicum. The specific experiences will vary, depending on the type of clients the student is assigned.

1. Observing treatment sessions, both individual (usually) and group (occasionally).
2. Gaining familiarity with forms and other types of documentation used by clinics in reporting, record keeping, etc.
3. Planning diagnostic evaluations and treatment based upon each client's communicative needs.
4. Assessing communication disorders.
5. Learning to use a variety of materials and gaining proficiency in the use of equipment.
6. Writing lesson, treatment, or evaluation plans with appropriate goals, logical sequence of steps, clear-cut conditions and criteria for achieving goals, type and amount of reinforcement, and appropriate selection of materials and activities.
7. Providing treatment, both individual (usually) and group (occasionally), in any of the following clinical areas: articulation, fluency, voice and resonance, receptive and expressive language, hearing, swallowing, cognitive aspects of communication, social aspects of communication, and varied communication modalities.
8. Scheduling and participating in conferences with teachers, family members, and/or other professionals.
9. Observing generalization of acquired communication skills outside of the clinic setting.
10. Conducting quality assurance (QA) measures.

CLINICAL PRACTICUM SKILLS

The following are skills that we anticipate will be developed by the student clinician during his or her clinical practicum:

1. To conduct screenings and prevention procedures.
2. To perform chart reviews and collect case histories from interviewing clients and/or relevant others.
3. To select appropriate evaluation instruments/procedures.
4. To administer and score diagnostic tests correctly.
5. To adapt evaluation procedures to meet clients' needs.
6. To possess knowledge of etiologies and characteristics for each communication and swallowing disorder.
7. To interpret and formulate diagnosis from test results, history, and other behavioral observations.
8. To make appropriate recommendations for intervention.
9. To complete administrative functions and documentation necessary to support evaluation.
10. To make appropriate recommendations for client referrals.
11. To develop appropriate treatment plans with measurable and achievable goals.
12. To implement treatment plans.
13. To select and use appropriate material/instrumentation.
14. To sequence tasks to meet objectives.

15. To provide appropriate introduction/explanation of tasks.
16. To measure and evaluate client's performance and progress.
17. To use appropriate models, prompts, or cues, and allow time for the patient to respond.
18. To adapt treatment sessions to meet individual client needs.
19. To complete administrative functions and documentation necessary to support treatment.
20. To identify and refer clients for services as appropriate.
21. To possess foundation for basic human communication and swallowing processes.
22. To possess the knowledge to integrate research principles into evidence-based clinical practice.
23. To possess knowledge of contemporary professional issues and advocacy.
24. To communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client family, caregiver, and relevant others.
25. To establish rapport and show sensitivity to the needs of the client.
26. To use appropriate rate, pitch, and volume when interacting with clients or others.
27. To collaborate with other professionals in case management.
28. To display effective oral communication with client, family, or other professionals.
29. To display effective written communication for all professional correspondence.
30. To adhere to the ASHA Code of Ethics and conduct him or herself in a professional, ethical manner.
31. To assume a professional level of responsibility and initiative in completing all requirements.
32. To demonstrate openness and responsiveness to clinical supervision and suggestions.
33. To maintain personal appearance that is professional and appropriate for the clinical setting.
34. To display organization and preparedness for all clinical sessions.

SECTION 2: EQUAL OPPORTUNITY AND INDIVIDUALS' RIGHTS

EQUAL OPPORTUNITY POLICY AND INDIVIDUALS' RIGHTS

William Paterson University complies with Title IX of the Education Amendments of 1972, Section 504 of the Vocational Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964 and their respective implementing regulations. The University is committed to providing a learning environment free from sexual harassment and exploitation. Student and faculty awareness on sexual harassment is implemented through University sponsored seminars and student/faculty orientation. The Speech and Hearing Clinic complies with the University policy regarding all aspects of discrimination.

The William Paterson University is committed to Equal Employment Opportunity and to maintaining academic and work environments for students, faculty, staff, and clients which is free of discrimination on the basis of race, gender, age, sex, color, national origin, sexual orientation, marital status, handicap, or disability. The affirmative action office provides assistance and guidance in relation to the procedures for hiring faculty and staff. Further, the

University is committed to affirmative action as a means of increasing women and minority groups at all positions.

There are several mechanisms in place that ensure equitable treatment of students, staff, and clients. Information about the University's compliance with federal, state, and local laws regarding discrimination is made available in various ways. These include:

1. Posters, describing the laws, are displayed in conspicuous areas across the campus, but specifically may be found in the Office of the Affirmative Action, the Student Center, and the Library.
2. Orientation is provided for new students and employees.
3. Information is mailed via interoffice mail or electronically to various organizations.
4. The University's website is updated regularly regarding employment opportunities and seminars pertaining to race, sex, and minority issues.
5. Information, regarding the policy and procedures, is included in the graduate and undergraduate catalogues.
6. Clinic orientations are provided for the clients/parents at the beginning of every semester.

The Office of Disability Services disseminates brochures to faculty informing them of resources for *students with disabilities*. The department is committed to accommodating students with learning disabilities and physical disabilities, as well as linguistic differences, both in academic and in clinical settings. Additionally, the Department of Communication Disorders at William Paterson University is committed to the education of all qualified individuals, including persons with disabilities who, with or without reasonable accommodation, are capable of performing the essential functions, which in accordance with federal regulations, established by the Americans With Disabilities Act, are designed to assist each candidate in evaluating his or her prospect for academic and clinical success.

STANDARDS FOR ESSENTIAL FUNCTION

When a student's ability to perform is compromised, the student must demonstrate alternative means and/or abilities to perform the essential functions. Students who are unable to meet the Standards of Essential Functions with appropriate accommodation may not be able to complete the program. ***Students must sign a statement indicating that they have read and understood the Standards of Essential Functions.*** In order to acquire the knowledge and skills requisite to the practice of speech-language pathology, to function in a broad variety of clinical situation, and to render a wide spectrum of patient care, individuals must demonstrate certain skills and attributes that enable them to meet graduate and professional requirements as measured by state licensure and national certification. These skills and attributes termed **Standards for Essential Functions** are summarized below:

Observation Skills:

- Students must be capable of acquiring a defined level of required information as presented through educational experiences in both basic arts and sciences and clinical sciences. To achieve the required competencies in the classroom setting, students must perceive, assimilate, and integrate information from a variety of sources. These sources include oral presentation, printed material, visual media, and live demonstrations. Consequently, students must have the potential to demonstrate adequate functional use of visual, tactile, auditory, and other sensory and perceptual modalities to enable such observations and information acquisition necessary for academic and clinical performance.

Communication Skills:

- Effective communication is critical for students to build relationships with faculty, advisors, fellow graduate students, coworkers, clients, and their significant others in the student's various roles of learner, colleague, consultant, and leader. Students must be able to gather, comprehend, utilize, and disseminate information effectively, efficiently, and according to professional standards. Students are required to communicate in the English language both verbally and in writing, at a level consistent with competent professional practice. Students are expected to use grammar and vocabulary proficiently. They must be able to elicit information, gather information, and describe findings verbally and in writing (e.g., in a physical examination record and treatment plan). The communication should be comprehensible to patients, professionals, as well as lay persons.
- Students must be able to communicate in an effective and sensitive manner with clients/patients and colleagues, including individuals from different cultural and social backgrounds. Furthermore, students must have the potential to observe, recognize, and understand non-verbal behavior.

Intellectual/Conceptual Abilities:

- Students must demonstrate critical thinking skills so that they can problem-solve creatively, master abstract ideas, and synthesize information presented in academic, laboratory, and fieldwork settings. Students must be able to measure, calculate, reason, analyze, process, integrate, synthesize, apply, and retain facts, concepts, and data related to the art and science of health care. In some areas, this requires comprehension of three-dimensional relationships and understanding of the spatial relationships of structures. Students must develop and exhibit a sense of medical ethics, and also recognize and apply pertinent legal and ethical standards.

Motor Skills:

- Students must possess the motor functions needed to manipulate tools or handle clients. The motor capacities usually include the physical strength and coordination

to safely handle and move clients; perform medical procedures, and/or direct clients in various practice settings, according to the needs of their discipline.

Behavioral and Social Skills:

Students must demonstrate emotional stability and acceptable communication skills and be capable of developing mature and effective interpersonal relationships with other students and health care workers.

- Students must be able to tolerate physically and emotionally taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, display flexibility, and function in the face of the uncertainties inherent in the clinical setting.
- Students must exhibit the ability and commitment to work with individuals in an intense setting to meet the needs of people of diverse cultures, age groups, socioeconomic groups, and challenges without bias. The individuals may be severely injured; they may be limited by cognitive, emotional and functional deficits; and their behavior may create at times an aversive reaction. The ability to interact with these individuals without being judgmental or prejudiced is critical in establishing one's professionalism and therapeutic relationship. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are all personal qualities that are critical to complete each program.

Professional Responsibility:

- Students must have the capacity to meet the challenges of any medical situation that requires a readiness for immediate and appropriate response without interference of personal or medical problems. This requires training for emergencies (e.g., CPR, infection control).
- It is each student's responsibility to attend and be able to travel to and from classes and clinical assignments on time, and possess the organizational skills and stamina for performing required tasks and assignments within allotted time frames. This involves frequent oral, written, and practical examinations or demonstrations. The student must have the ability to perform problem-solving tasks in a timely manner.
- Students will adhere to policies of the university, their program, and clinical sites. This includes matters ranging from professional dress and behavior, to attending to their program's academic schedule, which may differ from the university's academic calendar and be subject to change at any time.
- During their academic tenure, students must learn and demonstrate knowledge of and commitment to the code of ethics of their profession and behavior that reflects a sense of right and wrong in the helping environment.
- Students will take initiative to direct their own learning. They need to work cooperatively and collaboratively with other students on assigned projects, and participate willingly in a supervisory process involving evaluation of abilities and reasoning skills.

Students who have a documented disabling condition, which might require adaptive instruction, are responsible for notifying the Clinic Manager and their supervisor within the first two weeks of the clinical practicum. The Clinic Manager and the supervisor will work with the appropriate personnel in the office of disability services. When a supervisor becomes concerned that the student's disabling condition is interfering with the completion of practicum requirements, the supervisor meets with the Clinic Manager. Following this meeting, the procedure for a student whose performance is unsatisfactory can be followed or further adaptations can be suggested and implemented.

POSITION STATEMENT FOR STUDENTS WITH ACCENTS/DIALECTS

It is the position of ASHA (Position Statement and Technical Report Spring 1998 accepted and revised 2008) that students who speak with *accents and/or dialects* can effectively provide speech, language, and audiological services to persons with communication disorders. Students who speak with accents and/or dialects must be able to model the target phoneme, grammatical feature, or other aspect of speech and language that characterizes the client's particular problem. Furthermore, according to ASHA, students applying for certification must be able to "communicate effectively". Therefore, students with accents and/or dialects or specific speech disorders may be referred for speech and/or language therapy at some point during their graduate program. The student will have the option of pursuing therapy at the William Paterson University Speech and Hearing Clinic or privately.

SECTION 3: SUPERVISION

SUPERVISORY STAFF

The William Paterson University Speech and Hearing Clinic is staffed by a Clinic Manager and clinical supervisors who hold the Certificate of Clinical Competence (CCC) from the American Speech-Language-Hearing Association and are licensed by the State of New Jersey. The Manager is responsible for the overall administration of the clinic, and oversees all clinical speech-language-hearing services. Audiological services are provided by, or supervised by, a full-time faculty audiologist who holds the Certificate of Clinical Competence and is licensed by the State of New Jersey in audiology. Student clinicians, under the close supervision of certified and licensed faculty and supervisory staff, provide all evaluations and therapy. Under the direction of the Clinic Manager, Graduate Assistants are responsible for the organization and maintenance of material and clinical tests, and for demonstrating how to use specific materials and equipment.

SUPERVISORY POLICY

The amount of supervision will vary depending on the student's level of knowledge, experience, and competence. Supervision will never be less than 25% of the student's total contact in

therapeutic settings or 50% of the student's total contact in diagnostic settings. Supervision will be provided throughout the practicum and reflect a level of supervision that is commensurate with the students' ability level.

SECTION 4: SPEECH PATHOLOGY HOUR REQUIREMENTS

ASHA REQUIREMENTS

Students applying for ASHA certification must complete a total of 400 clinical hours under the supervision of an ASHA certified speech-language pathologist. At least 325 of these hours must be at the graduate level. A minimum of 375 of the hours must be spent in direct client/patient contact and a minimum of 25 hours must be observation. **Supervised practicum must include experience with client populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client populations with various types and severities of communication and/or related disorders, differences, and disabilities.**

WPU DEPARTMENT OF COMMUNICATION DISORDERS AND SCIENCES REQUIREMENTS

Students may receive credit for a maximum of 50 practicum hours completed while registered as an undergraduate. If a student wishes to receive credit for hours completed while registered as an undergraduate, he/she should have his/her undergraduate program send the Clinic Manager a copy of the records detailing these hours. This must be done prior to the student's first semester of graduate work.

Within the required 400 clinical practicum hours the graduate program also maintains the following clinical requirements.

A minimum of **50 clock hours** must be obtained in each of three types of clinical settings (i.e. one on campus and two externship placements.)

Although not required, it is recommended that students accrue hours across services and disorders. The following minimum distribution is suggested.

a. Evaluation

Speech disorders in children	10 hours
Speech disorders in adults	10 hours
Language disorders in children	10 hours
Language disorders in adults	10 hours

b. Treatment

Speech disorders in children	20 hours
Speech disorders in adults	20 hours
Language disorders in children	20 hours

	Language disorders in adults	20 hours
	Auditory rehabilitation	5 hours
c. <u>Evaluation or Treatment</u>		
	Feeding/Swallowing	5 hours
d. <u>Screening</u>		
	Speech, language and hearing	15 hours

Students must acquire experience in speech screenings and language screenings in adults and children. A combination Adult Education screenings, Child Speech and Hearing Screenings, and Hearing Screenings should be represented in the total screening hours accrued.

CALCULATING HOURS

According to Standard IV-C (2005), only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward practicum. Activities such as paperwork and meetings with supervisors that are related to direct contact may not be counted. ASHA requires that clinical time be rounded to the nearest quarter hour (15 minute increments; i.e. 14 min.=.25; 27 min.=.5; 50 min.=1.0;). If instrumentation or assistive devices are used with the client(s), the time setting up or positioning the equipment may be counted as regular treatment as long as the student clinician is directly involved. If the client is working independently and the student is not present, the student may not be given credit for that time.

The duration of a student's clinical training will be based on the quality of student performance, not the completion of the minimum hour requirement of 400 hours. Quality is determined by a mean rating of 4 or better in three major assessment areas including: Evaluation Skills; Treatment Skills; and Preparedness, Interaction and Personal Qualities with no individual skill/competency receiving less than a rating of 3. The Clinic Manager, with the approval of the faculty, may require additional clinical work when necessary for the student to meet clinical standards.

SECTION 5: CLINICAL PRACTICUM

GENERAL INFORMATION

All students must meet with the Clinic Manager prior to starting their practicum in order to file a practicum plan. This plan notes the semesters when students are expected to participate in on and off campus practicum. Any proposed change to this plan must be discussed with the Clinic Manager one semester in advance of the change. Last minute practicum registration is not permitted due to the process of client assignments. Students should be aware that enrolling in clinical practicum is a commitment that must be taken seriously. Students **do not have an option** of withdrawing from practicum after the semester has begun if they are remaining in their academic coursework.

The student should refer to the Department's Graduate Handbook for information on certification requirements set forth by the American Speech-Language and Hearing Association (ASHA) for obtaining the *Certificate of Clinical Competence (CCC)*. The Graduate Handbook also delineates the procedure for becoming certified as a *Speech Language Specialist*, as well as obtaining a *New Jersey License*. The student clinician will be responsible for working with the Clinic Manager to ensure that these certification requirements are met.

Graduate students who are on *academic probation* will not be allowed to enroll in CODS 6520 (Clinical Practicum), except in those cases where the probation is due to poor clinical performance or when special circumstances result in needing the permission of the Clinic Manager to enroll. If one or more supervisors identify inadequacies in clinical skills the student will be placed in the *Clinician Assistance Program (CAP)*. The student may be required to complete additional hours on campus until goals of CAP have been achieved. When students do not maintain an adequate level of competency at off campus placements, they will be asked to either return to complete additional hours on campus, and/or to complete an additional externship at a site with a similar population until such time as clinical proficiency is achieved.

CLINICAL OBSERVATION REQUIREMENTS

The Department of Communication Disorders at William Paterson University requires that all students complete 25 hours of observation before enrolling in practicum. Those students completing the observations while enrolled at William Paterson University should consider the following recommendations:

1. Acquire at least one third of the 25 hours at the on-campus Speech and Hearing Clinic and the rest of the hours at a hospital and/or school setting. The Clinic Manager is available to suggest other facilities where additional observations may be performed.
2. When observing at the Speech and Hearing Clinic, students must check his or her proposed observation schedule with a Graduate Assistant, as well as ask the supervisor (in advance) for permission to observe. A sign-up procedure must be followed.
3. Observation experiences must be under the direction of a qualified clinical supervisor who holds current ASHA certification in the appropriate practice area (SLP).
4. The clinician being observed at an off-campus facility must be certified by ASHA.
5. Students who have completed the observation hours under the supervision of a different college should have documented the observation hours prior to registering for clinical practicum at William Paterson University and should have obtained clearance by the Clinic Manager.
6. Supervised observation, completed while enrolled in another speech pathology/audiology program, if verified by that institution in writing, will also be acceptable. The Clinic Manager must give final approval for these observations.
7. Students may also check out video recordings that are available in the Clinicians' Room. Students may apply no more than 10 hours of video recorded viewing towards the 25 total observation hours.

