



# **Department of Communication Sciences and Disorders**

## **Clinical Practicum Handbook**

Revised August, 2023

# Clinical Practicum Handbook

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## **Section I**

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## **Introduction**

We would like to welcome you as a first year graduate student in the Department of Communication Sciences and Disorders at the University of Maine! As you read this handbook you will be starting your graduate program and you are about to begin your first supervised clinical practicum experience. This handbook was prepared by the Clinical Faculty to provide you with the information you will need over your two year program to make the transition from classroom to clinic, meet the challenges of working with your first clients and prepare you for moving into off campus clinical settings as your skills develop. We have included information on policies, procedures and requirements for clinical practicum for the Department of Communication Sciences and Disorders at the University of Maine and the American Speech-Language-Hearing Association requirements for CCC-SLP.

Your clinical education is an integral part of your graduate program, and as a faculty we work to foster an integration of academic coursework with clinical service delivery. We have designed your clinical practicum experiences to give you every opportunity to:

- apply the knowledge acquired in your academic coursework to clinical practice under the guidance of ASHA CCC supervisors
- develop clinical skills that prepare you to provide the highest quality clinical services in speech-language pathology
- obtain clinical clock hours in speech-language pathology and audiology required for the ASHA Certificate of Clinical Competence in SLP.

The faculty in the Department of Communication Sciences and Disorders maintains high standards for clinical supervision and clinical teaching with a supervision model that supports student learning and meets The American Speech-Language Hearing Association Council on Academic Accreditation standards. We value a team approach to supervision and encourage you to actively participate in your clinical education.

As graduate student clinicians at the Madelyn E. and Albert D. Conley Speech, Language and Hearing Center and the many off campus sites where we either provide services or place students with extern clinical supervisors, you will be considered one of the professionals on a team of service providers. You are a representative of the Department of Communication Sciences and Disorders, the University of Maine and the profession of speech-language pathology. As such, it is expected that you will adhere to the policies, procedures and professional behavior described in this handbook as well as the ASHA Code of Ethics.

It is not possible to cover all of the issues, ideas, and questions that will inevitably arise as you begin your clinical practicum experiences but the information in this handbook will serve as a guide and valuable reference for you. We sincerely hope that you will have successful and rewarding experiences in clinical practicum!

## **The Madelyn E. and Albert D. Conley Speech, Language and Hearing Center**

The Madelyn E. and Albert D. Conley Speech, Language and Hearing Center is operated by the Department of Communication Sciences and Disorders, University of Maine. The Center is an integral part of the department's clinical education curriculum. The Center provides prevention assessment, and intervention services in the areas of speech, language, audiology, and literacy to children and adults. The Center does not discriminate in the delivery of professional services on the bases of race, ethnicity, gender, age, religion, national origin, sexual orientation. Graduate student clinicians, working under the supervision of nationally certified and state licensed faculty, perform the services provided at the Madelyn E. and Albert D. Conley Speech, Language and Hearing Center. The faculty of record on each case is the individual responsible for all aspects of that client's care and co-signs all documents. Supervision is provided through direct observation, collaborative hands on work with clients, review and revision of all documentation, and weekly case discussion groups. Students are generally observed directly by their supervisor 100% of the time initially with a goal of increased independence. There is always a licensed faculty member on site and in charge of the Madelyn E. and Albert D. Conley Speech, Language and Hearing Center when clients are being seen.

Most beginning CSD students complete at least their first two terms of clinical practicum at the Madelyn E. and Albert D. Conley Speech, Language and Hearing Center.

## **The Madelyn E. and Albert D. Conley Speech, Language and Hearing Center**

### **Mission Statement**

The Mission of the Madelyn E. and Albert D. Conley Speech, Language and Hearing Center in the Department of Communication Sciences and Disorders at the University of Maine is to serve as a primary center for clinical education and research and comprehensive state of the art speech-language-hearing services to the public.

The clinical education and research mission is achieved by:

- Offering students opportunities to integrate academic and clinical knowledge through supervised clinical experiences with a variety of clients with speech-language-hearing disorders
- Providing supervised observation experiences for students developing the foundation skills for future clinical practice
- Affording students and faculty the opportunity to investigate the nature of communication disorders and related treatment practices

The service mission is achieved by:

- Assuring that speech-language-hearing services are client and family-centered
- Providing services that are affordable and available to clients
- Offering services enhanced by the expertise of well recognized and experienced faculty
- Collaborating with professionals and agencies serving individuals with speech-language-hearing disorders
- Promoting public education and awareness of the nature, treatment and prevention of speech-language-hearing disorders

## **Eligibility Requirements and Essential Functions**

Council of Academic Programs in Communication Sciences and Disorders (2007)

In order to acquire the knowledge and skills requisite to the practice of speech-language pathology to function in a broad variety of clinical situations, and to render a wide spectrum of patient care, individuals must have skills and attributes in five areas: communication, motor, intellectual-cognitive, sensory-observational, and behavioral-social. These skills enable a student to meet graduate and professional requirements as measured by state licensure and national certification. Many of these skills can be learned and developed during the course of the graduate program through coursework and clinical experience. The starred items (\*), however, are skills that are more inherent and should be present when a student begins the program.

Students accepting our offer of admission as well as students in the University of Maine graduate program in Communication Sciences and Disorders are expected to demonstrate these essential functions with or without reasonable accommodations to successfully complete program requirements. Students who believe they may require accommodations to meet the essential skills requirements due to a disability should contact Student Accessibility Services, 121 East Annex, 581-2319.

### **COMMUNICATION**

A student must possess adequate communication skills to:

- Communicate proficiently in both oral and written English language. \*
- Possess reading and writing skills sufficient to meet curricular and clinical demands.\*
- Perceive and demonstrate appropriate non-verbal communication for culture and context.\*
- Modify communication style to meet the communication needs of clients, caregivers, and other persons served.\*
- Communicate professionally and intelligibly with patients, colleagues, other healthcare professionals, and community or professional groups.
- Communicate professionally, effectively, and legibly on patient documentation, reports, and scholarly papers required as a part of course work and professional practice.
- Convey information accurately with relevance and cultural sensitivity.

### **MOTOR**

A student must possess adequate motor skills to:

- Sustain necessary physical activity level in required classroom and clinical activities.\*
- Respond quickly to provide a safe environment for clients in emergency situations including fire, choking, etc.\*
- Access transportation to clinical and academic placements.\*
- Participate in classroom and clinical activities for the defined workday.\*
- Effectively manipulate testing and treatment environment and materials without violation of testing protocol and with best therapeutic practice.
- Manipulate patient-utilized equipment (e.g. durable medical equipment to include AAC devices, hearing aids, etc.) in a safe manner.



- Access technology for clinical management (i.e. billing, charting, therapy programs, etc.).

### **INTELLECTUAL/COGNITIVE**

A student must possess adequate intellectual and cognitive skills to:

- Comprehend, retain, integrate, synthesize, infer, evaluate and apply written and verbal information sufficient to meet curricular and clinical demands.\*
- Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.
- Solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic and therapeutic plan and implementation.
- Self-evaluate, identify, and communicate limits of one's own knowledge and skill to appropriate professional level and be able to identify and utilize resources in order to increase knowledge.
- Utilize detailed written and verbal instruction in order to make unique and dependent decisions.

### **SENSORY/OBSERVATIONAL**

A student must possess adequate sensory skills of vision, hearing, tactile, and smell to:

- Visually and auditorily identify normal and disordered (fluency, articulation, voice, resonance, respiration characteristics, oral and written language in the areas of semantics, pragmatics, syntax, morphology and phonology, hearing and balance disorders, swallowing cognition, social interaction related to communication).
- Identify the need for alternative modalities of communication.
- Visualize and identify anatomic structures.
- Visualize and discriminate findings on imaging studies.
- Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.
- Recognize when a client's family does or does not understand the clinician's written and or verbal communication.

### **BEHAVIORAL/SOCIAL**

A student must possess adequate behavioral and social attributes to:

- Display mature empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others.\*
- Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic backgrounds.\*
- Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and university and federal privacy policies.\*
- Maintain general good physical and mental health and self-care in order not to jeopardize the health and safety of self and others in the academic and clinical setting.\*
- Adapt to changing and demanding environments (which includes maintaining both professional demeanor and emotional health).\*

- Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.\*
- Accept appropriate suggestions and constructive criticism and respond by modification of behaviors.\*
- Dress appropriately and professionally.\*

### **Graduate Student Statement**

By signing below, I certify that I have read and understand each essential function and believe I am able to meet the standards with or without accommodation. I understand that if I require accommodations, following University policy, I must register with the “Disability Support Services” (DSS office) and provide an Accommodation Letter to my academic advisor each semester. I also agree to inform my academic advisor, in writing, of any changes in personal physical and/or mental health status that may compromise my ability to demonstrate the needed essential functions and provide competent services to clients served. I understand that should I fail to meet and/or maintain these technical standards with or without reasonable accommodation (as recommended by and in consultation with DSS), that I would be required to discontinue the program.

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Signature of Graduate Student

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Date

## A Guide for Future Practitioners in Audiology and Speech-language Pathology: Core Functions

This document is intended as a guide for educational programs in speech-language pathology or audiology and individuals seeking a career in these professions. It identifies the core functions that individuals of such programs typically are expected to employ in didactic and clinical experiences to acquire the knowledge and demonstrate the competencies that will lead to graduation and successful entry into professional practice. This document replaces the Essential Functions document created by the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) in 2008. The document was updated to differentiate core functions from individual program requirements and to be inclusive of differences in behavioral and learning preferences associated with race, ethnicity, culture, sexual orientation, gender identity, language, and sensory, physical, or neurological status.