8. Observations made as a part of the requirements for other courses at William Paterson University will be acceptable.
9. The observed activity must be within the scope of practice of speech-language pathology.
10. Diversity of disorders and age categories should be considered in satisfying the observation requirement to insure broader preparation for clinical practicum. Some time should be spent observing both treatment and diagnosis in each of the following categories: articulation, fluency, voice and resonance, receptive and expressive language, hearing, swallowing, cognitive aspects of communication, social aspects of communication, and varied communication modalities.
11. The **Observation Summary Form** (see Appendix I) is to be handed into the Instructor for Clinical Methods Lab (CODS 4650) when the observations are done as part of the requirements for that course. The student should retain copies. All observations must be recorded using the **Observation Log** (see Appendix II) which the appropriate supervisor (or course instructor) will approve and sign.
12. **Hourly Log Sheets** (see Appendix III) documenting the completed observations must be turned into the Clinic Manager at the clinical practicum planning meeting. The signature and ASHA number of the responsible certified clinician or supervisor must verify each observation. The log becomes a permanent part of the student's clinical file.

ON CAMPUS CLINICAL PRACTICUM

Introduction to Clinical Practicum (CODS 4800)

Students enrolled in the BA/MS combined program must register for Introduction to Clinical Practicum (CODS 4800) in both the fall and spring semesters of their senior year. This one credit practicum is intended to be a guided experience with a low supervisor to student ratio. Students will work in pairs to provide speech and language services to one client in each term. Although students will share the clinical contact, paperwork, session responsibilities, and contact hours, more independence will be expected in the spring semester, as directed by the Clinic Manager and the primary undergraduate supervisor.

Clients will be assigned by the Clinic Manager with recommendations from the primary undergraduate supervisor. Children, whose primary diagnosis is articulation delay will be the preferred clients assigned to students enrolled in this practicum. Although every attempt will be made to schedule clients in the predetermined registration times, changes to your registered time may be necessary. The student is encouraged to be as flexible as possible. ***It should be noted that practicum must take precedence over any work obligations. Work schedules should be arranged after clinical practicum assignments have been made.***

Students enrolled in Introduction to Clinical Practicum (CODS 4800) will be required to attend a weekly seminar designed to introduce the student to: session planning, elicitation and instructional strategies, stimuli selection, session management, data collection, documentation, and family counseling. Attendance at this meeting is required.

Clinical Practicum (CODS 6520)

Graduate students should enroll in Clinical Practicum (CODS 6520) to accrue clinical hours at the William Paterson Speech and Hearing Clinic. This two credit practicum is intended to provide: clinical experiences for the relatively new student clinician (<100 clock hours); additional therapeutic opportunities for students who have not achieved a level of clinical competence to participate in an off-site placement (< 4.0 rating); or hours to supplement gaps in their clinical experience. At least 2 semesters of Clinical Practicum (CODS 6520) are expected to meet the 100 clock hour requirement and attain the clinical competency needed to participate in an off-site placement.

Students enrolled in Clinical Practicum (CODS 6520) will be required to attend a supervisory seminar periodically throughout the term. The schedule for these seminars will be presented in the first week of the semester. Topics will be determined by the supervisor and based on the needs and level of his/her supervisees. Attendance at these seminars is required.

The Clinic Manager will make clinical assignments to clinicians prior to the start of each semester. Students will be assigned clients, based upon the availability of clients and completion of appropriate course work. Students should register for the hours they are available for clinical practicum. Students will also be required to complete a clinic questionnaire regarding his/her availability. Given the needs of the caseload and the availability of supervision and space, changes to your registered time may be necessary. The student is encouraged to be as flexible as possible as those who have the most availability will have a better chance of accruing more hours.

Client Assignments

The Clinic Manager will assign clients based on each student's academic preparation and clinical skills. Students must have completed course work appropriate for the clinical population that is assigned. Phonetics (CODS 2640), Anatomy and Physiology of the Auditory and Vocal Mechanisms (CODS 3610), Introduction to Language Disorders (CODS 3660), Articulations Disorders or Phonological Disorders (CODS 5030), Clinical Methods (CODS 4650) and the 25 observation hours are minimal prerequisite courses and requirements for the assignment of clients. Completion of Diagnostic Methods in Communication Disorders (CODS 5500) and its prerequisite Language Acquisition (CODS 6210) are required for assignment of children with severe language problems. All above mentioned courses are prerequisites for participation in diagnostic practicum. Courses in Voice Disorders (CODS 6030) and Stuttering Disorders (CODS 5060) must be taken concurrently or precede clinical assignments of clients with Voice or Fluency problems, respectively. Courses in Cleft Palate (CODS 6100), Acquired Language Disorders in Adults (CODS 6050) and Motor Speech Disorders (CODS 6220) must be taken concurrently or prior to assignment of clients with these particular disorders.

Students who are at different levels of graduate study register for clinical practicum. Since

students are assigned to clients based upon the course work they have taken and since there are a limited number of clients and supervisors available at specific times, an equitable and fair system of assigning students, supervisors, and clients must be implemented. This system must account for assigning students to clients based upon their having taken the course work necessary to exhibit minimal competencies for working with the client and for giving students the most varied on campus experience possible.

1. **General Guidelines:** The student will return a form (distributed by the Clinic Secretary or obtained online) for clinical practicum that indicates the days of the week and the hours on each day that they are available for practicum. The student should also complete the section of the form indicating the course work they have taken prior to the semester for which they are registering, as well as the courses they are taking during the semester for which they are registering.
2. Students will be assigned at least 2 clients when registered for practicum. Students with more flexibility will be assigned 3 clients each semester they are registered for clinic. Students should be aware that the more limited their availability for clinic, and the less advanced they are in the program, the greater their chances of having fewer clients.
3. Four clients will be the maximum number of clients assigned to graduate students. If more clients require services and there is supervisory coverage available, students will be given the option to increase their client caseload to four.
4. Students must enroll in Clinical Practicum before taking their 15th credit of coursework.
5. ***It should be noted that practicum should take precedence over any work obligations. Work schedules should be arranged after clinical practicum assignments have been made.***

Every effort will be made to provide students with the necessary experiences needed to accrue required clinical clock hours. The William Paterson University Speech and Hearing Clinic is not able to guarantee client participation, and as such, students may require additional semesters to complete the clinical clock hour requirements. In order to complete the requirements for the Master's Degree in 4-5 semesters, students are advised to take 3 clients during each semester that they are registered for Practicum. Failure to do so will prolong the number of semesters that it will take to acquire the minimum 100 practicum hours required prior to off campus placement.

Diagnostic Practicum I (CODS 5510) and Diagnostic Practicum II (CODS 6510)

Students should register for Diagnostic Practicum I (CODS 5510) in the semester following Diagnostic Methods in Communication Disorders. This one-credit practicum is intended to provide a guided diagnostic practicum experience for new graduate student clinicians.

Students should register for Diagnostic Practicum II (CODS 6510) to accrue additional diagnostic hours. This one credit practicum is intended to provide a more independent diagnostic practicum experience for graduate students who have had exposure to clinical assessment.

Students will be paired in each diagnostic practicum. Each student will participate in planning, gathering data, synthesizing information, and documenting findings. Students will be assigned roles in the diagnostic practicum and will accrue hours in the areas assigned for the assessment. Only direct contact hours may be counted toward the clinical hour requirement. In an attempt to replicate a real-life clinical environment, diagnostics should be completed within a 2-hour time block. All aspects of the diagnostic from the initial interview to the exit interview should be completed in the 2 hours allotted. Students should only receive 2 hours for each on-campus diagnostic performed. In rare instances additional time may be needed to complete an evaluation. If this is known prior to the date of the evaluation, additional time may be requested. If this is identified at the time of the diagnostic appointment, an additional evaluation time should be provided for the client/family.

The Clinic Manager will make diagnostic assignments, with the schedule distributed and confirmed by the Clinic Secretary. The student assigned to a diagnostic should check with the Clinic Secretary for last minute changes and/or cancellations. Every attempt will be made to assign students to diagnostics in a fair and equitable manner. Students registered for Diagnostic Practicum should expect to accrue the same number of diagnostic hours as others registered for the course, regardless of section. Further, every attempt will be made to ensure comparable student assignments across the diagnostic experience. Although the student assignment may be similar, the nature of the diagnostic is expected to be variable. William Paterson University Speech and Hearing Clinic can make no guarantee that the diagnostic experience will be similar among students registered.

OFF CAMPUS CLINICAL PRACTICUM

Externship Practicum (CODS 6530)

Graduate students should enroll in Externship Practicum (CODS 6530) when they have acquired a minimum of 100 hours at the William Paterson University Speech and Hearing Clinic, achieved a supervisory rating of at least a 4.0 in their last clinical practicum, and have obtained the approval of the Clinic Manager. Students must be in good academic standing in order to begin their externship experience. This three credit practicum is intended to provide a clinical transition experience between the university environment and professional employment under the mentorship of a cooperating therapist.

Students will be given a copy of the Department of Communication Disorder's Externship Handbook when they begin considering off site placements. Students should refer to the **Externship Handbook** for information on selecting, interviewing, and securing an externship site; a list, with an accompanying timeline of student responsibilities prior, during, and after the experience; and a review of extern policies and procedures.

Students are required to experience three different clinical settings while acquiring the 375 direct contact hours necessary for graduation. The William Paterson University Clinic is considered

one site. In addition, a school setting (or Early Intervention program) and health care (hospital, rehabilitation, or nursing home) setting is required. Students are required to attend an externship meeting with the Clinic Manager and/or the Externship Coordinator approximately six months in advance of their planned externship. The Clinic Manager or Externship Coordinator will advise the student of possible facilities that would be appropriate for the externship considering various criteria which may include the following: students' availability, location of the facility, course work, and interests. Students are encouraged to think about where they would like to extern and the type of population they would like to work with and provide a list of three possible sites at the time of this meeting. Although preferred sites will be investigated, there is no guarantee that these sites can be secured, given restrictions from that facility and/or difficulties negotiating an approved contract between the participating site and William Paterson University. Although students are encouraged to research sites and identify contacts at those sites, *no* student should contact an extern site without permission from the Clinic Manager or Externship Coordinator.

Students participating in off-campus practicum (externships) must adhere to the schedule set up by the facility or off-site supervisor. Students are responsible to attend the externship on days when William Paterson is not in session and the off-site placement is open unless other arrangements have been made with the off-campus supervisor. Students should not receive time off to study for their Comprehensive Examination or Praxis, however if there is a Department event where attendance is mandatory, they should let their extern supervisor know well in advance of the time needed.

It is often necessary to begin the externship prior to the beginning of the semester and/or extend it past the end of the semester. When it is necessary to extend it, issuing a grade is left up to the discretion of the supervisor. The grade may be issued for the work done up to the point when the semester ends (i.e. week 8 of a 12 week externship), or the student can be given an Incomplete which will be converted to a Pass/Fail upon completion of the externship. It is the students' responsibility to advise their off campus supervisor to submit the grade. Students expecting to graduate at the end of the semester during which they complete their externship, must complete all of the requirements so that a grade is submitted in time for the Graduate Director to document that the student has completed all of the requirements for graduation.

Students participating in off-campus practicum may be asked to spend time observing therapy sessions until the supervising therapist feel they are competent to work with clients. This may have a negative impact on the amount of hours accrued. Students should consider this possibility before deciding when the externship will begin and the amount of time/days they will spend at the externship. Typically one site visit is made during the semester. This is arranged sometime between the middle and the end of the experience. It is the students' responsibility to contact the Clinic Manager and set up an appointment for the site visit, as well as to advise the Clinic Manager when they encounter difficulties during the experience.

Periodic virtual class meetings will be held over the course of the externship. The purpose of these meetings will be to discuss the experience with other students and the Clinic Manager and/or Externship Coordinator. Student clinicians will dictate the topics they wish to discuss. Possible topics of discussion include case load, paperwork required, how the experience can be improved, how to better communicate with family, colleagues, their cooperating therapist. Meetings will be held at times convenient for all externship participants.

SECTION 6: SESSION PREPARATION AND IMPLEMENTATION

GENERAL PROCEDURES-THERAPY

Sessions are usually individual, but occasionally are provided in small group. Intervention is direct with family involvement as appropriate and consultation by phone with others who work with the client as indicated. Prior to initiating therapy, student clinicians are informed of the clinic schedule and client and supervisory assignments. During the first week of the semester, mandatory orientation meetings are held. General policies and procedures are discussed at the Clinic Manager's orientation meeting. Students may review client files in the Clinician's room but must sign for them at the Graduate Assistant's desk. Students are expected to become familiar with their client's file (if there is one) in advance of their first therapy session and in advance of their first supervisory meeting. A mandatory meeting will be scheduled with the supervisor and his/her supervisees prior to the first day of therapy. Students should be prepared to participate in a ***Case Presentation*** which allows them to discuss their clients with respect to the nature of the disorder, therapeutic direction, methods, materials, approaches, and additional recommendations. All supervisees must be present for their case presentation and should be present for the case presentation of others assigned to the supervisory time slot. In the event that the student is scheduled to attend case presentations for two different supervisors at the same time, the student should inform the supervisor and arrange to present his/her client in both groups, as well as be in attendance for the majority of one group's presentations.

At the beginning of the term, the clinician should check the client's folder for the following forms:

1. An ***Observation/Audio-Video-recorded Permission Form***_(Appendix IV)
2. ***Information Release Forms***_(Appendix V)
3. ***Receipt Verification*** of the William Paterson University Health Insurance Portability and Accountability Act (HIPAA) policy (Appendix VIII)
4. The ***Attendance Agreement Form***_(Appendix IX).

If these are not in the client's folder, or if the form is considered outdated (older than 1 year), the clinician should have the parent or client sign the aforementioned forms at the initial meeting. Signed forms should be placed in the client's folder. Forms are available from the Clinic Secretary and online.

Major decisions regarding evaluation and management of a client must be implemented or communicated to the client **after** a discussion with and subsequent approval by the supervisor. The supervisor is the **responsible party** and should be present for all noteworthy interactions. Conference times should be prearranged with the supervisor to ensure his/her presence. (Major decisions include feedback to clients and their families with respect to diagnostic conclusions; referrals to allied professionals for additional evaluations; termination of treatment, etc.)

All students must report for their clinical assignments at least **one half hour** before the assigned therapy time. All sessions must begin **promptly**. No session should begin earlier or end later than scheduled unless approved by the supervisor or Clinic Manager.

Case Presentation (Appendix X): Students will prepare and present a Case Presentation during the first supervisory meeting prior to initiating therapy. A careful review of the chart will be necessary to adequately document the following:

1. Presenting Communication Problem: This section represent the child's current diagnosis. Impressions from past assessment may be noted, but only as a point of reference and progress. It should reflect current intervention need.
2. Previous Therapeutic Intervention: This section summarizes the client's previous therapeutic targets, treatment procedures, and level of achievement. It should identify both methods and materials that have and have not been effective in facilitating goals and objectives.
3. Prepared Therapy Plan for the Current Semester: This section should address long and short term goals suggested (based on the above sections) for the current semester. Information regarding instructional strategies, elicitation, context, stimuli, and reinforcement should be considered. A rationale for each target should be presented. Additionally, the section should address procedures for collecting baseline data for semester targets.

Feedback regarding your suggested therapy plan will be provided at the first supervisory meeting, by the primary supervisor for the client and your peers. Lesson plans should be submitted (with revisions as indicated) at this meeting.

SEMESTER PAPERWORK

Treatment Plan (Appendix XI):

The clinician is responsible for establishing and completing a treatment plan for each client that includes the following information:

1. Identifying Information
2. Medical Diagnosis & ICD codes (A listing is available in the clinicians' room.)
3. Primary communication impairment (articulation disordered, language impaired, etc.)
4. Projected date of service (This is frequently "to be determined" however if the client is close to discharge or close to obtaining functional outcomes, an anticipated discharge date may be provided.)
5. Prognosis & prognostic indicators

6. Functional Outcome (This should be viewed as the discharge criteria)
7. Semester Goals and mid-semester expectations (These are not session objectives. The student is expected to project achievable targets for both mid-semester and end of semester and note them here.)
8. Treatment Rationale (Using speech/language literature, this section provides support for your target, approach, or criterion measurement. The expectation is that a rationale is presented for all goals noted on the plan.)
9. Treatment Techniques/Strategies/Approaches (Broad description of methods and material including instructional strategies that may be employed and levels of support that may be provided.)
10. Client/Care Giver Educational Plan (How will you engage the family and what will be their role in the therapeutic process? What do you expect them to do or how will they be required to participate in the defined plan?)

The Treatment Plan is a projection of long and short-term goals and procedures for the semester's therapy and is to be submitted during the first three weeks of the semester unless otherwise specified by the client's supervisor. Once reviewed and approved by the supervisor, it is presented and discussed with the client/family. Once signed by the family, it should be placed in the client's chart.

Treatment Plans are based on information gleaned from the diagnostic evaluation, non-standardized probes, and areas of concern expressed by the family/client. Information presented during a case presentation, knowledge of the presenting communication disorder, initial sessions with the client, and supervisory guidance should help to shape the treatment plan.

Lesson Plans (Appendix XII)

A weekly therapy *lesson plan* highlights the objectives that will be targeted and the methods and materials that will be employed during the upcoming week. Goals and objectives, as well as methods and materials, should be consistent with the Treatment Plan developed for the client. Students are reminded that goals should be written objectively with criterion levels and number of trials if appropriate. Lesson Plans should be submitted in *duplicate* for the week's therapy sessions. The schedule for submitting the plan and the amount of detail required will be determined by the supervisor. Completed and approved therapy plans are to be retained by the student.

Log Notes (Appendix XIII)

Log notes should summarize the therapeutic session and should include a subjective statement of the client's participation, attitude, or mood; the session's targets written in objective terms; the performance criterion for each target and any adjustments that are required in planning subsequent sessions. Log notes are submitted to the supervisor for review and approval. The schedule for submitting log notes and the amount of detail required will be determined by the supervisor. A log note is expected for every therapy session. A copy of the log note, clearly

labeled “draft”, should be placed in the client’s chart. Students must place updated drafts of log notes in client files each time the draft is submitted to the supervisor. After log notes are approved and initialed by the supervisor, the student should enter them into the client’s folder. All drafts should be removed. Final log notes must be placed in the client’s folders within 24 hours of their approval. Log notes should also be concise and exhibit a professional writing style. They should be free of error with no additional notations or white-out.

Summary Report (Appendix XIV)

The clinician is responsible for documenting semester progress in a summary report that includes the following information:

1. Identifying Information
2. Report Period, Therapeutic Service Provided and Number of Sessions Attended
3. Diagnosis
4. Functional Outcome
5. Semester Goals
6. Baseline Data (as it relates to each of your semester goals)
7. Outcome Data
8. Narrative Summary of Therapy. (The student should note whether the semester goals were met, give some indication of the level of support that is currently being provided if the target has not yet been met, and address the functional outcome (i.e. Where in relation to that target is your client currently?))
9. Recommendations

The Summary Report documents progress over the course of the semester. Additionally, the client’s progress toward achievement is described objectively. Summary and recommendations/prognosis describing the clients continued need for services; recommendations for future intervention, referral, discharge and prognosis are stated. The Summary Report is to be submitted during the last three weeks of the semester unless otherwise specified by the client’s supervisor. Once reviewed and approved by the supervisor, it is presented and discussed with the client/family. Once signed by the family, it should be placed in the client’s chart.

Within-Semester Reports (Appendix XV):

There is occasionally a need to administer a formal battery between re-evaluation periods. If testing is administered during a therapeutic session and not considered a re-evaluation, results should be reported on a ***Within-Semester Evaluation*** form and submitted to the supervisor for review, commentary, and/or discussion. Suggested changes should be made and re-submitted to the supervisor. Once approved, the supervisor will sign the Within-Semester Evaluation and initial the test protocols. Hours accrued for that therapeutic session should be charted as diagnostic hours. These diagnostic hours should be entered in the Calipso system by the student clinician, and subsequently approved by the student’s supervisor. Student clinicians are reminded that they ***may not*** accrue diagnostic hours if they are not currently enrolled in or have

not yet taken Diagnostic Methods in Speech Pathology (CODS 5500). As with therapeutic hours, it is recommended that a copy of these hours be maintained by the student clinician.

ATTENDANCE AND CANCELLATIONS

Students registering for Clinical Practicum are taking on a professional responsibility as part of their clinical training. Taking on this assignment means that the student clinician has made a commitment to provide the client with speech and language therapy for that semester. Once schedules are established, the student clinician is expected to be present at those times except in the event of illness or other serious and unavoidable circumstances.

Absence Due To Illness

In the event of personal illness, the student clinician must call the Clinic Secretary prior to the scheduled session. This procedure must be followed each day he/she is ill. The student clinician should speak directly to the Clinic Secretary. If she is unavailable, the student should contact a Graduate Assistant. A message should only be left as a last resort.

Absence Due To Other Serious And Unavoidable Circumstances

The student clinician will be permitted to be absent from practicum for reasons other than illness only if the circumstances are serious and clearly unavoidable. In the event of frequent absence, tardiness, or unexcused absence(s), the supervisor should notify the Clinic Manager, who will work with the student and supervisor to resolve the concern. Students needing to be absent from practicum for a non-medical reason should submit a written request to the Clinic Manager and obtain his/her prior approval before asking his/her supervisor for time away from practicum.

A student may not drop clinic after the beginning of the semester. Once the semester has begun, a student may only drop Clinical Practicum for medical reasons that necessitate a total leave of absence for that semester. A doctor's note showing the need for the leave of absence is required. Any student who wishes to drop clinic must do so one week prior to the beginning of the semester. Once the semester has begun, only students taking a medical leave from the program will be allowed to drop clinic.

Clinicians are allowed **two** absences per semester (Fall and Spring, and **one** absence during the Summer Semester). Beyond that, absences are considered excessive. If no medical excuse or extenuating circumstances exist to justify these absences, the rating given in Professional Fundamentals will be affected. Students are reminded that incompetence in professional fundamentals is sufficient to fail clinical practicum. Student clinicians are required to make up their absences. The clinician may cancel a therapy session only in case of personal illness, religious affiliation, or emergency. The following procedures should be observed:

1. The clinician calls the Clinic Secretary at 973-720-2207 who will inform the supervisor. When the Clinic Secretary is not available, student clinicians are to call the clinician's room at 973-720-2752 and speak with a Graduate Assistant. A message should only be left as a last

resort.

2. The Clinic Secretary (or Graduate Assistant) will call the client/parent.
3. In emergency situations (if the Clinic Secretary or a Graduate Assistant is not available) students may inform parents/client of a canceled session.

Clients are also allowed **two** absences per semester (Fall and Spring, and **one** absence during Summer Semester). If excessive absences occur, the clinician should **immediately** inform the supervisor who will inform the Clinic Manager. The Clinic Manager will contact the parent/client, consider the circumstances and determine whether to retain the client in therapy.

If the client calls the clinic to cancel, the Clinic Secretary will attempt to contact the clinician at home (***please be sure the Clinic Secretary has your most recent phone numbers: home, cell, and work***). Supervisors will also be notified of client cancellations.

Make-Up Sessions

In the event a clinician cancels therapy, the session must be made-up, (extension of regular therapy with supervisor approval, or scheduling another day/time). Clinicians are not required to make up sessions missed by clients. If compensation is made for client absences, only **two** sessions will be allowed for make-up. Established clinic schedule is given priority over make-up sessions. The student clinician must ensure that extending a session does not interfere with another student's scheduled therapy. Additionally, in scheduling the make-up session for a different time and/or day, the student clinician must secure an appropriate therapy room and ensure that a supervisor is available to oversee the session.

When scheduling a make-up session, students must make every attempt to do so during the time that the regular supervisor is available to supervise. If this is not possible then the session is to be rescheduled during a time when another supervisor or the Clinic Manager is available. The covering supervisor should be **asked** if they are willing to oversee the make-up session. Usually, the covering supervisor does not need to actually observe the session, unless the primary supervisor believes it is necessary to do so (i.e., in cases where there has been less than 25% supervision of the prior sessions observed or in cases where the clinician is not able to function independently). The primary supervisor reads and co-signs the log note. The covering supervisor approves the hour on Calipso.

Clients or parents should be advised that clinicians are only required to wait 15 minutes for the client (therapeutic or diagnostic) to arrive. Unless accommodations are made, the session will be canceled after 15 minutes. Frequent tardiness will not be tolerated. If the client is consistently late for sessions, the clinician should inform the supervisor who will inform the Clinic Manager. The Clinic Manager will contact the parent/client, consider the circumstances, and determine whether a schedule change is needed or whether the client should be released from therapy.

Attendance Documentation

The clinician must document *all scheduled sessions* on the *Attendance Record Form* (see Appendix XVI). A code for indicating attendance can be found at the top of this sheet and *must* be followed to ensure consistency of clinical reporting. The attendance form may not be prematurely completed at the beginning of the semester. Each session must be entered as it is conducted. If sessions are extended, the additional time should be recorded. If make-up sessions are added, the additional dates should be noted.

GENERAL PROCEDURES - DIAGNOSTICS

All graduate clinicians who have completed a course in diagnostics and who have registered for Diagnostic Practicum may be able to participate in diagnostic evaluations during the semester. The Clinic Manager will make diagnostic assignments based on coursework and availability. Although it is impossible to guarantee a similar experience for all students registered for Diagnostic Practicum, every effort will be made to ensure that students registered for Diagnostic Practicum obtain the same number of clock hours. Diagnostics are scheduled throughout the course of the semester and updated regularly by the Clinic Secretary. Students are expected to check the schedule weekly.

Two students participate in each diagnostic evaluation and share diagnostic responsibilities in preparation, data collection, interpretation of findings, and diagnostic report writing. It is the *clinician's responsibility* to become familiar with all diagnostic materials necessary to adequately participate in the assessment. Diagnostic tests and protocols can be found in the clinicians' room. Each test must be signed out in a log maintained by the Graduate Assistants and signed in when returned to the clinicians' room. Sample diagnostic reports are also kept in the clinicians' room. Clinicians are encouraged to review these before submitting their written diagnostic report.

All diagnostic tests and materials may be reviewed and studied at anytime by student clinicians. *No clinician may remove original diagnostic tests or test manuals from the college.* For your convenience, a core of diagnostic tests is available for overnight review at the Library Reference Desk. Diagnostic protocols are also maintained in the clinicians' room. Students should notify the Graduate Assistants when test forms need to be reordered. It is illegal to photocopy test protocols unless it is printed on the protocol that photocopying is allowed. In addition, such photocopying is a violation of ASHA's Code of Ethics. Violation of this policy will result in future inaccessibility to materials.

The purpose of the initial evaluation is to identify the presence of a communication disorder or difference and determine the need for intervention. Prior to the evaluation, clinicians must meet with the assigned supervisor. It is recommended that this meeting occur one week prior to the scheduled diagnostic to allow for adequate review of the procedures and diagnostic protocol

suggested for that evaluation. It is the clinician's responsibility to contact the supervisor to set up an appointment to meet and present or discuss an *Evaluation Plan*.

Students should arrive at least ½ hour before the scheduled diagnostic. The room should be ready with all necessary materials. The session should begin promptly. Although sessions will be video-recorded, students are advised to audio record all diagnostic evaluations. Room assignments should allow for a space to conduct the diagnostic interview and a space to conduct the assessment if the students are evaluating a child. Clinicians are asked to contact a Graduate Assistant if the space is insufficient. Parents/Significant others should be encouraged to observe the assessment. When appropriate, the diagnostic clinicians should provide those observing the assessment with earphones and a quiet space to observe the diagnostic session.

Preliminary impressions are provided immediately after the evaluation. Preliminary impressions should include a general statement about all communication parameters and preliminary recommendations. Diagnostic clinicians and the supervisor should be available to answer questions posed by the client/family. When recommendations have been made for speech-language therapy, the client is referred to the appropriate setting to meet his/her needs (school, private practice, or other outpatient or university facility). At this exit interview clients/families may be told that there is a waiting list at the William Paterson University Speech and Hearing Clinic if the client/family is interested in receiving services at the Clinic.

The waiting list is reviewed every semester when completing the clinic schedule. Priority will be given to clients currently being seen at the Clinic. Individuals on the waiting list will be notified of any available openings in the therapeutic schedule. Individuals from the waiting list may be selected to receive speech and language services based on availability, disorder type, severity, or the need for primary instead of supplemental services. Individuals will be removed from the waiting list if they are no longer interested in services, have secured services elsewhere, or fail to return at least 2 follow-up phone calls or written correspondence. Once removed from the waiting list his/her chart will be transferred to the inactive files and maintained for a period of seven years.

EVALUATION PLAN

An *Evaluation Plan* (See Appendix XVII) outlines procedures and alternative procedures appropriate for the evaluation. It should address the diagnostic purpose of the evaluation, presenting communication concerns, behavior sampling, measures to be used to gather information, and expected analysis to be performed on data collected.

Various client concerns warrant different assessment procedures. In general, the following guidelines are used:

- 1) Focus on the primary area of concern using procedures that are consistent with current information on the disorder area.

- 2) Assess related communication skills to rule out or describe concomitant strengths and weaknesses.
- 3) Gather case history through pre-assessment questionnaire and client/family interview.
- 4) Complete an oral mechanism examination.
- 5) Attempt a pure tone audiometric screening.
- 6) Include standardized tests (articulation, voice, fluency, or a language test) as well as non-standardized assessment (narrative analysis, play evaluation, phonological evaluation) procedures as part of the battery or describe why they were not included.
- 7) Meet with client/family to offer initial findings and recommendations.

Clinicians are referred to the *ASHA Preferred Practice Patterns for the Professions of Speech Language Pathology and Audiology* for additional guidelines relative to specific disorder area assessment procedures.

DIAGNOSTIC PAPERWORK

Results of the Evaluation:

Following the Diagnostic, students are required to complete the *Results of the Evaluation* (Appendix XVIII). This form summarizes the diagnostic findings and recommendations. It is necessary that this form be given to the Clinic Secretary immediately following the assessment as diagnostic information is tracked. Additionally, if the individual requests services at the Clinic, this will ensure that he/she will be scheduled during the next semester or be placed on the waiting list. Necessary follow-up is also scheduled based on this form.

Diagnostic Report:

One student in the diagnostic team is designated as a report writer; however, each supervisor may have different requirements as to the writing responsibilities of the non-report writer. Requirements vary from one report compiled by both clinicians to two separate complete reports. In any case, the completed report is the responsibility of **both** clinicians and therefore is considered a **collaborative effort**. Both students should have input to all aspects of the evaluation from planning to recommendations. When report revisions are needed, **both** clinicians should take an active part in the rewriting.

A narrative written report is completed for every evaluation performed at the William Paterson University Speech and Hearing Clinic and should include the following sections:

1. Background Information: This section includes identifying information, date of the assessment, referral source, presenting communication problem, and pertinent background information. It should identify the informant for the evaluation and address issues of reliability.
2. Evaluation: This section includes observations noted at the time of the assessment which may address the reliability and validity of the information gathered and data collected through the use of standard protocols and non standard procedures. Sub-sections in the

evaluation section may be comprehensive (address all parameters of communication) or specific (address the primary communication area with global statements/screening addressing the other parameters).

3. Impressions: This section includes a diagnostic statement supported by interpretation and synthesis of information presented in the evaluation section. Precipitating and maintaining causal factors should be addressed, as well as prognostic statements addressing improvement in the presence or absence of therapy.
4. Recommendations: This section includes a statement regarding the need for intervention, specifying the type/amount of services and initial therapeutic targets if indicated. It should also identify the need for further follow-up and/or referrals to other professionals, client/family suggestions, and/or school/work accommodations.

Students are required to complete a first draft within one week of the evaluation (or less if specified by the supervisor). After the first revision a draft must be placed in the client's folder and labeled as such. The client's folder should be updated with subsequent drafts as they are completed until the final draft is approved and signed by the supervisor. Final drafts should be placed on letterhead and signed by both team members and the diagnostic supervisor and given to the Clinic Secretary.

The Clinic Secretary will make the necessary copies and distribute them, filing the original in the client's file and mailing a copy of the diagnostic report to the client/family. Once a report becomes a permanent part of a client's file, it may not be removed from the Clinicians' room.

Evaluation reports are mailed to the client and other referring agencies with written client consent within 30 days following the date of the evaluation. If the client requests a copy of the report prior to completion of the final version, the diagnostic team or the supervisor may be asked to send a summary letter to the client until the completed report is available. When the report is not completed within the specified time period, Graduate Assistants will place a reminder in the student's and the supervisor's mailboxes and notify the Clinic Manager that the report is late. Final copies of all reports are filed in the client's folder and kept for future reference for 7 years (or in the case of minors for 7 years after reaching the age of 22 + one year if there has been no service provided during that time). Clinicians should inform the Graduate Assistants when the client has not been referred for therapy so that the report can be placed in the inactive folder.

More than one student clinician may obtain equal credit for the same diagnostic session as long as it is professionally appropriate for multiple clinicians to be actively involved in such sessions. Usually such "team" approaches are seen in evaluation of infants and young children. Rarely are more than two actively involved. The time allocated for each diagnostic is based on the amount of direct contact the clinician engages in with the client. Typically, 2 students are involved with each client during the diagnostic for 2 hours. This includes a review of the intake form, speech and language testing, and an exit interview. Occasionally diagnostics may take less than 2 hours.

In such instances the time spent is entered. For example, 90 minutes spent in a diagnostic session is equal to 1.5 clock hours. Students may round the hours to the nearest quarter hour. The supervisor determines what constitutes "direct contact". Diagnostic sessions should not exceed 2 hours. In an attempt to simulate "real life" situations, it is advised that students perform a diagnostic evaluation within a traditional diagnostic block.

If a client is evaluated at the William Paterson University Speech and Hearing Clinic and found to be in need of services, the client may be referred to other qualified professionals in the region. In addition to the William Paterson Speech and Hearing Clinic, parents of children are informed about the availability of services within the public school setting and referred for child study team evaluations if it is believed that they meet the eligibility criteria. Parents may choose to continue services at William Paterson Speech and Hearing Clinic regardless of their participation with a school-based program.