### **Instructions for Appropriate Use of this Document**

#### This document may be used when:

- informing individuals about the core functions associated with the professions of audiology and speech-language pathology
- initiating discussions between students and programs regarding student success
- empowering students to make informed choices regarding their pursuit of professions in audiology and speech-language pathology
- facilitating strategies to achieve student success
- assisting programs and students in identifying and advocating for appropriate resources and accommodations
- advancing the professions of audiology and speech-language pathology through the lens of justice, diversity, equity, and inclusion.

#### This document must not be used:

- to discriminate against individuals for any reason
- as a measure of acceptance or denial into an educational program
- as a tool to presumptively judge individuals' potential for success
- as a stand-alone student assessment or intervention plan
- to dismiss students from a program

Use of this document is not required by CAPCSD or any accrediting or credentialing body, including the Council on Academic Accreditation or the Council for Clinical Certification of the American Speech-language-Hearing Association.

For the sake of this document, the term "core functions" refers to behavioral or cognitive functions that an individual must be able to perform with or without accommodations necessary to ensure equitable access. The document intentionally does not address how stated core functions are demonstrated, recognizing that there are multiple ways an individual can successfully meet the demands of clinical education and practice. The determination of possible accommodations exemplified in this document varies from institution to institution based on numerous factors not covered in the scope of this document. The degree to which accommodations are determined is under the governance of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973. It is the responsibility of the institution and the individual to work together to identify possible services and accommodations.

To ensure the integrity of the messaging in this document, a glossary of terms is included at the end of the document.

## **Communication**

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

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

## Motor

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

- Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (e.g., manipulating testing and therapeutic equipment and technology, client/patient equipment, and practice management technology) while retaining the integrity of the process
- Respond in a manner that ensures the safety of clients and others

## Sensory

Statements in this section acknowledge that audiologists and speech-language pathologists use auditory, visual, tactile, and olfactory information to guide clinical practice. It is recognized that such information may be accessed through a variety of means, including direct sensory perception and for adaptive strategies. Some examples of these strategies include visual translation displays, text readers, assistive listening devices, and perceptual descriptions by clinical assistants.

- Access sensory information to differentiate functional and disordered auditory, oral, written, and visual communication
- Access sensory information to correctly differentiate anatomical structures and diagnostic imaging findings
- Access sensory information to correctly differentiate and discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests

## Intellectual/Cognitive

Statements in this section acknowledge that audiologists and speech-language pathologists must engage in critical thinking, reasoning, and comprehension and retention of information required in clinical practice. It is recognized that such skills may be fostered through a variety of means,

including assistive technology and /or accommodations/modifications as deemed reasonable and appropriate to client/patient needs.

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

## **Interpersonal**

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

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

## **Cultural Responsiveness**

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

- Engage in ongoing learning about cultures and belief systems different from one's own and the impacts of these on healthcare and educational disparities to foster effective provision of services.
- Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice

This document should be considered a living document and therefore reviewed by CAPCSD at regular intervals to ensure that current terminology, practice, and ideas are reflected.

### Glossary

- **Cultural responsiveness** involves "understanding and respecting the unique cultural and linguistic differences that clients bring to the clinical interaction" (ASHA, 2017) and includes "incorporating knowledge of and sensitivity to cultural and linguistic differences into clinical and educational practices".
- **Evidence-based practice** involves "integrating the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (Evidence-Based Practice in Psychology, n.d.).

American Speech-Language-Hearing Association. (n.d.). Cultural responsiveness [Practice Portal <https://www.asha.org/Practice-Portal/Professional-Issues/Cultural-Responsiveness/>

Evidence-Based Practice in Psychology. (n.d.). <https://www.apa.org>. Retrieved March 3, 2023, from <https://www.apa.org/practice/resources/evidence>

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

Approved by the CAPCSD Board of Directors  
April 3, 2023

Reference update April 25, 2023

## **Section II**

### **ASHA Standards (2020)**



(Make Copies of 2020 Standards insert in each Handbook.)

## **Section III**

### **Clinical Practicum Requirements**

## **Clinical Practicum**

### **General Information about Clinical Practicum**

Clinical Practicum is an integral part of your graduate program. Your practicum experiences are designed to give you every opportunity to apply the knowledge acquired in your coursework to develop your clinical skills. The CSD program maintains the highest standards for clinical teaching with a model that supports student learning and meets ASHA accreditation requirements.

Each graduate student is required to complete five semesters of clinical practicum. Each semester you will register for one credit hour of clinical practicum. For one semester you will register for two credit hours of clinical practicum or you will have the alternative option of registering for one credit hour of audiology practicum sometime during your program. Audiology practicum is optional and timing of registration is based on the availability of the audiologist, Amy Booth.

Students receive a letter grade for each clinical practicum. Students who receive an incomplete or withdraw from clinical practicum (including grades of W, I, L, and NG) must receive a letter grade within one calendar year of the initial term of enrollment. If students do not receive a letter grade within one calendar year, they will receive an F. For example, if a student was enrolled in clinical practicum in Fall 2022 and received an I, a letter grade needs to be received before January 2024.

Before beginning Clinical Practicum students must attend a Clinical Orientation held the first week of classes. No student can begin clinical practicum until they have completed 25 hours of guided observation. The report of your observations must be signed by the Clinical Director, Judy Stickles prior to beginning your first practicum experience. It will be placed in your graduate folder. If you have not completed observations during your undergraduate program the CSD department will provide you with access to an online guided observation program during July prior to taking your first graduate course.

Your first two practicum placements (Fall 1 and Spring 1) are at the department's on-campus clinic, the Conley Speech-Language Hearing Center (CSLHC) where you are supervised by Clinical Faculty members. Clients are from across the lifespan and present with a wide array of communication disorders. Some students will continue at CSLHC for a third practicum placement during the summer and some students will begin extern placements over the summer. In the second year of the program (Fall 2 and Spring 2) all students will complete one semester in a facility focusing on a pediatric population (public school, early intervention, private school, private practice) and one semester with exposure to an adult population (hospital- inpatient and/or outpatient, long term care facility, community clinic, private practice.)

### **External Placements**

The CSD program has a wide range of external sites regularly used as placements for graduate students and new ones are often being added. At extern sites you are supervised by an experienced, qualified practicing SLP. The Clinical Director is responsible for reviewing all new extern sites. When a new site is considered, a site review and often a visit is completed. At this time the Clinical Director interviews the potential supervisory clinician to verify that the site has the appropriate clinical population and personnel to provide an appropriate clinical experience for each student. The supervising SLP is interviewed to ensure they have the knowledge and credentials required. This includes at least two hours of coursework in clinical supervision, a current state of Maine license and the ASHA CCC. Copies of their license and ASHA certification are collected and verified. ASHA and department expectations are discussed and paperwork describing the University of Maine's CSD department's supervisory expectations is signed and returned to the Clinical Director. The Clinical Director also meets with administrators- Rehabilitation Directors, Special Education Directors, etc. to develop a Clinical Training Agreement. These agreements are also reviewed by the University of Maine legal department and signed by University administrators and the Clinical Director. Updates of students' progress occur as part of the students' mid semester review process. If there are any concerns or a lower than expected student clinical performance, the Clinical Director meets with both the student and the extern supervisor and develops a plan that will target student needs such as extra support in specific areas. If it appears that a site is not meeting students' training needs, then an alternative placement is found. Each semester the student completes several measures that describe their externship and overall experience. They complete

evaluations of their supervisor as well as the site, including strengths and weaknesses. The student documents all hours obtained. They document information concerning every client seen including the nature of the communication disorder, the client's age category, and the nature of services provided (therapy, evaluation etc.) The Clinical Director reviews all relevant paperwork at the end of each semester.

### **Clinical Assignments in External Placements - Policies and Procedures**

In the spring semester of the graduate student's first year the Clinical Director will meet with the graduate student to discuss their clinical program and external placements. The student will then indicate on the Department of Communication Sciences and Disorders Clinical Request and Schedule form their preferences for external placements. The forms will be submitted to the Clinical Director by March 31st for summer placements, August 1st for fall practicum placements, and December 1st for spring practicum placements. It is important to note that students may have to travel up to one hour to have a placement of their choice. Most medical placements require students to participate four days per week. Students will be informed of their placement as soon as all paperwork is completed. This will include a Clinical Training Agreement with the extern site.

Factors that the graduate student and Clinical Director will consider when selecting placements include: student training interests and site requests, performance in clinical practicum placements to date, recommendation of current clinical supervisor, student hour and experience needs, site availability. All extern sites require a state of Maine background check, Covid-19 vaccination, and immunizations similar to those required to attend the University of Maine. Some medical placements require additional immunizations, CPR training and blood borne pathogen training.

### **Diagnostic Clinic**

All second year graduate students will participate in one semester of concentrated work in diagnostic assessment. This is completed through a class entitled CSD 685 Diagnostic Process in Speech-Language Pathology. This experience is often referred to as Diagnostic Clinic and is described in Section IV. Most of your assessment work in this class will have you participating as part of a team. The majority of evaluations occur at CSLHC. Some will occur in local schools and preschools.

### **Simulation Hours**

Some clinical practicum hours can be obtained through clinical simulation. ASHA allows up to 20% of hours or 70 contact hours to be acquired through simulation. The CSD program at the University of Maine provides opportunities for simulation experiences in graduate courses. Most of these are done through Simucase, a web-based application involving interactive simulations with virtual clients of all ages. All hours obtained this way are supervised through prebriefing and debriefing sessions with an instructor/supervisor.

### **How do I keep track of my hours?**

At the end of each semester graduate students submit signed clock hour forms and an hour summary sheet to the department's Clinical Administrative Assistant Mariah Blanchard. Students will receive a copy of their accumulated hours. It is up to the student to be sure that hour totals are up-to-date before beginning a new semester. Hours will be tracked and documented throughout the student's program to verify the age and communication disorder of each client seen as well as clinical skill acquisition. The completion of the KASA form with supporting documentation will be used to demonstrate your acquisition of the clinical skills in the nine major areas outlined in ASHA Standards IV-C. Please consult the ASHA Standards in Section II of this manual.