SECTION 7: RESPONSIBILITIES OF STUDENT CLINICIAN

GENERAL

An assignment to practicum carries with it the following responsibilities:

1. Student clinicians are expected to conform to all policies outlined in this handbook.
2. Student clinicians should familiarize themselves with the ***Code of Ethics*** of the American Speech-Language-Hearing Association (2003) (See Appendix XIX) and conduct themselves in a professional manner in all activities relating to the Speech and Hearing Clinic and/or the practicum sites to which they are assigned.
3. The student clinician is reminded that professionalism includes demeanor and attitude.
4. **Punctuality:** Students must be on time and prepared for appointments. Punctuality is extremely important. Students must allow plenty of time to prepare. This includes, at a minimum, having read the client's file and set-up and checked equipment prior to the client's arrival. Students should check in with their Supervisor prior to the scheduled appointment. Should a student be unable to attend an evaluation or treatment session due to illness or serious unavoidable circumstances, procedures for cancelling a session should be followed (See Section 6).
5. **Professional Dress Code:** The practice of Speech Pathology is considered a professional endeavor and as such, a professional appearance is considered proper for conducting speech and language therapy. Therefore, the student clinician is expected to present an acceptable, professional appearance when involved in clinical or clinically related activities. Student clinicians must be well groomed and wear professional attire. The Communication Disorders Department at William Paterson University, as well as most clinics and hospitals, view a professional appearance for clinicians as grooming that is neat and clean and dress that is conservative. Necklines and hemlines should be appropriate (no cleavage or underwear peaking through). Any type of make-up, hairstyle, jewelry, or attire which is gaudy or would tend to distract in any way from the therapeutic process, or which would project an

unprofessional image, is to be avoided. It is suggested that the student use common sense in making clothing choices. Denim jeans, casual T-shirts, jogging pants, tank tops, flip-flops and tennis shoes are not acceptable. Belly shirts, sun dresses, short-shorts, see through garments, and other obviously casual attire are not acceptable. Students should discuss appropriate clinical attire with their supervisor or the Clinic Manager when there are questions of whether or not their dress is acceptable. During the Summer Clinic sessions, dress shorts may be worn, but should be knee length.

6. Many clients have allergies or neurological conditions, which are adversely affected by perfumes, after-shave lotion, hair spray, etc. Because some clients are sensitive to scents, it is suggested that clinicians not use perfumes, cologne, or scented hair sprays, etc. Students should be odor neutral while conducting clinical activities.
7. Clients expect to be treated in a professional manner by professional people. Most adult clients prefer to be addressed by his or her title (Ms., Dr., Mr., etc.) and last name.
8. The student clinician is expected to respect client confidentiality at all times and is cautioned to refrain from discussing clients and/or other professionals, except in conferences, supervisory meetings, or classes (when relevant to the class discussion).
9. The student clinician should be aware that the supervisor's responsibilities are to ensure appropriate client care and to educate a competent professional. Suggestions, criticisms, etc., should not be taken personally, but rather reflected upon objectively and implemented as indicated.
10. If a student clinician believes that his/her academic background is weak or lacking in an area or areas, it is his/her responsibility to fill in the gaps through reading, asking pertinent questions, etc. The Supervisor will be pleased to provide the student with bibliographical references and suggestions.
11. Each clinician is responsible for entering an accurate record of his/her earned clock hours via Calipso. Data should be entered to reflect the time spent in each testing or treatment session, the age of the client, and the parameter of communication addressed on a session by session basis. Supervisors will be instructed in the use of the Calipso system and will approve hours earned and log supervisory time through this on-line system. Since this method of tracking clock hours is new to the William Paterson Speech and Hearing Clinic, it is suggested that student clinicians maintain a separate log of all clinical practicum clock hours earned in the event of errors in recording, accessing, or retrieving online data. It is further recommended that cumulative clock hours be printed from Calipso at the end of each semester. ***Student clinicians may record only those clinical hours spent in direct active participation in providing services to the client.***
12. On an ongoing basis, supervisors will approve, via Calipso, the hours earned by the student clinician. Hours should not be approved until the log note for that session has been initialed. Accuracy of the online documentation should be reviewed at the final supervisor meeting by comparing dates with the client's attendance sheet. At the end of semester meeting, hours will be reviewed with the Clinic Manager and hard copies will be printed for the student's clinical file and the student.
13. Students should become aware of the ***clinic's confidentiality*** policy with regard to disks,

jump drives, automatic backup files that may be left on hard drives, and printed versions of reports. Do not discard drafts of reports with client names or identifying information in uncovered trash receptacles or recycle bins. Drafts containing confidential information should be shredded. When students use University computers to write reports (drafts of any log notes, treatment plans, evaluations, etc.) care must be taken not to save reports on hard drives. Discs must be considered confidential and treated as such. Any printed material that does not go into the client charts should be shredded. A paper shredder is available in the clinician's room (in the locked cabinet) and in both the department and clinic secretaries' offices. Supervisors should do the same. Electronic submission of all reports (lesson plans, log notes, semester paperwork, and diagnostic reports) must be free of all identifying information.

14. The clinic is in compliance with confidentiality standards as mandated by HIPPA. Prior to having any involvement in the clinic (observation, therapeutic, or diagnostic) students should obtain a self study packet from the Clinic Manager, complete the assessment, and submit it to the Clinic Manager. Following the above procedure ensures that you are familiar with these standards.

RECORD KEEPING

Each clinician is responsible for keeping his or her client's folder in order and up-to-date. A sample folder containing sample forms is available in the clinicians' room.

All client files are maintained in the clinicians' room in a locked file cabinet. Clinicians will have access to the files only when the Clinic is open or by special arrangement with the Clinic Manager or clinical supervisor. Files must be signed out and ***may only be reviewed in the clinic area***. Student violation of this policy will be documented and will result in a discussion about ethical issues and clinical responsibilities with the Clinic Manager.

FILE MAINTENANCE

All materials in the client's folder (reports, test forms, log sheets) must be appropriately labeled with identifying information including: the name of the client, the name of clinician, and date and type of service or task provided. Information in clients' folders is ***confidential***. The file and/or any part of it may not be taken out of the clinic nor discussed with anyone who is not part of the Department of Communication Disorders and Sciences program. ***Client privacy must be respected at all times***. The following represents the sections and the documents expected to be in the client's chart.

Section I: Identifying Information and Attendance

Identifying Information (Appendix XX): This form includes all contact information for the client. The clinician should ensure that information is current.

Attendance Sheet: This form is used to note attendance throughout the semester. Attendance is coded to indicate when the clinic is closed, client or clinician absences, make-up sessions, etc. All scheduled therapy dates should be recorded on this form, as well as any dates added. This form should NOT be completed at the beginning of the semester; rather it should be completed as sessions occur.

Attendance Agreement Form: This must be signed by the client/parent prior to initiating speech/language services and at the beginning of every semester receiving services. It stipulates that all parties understand and are willing to abide by the attendance policy of the Clinic.

Section II: Log Notes

Log notes should be filed chronologically with the most recent date on top. A log note is required for all scheduled sessions. In the event that the client or clinician misses a session, a log note explaining the absence is expected. Final copies of log notes should be filed within 24 hours of the supervisor's approval.

Section III: Treatment Plans and Summary Reports

Treatment Plans and Summary Reports should be filed chronologically by date with the most recent document on top. The documents should be filed once signatures are obtained by the clinician, supervisor, and client/family. In the event that a client/family signature could not be obtained, a copy of the report should be given to the Clinic Secretary and mailed to the client/family requesting a signature. A copy of the document should be filed and a notation made indicating the date the report was mailed.

Section IV: Diagnostic Evaluations

All clients receiving speech and language therapy at the William Paterson Speech and Hearing Clinic must have a diagnostic evaluation to support the presence of communication impairment and determine appropriate recommendations for intervention. The diagnostic evaluation need not be completed at the William Paterson Speech and Hearing Clinic. All diagnostic reports (initial and re-evaluations) should be filed in chronological order with the most recent date on top.

Re-evaluation: All clients will be re-evaluated after three consecutive semesters of therapy. It is the student-clinician's responsibility to inform his/her supervisor of the need to re-evaluate his/her client and follow through by scheduling a complete evaluation for that client during a diagnostic period or, arrange to complete an evaluation over a number of sessions during the client's scheduled therapy time. If the diagnostic occurs over a number of sessions, students should chart these clinical hours as diagnostic. These diagnostic hours should be entered in the Calipso system by the student clinician, and subsequently approved by the student's supervisor. Student clinicians are reminded that they ***may not*** accrue diagnostic hours if they are not currently enrolled in or have not yet taken Diagnostic Methods in Speech Pathology (CODS 5500).

Section V: Reports from Outside Agencies

Any reports received from other professionals, prior intervention reports, and/or evaluations from related professionals (OT/PT) should be filed in this section of the client's folder.

Section VI: Releases & Agreements

Observation/Audio-Video Recorded Permission Form: This must be signed by the client/parent prior to conducting a diagnostic evaluation or providing speech/language services. It acknowledges that the client/parent is aware that all sessions at the William Paterson Speech and Hearing Clinic may be audio and/or video recorded and may be used for educational purposes.

Information Release Request: If a parent or client requests that information be sent to another facility the clinician should have the parent/client fill out this form available from the Clinic Secretary and online. This form is to be kept on file and remain part of the client's record. Two additional documents, ***Consent to Request Information*** (Appendix VI) and ***Consent to Release Information*** (Appendix VII) require the parent/client's signature if information is requested by another facility/professional or required to be released to another facility/professional respectively. Once the form(s) is/are completed, the Clinic Secretary will send the letter requesting information or forward the requested information.

HIPAA Receipt Verification: Although the Clinic does not bill insurance companies or accept any third party reimbursement, William Paterson University does comply with Health Insurance Portability and Accountability Act (HIPAA) policies. Students must distribute the client packet to each client in order to inform them of their rights. Each client or significant other will be asked to complete a form stating that they have been informed of their rights.

Special Contact Form (Appendix XXI): This form documents all in person conferences, e-mail correspondence, and phone conversations with any individual regarding the client including parent, spouse, teacher, physician, therapist etc. Since at least two conferences occur over the course of a semester (treatment plan meeting & end of semester progress), it is expected that a special contact form be completed for both. Special contact forms are completed after the meeting is held and should accurately reflect what transpires in each interaction.

The Clinic Manager and Clinic Secretary will review files twice during the semester. Students and supervisors will receive notification of items ***flagged*** during the chart audit. The student must correct all issues identified within one week of notifications. Two notifications may adversely affect your professional clinical rating and your ability to participate in practicum.

Screenings

Students are required to participate in speech and hearing screenings when registered for any on-site clinical practicum (CODS 4800, CODS 6520, CODS 5510, and CODS 6510). All students

should have completed a clinical methods course, one course in language, and one course in phonology and articulation disorders, in order to participate in screenings. The following guidelines apply:

1. Any student registered for Diagnostic Practicum I (CODS 5510) must have 5 hours of screenings documented prior to completing a complete diagnostic evaluation.
2. Students registered for on-campus practicum must participate in at least two screenings, one of which is off-campus, the semester they are registered for clinic.
3. Failure to participate in at least two screenings during the semester that a student is registered for the clinic, will result in an incomplete in clinical practicum.
4. Students must acquire a minimum of 15 screening hours. No more than 5 hours may be attributed to hearing screening and no more than 5 hours may be attributed to adult education screenings.
5. Students are expected to participate in a minimum of 5 hours of child speech and language screenings.
6. Diagnostics performed as part of the audiology coursework are not counted towards the screening requirements.

Procedures for Child Speech and Hearing Screenings

1. Dates, times, and locations of the child speech and hearing screenings are posted in the clinicians' room as they become confirmed. Child speech and hearing screenings are typically conducted at off-campus locations. Directions for all sites may be found in the clinicians' room in an off-site screenings binder. Please see a Graduate Assistant if you have difficulty locating the needed information.
2. Students should sign up for their desired times/sites. Since screenings require a specific number of clinicians:
 - a. Students may not add their name to a specific screening day/time, if the sign-up sheet is full.
 - b. Once you have entered your name on the sign-up sheet, you may not remove your name without permission from the Clinic Manager.
3. Professional dress is expected for these screenings. (Please refer to information on Professional Dress – Section 7).
4. Typically the Compton Speech and Language Screening Protocol and a hearing screening are administered. It is the student's responsibility to be familiar with the above screening measures and procedures for conditioning and performing a hearing screening. Graduate Assistants are available to review the aforementioned battery with students and to practice its administration.
5. Students may be asked to assist in bringing equipment (Compton Kits and audiometers) to the screening site.
 - a. Complete a form requesting to borrow equipment. (This form is maintained by the Graduate Assistants)
 - b. Ensure that the returned equipment is documented.
 - c. Return the Compton Kits to Cabinet 1 and give the audiometers to a Graduate Assistant.

6. A report is written for each child you screened. (Samples of these reports can be obtained from a Graduate Assistant.)
 - a. The first draft of these reports is due to the supervisor within 1 week of the screening unless otherwise specified by the supervisor. The Compton Protocol should be submitted along with the first draft.
 - b. The second or subsequent drafts are to be completed within 3 days of receiving the corrections of the previous draft unless otherwise specified by the supervisor. All drafts should be submitted with the re-write.
 - c. All drafts are to be double-spaced within each paragraph. Between paragraphs and sections an extra space should be added. When the final draft is approved spacing should be changed to single space with double space between sections. Please proof your documents carefully before finalizing the reports.
 - d. Once the supervisor approves the draft, a final version of the report should be put on letterhead.
 - e. Final reports should be given to the supervisor along with a **Screening Grid** (Appendix XXII) of all students' screenings, findings, and recommendations.
 - f. Protocol forms should be given to the Graduate Assistant to be filed by site and date.
7. The student clinician should enter his/her screening hours in Calipso. Hours are determined by calculating 20 minutes per child screened, rounded up to the quarter hour. (Therefore 7 students screened = 140 minutes representing 2.5 clock hours or 8 students screened = 160 minutes representing 2.75 clock hours.) Hours should be distributed across the parameters of speech, language, and hearing. Care should be taken in using the correct "course" in coding clock hours. Screenings are assigned to the course entitled "Clinical Requirement" so as not to interfere with clinical course grading and to be appropriately tracked.
8. Once reports have been signed and the cumulative list, with findings and recommendations has been received, the supervisor will approve clinical hours via Calipso.

Procedures for Adult Speech and Hearing Screenings

Student clinicians may acquire adult screening hours by participating in speech, language, and hearing screenings with undergraduate students from the William Paterson University College of Education. The purpose of the screening is to determine whether the student's speech or language interferes with his/her ability to communicate. The procedure for the screening is as follows:

1. The dates and times of these screenings are posted in the clinicians' room. All screenings are done on campus.
2. Students should sign up for their desired dates/times. Since screenings require a specific number of clinicians:
 - a. Students may not add their name to a specific screening day/time, if the sign-up sheet is full.
 - b. Once you have entered your name on the sign-up sheet, you may not remove your name without permission from the Clinic Manager.

3. Professional dress is expected for these screenings. (Please refer to information on Professional Dress – Section 6)
4. You may be asked to assist in setting up of equipment (audiometers and forms to be filled out to document results).
5. Education students have signed up for specific appointments. Students are seen in order of their scheduled appointment. Occasionally a student may be seen without an appointment if time allows and a student clinician is available. Education students may wait in Wing 7 until their scheduled appointment.
6. Typically the screening involves collecting a spontaneous speech and language sample, assessing speech during the reading of *The Rainbow* or *The Grandfather* passage, and performing a hearing screening. Clinicians should engage the student in conversation that allows for assessment of intelligibility and their ability to communicate a message effectively.
7. Student clinicians fill out the Speech Language Hearing Checklist form in triplicate. One copy (pink) is given to the student for their records. The other copies are given to the Clinic Secretary.
8. Findings should be carefully reported with appropriate follow-up.
 - a. If the student passes the speech/language assessment and the hearing screening, the student passes the screening and no further follow-up is required.
 - b. If the student passes the speech/language assessment and fails the hearing screening he/she is asked to return for a re-screening or given the option of having a complete hearing evaluation performed. For those clients who have a history of hearing loss an evaluation is mandatory. Failing the hearing screening should not affect the student's ability to participate in student teaching.
 - c. If the student presents with any remarkable speech (suspect voice, disrupted fluency, sound production difficulties, or unintelligibility) and/or language (faulty form, content, or use), the student fails the screening and a speech/language evaluation is recommended to determine the presence or absence of a communication impairment. Failing the speech and language screening should not affect the student's ability to participate in student teaching, however the College of Education reserves the right to make that decision.
9. The faculty supervisor should be advised when any remarkable finding (b and c) is noted in order to explain the recommendation and counsel the student as to the appropriate action.

RELATED CLINICAL RESPONSIBILITIES/REGULATIONS

The following represent related clinical responsibilities and regulations:

1. Students are required to attend at least one informational computer seminar to learn about the computerized therapy programs available for their use. Graduate Assistants conduct these seminars every semester.
2. Students are required to maintain the appearance of the clinicians' room. Each student ***must volunteer one half-hour per month*** to assist in organizing cabinets containing therapeutic and diagnostic materials. A “job” sign-up sheet can be found in the clinicians' room. If a

clinician fails to do assigned duties, the original time required plus a 15-minute penalty will be added to the next month's assignment and brought to the attention of the Clinic Manager. Since part of professional responsibility is working as part of a team, lack of cooperation can adversely affect ones' professional fundamental ratings in clinic practicum.