## **Clinical Hour Requirements**

Total - 400 clock hours of supervised clinical practicum

25 hours of guided clinical observation

375 hours of direct client/patient contact

Students must earn a minimum of 35 hours across each of three age span groups:

Young child -infant-5 years

School-age child - 6 years-17 years

Adult - 18 years --geriatric

Students must have some experience in each of the Big 9 disorder areas:

Articulation

Fluency

Voice or resonance

Receptive/expressive language - verbal and written

Cognitive related communication e.g. memory, executive function, problem-solving

Hearing/aural rehabilitation/ hearing screenings

Dysphagia

Social communication

Alternative modalities - augmentative alternative communication

Students must earn a minimum of 50 clock hours across three different practice setting

## **Becoming Credentialed As a Speech-language Pathologist**

To work as a speech-language pathologist following graduation, the University of Maine CSD graduate program prepares students for:

Future eligibility for the American Speech-Language-Hearing Association's (ASHA's) Certificate of Clinical Competence in speech-language pathology (CCC-SLP)

State of Maine provisional license as a speech-language pathologist from the State of Maine Professional and Financial Regulation Board of Speech, Audiology and Hearing.

Provisional/temporary or full licensure in most other states and provinces. If students are interested in pursuing licensure outside the state of Maine they should notify The Clinical Director early in their program so that every effort can be made to assist the student in meeting licensure requirements outside the state of Maine.

## **ASHA Certification**

Earning the credential CCC-SLP from ASHA is a several step process administered by ASHA'S Council on Clinical Certification (CFCC). Detailed information for seeking the Certificate of Clinical Competence in speech-language pathology can be found at <http://www.asha.org/certification>. In brief summary the process includes:

1. Completing required coursework, typically at the undergraduate or post-baccalaureate levels, including: normal language development, neuroanatomy and anatomy of the speech and hearing mechanism, introduction to audiology, speech science, and phonological development and phonetics.

Additionally, applicants for the CCC are required to complete courses in social science (sociology, human development, psychology, a physics or chemistry course, a biology course and a college-level statistics course.

2. Graduating from an accredited program with a Master's degree.
3. Earning a minimum of 375 clock hours + 25 observation hours (400 hours total) across the age span and across the speech-language scope of practice. Of the 375 hours, 325 must be earned at the graduate level and no more than 20% (70 hours) may be earned through alternative clinical experiences such as simulations or standardized patients.
4. Passing the nationally-administered PRAXIS exam for speech-language pathology.
5. Completing a Clinical Fellowship (CF) AFTER graduation. The CF is 1,260 hours of paid employment as a speech-language pathologist. The speech-language pathology clinical fellowship (CF) is the transition period between being a student enrolled in a CSD program and being an independent provider of speech-language pathology clinical services. The CF involves a mentored professional experience after the completion of academic coursework and clinical practicum. The American Speech-Language-Hearing Association's website is the best resource for the most current information related to Certification standards and procedures for the Clinical Fellowship (CF)  
<http://www.asha.org/certification>.

## **The Madelyn E. and Albert D. Conley Speech, Language and Hearing Center**

The Madelyn E. and Albert D. Conley Speech, Language and Hearing Center, located on the third floor of Dunn Hall on the University of Maine campus, serves as the primary clinical demonstration and teaching site for undergraduate and graduate students in the Department of Communication Sciences and Disorders. Albert D. Conley began supporting the center through a student scholarship fund in 1961 and made an additional gift in 1963. Albert was a person who stuttered who felt that he had not had the services he needed on campus when he was a student at UM. His generous gifts made it possible to establish the Conley Speech and Hearing Center with clinical services during the academic year. The Center was dedicated at the University of Maine on June 7, 1975. The newly renovated Center in Dunn Hall was designed as an accessible, welcoming environment for clients and families. At the Center, faculty and graduate students provide speech, language, and audiological services to the University community and residents in surrounding communities. UM students are eligible for services at no cost during the academic year. Judy Stickles, M.A., CCC-SLP is the Clinical Director for the Center.

The Conley Center serves approximately 200 clients a year for speech/language services and 200+ clients per year in the audiology clinic. Clients are all ages and have varied needs, from preschoolers with speech/language delays to adults with speech/ language or cognitive needs to international students seeking assistance with refining their English pronunciation or language skills. The faculty supervisors and student clinicians maintain a client and family-centered approach, working closely with family members, caregivers and other service providers in the client's life to provide comprehensive, individualized and functional services.

Evaluation and therapy services are offered in the Fall, Spring and Summer. A Diagnostic Clinic is conducted on Friday mornings. Comprehensive audiological services are provided on a twelve month basis. Graduate students are supervised by clinical and academic faculty who hold the Certificate of Clinical Competence in Speech Pathology (CCC-SLP) from the American Speech- Language-Hearing Association. Our full-time clinical audiologist, Amy Engler Booth who holds the ASHA CCC in Audiology provides all the audiological services and supervises graduate students in audiology practicum.

In June 2014 the Department of Communication Sciences and Disorders was awarded accreditation from the American Speech-Language-Hearing Association and the program is currently accredited until May 2022. All graduate students will have the opportunity at some time in their program to complete clinical work at the Conley Center and undergraduates in Communication Disorders will complete many of their required observation hours in the Center.

## **Madelyn E. and Albert D. Conley Speech, Language and Hearing Center**

### **Diagnostic Clinic**

The Diagnostic Clinic, offered as a course, CDS 685, provides graduate students with a clinical practicum experience that focuses on the development of diagnostic and evaluation skills in speech-language pathology. Students will be provided with the opportunity to complete several evaluations of the communication skills of a variety of clients, including both children and adults, in a supervised setting. Supervision is always provided by a faculty member holding the ASHA CCC-SLP. Students are required to complete CDS 684, Diagnostic Procedures and 100 clock hours of supervised clinical practicum before enrolling in this course. Additionally the Diagnostic Clinic provides an essential service to the University community and general public and is one of the ways the Department of Communication Sciences and Disorders serves the public.

Diagnostic Clinic is conducted in the fall, spring and summer semesters and is usually held on Friday mornings at the Conley Speech, Language and Hearing Center. Two evaluations are scheduled during each Clinic day. Each semester, students may also have the opportunity to complete speech-language and hearing screenings or evaluations at off campus sites. These sites may include: public and private schools, group homes, preschools and daycare centers.

While participating in this clinical course students will gain experience in the following areas:

- planning speech-language evaluations
- collecting and synthesizing background and referral information
- conducting interviews with clients and their families
- administering a variety of formal and informal measures
- conducting observations
- analyzing the information collected
- writing evaluation reports, including recommendations, goals and objectives for remediation, when appropriate
- sharing the results of evaluations with clients and their families

Most of the evaluations will be completed by students working in teams of two to three, depending on the size of the class. This provides students with the opportunity to collaborate with one another as they plan, conduct and analyze the results of the speech-language evaluations they complete.

The instructor for the Diagnostic Clinic will be present during all phases of the evaluation process and will function as a facilitator or guide, assisting students directly or indirectly with each phase of the evaluation process. Discussion and oral feedback will be provided to students immediately following each evaluation.



## Diagnostic Clinic

### Policies and Procedures

All students who are participating in CDS 685, Diagnostic Clinic will meet with their instructor as a class at the Conley Speech, Language and Hearing Center at the beginning of the semester for a course introduction and at the end of the semester for a course review. At the first class, students will be assigned to the teams and dates for evaluations. Since the caseload is based on unpredictable referrals, early scheduling will be tentative. However, students will always have one week's notice regarding their evaluation assignment.

Once students are informed of their specific assignments, they are expected to meet with their team members and plan the evaluation. The instructor can assist with this, depending on time and availability or students can engage in planning independently. There will be a file containing referral information regarding the client at the Conley Speech, Language and Hearing Center (CSLHC) central office. The assigned client will have been sent a Case History Form to complete and return to CSLHC as well as a Release of Information Authorization Form (green) and Authorization to Use the Clinical Materials Form (yellow), which gives permission to audio and video tape the evaluation. These may or may not be in the client's file. Some people prefer to complete the Case History form with a student clinician at the time of the evaluation. It is the students' responsibility to have the Release of Information Form signed, of reports are to be sent outside of CSLHC. It is also the students' responsibility to have the Authorization to Use the Clinical Materials Form signed before any taping can occur. Regardless of how much background information is in the client's file, it is important to telephone the client or family the week of the evaluation. This gives you the opportunity to introduce yourself, obtain information that will be important to the successful completion of the evaluation and answer any questions the client or their family may have. Once the team has planned the evaluation it is very important that these plans are shared with the instructor at least two days before the evaluation. This allows time for students to make any changes or additions to the plan that the instructor may suggest.

During the morning of the evaluation, students should be on site at least 30 minutes before the appointment. The instructor will be there to assist with any further planning, questions, etc. Students should be prepared with appropriate assessment instruments, tape recorder (tape!), toys, etc., available. When the client arrives all team members should greet the client and family and introduce themselves. Family members, caregivers, etc., should be encouraged to observe the evaluation from the viewing area whenever possible. All team members who are not in the therapy room with the client should be observing the entire evaluation. At the conclusion of the evaluation, all team members will meet for approximately 10-15 minutes with the instructor to discuss results. All team members should be present when evaluation results are shared and should also be present when the client and family leave the clinic.

It is the responsibility of all team members to organize the writing of the Diagnostic Report. The first draft of the report must be submitted within a week of the completion of the evaluation. All Diagnostic Reports must be available, in final copy form, for mailing within 3 weeks of the completion of the evaluation.