3. Student Clinicians are responsible for signing out materials, supplies, equipment, tests, games, etc., and ***returning them to their proper places in the appropriate storage areas.***
4. Students should refrain from eating and drinking in therapy. Food and drinks are permissible only if it is part of the therapeutic procedures. No smoking is permitted in the clinic rooms.
5. Students should not leave handbags, audio-recorders, computers, iPads or other personal and valuable items unattended in any clinic area.
6. Students should not give gifts to their clients for any reason. If a student wants to acknowledge a birthday, a card or extra stickers will be sufficient. Treasure chest toys may be given to encourage attention, participation, or provide reinforcement to clients receiving diagnostic or therapeutic services

CLINICIAN-PARENT OR CLINICIAN-CLIENT COMMUNICATION AND COUNSELING

It is the policy of the William Paterson Speech and Hearing Clinic that parents observe therapy sessions regularly. Clinicians should instruct parents or the client's significant other in the proper use of the audio feedback system. Parents/Significant Other should use headphones while listening to the session so that other clients/families are not able to hear the session or be distracted by the session.

It is **the student's responsibility** to provide his/her parent or the client's significant other with headphones at the onset of the session **and** to have them returned after each session.

NOTICE OF PRIVACY PRACTICES

The William Paterson University Speech and Hearing Clinic complies with all policies of the Health Insurance Portability and Accountability Act (HIPAA).

Client Confidentiality

Client confidentiality must be respected at all times during parent conferences. ***At no time*** should conferences occur in the waiting room or hallways. Any clinician wishing to confer with a parent must use the therapy room at the time regularly scheduled for the client. It is permissible to stop therapy five or 10 minutes early in order to talk with parents. Supervisors, as the responsible party, should be present for these conferences unless information discussed is related to home assignments (which should have been previously reviewed with the supervisor) or anticipated absences.

Parents should be kept informed of therapy goals and procedures and overall progress during the semester. An initial conference is to be scheduled after approval of the Treatment Plan and a final conference is to be scheduled after approval of the Summary Report. Information that will be presented during conferences should be discussed with your supervisor prior to actual parent/client contact. Supervisors are to be present during all conferences. As previously stated, conference content is to be recorded on the *special contact form* and signed by the supervisor, student clinician, and the parent/client. The clinician will inform the parent/client of the semester conferences (Treatment Plan and Semester Summary) at least one session in advance of the conference.

COUNSELING

Counseling is viewed as an inherent component of the treatment and evaluation process for many individuals with communication disorders. Therapeutic discussion and changes in attitudes and feelings are considered valid treatment strategies and goals. When the client's counseling needs cannot be adequately addressed by the student clinician/supervisor, given the confines of a free-standing clinic, the supervisor assists the client or the family in locating additional resources. Log notes and special contact forms should document counseling between the client, the supervisor, and the student clinician. Although it is Clinic policy that a supervisor be present when the student clinician counsels the client, the Clinic will defer to the supervisor's judgment in deciding whether his/her presence in the session is necessary based on his/her knowledge of the case and the student clinician's course work and level of competence.

QUALITY ASSURANCE

Evaluation of Clinical Services

The student will be required to provide each of his/her clients with a *Clinical Services Questionnaire* (Appendix XXIII) at the end of each semester. Clients should be asked to return the completed questionnaire to the Clinic Secretary. After the forms are collected, means are calculated for each item. Students are encouraged to become familiar with the form and aspects of clinical services that are being evaluated.

Evaluation of Supervisor

Students are also asked to rate their supervisors at semester's end. These evaluations are accessed via Calipso. Supervisors will have access to the individual evaluations, but the rater/student will remain anonymous.

Evaluation of Practicum Site:

Students are expected to rate their externship placements. Although rating of the supervisor will be performed on Calipso, site evaluations are currently submitted in hard copy. Students will be required to submit the evaluation of the site at the final semester meeting with the Externship

Coordinator or the Clinic Manager. Practicum grades will not be assigned until the externship evaluation is received.

Additional quality assurance indicators are monitored each semester. Clinicians are expected to be aware of the indicators being monitored each semester.

SECTION 8: DOCUMENTING CLINICAL HOURS

INTRODUCTION TO CALIPSO

In Fall 2013, the William Paterson University Department of Communication Disorders and Sciences will require all its student clinicians to log information related to their clinical education using Calipso, an electronic record keeping program designed specifically to account for the practical requirements of speech-language pathology students. Several training sessions will be held throughout the academic year for students that need guidance. Although Calipso comes with an excellent reputation, it is the decision of the Department that both a hard copy and the electronic record be kept as we transition to a complete online system. Therefore, in addition to coding online practicum hours, the students must print the completed Calipso log forms and submit them to the Clinic Manager at the end of the semester meeting. It is further recommended that the Calipso hour form replace the William Paterson University hour form to ensure consistency.

Once you have registered for Calipso, specific instructions for logging clock hours, evaluating supervisors, uploading required documents, etc. is available from the home (lobby page). The student should refer to the **Instructions for Students** (See Appendix XXIV) for information related to logging clock hours, submitting clock hours for supervisor approval, viewing clinical performance evaluations, viewing performance summaries, and completing supervisor feedback forms. Although Calipso does have the ability to upload documents, (between the supervisor and student) limited use of this feature is expected in this inaugural year. Unless instructed otherwise, lesson plans and log notes should be submitted via hard copy or e-mail. The student is reminded that electronic copies should not contain any identifying information.

REGISTERING FOR CALIPSO

Each new student registered for clinic will be provided a PIN via e-mail to set up a Calipso account. Fields regarding your practicum assignment and supervisor should be pre-populated. If you have problems accessing your account or if discrepancies or problems are identified, please contact the Clinic Manager. General instructions for registering follow:

1. Before registering, have available the PIN provided by your Clinic Manager.
2. Go to <https://www.calipsoclient.com/wpunj>
3. Click on the "Student" registration link located below the login button.

4. Complete the requested information, being sure to enter your “school” e-mail address, and record your password in a secure location. Click “Register Account.”
5. Please note: ***PIN numbers are valid for 40 days.*** Contact your Clinic Manager for a new PIN if 40 days has lapsed since receiving the registration e-mail.
6. To login, go to <https://www.calipsoclient.com/wpunj> and login to CALIPSO using your school email and ***password that you created for yourself during the registration process.***
7. Click on “Student Information”
8. Click on “Contact Info” and then “Edit” for each corresponding address.
9. Enter your local, permanent, and emergency contact info. Enter “rotation” contact info when on externships. Return to this link to update as necessary.
10. Click “Home” located within the blue stripe to return to the home page.

ENTERING DATA

Please refer to the instructions provided on the home page and in this manual for the specific protocol for entering clock hours and submitting clock hours for supervisor approval. Please take care to identify the type of service provided (diagnostic or therapeutic) and the type of hour accrued (articulation, language, etc.) Please note that diagnostic sessions should total 2 hours and therapeutic sessions should total 1 hour. If there is a need for a partial session credit (i.e. a session is extended) please round hour totals to the quarter hour (15 minutes).

Please be aware that students must submit clock hours for supervisor approval. Logging the hour does not automatically generate a submission for supervisor approval.

If errors are identified after an hour has been approved, please notify the Clinic Manager. The incorrect hour must be deleted by the Administrator and resubmitted. Prior to deleting any records the Clinic Manager will contact all parties involved.

EVALUATIONS

Clinical Performance Evaluations, Cumulative Evaluations, and a Performance Summary are available via Calipso. The Clinical Performance Evaluation will be available to the student at mid-semester and semester end and will be available once it is completed by the supervisor. Cumulative Evaluations and a Performance Summary summaries your clinical competency across the nine disorder areas. This will assist the student in understanding areas of clinical weakness.

SUPERVISOR EVALUATION

Students will be required to provide feedback for each of his/her clinical supervisors at the end of the term. These evaluations will be entered via Calipso. Evaluations will be posted for Clinical

Manager approval. Once approved, feedback will be available to the clinical supervisor. Evaluations will be provided anonymously.

SEMESTER MEETINGS

Students are expected to meet with Clinic Supervisor at the mid-semester mark and at semester's end to review clinical performance, tally clock hours, discuss strengths and weaknesses, and finalize all client paperwork. Times and dates will be established by the supervisor.

All students participating in clinical practicum must meet with the Clinic Manager or Externship Coordinator at the end of the semester to review performance, clock hours, identify progress toward meeting clinical requirements, and plan for the upcoming semester. Following the final externship rotation, the above will be reviewed and if all clinical requirements have been met, the student will be cleared for graduation.

SECTION 9: GRADES

EVALUATION OF CLINICAL COMPETENCE

All students registered for practicum will receive a final grade for each semester of clinical work. Each student assigned to practicum will be ranked in terms of the degree of independence with which various clinical skills can be demonstrated. It is expected that, as a student progresses toward graduation, his/her clinical skills will improve from "unable to do" to "can do independently" (ready for CF experience) on the vast majority of clinical skills. Clinical practica are graded as pass/fail. Passing grades do not count in the student's grade point average. ***A grade of F obtained in clinic will impact the student's grade point average and result in a dismissal from the graduate program.*** Incompetence, unethical practice, or unprofessional behavior will constitute grounds to issue a grade of "F" in practica as well.

Clinical Performance Evaluation (Appendix XXV)

An evaluation of therapeutic and diagnostic competencies will be completed via Calipso for all students enrolled in clinic. The evaluation assesses relative degree of competence in several pertinent professional areas observed. It should be completed by the Supervisor at mid-term and at the end of the semester.

It is the policy of the Graduate School that a Master's level student becomes ineligible for continued graduate study upon receiving 1 or more credit hours of F or 6 or more credit hours of C [grades]. Policy regarding grade assignments for student clinicians is set by the academic program. No student is allowed to work with clients unless an overall B grade point average is maintained.

Informal evaluations of the student's performance should be made on a regular basis in both written and oral form, allowing the student to become immediately aware of his/her strengths and weaknesses in clinical practice. These informal evaluations should be relative to supervisory observations. During an observation, the Supervisor may wish to use the ***supervisor feedback form*** (Appendix XXVI) to provide written feedback to the student. The form is a useful tool, as it provides a framework for communication while enhancing the delivery of services through documentation of needs and changes. Weekly conferences with the student are also recommended as a means of providing feedback. Some feedback is typically provided at the time of each diagnostic evaluation session and report.

A final grade will be determined at the end of the semester/term and the evaluation will be discussed with the student. The practicum supervisors will give the final grade for work completed with each client. If a student has more than one supervisor or more than one placement during a given term, the overall final grade will be determined based on the evaluations provided by each supervisor. Failure to adhere to deadlines established by practicum sites and by supervisor's guidelines will affect the final grade. Students must advise the Clinic Manager when their work will not be completed by the end of the semester and the student will be given an incomplete until the practicum or work is completed.

Student clinicians that require more than the usual amount of supervision and conferences relating to procedures and techniques (behavioral and/or clinical) can expect lower ratings.

GRADE APPEALS

The procedures for appealing a grade are outlined in the Graduate Catalogue.

STUDENT RETENTION/REMEDIATION:

Clinician Assistance Program (CAP) (Appendix XXVII)

The "Clinician Assistance Program" (CAP) is a problem solving model in which student-clinicians experiencing difficulty within the clinical situation are identified by their supervisor(s). Occasionally student clinicians are placed on the Clinical Assistance Program in order to facilitate minimal competency in areas where such competency has not been mastered.

The student, along with the Clinic Manager, participate in a problem solving meeting with all supervisors assigned to the student during that semester. The purpose of this meeting is to:

1. Outline the specific concerns
2. Provide concrete examples as to why these issues interfere with clinical performance
3. Identify specific goals for remediation
4. Brainstorms methods of instruction and means of assessment
5. Document a plan for remediation
6. Determine a realistic timeline for review of progress

Problems, goals, and strategies are collaboratively developed by all who participate in the meeting. Follow-up meetings that monitor students' performance are regularly scheduled. The student is asked to discuss his/her perception of the problem and possible solutions.

STUDENT CONCERNS

If a student has concerns about their clinical experience, they should first consult their immediate supervisor. If information provided is unsatisfactory or if the primary concern involves supervisory interactions, the Clinic Manager should be consulted.

For issues of clinic policy and/or procedures, this Handbook and the Clinic Manager should be consulted.

SECTION 10: ANCILIARY INFORMATION

HEALTH POLICY

Students will be working with people of all ages in a variety of settings. In order to detect and prevent communicable diseases (e.g., Hepatitis B, Coxsackei Virus, Chicken Pox, HIV, etc.) that may be a threat to patients, hospital personnel, students, or yourself, health evaluations are required. The necessary evaluation meets the requirements of the state of New Jersey Department of Health as well as the various clinical agencies in which students' practice. The **Clinical Clearance Form** (Appendix XXVIII) identifies general information required for students in the clinical setting. *No student* will be allowed in the clinical setting if the form is not complete and submitted to the William Paterson University Health and Wellness Center. You should start the clearance process sixty days prior to the start of the externship. Please be aware that the lab results and results of the two-step Mantoux test will take at least *five weeks* to complete.

The above requirements represent a substantial additional educational expense to the student. To help defray some of those costs, the William Paterson University Health and Wellness Center can offer you the following services.

1. You may obtain the necessary health history/physical and Mantoux tests by one of the nurse practitioners at the Health and Wellness Center in Wayne Hall on campus. Costs are reasonable. *Appointments are available year round.*
2. You may use your own health care provider to obtain your health history/physical, Mantoux, and laboratory studies as you desire. (Please complete the forms included and attach lab work before submitting to the Health and Wellness Center.)
3. You may obtain all necessary lab work through the Occupational Health & Rehabilitation Inc.

This company has taken over all contracts honored by Wayne General. A complete set of tests and labs will cost approximately \$125. This fee must be paid on the day of the appointment. *You may get the lab work done after receiving a prescription from the Health and Wellness Center or your personal health care provider.*

The Clinical Clearance Committee at the Health and Wellness Center will meet every Tuesday and Thursday morning. You may call the committee on these days to check your clearance status at ext. 2360 or 2956 or e-mail Lori Prol APN-C at proll@wpunj.edu. When your clearance is complete, the Health and Wellness Center will issue a card indicating clearance for one year. A copy of this card must be given to the Clinic Manager. If you need clearance renewed after one year you can make an appointment for a re-physical at the Health and Wellness Center. *All that is required for renewal is an updated history and a Mantoux test.*

BACKGROUND CHECK AND FINGERPRINTING

Students should expect to undergo a background check prior to working with any child from the Child Development Center or being placed in an off-site externship. Although some off-site placements may have specific procedures or companies dedicated to completing background checks for their employees/students, William Paterson University has secured the services of CertifiedBackground.com to complete a background check for its students. Services offered include a County Criminal Check, Nationwide Database and Sex Offender, Social Security Alert, and Residency History. A fingerprinting package is also available. The student is responsible for paying for these services. Students are instructed to go to www.CertifiedBackground.com to access this service. The package code for the University is IL49.

INFECTION CONTROL

Universal Procedures:

All students and supervisors are instructed to follow universal precautions when working with clients in order to reduce the spread of infection. Latex gloves are available in each of the treatment rooms. Students are instructed to wear these when working with clients if there is a need to touch the client's face, mucous membranes, or any open areas on the skin (e.g., stoma). If you have a latex allergy, please notify the Clinic Manager.

Hand Washing

Hand washing is the single most important means to prevent the spread of infection. In absence of a true emergency, personnel should wash their hands at a minimum:

1. Before and after treating a patient.
2. After contact with a contaminated object (i.e. object or device contaminated by secretions or excretions from patients).
3. When the use of gloves is indicated, hand washing must be done after glove removal.
4. If accidentally contaminated with blood or other moist body substances.

The following technique should be followed to insure adequate infection control:

1. Wet hands with warm water and apply soap.
2. Vigorously lathered and rub hands together for at least 10 seconds.
3. Rinse hands, dry with a paper towel, and use the towel to turn off the water.

Hand sanitizer dispensers are also available in all clinic rooms. Students should sanitize their hands when entering and exiting the therapy suites.

Cleaning and Sanitation

One of the most important steps in reducing the spread of common infectious diseases or conditions among children is cleaning and sanitizing or disinfecting objects and surfaces that a child comes in contact with. The following policy applies:

1. **General Cleaning** of the Clinic will be done by the custodial staff as needed. Wastebaskets (with disposable liners) will be available and emptied when needed. Rugs will be vacuumed daily. Door handles should be cleaned regularly.
2. **Therapy Tables** will be cleaned by the student clinician between therapy sessions with approved non-toxic EPA sanitizer or bleach solution.
3. **Mouthed toys** will be washed, rinsed, and sanitized in between use by different children. A system for ongoing rotation of mouth toys will be implemented (i.e. a labeled “mouthed toy” bin) and washed daily by clinician(s) who are assigned to this task according to the “job” sign-up sheet (See Section 7-Related Clinical Responsibilities). ***Only washable toys will be used.***
4. **Toys** (that are not mouthed toys) will be washed, rinsed, sanitized, and air-dried at least weekly as per the “job” sign-up sheet noted above.

Every effort is made to only use items that can be cleaned and sanitized in the Clinic. Cracked or broken items are not able to be clean or sanitized properly. These items will be disposed of or removed until they are repaired. .

HOURS OF OPERATION

The clinic is open for operation Monday-Thursday from 9:00 AM to 7:00 PM and Friday from 9:00 AM to 4:00 PM. Students have access to the clinicians’ room daily when clinic is in session.

INCLEMENT WEATHER

When William Paterson University is officially closed, local media will make the official announcement. A recorded announcement may be accessed at 973-720-2475. The Speech and Hearing Clinic will remain open when the University is open. If the University remains open during inclement weather, all clinicians, supervisors and staff are expected to make every

reasonable attempt to maintain their regular work schedules; however, undue risk when traveling is discouraged.