## **Section IV**

### **General Clinical Polices & Procedures**

**HIPAA Information and Confidentiality Agreement**

**General Housekeeping & Work Procedures**

**Safety Issues**

**Clinic Policies**

**Personal Appearance and Dress Policy**

**Student Workroom Chores**

**On Campus Clinical Assignments**

**Preparation for Meeting Clients**

**Telephone Calls to Clients/Parents**

**CSLHC Policy for Evaluation & Therapy**

**Appointments**

**End of Term Procedures**

**HIPAA**  
**The Health Insurance Portability and Accountability Act of 1996**

HIPAA is a federal law passed in 1996 for the purpose of improving the portability and continuity of health insurance coverage, to combat waste, fraud and abuse in health insurance and health care delivery, to simplify the administration of health insurance, to protect consumer privacy and confidentiality of one's medical records, etc. Here at the Conley Speech Language and Hearing Center (CSLHC), the following rules apply:

1. Client files are locked in a filing cabinet in the central office of the clinic (small key #65 in AA Mariah's desk).
2. Client files are not to leave the clinic; third floor of Dunn Hall. These files must be signed out when taken from the file cabinet. Files must be returned to the filing cabinet.
3. Recordings of clients do not leave the clinic. Treat recordings as personal medical files/information and protect the privacy of clients. These are to be locked in the viewing room and not left in the student workroom. Including thumb drives.
4. No client identifying information (name, address, phone #, etc.) is allowed in emails. Information that could be used to identify a client is also not allowed in social media.
5. Do not save client identifying information on the hard drives of the computers that you use. Delete client identifying information on USB flash drives after final copies of reports are printed. Be aware that the computers in the student workroom are periodically 'cleaned' of files.
6. Conversations regarding clients are not to be held in the hallways of the clinic or in other public areas. If clients or family members want to discuss therapy in the main office, hallway, or other public area, please usher them to a private area (e.g., therapy room) for the discussion.
7. Keep the doors of the student workroom, viewing room, therapy rooms, and offices of supervisor doors closed so that conversations concerning clients cannot be heard (or seen on monitor screens) from the hallway or adjacent rooms.
8. Consent forms (yellow and green) were drawn up by UM lawyers so that the Clinic complies with HIPAA regulations. Report distribution will include names from the consent forms only. When changes are made to the report distribution, the forms must be updated. Be sure that the forms are current and have been reviewed, signed and witnessed on the back side.
9. Other clinical sites may transmit billing electronically and that information must also be securely handled. We are not currently transmitting electronically at the CSLHC.
10. Watch Speech Pathology.com video: HIPAA for Allied Health Professionals #1033816 using free Link: [www.speechpathology.com/eduaccess](http://www.speechpathology.com/eduaccess)

# UNIVERSITY OF MAINE SYSTEM

## CONFIDENTIALITY AGREEMENT

The University of Maine System has a legal and ethical responsibility to protect the privacy of all clients and their health information. In the course of my employment/assignment at the Conley Speech, Language and Hearing Center, I may come into possession of confidential health information, even though I may not be directly involved in providing client health care.

I understand that such information must be kept confidential. As a condition of my employment/assignment, I hereby agree that I will not, at any time during or after my employment/assignment with the Conley Speech, Language and Hearing Center disclose any client information to any person, or use client information, other than as necessary in the course of my employment/assignment, or as required by law. I agree to be accountable for the use of security measures and procedures regarding protected health information (PHI) as stated in the University of Maine System, HIPAA General Operating Policies.

I understand that violation of the confidentiality agreement may result in disciplinary action, up to and including dismissal, criminal charges, and fines based on the severity of the offense.

I State that I have watched the speech pathology video and passed the exam with at least 80% accuracy.

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Name (Please Print)

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Signature

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Date

## General Housekeeping and Work Practices

### Hand Washing Guidelines; Universal Precautions; Infection Control; Fire Safety; 911; Basic Safety Training

Reference: Infection Control for the Professions of Audiology and Speech-Language Pathology; Kemp, Roeser, Perason, and Ballachanda; Iles Publications. 1996. This book is available in the clinic for your reference.

#### General Information

As providers of healthcare services, SLPs are expected to practice elementary infection control, such as **routine hand washing**, to use clean equipment/materials/toys; and, to practice good general housekeeping. This overview is meant to provide you with the necessary information to heighten your awareness regarding the spread of infection and disease and to provide you with the procedures expected of you to limit the exposure and spread of infectious disease in the work environment.

Infectious organisms need: Source, Host and Mode of Transmission.

Modes of Transmission:

1. Contact Transmission
  - a) *direct contact* (hands in client's mouth during oral peripheral mech. exam)
  - b) *indirect contact* (toys, pens, objects previously contaminated)
  - c) *droplet contact* (infectious organisms come in contact with mucous membranes that line the eyelids, nose, or mouth – due to coughing, sneezing, or talking to a person who is infected – droplets travel no more than about 3 feet.)
2. Airborne Transmission [TB; Chicken Pox]
3. Vehicle Route of Transmission
  - a) Food, water, blood, body fluids [HIV; Hepatitis B]
4. Vector borne Transmission [via insects/animals; e.g., West Nile Virus]

#### Hand Washing Guidelines

**Hand washing is the single most important** action in preventing the spread of infection and should be completed before and after each client contact. In addition: Wash for 15-30 seconds; Rinse hands, fingertips down, and dry thoroughly. Turn off the faucet with paper towel. Open the door with the paper towel. Toss paper towel in the trashcan after opening the door. If you are not able to wash your hands in the sink, please use the hand sanitizer gel that is available in each therapy room. Please alert your clinical supervisor if more sanitizer is needed.

#### General Housekeeping Practices and Procedures

Environment: General washing/cleaning removes gross contamination, but the germs are not necessarily killed or removed. *Disinfection* means killing the germs. Different levels of disinfectants are used to kill a variety of germs.

**Surface Disinfection:** After every client, you are expected to wipe down the tables and chairs with a disinfectant wipe. **Toys:** wash small toys in the sink in the bathroom after use. Toys that cannot be submerged are to be wiped down with disinfectant wipes provided. Wipes are available in each therapy room; extra containers are available on the shelves in the monitor room. Please alert a clinical supervisor if you notice that more wipes are needed so that they are always available. Note: The disinfectant wipes are NOT for client hands and faces – please use the Handi-Wipes – type product available for that purpose. Those are also found in each therapy room.

### **Universal Precautions**

Students must protect themselves from direct exposure to the body fluids of others. Gloves should be worn in situations where direct contact with any body fluids is likely. Use examination gloves for procedures involving contact with mucous membranes. [Examples of duties that could put one at risk: oral mechanism examinations; dysphagia management; prefeeding facial stimulation; oral motor exercises; vocal evaluations (nasal emissions)]. Gloves are available to you in each therapy room as well as on a shelf in the student workroom. Always keep a pair in your workbag in a zip lock bag or other container. To remove contaminated gloves, pull one glove over the other so as not to expose your skin to the outside of the gloves; throw them away in lined trash can. Clinic rules:

- You are not allowed to change diapers. Allow parents/caregivers to do that. We have a changing table area in the bathroom. Extra diapers are in the toy room if needed. [Small children are not left in the clinic without their caregiver present.]
- You are not allowed to clean up vomit. Open a window, if possible, leave the space and close the door; then contact Mariah so that she can contact the custodial services who are trained and equipped to manage such situations.
- You are not allowed to touch any blood. If a client is bleeding (even slightly), ask the client and caregiver to go into the bathroom and wash off the blood and hold a paper towel on it. If the client needs a Band-Aid, we have a first aid kit in the main office behind Lynn's desk on the far right of her work counter in blue box. Parents of clients, or clients themselves are to change their own Band-Aids.

**Viruses:** Spread of viruses is thought to occur in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing by people with influenza. Sometimes people may become infected by touching a surface or object that has the flu viruses on it and then touching their mouth or nose. **Please wash your hands and/or use sanitizer after nose blowing.**

Please learn to sneeze into your shoulder – not into your hands; **if sick and contagious, you are encouraged to stay home so that you do not infect others.** Please wash your hands regularly.

**MRSA:** Methicillin-resistant *Staphylococcus aureus* (MRSA) is a bacterial infection that is highly resistant to some antibiotics. MRSA is caused by a strain of *Staphylococcus aureus* bacteria, which is a common type of bacteria that normally lives on the skin and sometimes in nasal passages. MRSA refers to strains of bacteria that do not respond to the antibiotics normally used to cure staph infections. The bacteria can cause infection when they enter the body through a cut, sore, catheter, or breathing tube. The infection can be minor and local (for

example, a pimple), or more serious (involving the heart, blood, or bone). Serious staph infections are more common in people with weak immune systems. This includes patients in hospitals and long-term care facilities and in those individuals receiving kidney dialysis. MRSA infections are grouped into two types:

1) Healthcare-associated MRSA (HA-MRSA) infections occur in people who are or have recently been in the hospital. Those who have been hospitalized or had surgery within the past year are at increased risk. MRSA bacteria are responsible for a large percentage of hospital-acquired staph infections.

2) Community-associated MRSA (CA-MRSA) infections are ones that occur in otherwise healthy people who have not recently been in the hospital. The infections have occurred among athletes who share equipment or personal items (such as towels or razors) and children in daycare facilities. Members of the military and those who get tattoos are also at risk. The number of CA-MRSA cases is increasing.

**Lice and/or bedbugs:** Let a supervisor know of your concerns immediately upon noting lice or bedbugs so that other clients are not exposed.

## SAFETY ISSUES

**Fire Safety:** When a fire alarm sounds, the hall door magnets let go and the doors close; get clients out; leave building together with them and head to the outdoor entryway of Corbett Hall, which is the rally point for CSLHC. Remember, we are not to use the elevator during a fire drill/alarm. Clients should be encouraged to take their coats and other belongings with them because they will not be allowed back in the building until it has been ‘all cleared’, which may take time. Never leave clients unattended.

**Chemical Exposure Comments:** There are no chemicals open to our clinic workplace that meet the requirement for a manual for safety due to potential exposure because they are locked and managed by building management.

**Client/Student Accident/Illness:** If a client or student is hurt in the clinic, call 911, and an ambulance will be dispatched, and a police officer will arrive (they will also manage incident reports). 911 calls should not be made from cell phones; use the student workroom landline phone, the phone in the main clinic office or from any office phone in the department. This ensures the quickest response. Never leave the client or student alone.

**Crimes in Progress or Suspicious Persons:** Call 911 and give information on the person and situation.

### **Suspicious Object or Package:**

- Do not touch or disturb the object or package.
- Leave the object and vacate the room. If others are in the affected room or area, inform them of the situation and ask them to vacate as well.
- Wash hands if you have handled the object or package.
- CALL 911 and follow Dispatcher’s instructions. Wait for emergency officials.

**Active Shooter Training Video:** We encourage you to watch this important training video which concerns the remote possibility that our community could one day have to deal with an active shooting or hostage situations on campus. The film is very frank and many of the images in the film are frightening. There are gun shots heard throughout, and the film, while designed to ready us for such a situation, will result in some anxiety. Preparedness and prevention, however, are essential tools for dealing with unexpected bad situations.

Go to: University of Maine Website, Police Department page (<https://umaine.edu/police/active-shooter/>) and click on the link at the bottom of the page, “Proceed to the video.”

### **Active Shooter:** University of Maine Preparedness Training

- Remain calm. Do not engage the intruder.
- If safely possible, try to escape the area quickly and quietly.



**University of Maine System**

**Training Video Completion Confirmation**

I state that I have completed the following training video as a condition of entrance into University of Maine Graduate School as a working clinician at the Conley Speech & Hearing Clinic.

1. Active Shooter: located @<http://www2.umaine.edu>; Sign into Mainstreet account; choose training resources; click on active shooter video.
2. Basic Safety Training Video @UMaine portal page; from the launch pad area click on UMS Academy (looks like an apple with the State of Maine in it); click on Basic Safety Training Video.
3. Sexual Harassment Prevention Training @UMaine portal page; from the launch pad area click on UMS Academy (looks like an apple with the State of Maine in it); click on Sexual Harassment Prevention Training.

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Name (Please Print)

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Signature

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Date

- If attempting to escape, do not carry phones or other objects. They could be mistaken for weapons. If you encounter responding law enforcement officers as you move through open areas, elevate your HANDS with OPEN PALMS visible. Follow all the instructions the officers may give you.
- If you CANNOT SAFELY EXIT the building, seek shelter in a room where the doors can be locked or barricaded securely.
- Close and lock windows, lower blinds, turn off lights and remain out of sight.
- Once secured inside, take cover behind heavy desks or filing cabinets. Stay away from windows and doors.
- Remain quiet and turn off cell phone ringers.
- ONLY ONE PERSON from the room should call 911 and tell them where you are, where the intruder is and the condition of the others with you. Follow their instructions. If you cannot speak, leave the line open so the dispatcher can hear what is going on in the room.
- Do not respond to any unfamiliar voice commands until you can be sure that they are coming from the police.
- Do not open the door until you can be positive that it is the police or a recognized campus official coming to help you.

# Clinic Policies

## Nametags & Keys

- Graduate students are issued name tags and are expected to wear them in the CSLHC and at off campus clinical sites.
- Graduate students are issued a key to the student workroom.
- If a student wishes to have a new name tag due to loss or a name change, for example, they are to contact Luanne, and she will order a new tag at the student's expense.
- Name tags and keys are returned to the main office at the end of your program. (The names are removed from the nametags and the tags are reused.)

## Student Workroom Computer Usage

- There are computers located in the Student Workroom area. **These computers are designed to be used only for clinical and class related purposes. Clinical use should take precedence over classroom purposes.** These computers are not to be used for personal e-mail nor for web surfing. **Printing is for clinical work only.**

You are not permitted to download programs of any kind from the Internet to the university computers. Likewise, you are not to save any documents to the hard drives. This includes instant-messaging software. Because of HIPAA guidelines, clinical reports are never to be saved to the computer hard drives. Thumb drives are provided for this purpose.

In order to protect confidentiality of client information, when email is used between you and your supervisor for any client discussion, therapy plan and SOAP note documentation review, first draft report review, etc., no client demographic information (other than initials) is allowed to be part of this email content.

## Telephone

- Please turn off your cell phone when you are not in the workroom to take calls.
- Turn off your cell phone ringer/vibrator when you are in sessions with clients.
- If you take a personal call in the student workroom, out of respect for students who are trying to work there, please leave the room and have your private conversations where others are not trying to work.
- The number for the landline phone in the student workroom: 581-1944.
- Client arrival – They will call or text when they arrive. You will meet them at the door and walk them to door.

## **Personal Appearance and Dress Policy for Clinical Practicum**

Clients, their families, and other professionals judge the competence and professionalism of service providers in many ways. One important measure is the personal appearance of those who work with clients and family members. The following guidelines are the minimum standards for appearance when working with clients in the Conley Speech, Language and Hearing Center, and when doing other work in and around the clinic. Off campus sites may also have very specific dress codes that students need to be prepared to follow.

1. All graduate students will be given an identification tag that must be worn at all times when working with clients and visiting off campus sites.
2. Blue Scrubs must be clean, neat and functional for the practicum work you are doing.
3. No perfume or cologne should be worn in the Conley Speech, Language and Hearing Center.
4. Acceptable visible body piercing is limited to ears.
5. No hats or caps may be worn.
6. Short shorts, short-crop tops, halter tops, tee shirts, flip-flops, jogging suits, torn or frayed clothing, sweatshirts, sports jerseys or blue jeans may not be worn, during working clinical hours for any reason.
7. Exposed midriffs or abdomens, bare backs, or low cut tops are unacceptable; no visible underwear.
8. Tattoos or other body art that depicts nudity, profanity, or violence must be covered while in a practicum environment.
9. Clothing should not be revealing, excessively tight or excessively baggy.
10. Footwear must completely cover feet and be cleaned after each clinic day.

\*\*\*If you have any questions regarding personal appearance issues, please discuss with a clinical faculty member.

\*\*\*Students will be made aware of COVID 19 policy changes by the clinic director as UMaine updates its policies.

# Student Workroom Chores

Please run through the list at least weekly

*\*Students are expected to clean up after themselves daily; in addition, each week a team of students will oversee the clean-up. You will sign up for a week of responsibility in class.*

- Clean off unclaimed clutter from the counters.
- Throw away all unclaimed/left behind food/drink from the counters.
- Wipe off all counters with a disinfectant.
- Clean out refrigerator – throw unmarked/old food and wipe it out.
- Clean microwave – wipe out.
- Sort and reorganize the randomly left toys and put them in their appropriate container.
- Sort and reshelve the therapy materials left on the counter.
- Neaten the toy closet; close the upper cabinet doors.
- Vacuum floor weekly.
- Check to be sure there is an adequate supply of clinic forms on the shelves. Seek additional forms from the main office.
- Turn off computers, monitors, and printers at least weekly, if not nightly to save power.
- Turn off air conditioner each night.
- Email Judy Stickles if supplies need to be ordered (**test forms**, playdoh, bubbles, etc.).
- Return books to library in correct baskets/shelves.
- No collecting materials for personal use in mailboxes.

## ON CAMPUS CLINICAL ASSIGNMENTS

Please note that students enrolled in clinical practicum are expected to be available for clinical assignments when not enrolled in other course work.

1. After registering for a practicum course (CDS 686), the student must submit a schedule of classes to the Clinic Director. Clinic assignments are made by the Clinic Director through consideration of the following criteria:
  - a. Student's experience level
  - b. Student's clinical hour needs (disorder type/client age)
  - c. Client's requests and requirements
  - d. Placement site requirements
  - e. Available supervision
  - f. Client, clinician and supervisor schedules
  - g. Client availability
  
2. Students who are just beginning their practicum experience will be assigned to clients in the Madelyn E. and Albert D. Conley Speech, Language and Hearing Center (CSLHC). As more expertise is gained, graduate students will be placed at off-campus sites under the supervision of ASHA certified and Maine licensed staff members. The Clinic Director will decide when an off-campus placement is appropriate. **All students must provide their own reliable transportation to and from practicum sites.**

Assignments for first semester students, will be shared at the completion of orientation. Every student enrolled in practicum will have a mailbox. These should be checked daily for notices and/or messages. Your supervisor will communicate with you through e-mail and your personal e-mail account should be checked daily. Please indicate if messages have been received.

3. When the student receives his/her clinical assignment, s/he will be given the name of the client(s), supervisor(s), the therapy schedule (specific days and times) for the semester, and the date that therapy is to begin. The therapy schedule and starting dates may have been arranged and confirmed with the client already. The student's first responsibility is to contact the assigned supervisor(s) as soon as possible in order to begin to prepare for the clinical assignment. A therapy room will be assigned to each student clinician prior to the first therapy session. Assigned rooms may not be changed without the permission of the supervisor and the Clinic Director.
  
4. When graduate students receive their off-campus assignments, they also will be given instructions concerning any on-site orientation by the site supervisor. Students will not contact clients directly.

5. **Whenever a student must be absent from his/her practicum site, s/he is required to immediately notify the supervisor. For absences involving more than one session the Clinical Director, Judy Stickles, should also be informed.**
6. Following case assignments, student clinicians will review client files which contain diagnostic and treatment information to date. Client files are located in the Clinic Office (336 Dunn Hall). **These records are confidential and may not be removed from the clinic.** Files must be checked out. Student clinicians should read the file in the Student Workrooms. The student clinician and supervisor should thoroughly review the client's file in conference and make note of previous testing, treatment and progress, as well as any questions which may occur to them regarding the client.
7. Student clinicians should confirm their client's schedule with their supervisor, and consult their assignment sheet for the assigned therapy room. The Master Schedule of rooms is kept in the Main Office and maintained by the Clinic Administrative Assistant. This applies only to the students who are working in the on-campus clinic.
8. If schedule changes must be made, the supervisor will make the arrangements and inform the Clinic Director and/or Clinic Administrative Assistant, and student.