EMERGENCY PROCEDURES

In the event of an emergency or potential imminent hazard, the primary responsibility for evacuating the University campus is under the direction of the Department of Public Safety. The department of Public Safety can be contacted through Campus Police by dialing **2301**. The dispatcher contacts the appropriate University designees who contact the Clinic Manager if an evacuation of the Speech and Hearing Clinic (or Hunziker Wing) is needed. If the emergency originates in the clinic, Campus Police are immediately notified by dialing 2301. The Department Secretary is responsible for the evacuation.

If shelter is required, the closest shelters to the Speech and Hearing Clinic are in the student center. The Department of Public Safety advises the Clinic Manager which shelter is available to Speech and Hearing Clinic staff. If transportation of evacuees is needed, the Department of Public Safety provides it with facilities management, or evacuees are instructed to walk or car pool with associates.

In case of fire remember **RACE**.

Rescue--by removing all present from the immediate area

Alert--by following the above order

Contain--by shutting the doors upon exiting

Extinguish--if there is a fire extinguisher or fire blanket

When an accident involving a university employee or student occurs on departmental property including the clinical facilities and associated parking lots the State of New Jersey Reporting ***Instructions for Accidental Injury*** (Appendix XXIX) and the ***WPU Incident Report*** (Appendix XXX) must be completed within 24 hours by the injured party or a clinical supervisor and submitted to the Clinic Manager. The Clinic Manager investigates and approves the report and it is immediately submitted to the Director of Clinical services and the Department of Human Resources at William Paterson University. When a serious accident occurs involving a non-university employee (i.e., a client, family member, visitor, etc.) a representative of the Department of Public Safety who arranges for emergency care completes the Accident Report. When there is a less serious accident the report is completed in the University Health (nurse's) office. Liability for non-University employees is covered under the provisions of the New Jersey Tort Claims Act N.J.S.A 59:13-1 etc., seq.

REPAIRS AND MAINTENANCE

The Clinic relies on the University for all maintenance of the physical facility. The University

abides by all of the building and safety codes mandated by the State of New Jersey. As such, elevator safety, indoor and outdoor lighting, walking surfaces, etc. are all in compliance with applicable laws. Students must advise their supervisors, Graduate Assistants, Clinic Manager, or the Clinic Secretary when they become aware of the need for repair so the appropriate department may be notified.

SECTION 11: EQUIPMENT, MATERIALS AND SUPPLIES

Diagnostic and therapy equipment and materials are assigned to the clinical areas according to the needs and practices of the clinic. The department has equipment and materials that are used in the remediation and assessment of speech, language, and voice problems as well as for teaching. A complete list of equipment, computerized programs, therapeutic programs, and materials, as well as an inventory of diagnostic tests is available in the clinicians' room. The department also has computers for student use, housed in the computer lab, student research labs, and adult therapy rooms. These computers run various programs that are used for therapy in the areas of language disorders, phonological awareness, accent reduction, etc. Computers are used as well, to run statistical packages.

All diagnostic/therapy materials, such as test manuals, supplies, and toys are kept in locked cabinets. These materials are available to students, faculty, and adjunct supervisors. Students who wish to use the materials must sign them out. Faculty, clinic supervisors, and student clinicians may request new tests and/or new versions of existing tests. The Clinic Manager reviews the requested list and makes appropriate purchases from the clinic budget. The list is updated every semester and a copy is kept in the clinicians' room. Overall, the clinic maintains an adequate number of copies of current versions of test materials. The following procedures should be followed:

1. Diagnostic and treatment materials should be signed out and signed in when returned. A Graduate Assistant will direct you to the appropriate book to sign out materials.
2. Materials for diagnostic or treatment sessions should not be signed out until shortly before the student intends to use them. They should be returned as soon as possible after the session has ended.
3. When checking out materials, the entire item should be taken. (i.e. the entire box of cards, game, test, etc.)
4. All test protocols for shelf materials are located in the clinicians' room. Student clinicians are instructed to alert a Graduate Assistant when only a few protocols for a specific battery remain. Student clinicians should *never* remove/use the last protocol form.
5. Active client files are available in the file cabinet in the Clinician's room. These files can only be reviewed in the Clinicians' room. If files are needed for supervisory, diagnostic, or parent conferences, the file must be signed out and returned to a Graduate Assistant. Under no circumstance should a client file be removed from the Clinic or the University.

The procedures outlined above will be closely monitored in order to ensure that all clinical

materials and equipment are accessible and available when needed. We are interested in providing a positive clinical experience for students participating in practicum. We encourage clinicians and other students in the Department to review all clinical tests, treatment materials, and equipment to enhance their academic and clinical training. To continue to make this possible, we seek your cooperation.

SUGGESTED TOOLKIT FOR CLINICIANS

Although pen lights, stop watches, and audio recorders are available in the clinicians' room for use by students, each student is responsible for acquiring these tools of the trade for use in diagnostics and therapy. It is not possible to guarantee the availability and working condition of materials borrowed from the clinician's room, given the amount of use and fragility of these tools.

PHOTOCOPYING

All photocopying must be done at the library or student center. Graduate Assistants will not photocopy therapy materials for students. Only completed and signed treatment plans, summary reports, and diagnostic evaluations will be photocopied onto letterhead on your behalf. Diagnostic Protocols may be photocopied for your use during assessment, however under no circumstances should photocopies of protocols be placed in the client's chart.

ADDITIONAL ITEMS IN THE CLINICIANS' ROOM

1. A refrigerator, microwave, and toaster oven are available for your use. Please keep them neat. If you make a mess, clean it up.
2. A treasure chest is provided for your use and located by the door.
3. Books are available as a resource and may be signed out overnight. Fees will be incurred for books that are not returned in a timely fashion.
4. Arts and craft supplies are available for your use. Please make it a priority to clean up any mess made during therapy.
5. A laminator is available for use. Please consult a Graduate Assistant for a tutorial on its use.

MISCELLANEOUS

Client Parking Information

Five spaces are available for client parking in Lot 4. Clients must obtain a parking permit from the Clinic Secretary and place it in the window on the passenger side inside the car. Please be sure to confirm that your client has obtained a parking permit and is parked in the correct area to avoid the inconvenience of tickets and towing (both of which are probable as the rules regarding parking are strictly enforced by the University Police). Clients should obtain a permit for the

semester. Clients should be reminded that they could use Clinic Parking only for scheduled appointments. Please advise the Clinic Secretary or the Clinic Manager if parking is regularly a problem during the time that your client is scheduled.

Professional Liability Insurance

The Department of Communication Disorders will pay for professional liability insurance for all students. This covers liability at all practicum sites and is required before an assignment is made. Students must be enrolled in practicum to be covered by this insurance.

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Appendix I

William Paterson University
Department of Communication Disorders and Sciences
SPEECH AND HEARING CLINIC

OBSERVATION SUMMARY FORM

Name of Client: _____ Age: _____ Date: _____

Name of Clinician: _____ Length of Session: _____

1. What type and severity of communicative disorder did the client exhibit?
2. What were the target behaviors of the session?
3. Was the room arranged appropriately? Comment on: Seating? Furniture?
YES NO
4. What were the most and least effective materials and activities used and why?
MOST LEAST
5. What types of cues were used? (e.g. visual, tactile, verbal, etc.)
6. What types of reinforcers were used?
7. How were undesirable behaviors decreased?
8. How were responses charted?
9. If you were the clinician, what changes might you make for the next session?
10. What is one thing you learned from this session?

Appendix II

William Paterson University
Department of Communication Disorders and Sciences
SPEECH AND HEARING CLINIC

OBSERVATION LOG

STUDENT: _____

SEMESTER: _____

CLINICAL METHODS LAB INSTRUCTOR: _____

Client (initials)	Clinician	Site	Total Hours Observed

Appendix III

William Paterson University
Department of Communication Disorders and Sciences
SPEECH AND HEARING CLINIC

OUTLINE FOR LOG NOTES

Client:_____ Clinician:_____

Supervisor:_____

Semester:_____ Date: _____

Behavioral Statement

Statement on:

- a) client's behavior
- b) attention span
- c) motivation level
- d) response to therapeutic procedures

Goals of Session

Should be bulleted

Should be objective/measurable

Should define level and amount of support (cueing)

Procedures Used to Accomplish Goals

Narrative statement linking goals to procedures

Evaluation of Session

Statement on:

- a) appropriateness of goals
- b) effectiveness of procedures
- c) overall comment on session ---successful---changes that could or should have been implemented

Appendix IV

William Paterson University
Department of Communication Disorders and Sciences
SPEECH AND HEARING CLINIC

OBSERVATION/AUDIO-VIDEO RECORD PERMISSION FORM

I, _____, hereby give permission for qualified students and professionals in the Department of Communication Disorders and Sciences to participate and/or observe me or (child's name)_____during diagnostic or therapeutic sessions at the William Paterson University Speech and Hearing Clinic. In addition, I give permission to have an audio-video and/or recorded copy made of any such sessions. I understand that such recordings will be used solely for instructional purposes within the Department of Communication Disorders and Sciences.

Signature_____

Date_____

Appendix V

William Paterson University
Department of Communication Disorders and Sciences
SPEECH AND HEARING CLINIC

INFORMATION RELEASE FORM

I hereby give permission to release confidential information concerning myself or my child _____, to be forwarded to the underwritten persons or agencies.

SIGNATURE OF PARENT, GUARDIAN OR CLIENT

DATE

ATTEST

Appendix VI

William Paterson University
Department of Communication Disorders and Sciences
SPEECH AND HEARING CLINIC

CONSENT TO REQUEST INFORMATION

DATE: _____

RE: _____

Dear

The above client attends the William Paterson University Speech and Hearing Clinic. In accordance with the request of the parent, we are requesting the following information in order to plan appropriate intervention:

Please feel free to contact me if you require additional information.

Sincerely yours,

Christine C Natale M.S. CCC-SLP
Clinic Manager

Parent Signature

Appendix VII

William Paterson University
Department of Communication Disorders and Sciences
SPEECH AND HEARING CLINIC

CONSENT TO RELEASE INFORMATION

Date: _____

Re: _____

Dear

The above client attends the William Paterson University Speech and Hearing Clinic. In accordance with the request of the parent, we are forwarding the following information:

I hope this information will assist you. Please feel free to contact me if you require additional information.

Respectfully submitted,

Christine C. Natale M.S. CCC-SLP
Clinic Manager

Parent Signature

William Paterson University
Department of Communication Disorders and Sciences
SPEECH AND HEARING CLINIC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU, MAYBE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact Margaret Meth, Clinic Director, William Paterson University of New Jersey Speech and Hearing Center 973-720-2207.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of William Paterson University of New Jersey (WPUNJ) Speech and Hearing Center and the Department of Communication Disorders and Sciences in its main clinic on-campus at its off campus practicum sites and that of:

- Any speech-language pathologist, or student clinician authorized to enter information in your client folder.
- All sections and units of the Speech and Hearing Center.
- All students, majoring in Communication Disorders at WPUNJ.
- Any observers with prior approval of the Manager of the Speech and Hearing Center based on free and informed consent of any client.
- All employees, staff, and other clinic personnel of WPUNJ participating in off-campus practica at affiliated sites.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION

We understand that Protected Health Information (PHI) about you and your communication difference or disorder is personal. We are committed to protecting PHI about you. We create a record of the care and services you receive at The WPU Speech and Hearing Center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated and held by the Center.

This notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

We are required by law to:

- make sure that PHI that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to PHI about you; and
- follow the terms of the notice that is currently in effect.

Appendix VIII

The following categories describe different ways that we use and disclose PHI. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

- For treatment. We may use PHI about you to provide you with treatment or services. We may disclose PHI about you to speech-language pathologists, audiologists, graduate and undergraduate students, and other clinic personnel who are involved in your care. For example, a speech-language pathologist treating you for a language problem may need to know if you have a hearing loss because a hearing loss may affect language development. In addition, the speech-language pathologist may need to communicate with a graduate student who will assist in your treatment. We also may disclose information about you to people outside the clinic who may be involved in your care, such as family members and others, with your permission.
- For Payment. We may use and disclose PHI about you so that treatment and services you receive at the center may be billed and payment may be collected from you, an insurance company, or other third party. For example, we may need to disclose information about the hearing test you receive at the center so that your health plan will pay you. We also may tell your health plan about a treatment you are going to receive to determine whether your plan will cover the treatment.
- For health care operations. We may use and disclose PHI about you for Center operations. These uses and disclosures are necessary to run the Center and make sure that all of our clients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We also may combine PHI about many clients to decide what additional Center services should be offered, what services are not needed, and whether new treatments are effective. We may disclose information to the professionals, staff, and students for review and learning purposes. We may combine the information with information from other clinical programs to compare how we are doing and to see where we can make improvements in the care and services we offer. We will remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without learning who the specific clients are.
- Appointment reminders. We may use and disclose PHI to contact you as a reminder that you have an appointment at the Center. For example, a graduate student may phone you the day before your appointment as a reminder. A message may be left on your answering machine or sent by e-mail or FAX.
- Treatment alternatives. -We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- Health-related benefits and services. We may use or disclose PHI to tell you about health related benefits or services that may be of interest to you.

Appendix VIII

- Observation of services. The Center is an educational facility for students majoring in Communication Disorders. We may allow students to observe services. In addition, personnel from other agencies involved with your care may be allowed to observe services.
- Video and audio recording. During the course of evaluation and treatment, video and audio recordings may be used, from time to time, by students and faculty in the Department of Communication Disorders and Sciences for instructional purposes. Instructional uses may occur in regularly scheduled classes in Communication Disorders and Sciences, special professional seminars, and continuing education programs. In most instances, we will get your signed permission to use these recordings.
- Disclosures for instructional purposes. As a teaching facility, we may disclose certain information in classes taught at the university and in other professional presentations. We may remove information that identifies you from this set of PHI so students and professionals may use it to study health care and health care delivery without learning who the specific clients are.
- Research. Under certain circumstances, we may use and disclose PHI about you for research purposes provided the Health Insurance Portability and Accountability Act (HIPAA) of 1996 regulations are met as approved by WPU's Institutional Review Board.
- As required by law. We will disclose PHI about you when required to do so by federal, state, or local law.
- To avert serious threat to health or safety. We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety, and to the safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.
- Workers' compensation. We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.
- Public health risks. We may disclose PHI about you for public health activities. These activities generally have the following purposes:
 - To prevent or control disease, injury or disability
 - To report child abuse or neglect
 - To report problems with products
 - To notify people of recalls of products they may be using
 - To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when we are required or authorized by law to do so.
- Health oversight activities. We may disclose PHI to an oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government programs, and compliance with civil rights laws.

Appendix VIII

- Lawsuits and disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- Collection agency. In the event that your account is long past due and that you have failed to return a letter of notification to the Center, your account with PHI may be assigned to a Credit Bureau Collection Center for enforcement of collection.
- Law enforcement. We may release PHI if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons, or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person; .
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About criminal conduct at the clinic.
- National security and intelligence activities. We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others; or 3) for the safety and security of the correctional institution.

You have the following rights regarding PHI we maintain about you:

- Right to inspect and copy. You have the right to inspect and copy PHI that may be used to make decisions about your care. To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to the center office. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.
- We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to Protected Health Information, you may request that the denial be reviewed. Another licensed health care professional chosen by the center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Appendix VIII

- Right to amend. If you think that Protected Health Information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the center.

To request an amendment, your request must be made in writing and submitted to the center director. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing and does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not a part of the information kept by or for the center;
- Is not a part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- Right to an accounting of disclosures. You have a right to request an "accounting of disclosures." This is a list of the unauthorized disclosures we made of PHI about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Clinic Manager. Your request must state a time period, which may not be longer than seven years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request in a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- Right to request restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care, like a family member or friend. For example you could ask that we not use or disclose information about a procedure you had.

We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Clinic Manager. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure, or both; and 3) to whom you want the limits to apply, for example, disclosures to your spouse.

- Right to request confidential communications. You have the right to request that we communicate with you about personal health matters in a certain way or at a certain location. For example, you can request that we contact you at work or by mail.

Appendix VIII

- To request confidential communications, you must make your request in writing to the Clinic Manager. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- Right to a paper copy of this notice. You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, call the Clinic office at (973) 720-2207.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the Clinic. The notice will contain on the first page, in the top right hand corner, the effective date. In addition, each time you begin a new treatment at the Center, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Clinic or with the Secretary of the Department of Health and Human Services.

To file a complaint with the Clinic, contact Christine Natale, Clinic Manager, (973) 720-4993. All complaints must be submitted in writing.

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose PHI about you, you may revoke this permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care we provide to you.

Appendix VIII

William Paterson University
Department Of Communication Disorders And Sciences
SPEECH AND HEARING CLINIC

Notice of Privacy Practices Acknowledgement Form

The William Paterson University Speech & Hearing Center's Notice of Privacy Practices provides information about how we may use and disclose Protected Health Information about you. It also provides information on what your rights are regarding your Protected Health Information as outlined by the Health Insurance Portability and Accountability Act of 1996.

As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by making a request.

By signing this form, I acknowledge that I have received a copy of the Notice of Privacy Practices or had the opportunity to review the notice.

(Patient or Legal Representative Signature) (Date)

(Patient name) (Date of Birth)

(Witness Signature) (Date)

Appendix IX

William Paterson University
Department of Communication Disorders and Sciences
SPEECH AND HEARING CLINIC

ATTENDANCE AGREEMENT

I understand that the William Paterson University Speech and Hearing Clinic's primary goal is to provide its students, under the supervision of ASHA certified personnel, with diagnostic and therapeutic experiences in preparation for professional practice as Speech-Language Pathologists. I understand that if the services I or my child require are beyond the scope of those provided at the Clinic, I will be referred to a more appropriate clinical setting.