## **PREPARATION FOR MEETING CLIENT(S)**

1. Following review of the client's file, student clinicians should make an appointment with their supervisor to discuss the case and plan for therapy. Student clinicians should take the client file to the supervisor's office.
2. Supervisors will review with student clinicians at this first meeting their expectations and due dates for written records (lesson plans, self-evaluations, data analysis, etc.) as well as to establish a weekly conference time to discuss the clinician's overall performance as well as the client's progress in therapy.
3. The Clinic Administrative Assistant, Mariah Blanchard, will provide a parking permit for each client that is valid for the entire semester to your client during the first therapy session. Clients may park in the designated parking lots **only** during their scheduled Clinic times.
4. Clients/parents/guardians need to complete the Release of Information Authorization form and the Authorization for the Use of Clinical Records form.
5. If the client is late, student clinicians must wait at least 20 minutes before requesting permission to leave. Student clinicians must notify the supervisor and Clinic Administrative Assistant before leaving the building.
6. If the client calls the Clinic to cancel therapy, the Clinic Administrative Assistant, Mariah Blanchard will inform the clinician(s) and supervisor. If the student clinician must miss a session, it is his/her responsibility to contact the supervisor to determine whether or not the session should be cancelled. If it is to be cancelled, it is the student clinician's responsibility to inform the client and Clinic Administrative Assistant that no session will be held. The Clinic Director should be notified by the supervisor if clients have 3 unexcused absences or 4 absences within any 3-week period.
7. Students are not to leave the building with a client unless approved by the supervisor.



## TELEPHONE CALLS TO CLIENTS/PARENTS/GUARDIANS

Reasons for calls made to client/parents/guardians:

- To schedule a diagnostic appointment – for speech and/or audiology
- To confirm an appointment – week of diagnostic
- To confirm therapy – day(s) and/or time
- To cancel an appointment – diagnostic or therapy

Before placing any calls to a client/parent/guardian, check the file to determine if there are any indicated restrictions regarding how the person wishes to be contacted. Be sure to follow any client/parent/guardian instructions regarding how to contact him/her.

**IF YOU MUST LEAVE A MESSAGE, THE NATURE OF THE CALL IS NEVER REVEALED TO ANOTHER PARTY, ONLY THE NAME OF THE CLINIC, THE NAME OF THE PERSON CALLING, THE DAY AND TIME OF THE CALL, AND A PHONE NUMBER AT WHICH THE CLIENT/PARENT/GUARDIAN CAN REACH YOU.**

Record all attempts to reach the client in the client's folder in the section on contacts. Indicate when you called, the number called, and with whom you spoke. Also record the answering party's response. On the contact sheet in the file, record the purpose for the call; but remember when placing the call, do not indicate the nature of the call to anyone other than the concerned client/parent/guardian.

1. When calling a parent/guardian of a minor child or adult client. If client is a college student, see item #2):

Ask to speak to the client/parent/guardian.

The first time you call, if the client/parent/guardian is unavailable, give your name and indicate that you are from CSLHC. Ask when a good time would be to call back.

When you call back, if the client/parent/guardian is still unavailable, or if an answering machine picks up the call, leave the same message. Ask the person who has answered the phone or leave a message to have the client or the client's parent/guardian call you back; be sure to leave a phone number at which you can be reached.

2. When calling a client who is a college student, ask to speak to the student. If the student is unavailable, simply indicate that you will call back. **DO NOT** leave any other identifying information or phone number at which to reach you.

3. There may be special circumstances that require a different method of contacting a client (i.e text message, e-mail). If either of these options are used the consent form will be marked accordingly.

## **Conley Speech, Language and Hearing Center Policy for Evaluation and Therapy Appointments**

The Conley Speech, Language and Hearing Center has a dual mission to provide both service to the community and clinical education experiences for students in the Communication Sciences and Disorders program. In order to provide the highest quality services to our clients and provide the required educational experiences for our students, we have created the following policies and procedures:

- We must be notified in advance of cancellations if clients or families are unable to make scheduled appointments.
- We request a 24-hour notice when possible so that graduate student clinicians and clinical faculty can anticipate and plan for any schedule changes.
- When possible we will attempt to reschedule therapy and evaluation appointments. Those arrangements will be made with the graduate student clinician and clinical faculty person assigned to the client.
- If a client or family misses 30% of their appointments, with or without notifying us, in any one semester, the graduate student clinicians and clinical faculty member will discuss this with the client or family in person and by letter and will document those communications in the client file.
- If therapy or evaluation appointments are missed on a consistent basis we reserve the right to re-evaluate our ability to provide services to the client or family and may advise them that services will be discontinued.

**Please review the following with each client/parent during their first therapy session at CSLHC.**

STAFF AND CALENDAR FOR SEPTEMBER – DECEMBER 2023

Ms. Judith Stickles, Clinical Director and Supervising Clinician	581-2259
Ms. Amy Booth, Audiologist and Supervising Clinician	581-2011
Ms. Paige Lane, Supervising Clinician	581-2007
Ms. Jessica Lewis, Supervising Clinician	581-2017
Ms. Mariah Blanchard, Clinic Administrative Assistant II	581-2006
Ms. Luanne Wasson, Department Administrative Assistant II	581-2403

Each professional staff member is appropriately licensed in Maine as either a Speech Pathologist or an Audiologist. As Supervising Clinicians they assume full responsibility for providing the remedial services to the people we serve. The Graduate Student Clinician shares the planning-evaluation responsibilities with the Supervising Clinicians, as well as carrying major responsibility for meeting regularly with the client. The Graduate Student Clinician's work is carefully guided and observed by the Supervising Clinician through direct observation, reading of appointment plans and reports, and weekly conferences. Also, do give the Graduate Student Clinician and Supervising Clinician opportunities to answer your questions.

Below are the dates the Conley Speech, Language and Hearing Center will follow for this semester:

Center Opens (for graduate students)	August 28
Services Begin	September 5
Fall Break (Center Closed)	October 9 & 10
Veteran's Day (Center Closed)	November 10
Thanksgiving Break Begins (Center Closed)	November 22 - 24
Center Re-Opens	November 27
Services End for Fall 2023	December 15
Services will Resume	January 8, 2024

Your Student Clinician is \_\_\_\_\_, telephone # \_\_\_\_\_

The Supervising Clinician is \_\_\_\_\_, telephone # \_\_\_\_\_

PLEASE NOTE:

- IN THE EVENT THAT YOU ARE UNABLE TO KEEP A SCHEDULED APPOINTMENT PLEASE CALL US AS SOON AS POSSIBLE at 581-2006. WE HAVE AN ANSWERING SERVICE THAT WILL TAKE YOUR CALL.
- IN THE EVENT OF A STORM, IF THE ORONO PUBLIC SCHOOLS (RSU 26 ARE CLOSED), THE CONLEY SPEECH, LANGUAGE AND HEARING CENTER WILL BE CLOSED.
- We expect family members or caregivers for clients to remain at the Conley Center during scheduled therapy sessions or evaluations. Siblings are always welcome but we request that a family member or caregiver supervise them.
- The Conley Speech, Language and Hearing Center has a policy for attendance at therapy sessions and evaluations. If a client or family misses 30% of their appointments, with or without notifying us, in any one semester, the graduate student clinician and clinical faculty member will discuss this with the client or family in person and by letter and will document these communications in the client file. For further information, please refer to the **Policy for Evaluation and Therapy Appointments** on the reverse side of this form. Thank you.

## **END-OF-TERM PROCEDURES**

1. Student clinicians will complete therapy Progress Reports on each client they have been assigned for the semester. Off-campus practicum site supervisors will specify the format used at each facility.
2. Students must complete a Narrative description of their practicum experience, grid indicating number of clients, ages, disorders, etc. All clinical clock forms must be signed and dated. A Summary of Clinical Clock Hours and Individual Clock Hour forms must be submitted to the Clinic Administrative Assistant, Mariah Blanchard. Narratives and Hour Summary Grids must be submitted to the Clinical Director, Judy Stickles.
3. The student workrooms and clinics are to be left clean and organized with all materials cleaned and put away before students leave for break.

**NO GRADE WILL BE GIVEN FOR PRACTICUM UNLESS  
EACH REQUIRED TASK IS COMPLETED.**

**\*\*\*CLINICIANS SHOULD ALWAYS MAINTAIN A  
PERSONAL COPY OF THEIR COMPLETED CLOCK HOURS\*\*\***

**Section V**

**Standards of Professionalism**

**ASHA Code of Ethics**

## **STANDARDS OF PROFESSIONALISM**

A definition of professional ethics includes many factors, some of which involve beliefs and attitudes that can be judged only on a subjective basis. Whenever students are involved in professional contacts with clients (directly or indirectly), they are expected to exhibit professionalism as demonstrated by being prompt, prepared, appropriately dressed, maintaining confidentiality and following the policies and procedures set forth in this manual. The ASHA Code of Ethics is enclosed. Each student majoring in CSD is expected to be familiar, and comply, with the principles inherent in this Code.

## **Section VI**

# **Clinical Documentation and Report Writing**

## **Client Contacts**

Please write a brief statement describing your contact with the client, caregiver or agency. Include the nature of the contact and the date and sign your name.

**Name:** \_\_\_\_\_

**Date**

**Contact Information**



**Madelyn E. and Albert D. Conley Speech, Language and Hearing Center (CSLHC)**  
**CLIENT CONSENT FORM**  
**Authorization for the Use of Clinical Records**

Clinical Records

Clinical records are the live sessions, video/audiotapes of sessions, written reports, and progress/file notes that are produced during the provision of speech-language-hearing evaluation/treatment services to clients.

Taping, Observation

The clinical education, research and client service functions of CSLHC are met in the following ways. Speech-language-hearing services to clients are provided by a clinician team, consisting of a graduate student clinician and an ASHA certified, state licensed clinical supervisor. In the course of evaluation and treatment, client sessions may be recorded (video, audio, film, photo) and observed for clinical education and teaching purposes. These materials are viewed by supervisors and graduate clinicians and may be used as demonstration tapes or clinical/case study data in

CSD courses. In addition, client sessions are observed by undergraduate students completing the ASHA pre-clinical requirement for 25 hours of supervised observations.

Confidentiality

Individual client records are kept in accordance with accepted procedures, and confidentiality is maintained in accordance with both State law and ASHA ethical standards. Information related to client services at the Center is kept confidential with the following exceptions: (1) when clients sign a form permitting us to release information about them to specified others, (2) when we use videotapes/audiotapes and/or clinical data from sessions in CSD courses and course assignments, with the client's signed permission on this form.

Except as otherwise specified below, I hereby consent and authorize the CSLHC, its employees or agents, to release any and all of the information contained in the Clinical Records and to discuss any information relating to the diagnosis and treatment of \_\_\_\_\_ to CSLHC clinical supervisors, graduate student clinicians and undergraduate students completing pre-clinical requirements for the purposes of clinical and pre-clinical education and client service functions.

Information that I refuse to disclose (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the Clinical Records contain any of the following information, I understand that CSLHC needs my specific consent to disclose such information:

1. I **Do** \_\_\_ **Do Not** \_\_\_ authorize disclosure of information which refers to treatment or diagnosis of substance abuse.
2. a. I **Do** \_\_\_ **Do Not** \_\_\_ authorize disclosure of information which refers to treatment or diagnosis of mental health.  
b. I **Do** \_\_\_ **Do Not** \_\_\_ want to review this information before it is released. I understand that reviews must be supervised.
3. I **Do** \_\_\_ **Do Not** \_\_\_ authorize disclosure of information which refers to HIV/AIDS test results, infection status or treatment information.

(OVER)

Duration of consent, right to refuse/revoke authorization

This authorization will expire in 12 months from the date of signature and authorizes repeated disclosures during that time period. Clients have the right to refuse to authorize disclosure of all or part of the information related to their speech-language-hearing services, but that refusal may result in improper diagnosis or treatment, denial of coverage or a claim of health benefits or other insurance and/or other adverse consequences. Clients have the right to revoke this authorization at any time by notifying the Center with a written revocation before the expiration date subject to the right of any person who acted in reliance on the authorization prior to receiving notice of the revocation. Revocation may be the basis for denial of health benefits or other insurance coverage or benefits.

The undersigned states that she/he is the person whose records are involved, or if not the person, that she/he is the legal guardian of the person, or if the person is a minor, the person's parent or legal guardian and that she/he has full power and authority to issue this release.

I have read and understood the above information regarding the use of clinical records. I understand that I am entitled to a copy of this Client Consent Form. I understand that signing this Client consent Form is completely voluntary and is not required as a condition to receive services from CSLHC.

Signature: \_\_\_\_\_ Relationship to Client \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

7/1/04

[on letterhead]

**Albert D. Conley Speech and Hearing Center (CSLHC)  
CLIENT CONSENT FORM  
Release of Information Authorization**

Clinical Records

Clinical Records referred to in this release are written reports and progress/file notes that are produced during the provision of speech-language-hearing evaluation/treatment services to clients.

Confidentiality

Individual client records are kept in accordance with accepted procedures, and confidentiality is maintained in accordance with both State law and ASHA ethical standards. Information related to client services at the Center is kept confidential with the following exceptions: (1) when clients sign a form permitting us to release information about them to specified others, (2) when we use videotapes/audiotapes and/or clinical data from sessions in CSD courses and course assignments, with the client's signed permission on this form.

Except as otherwise specified below, I hereby consent and authorize the CSLHC, its employees or agents, to release any and all of the information contained in the Clinical Records and to discuss any information relating to the diagnosis and treatment of \_\_\_\_\_ to the following persons and/or agencies (please include address):

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Information that I refuse to disclose (specify): \_\_\_\_\_

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If the Clinical Records contain any of the following information, I understand that CSLHC needs my specific consent to disclose such information:

1. I **Do** \_\_\_ **Do Not** \_\_\_ authorize disclosure of information which refers to treatment or diagnosis of substance abuse.
2. a. I **Do** \_\_\_ **Do Not** \_\_\_ authorize disclosure of information which refers to treatment or diagnosis of mental health.
- b. I **Do** \_\_\_ **Do Not** \_\_\_ want to review this information before it is released. I understand that reviews must be supervised.
3. I **Do** \_\_\_ **Do Not** \_\_\_ authorize disclosure of information which refers to HIV/AIDS test results, infection status or treatment information.

(OVER)

Duration of consent, right to refuse/revoke authorization

This authorization will expire in 12 months from the date of signature and authorizes repeated disclosures during that time period. Clients have the right to refuse to authorize disclosure of all or part of the information related to their speech-language-hearing services, but that refusal may result in improper diagnosis or treatment, denial of coverage or a claim of health benefits or other insurance and/or other adverse consequences. Clients have the right to revoke this authorization at any time by notifying the Center with a written revocation before the expiration date subject to the right of any person who acted in reliance on the authorization prior to receiving notice of the revocation. Revocation may be the basis for denial of health benefits or other insurance coverage or benefits.

The undersigned states that she/he is the person whose records are involved, or if not the person, that she/he is the legal guardian of the person, or if the person is a minor, the person's parent or legal guardian and that she/he has full power and authority to issue this release.

I have read and understood the above information regarding the use of clinical records. I understand that I am entitled to a copy of this Client Consent Form. I understand that signing this Client consent Form is completely voluntary and is not required as a condition to receive services from CSLHC.

Signature: \_\_\_\_\_ Relationship to Client \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

7/1/04

## Clinical Report Writing

### General Information

Report writing is a challenging and critical part of your clinical experience. You will be expected to write a variety of reports at all of your practicum sites. Don't be discouraged if in the beginning, you are required to write several drafts before the final copy is approved by your supervisor. Report writing skills develop with practice and experience.

The format and content for all the types of clinical reports student clinicians are expected to write for faculty supervised sites, are described in this section. Samples of each type of report can be found in client files as well as in the Sample Report Notebook located in the student workroom. Students who are completing practicum experiences at off campus sites may be required to produce reports using different formats. Whenever possible, samples of reports used at off campus sites will be included in the Sample Report Notebook. All student clinicians at the Conley Speech, Language and Hearing Center and faculty supervised off campus sites, will write Plans of Care and Progress Reports for their clients. Diagnostic Reports will be written for all clients seen in Diagnostic Clinic, CDS 685, and will be written when initial evaluations are completed. The reports generally written by graduate student clinicians are:

- Plan of Care/Treatment Plan: Written at the beginning of the semester. describes the following: background information, updated evaluation results, client's current level of functioning, strengths and needs with respect to communication skills, semester goals and objectives, frequency and duration of services (direct and indirect) and the treatment approach selected to meet these goals.
- Progress Report: Written at the end of the semester. This report summarizes the services the client received, results of any current evaluation measures, the client's progress on goals and objectives, therapy techniques implemented, and identifies future recommendations.
- Diagnostic Report: Written after a comprehensive evaluation to summarize the evaluation results, interpret and synthesize the data/information collected, and to make specific recommendations regarding the need for and the focus of intervention.
- Daily Plan and Report/Lesson Plan: Written for each therapy session. This report describes the objectives for each session, procedures/therapy techniques to be used, data obtained (subjective & objective), and analysis of data. These plans can be written on sheets available in the workroom or your supervisor can provide you with a format for use on your computer. They include the following specific headings: preplanned behavioral objectives, procedures/materials, report of quantitative and qualitative outcomes related to objectives and significant off task behaviors.

### Report Mechanics

1. First draft reports should be typed. Original drafts should be submitted along with any subsequent drafts or the final draft. The Semester Calendar will indicate specific due dates for reports, as will your supervisor. A template with the report format will be in the clinic folder.

2. Report margins should be as follows: top, 2 ½”; L/R, 1”; bottom, 1 ½” or sufficient space for the “distribution of report” section. **Specific formats/guidelines are in this handbook.**
3. Proof read the final copy for spelling and punctuation errors. Make sure that phonetic symbols have been entered by hand. sign final copies of all reports and submit to your supervisor.
4. Indicate the individuals to receive copies of the report, under “distribution of report” at the bottom of the first page. This information should be on the Release of Information Form (green) in the client’s folder. This form must be completed and signed before reports are sent to parties other than the client and client’s family.
5. After the final report has been reviewed and signed by your supervisor it is submitted to the clinic AA for photocopying and mailing. **Please do not photocopy and mail on your own.**

Note: some supervisors may want you to review the reports with the client and family for their input before the final report is written. **Ask your supervisor!**

### **Writing Style**

1. Keep your reading audience in mind. If it is necessary to use clinical terms explain them and provide examples. When in doubt about a reader’s level of understanding, it is better to err on the side of simplicity.
2. Present only necessary and relevant information. Be concise.
3. Use accurate, descriptive information that can be supported by fact. Avoid exaggeration and overstatement.
4. Avoid abbreviations, hyphens and contractions. Numbers one to ten written out, all dates written the same way.
5. Refer to your client by name or first person pronoun rather than “the client”. For adult clients, or when referring to parents, use the proper titles (Mr., Mrs., Ms.). Any variation should be discussed with your supervisor.
6. For CSLHC and faculty supervised sites, use the first person pronoun when referring to yourself rather than the third person, “the clinician”, “the examiner”. You should check with your off campus supervisor as to whether they prefer that you write the report in the first person or third person.
7. Plans of Care/Treatment Plans are written in the future tense except when stating present levels of functioning.