Since the clinic is part of a training program, consistency of client attendance is essential for both the student-clinician and the client to obtain optimal benefits from the program. I understand that two absences are permitted per fall and spring semester and one absence is permitted during summer sessions. I further understand that absences in excess of that could result in termination from the program.

Parent Signature and Date

William Paterson University
Department of Communication Disorders and Sciences
SPEECH AND HEARING CLINIC

Client: _____ DOB: _____ CA: _____

(This section should include a brief introduction focusing on the client's initial diagnosis as well as a description of the client's current speech and language status.)

(Include a descriptive summary of goals, procedures, and outcomes of therapy.)

(Based on information above, prepare long and short-term goals, objectives and procedures for the current semester.)

Appendix XI TREATMENT PLAN

Client:	DOB:	Student Clinician:	
Medical DX & ICD-9#:	Medical Diagnosis & ICD codes are available in the clinicians' room.	Clinic Supervisor:	
Presenting Communication Disorder:	You should note the primary communication impairment (articulation disordered, language impaired, etc.)	Projected Duration of Service:	Projected date of service.... Unless you are close to discharge, put "to be determined"
Prognosis & Indicators:	Provide a prognostic statement & support that statement with positive/negative prognosticators	Annual Re-Evaluation Date:	We evaluate clients every 3 rd semester. Check the client's chart for an appropriate re-evaluation date.

Functional Outcome Goal(s)	Semester Focus Dates:	Start and end dates of semester	Mid-Semester Goals Dates:	Start and end date of mid-semester mark
<p>The client will achieve production of Standard American English in 90% of spontaneous conversational speech</p> <p style="padding-left: 40px;">This is your discharge criterion. Remember it should be MEASURABLE!</p>	<p>The client will produce:</p> <p>These are your semester goals. (NOTE: These are NOT objectives but semester targets. The objectives that make up your semester goals, will be noted on your weekly lesson plan)</p>		<p>The client will produce:</p> <p>These are your mid-semester goals, or the criterion expected for each of your semester targets at the mid-semester mark. Realize, they need to be related to your Semester Targets.</p>	
<p>Functional Categories to be Addressed:</p> <p style="padding-left: 40px;">These are the areas of communication that will be addressed. It may be more than 1 parameter of communication. All areas addressed should be noted.</p>				

TREATMENT RATIONALE: This is your treatment rationale. Your rationale could support the goal, the approach, and/or the criteria measurement. All of your targets should have a rationale. This addresses evidence based practice.

TREATMENT TECHNIQUES/ STRATEGIES / APPROACHES: This section is for "broad" procedures. Realize that if each of your goals is significantly different, than you need separate procedures for the semester targets. The details need not be included here, but you should address context, elicitation, instruction, stimuli, reinforcement and levels of cueing or support.

CLIENT / CAREGIVER EDUCATION PLAN: This is self-explanatory. How will you engage the client/caregivers? What will you require them to do or how will they be required to participate in the defined plan.

Clinical Supervisor's Signature/Date: _____

Student Clinician's Signature/Date _____

Appendix XII

William Paterson University
Department of Communication Disorders and Sciences
SPEECH AND HEARING CLINIC

WEEKLY LESSON PLAN

Client: _____ Clinician: _____ Week of: _____

Goals

Procedures

Materials

Appendix XIII

William Paterson University
Department of Communication Disorders and Sciences
SPEECH AND HEARING CLINIC

LOG NOTES

CLIENT:_____CLINICIAN:_____SUPERVISOR_____

SEMESTER_____ DATE:_____

DATE:

Appendix XIV SUMMARY REPORT

Client:		DOB:		Report Period:	
Responsible Party:		ADDRESS:		Phone Number:	
Diagnosis:				Initial Evaluation Date:	
TX Service:	Identify the services provided (i.e. 1 hour group; 1 hour individual or 2 hour individual)			Sessions Attended:	Number of sessions attended of number of sessions scheduled (divide by group & individual if appropriate).
Functional Outcome Goal:	This should be the same "discharge criterion" noted on the Treatment Plan				
Semester Goals		Initial Status		Ending Status	
The client will produce: Semester Goals as defined on the Treatment Plan		The client produced: Baseline data as it relates to your semester goals is noted here. (You may also consider "global baseline measures" like an intelligibility rating or MLU.)		The client produced: Your outcome data will be placed here. This will be collected during the last week of the semester and will not "met" or "not met" for each semester objective. (If you identified a global measure, you should note the current level.)	

Summary/Comments: This is the summary of therapy. You would address the progress made in therapy; you will also give some indication of what level of support that is currently being provided if the target has not yet been met. You also should address the functional outcome- where in relation to that target is your client currently.

Recommendations		
Service Type:	This is self explanatory. In	Continue Current Goals:
Frequency:	terms of Projected Duration,	New Goals (see comments):
Projected Duration:	if duration is unknown, not	Functional Outcome Goal Met:
Re-Evaluation Date:	the time to the next	Discontinue Services:
Prognosis:	scheduled re-evaluation. (i.e.	Refer to:
Indicators:	6 months then re-evaluate).	

Graduate Clinician:
Date:
Supervisor:
Date:

Appendix XV

William Paterson University
Department of Communication Disorders and Sciences
SPEECH AND HEARING CLINIC

WITHIN-SEMESTER EVALUATION REPORT

Client's Name: _____ Evaluator: _____

Date of Birth: _____ Supervisor: _____

Date(s) of Assessment: _____ Chronological Age: _____

Background Information

(Include brief statement of presenting problem, how long client has been receiving services and reason for current testing.)

Speech and Language Evaluation

(Include names, purpose, and scores of all standardized tests administered and any informal observations and/or analysis of speech and language samples.)

Impressions

Recommendations

Student Clinician

Supervisor

Appendix XVI

William Paterson University
Department of Communication Disorders and Sciences
SPEECH AND HEARING CLINIC

ATTENDANCE RECORD FORM

Attendance Code:

Enter date expected of service.
Enter T if the clinician is absent
Enter A if the client is absent
Enter C if the clinic is closed
Enter M if it a make up session

Enter F for first session
Enter D for diagnostic evaluation
Enter L for last session of the semester
Enter TM for therapy terminated
Enter E for extended time and note
additional time (ie 1/1/13 + 15)
Enter P for partial session and note missed
time (ie 1/1/13 – 15)

Year: _____

January: _____	_____	May _____	_____	Sept _____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Feb _____	_____	June _____	_____	Oct _____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
March _____	_____	July _____	_____	Nov _____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
April _____	_____	Aug _____	_____	Dec _____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Appendix XVII

William Paterson University
Department of Communication Disorders and Sciences
SPEECH AND HEARING CLINIC

DIAGNOSTIC EVALUATION PLAN

Client's Name: _____ DOB: _____ CA: _____

Clinician's Names: _____

Date of Evaluation: _____

BACKGROUND INFORMATION:

EVALUATION PROCEDURES: (test being used and who is administering it)

Articulation:

Language:

Oral Peripheral Exam:

Hearing:

Other:

Language(s)/Methods of Communication:

Appendix XVIII

William Paterson University
Department of Communication Disorders and Sciences
SPEECH AND HEARING CLINIC

RESULTS OF DIAGNOSTIC EVALUATION

Client Name: _____

Address: _____

Phone: _____

Contact if not the client: _____

DATE:_____ DOB:_____ CA:_____

DIAGNOSTIC IMPRESSIONS:

RECOMMENDATIONS

1.) THERAPY RECOMMENDED

Times per week:_____

Put on waiting list:_____

Available therapy days and times:_____

2.) RE-EVALUATION RECOMMENDED:_____

Time interval:_____

3.) REFERRAL

Professional Referred to:_____

4.) OTHER

COMMENTS:



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Code of Ethics

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

Index terms: ethics

doi:10.1044/policy.ET2010-00309

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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.

Appendix XIX

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

Appendix XIX

- 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/e-health), 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 enroll and include persons as participants in research or teaching demonstrations only if their 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 from 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.

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Rules of Ethics	<ul style="list-style-type: none">A. 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 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	<ul style="list-style-type: none">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

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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

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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 XX

William Paterson University
Department of Communication Disorders and sciences
SPEECH AND HEARING CLINIC

IDENTIFYING INFORMATION FORM

Year: _____

Client's Name: _____

Current Address: _____

Contact Person: _____

E-mail: _____

Contact Phone: _____

(home)

(cell)

Appendix XXI

William Paterson University
Department of Communication Disorders and Sciences
SPEECH AND HEARING CLINIC

SPECIAL CONTACT FORM

Date of Contact:
Type of Contact:
Attended By:
Reason for Contact

A. Topics Discussed

B. Summary of Discussion

C. Impressions and Concerns

D: Disposition

Graduate Student Clinician

Clinical Supervisor

Responsible Party

William Paterson University
Department of Communication Disorders and Sciences
SPEECH AND HEARING CLINIC

Site:
Address:
Date:
Clinician:
Supervisor:

[illegible]

F= Fail

DNT= Did not test on condition to testify

R- Referral

A= Artic only

V= Voice only

F= Fluency

Dx sp (a-v-f)= complete speech

Dx Lang= complete language

Dx Aud- Full Audiological

Dx SLD= Complete speech/language

ESLA= ESL Assessment

Total Children Screened:

Children with No Recommendations:

Children with Recommendations:

Full Speech/Language:

Articulation Only:

Re-Screen Artic:

Complete Artic Only:

Voice or Fluency:

Language:

Re-Screen Language:

Complete Lang Only:

ESL assessment:

Hearing:

Re-Screen In combination with above:

Re-Screen hearing only:

Full Audiological:

Appendix XXIII

William Paterson University Department of Communication Disorders and Sciences SPEECH AND HEARING CLINIC

CLINICAL SERVICES QUESTIONNAIRE

Please fill out and return to the Clinic Secretary.

									Strongly Disagree							Strongly Agree
1.	The Clinician was available to answer questions.	1	2	3	4	5	6	7	NA							
2.	The Clinician thoroughly explained the nature of the disorder.	1	2	3	4	5	6	7	NA							
3.	The Clinician explained the proposed plan of treatment.	1	2	3	4	5	6	7	NA							
4.	The Clinician explained the probable outcome of treatment prescribed.	1	2	3	4	5	6	7	NA							
5.	Therapy sessions appeared to be carefully planned.	1	2	3	4	5	6	7	NA							
6.	Therapy sessions appeared to have specific goals.	1	2	3	4	5	6	7	NA							
7.	The Clinician used adequate and appropriate materials.	1	2	3	4	5	6	7	NA							
8.	The Clinician respected the privacy of communication (reports, interviews with clients, test scores).	1	2	3	4	5	6	7	NA							
9.	The Clinician appeared concerned about the whole person not just his/her speech or language.	1	2	3	4	5	6	7	NA							
10.	The Clinician and Supervisor were courteous.	1	2	3	4	5	6	7	NA							

Appendix XXIII

- A. Do you feel that any additional goals should be included?
If so, please indicate your suggestions.
- B. Are there any services that are not provided by the Speech Clinic that you would like to see included? If so, please indicate your suggestions.
- C. Was an outside referral recommended?
If so, was an explanation for the referral given?

CALIPSO INSTRUCTIONS FOR STUDENTS

<https://www.calipsoclient.com/wpunj>

Step 1: Register as a Student User on CALIPSO

- Before registering, have available the PIN provided by your Clinical Coordinator via e-mail.
- Go to <https://www.calipsoclient.com/wpunj>
- Click on the “Student” registration link located below the login button.
- Complete the requested information, being sure to enter your “school” e-mail address, and record your password in a secure location. Click “Register Account.”
- Please note: **PIN numbers are valid for 40 days.** Contact your Clinical Coordinator for a new PIN if 40 days has lapsed since receiving the registration e-mail.

Step 2: Login to CALIPSO

- To login, go to <https://www.calipsoclient.com/wpunj> and login to CALIPSO using your school e-mail and **password that you created for yourself during the registration process (step one.)**
- Upon logging in for the first time, you will be prompted to pay the student fee and to provide consent for the release of information to clinical practicum sites.

Step 3: Enter Contact Information

- Click on “Student Information”
- Click on “Contact Info” and then “Edit” for each corresponding address.
- Enter your local, permanent, and emergency contact info. Enter “rotation” contact info when on externships. Return to this link to update as necessary.
- Click “Home” located within the blue stripe to return to the home page.

Step 4: View Immunization and Compliance Records

- Before each semester, click on “Student Information” and then “Compliance/Immunizations” to view a record of compliance and immunization records.
- Missing or expired records are highlighted in red.
- To create a document to save and/or print, click “PDF” located within the blue stripe.
- An electronic file of the original documents can be accessed, if uploaded by the Clinical Coordinator, by clicking “Files” located within the blue stripe.
- Click “Home” located within the blue stripe to return to the home page.

Step 5: View/Upload Clinical Placement Files

- The file management feature allows you to upload any type of file (e.g. Word, PDF, JPEG, audio/video) to share with your clinical supervisor or clinical administrator.
- Click on “Student Information” and then “Clinical Placement” to upload your own file and/or view a file uploaded by your supervisor or clinical administrator.
- **First, select a folder by clicking on the folder name or create a new folder or subfolder.** To create a new folder or subfolder, type in desired folder name in the "Add folder" field and press "create."
- **Upload a file** by pressing the “Browse” button, selecting a file, completing the requested fields, and clicking "upload." The upload fields will display if you have selected an unrestricted folder. **Set the file permission** by choosing “public” for supervisor and clinical administrator access or “private” for clinical administrator access only.
- **Move files** by dragging and dropping from one folder to another.
- **Rename folders** by clicking the "rename" link to the right of the folder name.
- **Delete files** by clicking the “delete” button next to the file name. **Delete folders** by deleting all files from the folder. Once all the files within the folder have been deleted, a “delete” link will appear to the right of the folder name.

Step 6a: Enter Daily Clock Hours

- Click on the “Clockhours” link located on the lobby page or the “Student Information” link then “Clockhours.”
- Click on the “Daily clockhours” link located within the blue stripe.
- Click on the “Add new daily clockhour” link.
- Complete the requested information and click “save.”
- Record clock hours and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.

To add clock hours for a ***different*** supervisor, clinical setting, or semester:

- Repeat above steps to enter additional clock hours gained under a different supervisor, clinical setting, or semester.

To add additional clock hours to the ***same*** record:

- Click on the “Daily clockhours” link located within the blue stripe.
 - Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click “Show.”
 - Click the “Copy” button located next to the date of a previous entry.
 - Record the new clock hours (changing the date if necessary) and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.
- To **view/edit** daily clock hours, click on the “Daily clockhours” link located within the blue stripe.
 - Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click “Show.”
 - Select the desired entry by clicking on the link displaying the entry date located along the top of the chart. Make desired changes and click save.
 - Please note: Supervisors are not notified and are not required to approve daily clock hour submissions.

Step 6b: Submit Clock Hours for Supervisor Approval

- Click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, and course) from the drop-down menu and click “Show.”
- Check the box (located beside the entry date) for all dates you wish to submit for approval then click “Submit selected clockhours for supervisor approval.” Clock hours logged for the dates selected will be consolidated into one record for supervisor approval. The designated supervisor will receive an automatically generated e-mail requesting approval of the clock hour record.
- Please note: Daily entries cannot be edited once approved. However, if you delete the entry from the “Clockhour list” link prior to approval, daily hours may be resubmitted.
- View consolidated clock hour entries by clicking “Clockhours list” located within the blue stripe.

Step 7: View Clinical Performance Evaluations

- Click on “Student Information” and then “Evaluations.”
- As clinical performance evaluations are completed on you by your supervisors, the evaluations will automatically post to this link.

- View a desired evaluation by clicking on the “current evaluation” link highlighted in blue.

Step 8: View Cumulative Evaluation

- Click on “Student Information” and then “Cumulative evaluation” to view a summary of your clinical competency across the 9 disorder areas.
- Upon graduation, you must demonstrate competency for all clinical competencies listed on the form.
- Please make note of any areas of deficiency which are highlighted in orange.

Step 9: View Performance Summary

- Click on “Student Information” and then “Performance summary” to view a summary of your clinical performance across all clinical courses to date.

Step 10: View My Checklist

- Click on “Student Information” and then “My Checklist” to view your progress in meeting the clinical requirements for graduation.
- Upon graduation, all requirements should have been met, represented with a green check mark.

Step 11: Complete Self-Evaluation

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete a self-evaluation.
- From the lobby page, click on the “Self-evaluations” link.
- Click on “New self-evaluation.”
- Complete required fields designated with an asterisk and press “save.”
- Continue completing self-evaluation by scoring all applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, check the “final submission” box and click “save.”
- Receive message stating “evaluation recorded.”
- Please note: you may edit and save the evaluation as often as you wish until the final submission box is checked. Once the final submission box is checked and the evaluation saved, the status will change from “in progress” to “final”.
- To view the evaluation, click “Evaluations list” located within the blue stripe.

Step 12: Complete Supervisor Feedback Form

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete feedback for each clinical supervisor.
- From the lobby page, click “Supervisor feedback forms.”
- Click “New supervisor feedback.”
- Complete form and click “Submit feedback.”
- Your completed feedback form will be posted for Clinical Coordinator approval. Once approved, feedback will be posted for the clinical supervisor to view. Until approved, the feedback may be edited by clicking on “View/edit.”

Step 13: View Site Information Forms

- The “Site Information Forms” link located on the lobby page displays pertinent information on the sites/facilities that your school affiliates with for clinical placements.
- To view available information, identify the desired site and click “View” located in the fifth column under submitted.
- Please note: “In progress” forms are not accessible to students; only “submitted” forms are accessible to students.

Authored by: Laurel H Hays, M.Ed., CCC-SLP and Satyajit P. Phanse, M.S.

WILLIAM PATERSON UNIVERSITY

Appendix XXV Evaluation of Student as charted in CALIPSO

Performance Evaluation

Supervisor: _____

*Student: _____

*Site: _____

*Evaluation Type: _____

*Semester: _____

*Course Number: _____

*Patient Population:

Young Child (0-5) ☐

Child (6-17) ☐

Adult (18-64) ☐

Older Adult (65+) ☐

Performance Rating Scale

Please refer to the Performance Rating Scale for grading criteria. Use a score between 1 and 5, in 0.25 increments (1.25, 1.5 etc.)

1 - Not evident	4 - Adequate
2 - Emerging	5 - Consistent
3 - Present	

* If n/a, please leave space blank.

Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.

Evaluation Skills	Articulation	Fluency	Voice	Language	Hearing	Swallowing	Cognition	Social Aspects	Communication Modalities
1. Conducts screening and prevention procedures (std III-D, std IV-G, 1a).									
2. Performs chart reviews and collects case history from interviewing patient and/or relevant others (std IV-G, 1b).									
3. Selects appropriate evaluation instruments/ procedures (std IV-G, 1c).									
4. Administers and scores diagnostic tests correctly (std IV-G, 1c).									
5. Adapts evaluation procedures to meet patient needs (std IV-G, 1d).									

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6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std III-C).									
7. Interprets and formulates diagnosis from test results, history, and other behavioral observations (std IV-G, 1e).									
8. Makes appropriate recommendations for intervention (std IV-G, 1e).									
9. Complete administrative functions and documentation necessary to support evaluation (std IV-G, 1f).									
10. Makes appropriate recommendations for patient referrals (std IV-G, 1g).									
Score totals:									
Total number of items scored:			Total number of points:				Section Average:		
Comments:									

Appendix XXV

Treatment Skills	Articulation	Fluency	Voice	Language	Hearing	Swallowing	Cognition	Social Aspects	Communication Modalities
1. Develops appropriate treatment plans with measurable and achievable goals. Collaborates with clients/ patients and relevant others in the planning process. (std IV-g, 2a).									
2. Implements treatment plans. (std IV-G, 2a).									
3. Selects and uses appropriate materials/ instrumentation (std IV-G, 2c).									
4. Sequences task to meet objectives.									
5. Provides appropriate introduction/ explanation of tasks.									
6. Measures and evaluates patients' performance and progress (std IV-G, 2d).									
7. Uses appropriate models, prompts, or cues. Allows time for patient response.									

Appendix XXV

8. Adapts treatment session to meet individual patient needs (std IV-G, 2e).									
9. Completes administrative functions and documentation necessary to support treatment (std IV-G, 2f).									
10. Identifies and refers patients for services as appropriate (std IV-G, 2g).									
Score Totals:									
Total number of items scored:				Total number of points:			Section Average:		
Comments:									

Preparedness, Interaction, and Personal Qualities	Score
1. Possesses foundation for basic human communication and swallowing processes (std III-B).	
2. Possesses the knowledge to integrate research principles into evidence0based clinical practice (std III-F).	
3. Possesses knowledge of contemporary professional issues and advocacy (std III-G).	
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std IV-G, 3a).	
5. Establishes rapport and shows sensitivity to the needs of the patient.	
6. Uses appropriate rate, pitch, and volume when interacting with patients or others.	

Appendix XXV

7. Provides counseling and supportive guidance regarding communication and swallowing disorders to patients, family, caregivers, and relevant others (std IV-G, 3c).			
8. Collaborates with other professionals in case management (std IV-G, 3b).			
9. Displays effective oral communication with patient, family, or other professionals (std IV-B).			
10. Displays effective written communication for all professional correspondence (std IV-B).			
11. Adheres to the ASHA Code of Ethics and conducts him or herself in a professional, ethical manner (std III-E, IV-G, 3d).			
12. Assumes a professional level of responsibility and initiative in completing all requirements.			
13. Demonstrates openness and responsiveness to clinical supervision and suggestions.			
14. Personal appearance is professional and appropriate for the clinical setting.			
15. Displays organization and preparedness for all clinical sessions.			
Total number of items scored:	Total number of points:	Section Average:	
Comments:			

Appendix XXV

Improvements Since Last Evaluation:

Strengths/Weaknesses:

Recommendations for Improving Weaknesses:

Total points (all sections included): _____ Adjustment: 0.0

Divided by total number of items: _____

Evaluation Score: _____

Letter Grade: _____

Quality Points: _____

By entering the student's name, I verify that this evaluation has been reviewed and discussed with the student prior to final submission.

Student Name:

Date Reviewed:

I verify that this evaluation is being submitted by the assigned clinical supervisor and that I have supervised the above named student.

*Supervisor Name:

*Date Completed:

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

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Authored by: Laurel H. Hays, M.ED., CCC-SLP and Satyajit P. Phanse, M.S.

WILLIAM PATERSON UNIVERSITY

Evaluation of Supervisor As Charted in CALIPSO

Supervisor Feedback

Student:	
*Supervisor:	
*Site:	
*Semester:	

1. Provided an orientation to the facility and caseload.

N/A

No orientation provided. Student oriented him/herself.

Informal orientation provided.

Formal orientation provided with supplemental documentation.

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

N/A

Comments were vague; and therefore, difficult to apply.

Comments were useful but lacked specifics or concrete examples.

Comments were useful, specific, and instructive.

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

N/A

Comments were vague; and therefore, difficult to apply.

Comments were useful but lacked specifics or concrete examples.

Comments were useful, specific, and instructive.

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

N/A

Comments were vague; and therefore, difficult to apply.

Comments were useful but lacked specifics or concrete examples.

Comments were useful, specific, and instructive.

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

N/A

Comments were vague; and therefore, difficult to apply.

Comments were useful but lacked specifics or concrete examples.

Comments were useful, specific, and instructive.

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

N/A

Comments were vague; and therefore, difficult to apply.

Comments were useful but lacked specifics or concrete examples.

Comments were useful, specific, and instructive.

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

N/A

Comments were vague; and therefore, difficult to apply.

Comments were useful but lacked specifics or concrete examples.

Comments were useful, specific, and instructive.

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

N/A

Provided minimal explanations and/or demonstrations.

Provided adequate explanations and/or demonstrations when requested.

Provided thorough explanations and/or demonstrations for all clinical procedures.

9. Utilized evidence-based practice.

N/A

Rarely referenced current literature.

Occasionally referenced current literature.

Frequently referenced current literature.

10. Encouraged student independence and creativity.

N/A

Minimally receptive to new ideas and differing techniques.

Somewhat receptive to new ideas and differing techniques but did not encourage them.

Very receptive to new ideas and encouraged use of own techniques.

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

N/A

Rarely commented on success and efforts.

Occasionally commented on success and efforts.

Frequently commented on success and efforts.

12. Provided student with written and/or verbal recommendations for improvement outside of midterm and final evaluation.

N/A

Rarely provided written and/or verbal recommendations

Occasionally provided written and/or verbal recommendations

Systematically provided written and/or verbal recommendations

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

N/A

Enthusiasm and interest rarely observed; frequent negative comments.

Enthusiasm and interest occasionally observed; occasional negative comments.

Enthusiasm and interest regularly observed; frequent positive and optimistic comments.

14. Demonstrated effective interpersonal communication with student.

N/A

Seemed uninterested and/or unwilling to listen or respond to student's needs.

Some interest in student's needs shown, but communication lacked sensitivity.

Aware of and sensitive to student's need; open and effective communication.

15. Receptive to questions.

N/A

Unwilling to take time to answer questions.

Answered questions inconsistently.

Answered questions with helpful information or additional resources which encouraged me to think for myself.

16. Available to me when I requested assistance.

N/A

Supervisor was rarely available.

Supervisor was occasionally available.

Supervisor was always available.

17. Utilized effective organizational and management skills.

N/A

Rarely organized; showed difficulty balancing supervisory and clinical responsibilities.

Somewhat organized; balanced supervisory and clinical responsibilities with little difficulty.

Always organized; balancing supervisory and clinical responsibilities with ease.

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

N/A

Provided minimal or no additional resources.

Provided helpful resources upon student request.

Provided helpful resources without student request.

19. Realistically demanding of me as a student intern.

N/A

Expectations were either too high or too low for level of experience with no attempts to adjust.

Expectations were generally appropriate for my level of experience.

Expectations were individualized and adjusted according to my strengths and weaknesses.

Overall how would you rate this clinical experience?

Superior

Very Good

Good

Fair

Poor

Additional Comments:

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

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WILLIAM
PATERSON
UNIVERSITY

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CLINICAL ASSISTANT PROGRAM

Clinician's Name: _____ Participants: _____

Date: _____

I. PROBLEMS/CONCERNS:

II. SPECIFIC PROBLEM IDENTIFIED:

III. WHAT'S BEEN TRIED?

IV. STRENGTHS:

V. GOALS:

Appendix XXVII

VI. SOLUTION:

VII. FOLLOW-UP:

William Paterson University

Initial Physical Exam for Clinical ClearanceTo be filled out for *Nursing or Communication Disorders and Sciences Majors only***All of the requirements must be completed prior to clearance for clinical participation*(Do **NOT** fill this out if you have been cleared for clinical by the health center before)

Patient Name: _____

Student ID#: 855 _____ DOB: _____ Age: _____

Program (circle one): Nursing Graduate Nursing Accelerated Communication DisordersAllergies (*specify reaction*): _____

Current Medications: _____

Past Medical History: _____

1. Physical Examination (To be filled out by a medical provider)

HT _____ WT _____ LMP _____

BP _____ HR _____ RR _____ Temp _____

Vision Screen: OD _____/_____/_____ OS _____/_____/_____ Circle One: With/ Without Correction

Color testing (circle one): Circle One: With / Without Correction

	WNL	Abnormal/Comments
General		
Skin		
Nodes		
HEENT		
Mouth		
Chest/Breast		
Lungs		
Heart		
Abdomen		
Gent/Rect		
Extrem/Hips		
Back/Spine		
Musculoskeletal		
Neuro		

2. Assessment:**Student is medically cleared to participate in the clinical setting (please circle one):****Yes****No**

If no, explain: _____

Date: _____

Provider Name and Signature

Provider's Stamp (Required)

William Paterson University

Initial Physical Exam for Clinical Clearance

To be filled out for *Nursing or Communication Disorders and Sciences Majors only*
**All of the requirements must be completed prior to clearance for clinical participation*
 (Do **NOT** fill this out if you have been cleared for clinical by the health center before)

Name: _____ DOB: _____

3. Tuberculosis Screening/Mantoux Test: *If step one is negative, repeat step two, 1-3 weeks after initial (step 1) test.*

A) (Initial) Step One: Date Placed: _____ Date Read: Result: _____ mm
 Step Two: Date Placed: _____ Date Read: Result: _____ mm

If valid 2-step was completed in the past, you still need a recent, annual PPD test:

B) (Annual) Date Placed: _____ Date Read: _____ Result: _____ mm

If any positive, complete all below:

Interpretation of Mantoux according to "at risk" status of individual tested,
 i.e.:
 > 5mm, 10mm, 15mm may require follow up (June 2000, CDC
 guidelines):

CRX Date: _____ Results (circle one) : Negative Positive _____

Prophylaxis/Treatment History: *Include date started and end date:* _____

If treatment is not recommended give reason. Also include any precautions and follow-up instructions: _____

4. CBC: A Complete Blood Count must be done (within one year) ***Must Attach Copy Of Lab Report** ☐

5. Proof of Immunity: Measles, Mumps, Rubella & Varicella ***Must Attach Copy Of Lab Titer Report** ☐

**Non-immune* titer results *require* a booster

**Equivocal* titer results, booster *recommended*

MMR Booster Date (if applicable) _____ Varicella Booster Date (if applicable) _____

6. Hepatitis B Vaccine Fill in Dates of Immunizations (or attach authorized copy of vaccines)

Dose #1 _____ Dose #2 _____ 2-dose series? ☐ Dose #3 _____

- OR - Positive Antibody (HbsAB) Date: _____ *Attach copy of titer lab results.*

7. Tetanus Booster Tetanus booster within the last 10 years. Booster Date: _____ Type: Tdap Td

Tdap vaccine is available at The Health & Wellness Center for \$40 - please call for an appointment

Provider's Stamp (Required)

**Submit completed forms and all required documents to:
 The Counseling, Health & Wellness Center located in Overlook South**


**STUDENTS: PLEASE CONFIRM THAT ALL INFORMATION IS ADDRESSED/COMPLETED TO PREVENT DELAY IN YOUR
 CLINICAL CLEARANCE**

STATE OF NEW JERSEY
EMPLOYER'S FIRST REPORT OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE
REPORTING INSTRUCTIONS

This form (in triplicate) must be completed by the injured employee and the supervisor ***within 24 hours of the accident** in the following cases: (1) accidental injury causing an absence from work beyond the day of injury, or (2) medical treatment by a doctor or hospital, or (3) occurrence of an occupational disease due to working conditions, whether or not time is lost. Mail promptly to your personnel department. In case of fatal or serious injury (hospital admission), immediately notify the personnel office by telephone. Retain the blue copy for your records and forward all other copies of your personnel department per your departmental procedures.

The personnel department shall review the report for completeness and accuracy and file the original (yellow) copy **no later than three days after the injury occurred**, with the Bureau of Risk Management, Department of Treasury.

***NOTE:** If employee is too severely injured to complete the report, the employee's supervisor will complete the report within the 24 hour timespan and submit it to personnel.

ORIGINAL (YELLOW) TO:  **DEPARTMENT OF TREASURY
BUREAU OF RISK
MANAGEMENT
ONE WEST STATE STREET
CN 620
TRENTON, N.J. 08625**

DUPLICATE (PINK) RETAINED BY: DIVISION OF PERSONNEL

DUPLICATE (BLUE) RETAINED BY: EMPLOYEE'S RECORD

INCIDENT CODE DEFINITIONS

- 0 **First Aid or other Non-recordable Cases:** Indicates that treatment by a licensed physician and time off work **were not** necessary.
- 1 **Medical Treatment Case:** Indicates that treatment by a licensed physician **was** required, but **no** time off work, other than the day of injury, for recovery.
- 5 **Lost Work Day Case:** Indicates that time off work, beyond day of injury, for recovery was necessary.
- 9 **Fatality Case:** Employee died from injuries received.

FOR EMPLOYEE'S SUPERVISOR USE
TABLE C- Unsafe or Hazardous Condition Classification

B1- **Failure to use available personal protective equipment**
 C1- **Failure to wear safe personal attire** (wearing high heels, loose hair, long sleeve, loose clothing, etc.)
 D- **Failure to secure or warn**
 E1- **Horseplay** (distracting, teasing, abusing, startling, quarreling, practical joking, throwing material, showing off, etc.)
 E2- **Under the influence of alcohol, drugs, or medication**
 F1- **Assault from flight, hold-up, robbery, client, inmate**
 G- **Improper use of equipment**
 H- **Improper use of hands or body parts**
 J1- **Inattention to footing or surroundings**
 K- **Making safety devices inoperative**
 L- **Operating or working at unsafe speed**
 M- **Taking unsafe position or posture**
 N- **Driving errors** (by vehicle operator or public roadways.)
 P- **Unsafe placing, missing, combining, etc.** (e.g. box improperly placed, piled in proper area falling on employee.)

Q- **Using unsafe equipment** (e.g. equipment tagged as defective or obviously defective.)
 R- **Defect of equipment, tools, materials, or work areas.** (Generally the opposite of the desirable and proper characteristic, such as being dull when it should be sharp.
 V- **Placement hazards** (materials, equipment, telephone wires, etc., placed in wrong areas, aisles, etc.)
 W- **Inadequately guarded**
 X- **Hazards of outside work environment- other than public hazards** (encountered while working in or on premises not controlled by the employer and not arising from the activities of the injured or his co-employees or from the tools, materials, or equipment used in those activities.)
 Y- **Public hazards** (encountered in public places away from employer's premises) including public transportation.
 Z9- **Other** (describe)

Appendix XXX

William Paterson University
Department of Communication Disorders and Sciences
SPEECH AND HEARING CLINIC

OCCURRENCE REPORT

Case #: _____

Name: _____
Last, First

Date: _____

SS#: _____ DOB: _____ Status: _____

Address: _____
Street, City, State, & Zip Code

Occurrence Info: Date: _____ Time: _____ Location: _____

Witness Name: _____ Phone#: _____

Address: _____

Campus Police Notified: _____ Time: _____

Responding Officer: _____ Arrival Time: _____

Transported to: _____ Via: _____ Time: _____

First Aid Performed: _____

*For employees only Signature

Supervisor Notified: _____
Supervisor's Name Date Time

Human Resources Notified: _____
Name Date Time

Individuals Statement of Occurrence: _____

To be completed by WPU Health and Wellness or Campus EMT if available, otherwise leave blank.

Complaint: _____
Assessment: _____
Diagnosis: _____
Treatment Plan: _____

Name and Title Signature Date Time