Progress Reports are written in the past tense except when stating present levels or describing recommendations for the future.

Diagnostic Reports are written in the past tense except when summarizing results or stating recommendations.

8. Edit the report carefully to make certain that spelling, use of verb tense, grammar and punctuation are accurate.
9. Use positive statements that show what testing or observations have revealed, Avoid qualifiers and non-committal language.
10. Use the active voice whenever possible. Avoid passive verb forms such as, “it was suggested that”.

### **Resources on Report Writing**

There are many resources available to you that will be helpful as you develop your report writing skills. The resources listed here will be available in the student clinician workroom or from your supervisor. Also, do not hesitate to look at previously produced reports in client folders for help in determining format, etc.

Alvares, R.L. (1997) Family-Centered Report Writing in Early Intervention. *The Transdisciplinary Journal*, 7, 3, 161-177

Haynes, W.O. & Pindzola, R.K. (2012) *Diagnosis and Evaluation in Speech Pathology* (eighth edition). Boston, MA; Pearson. \*\*\*Note Ch. 13

Hegde, M.N. (2010) *A Coursebook on Scientific and Professional Writing for Speech-Language Pathology*. Clifton Park, NY; Cengage Learning.

Knepflar, K. & May, A. (1991) *Report Writing in the Field of Communication Disorders: a Handbook for Students and Clinicians*. Rockville, MD; National Student Speech-Language-Hearing Association.

Middleton, G. & Pannbacker, M. (1992) *Report Writing for Speech-Language Pathologists*. Tuscon, AZ; Communication Skill Builders.

Moon Meyer, S. (1998) *Survival Guide for the Beginning Speech-Language Clinician*. Gaithersburg, MD; Aspen Publishers Inc. \*\*\*Note Ch. 1 & 2 on behavioral objectives

Mowrer, D.G. (1977) *Methods of Modifying Speech Behaviors*. Columbus, OH; Bell and Howell. \*\*\*Note Ch. 6 - Planning and Preparing Behavioral Objectives in *Speech Pathology*.



Paul, R. & Casella, P.W. (2002) Introduction to Clinical Methods in Communication Disorders. Baltimore, MD; Paul H. Brooks Pub. Co.

ShIPLEY, K.G. & McAfee, J.G. (2008) Assessment in Speech-Language Pathology: A Resource Manual. San Diego, CA; Singular Pub. Group.

Stein-Rubin, C. & Fabus, R. (2012) A Guide to Clinical Assessment and Professional Report Writing in Speech-Language Pathology. Clifton Park, NY; Cengage Learning.

(leave two inches for letterhead; remove this and all other instructions from first drafts)

## PLAN OF CARE

**CLIENT:** **DATE OF REPORT:**  
**ADDRESS:** **SITE:**  
**SCHOOL:** Eliminate this line if N/A  
**DATE OF BIRTH:** **AGE:** **REPORT PERIOD:**  
**PARENTS:** **DX:**  
**PHONE:**

### I. SUMMARY OF COMMUNICATION:

#### A. Pertinent Background Information

Note: This section contains essential things to know about client relevant as to why s/he has been referred for services. See where the margins are.

#### B. Evaluation Results

This is formatted same as above. Margins are to keep the left edge of content lined up under the left leading margin of each specific header. 1<sup>st</sup> line of each paragraph should also be set to be indented five spaces.

Please *summarize* the most recent evaluation and refer reader to client file for details. On what are you basing this plan of care? Enough information should be entered so that the goals and objectives are supported by information included in this section. Include information gathered at the first session/s with the client (e.g., analysis of data; parent report) to support this POC.

#### C. Performance

1. **Strengths:** Start context here and wrap around to left edge. This section contains client's strengths, which support progress in therapy.
2. **Needs:** This section contains information that relates to why services are needed.
3. **Current Communication:** State current observations about client's communication skills; also report any current diagnoses along with severity levels.

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#### DISTRIBUTION OF REPORT:

- ( ) **Note: this section stays in the footer section** (date) \_\_\_\_\_  
( ) **Make "1st page different" in the set up** (date) \_\_\_\_\_

Note: This footer is set so that no matter how many names/addresses are put on the distribution lines, the last line of the footer is formatted/set to be 1" from the bottom to accommodate the letterhead paper.

**II. PLAN OF CARE FOR REPORT PERIOD:** Report period start date – end date *[all dates written the same way/format throughout the report.]*

- A. Frequency and Duration of Direct Services:** This paragraph contains information about how often the client is scheduled to receive services.
- B. Indirect Services:** What else will you be doing for the client that is not face-face direct contact (e.g., use of communication notebook; informational handouts provided; carryover and transfer activities; consulting with parents on strategies to use at home; visiting the school/preschool).

**C. Long Term Goals and Short Term Objectives:**

**Goal # 1:** Note: Long term objectives. Start text on this line and wrap text to the left edge of the letter “G”, like this line.

**1. a** Note: Short term objectives. Start to write on this line and then wrap text around to the left edge of the number like this line.

**1.b**

**1.c...etc.**

**Goal # 2:** Same as above and for all other long and short-term objectives

**2.a**

**2.b**

**2.c...etc.**

**D. Methods for Measuring Progress:**

Start this paragraph below header and indent first line of all paragraphs.

We look forward to working with \_\_\_\_\_. Please do not hesitate to contact the Conley Speech Language and Hearing Center (207-581-2006) if you have any questions regarding this report. Thank you.

\_\_\_\_\_  
(Name)  
Graduate Student Clinician

\_\_\_\_\_  
(Supervisor Name and “Initials”)  
Clinical Supervisor

## SOAP NOTES

**Subjective:** This section is for subjective information, as the heading implies. Subjective information includes client comments regarding how they feel and your observations or verbatim quotes from the client/family regarding their own status/feelings; description of attitude/behaviors. Example: “SB seemed unable to focus when he came into the therapy session today; Mother reported that he needs a nap.”

**Objective:** This section is for objective information, as the heading implies. Objective information refers to facts regarding services and the behaviors produced by your client. What took place in this therapy session that was ‘skilled’ and needed the skills of an SLP to provide? This includes client and caregiver education. If your POC indicates that you will provide speech therapy for a voice/fluency/articulation/phonology deficit or language therapy for an expressive or receptive language deficit, this section will be specific as to your provision of these services and the objective client response (SB’s mother reported that he has begun to produce s-blends outside of therapy: e.g., “he said, ‘spoon’ this morning!” = objective data). You will record the accuracy of client responses regarding his objective target and whether or not the criterion for that objective was achieved. You will record if the session objectives were met and how many opportunities/trials were presented to your client.

**Assessment:** This section is for a summary of clinical findings and your interpretation of these results; the client’s progress. Ask yourself, “where is my client in terms of achieving his long term goals?” or “What does today’s data mean in relation to the client’s short term objective/long term goals?” How are you interpreting the subjective and objective data? This is your place to be “the clinician” and use your analytical and integrative skills. What supports were effective (e.g., use of mirror; level of prompts and cues; ‘wiggle seat’; ‘quiet hands’; alternating table activities with more active activities; hand over hand). You can also give results of client and caregiver education – do you think they demonstrated understanding of the education you provided? In other words, consider this section to be a mini ‘summary of progress’ report.

**Plan:** In this section, you plan for the next session. What will you do next time? Another SLP should be able to pick this up and provide services. What will you work on and at what level and with what support provided? Also, if you are planning to change the POC (adding or modifying a goal), this is where you document that. It is not enough to say that you are going to follow the POC. Be specific. For example: “Next session, continue to work on the /f/ at word level and probe at phrase level; use wiggle seat and real objects. This is where you write ‘will’ statements.

**MADELYN E. AND ALBERT D. CONLEY SPEECH, LANGUAGE AND HEARING CLINIC**  
**University of Maine Department of Communication Sciences and Disorders**  
**DAILY THERAPY PLAN & REPORT**

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client Initials:** \_\_\_\_\_ **L A F V Age:** \_\_\_\_\_ **Tx Date** \_\_\_\_\_ **Total Tx Minutes (Billing):** \_\_\_\_\_

**Clinicians:** \_\_\_\_\_

Objectives	Materials / Therapy Strategies to Use	Results / Data / Comments	S.O.A.P
			<p>Time In:  Time out:  Clinician Initials _____</p>

\*This is to be added to your Daily Therapy when your client is seen through teletherapy.

Patient Physical Location:

\_\_\_\_\_

The patient is informed about the use of telepractice using the usual procedures described in the Speech Therapy Telepractice and Technology Training Manual. This visit was completed using existing computers and Internet connections connected to the secure Web-hosted encrypted Cisco WebEx video conferencing system.

The need for telepractice is established as (check one):

Geographic barrier \_\_\_\_\_ Physical limitations \_\_\_\_\_ Social limitations \_\_\_\_\_

Video/audio quality and connectivity maintained through the treatment period that was (check one): \_\_\_\_\_ Fully acceptable

\_\_\_\_\_ Acceptable/minor delays

\_\_\_\_\_ Minimal/noticeable interruptions, no affect on quality of treatment

\_\_\_\_\_ Moderate/some interruption in treatment session \_\_\_\_\_ Unacceptable/session terminated and rescheduled

An eHelper \_\_\_\_\_ (name/title) \_\_\_\_\_ Was Present

\_\_\_\_\_ Was not present

\_\_\_\_\_ Was observing

\_\_\_\_\_ Was actively assisting with treatment

[on letterhead]

Date

Name  
Address  
Address

Dear

Thank you for your willingness to supervise Name. This letter will serve as an agreement between you and the Department of Communication Sciences and Disorders. Please sign one copy of this letter and return it to me. I have enclosed a semester calendar with due dates for grading and evaluations. Please call me if you need to clarify any information.

The following represents expectations for students, supervisors and the program for the semester:

1. The ASHA ruling for clinical supervision is as follows:

A supervisor with a current CCC must be available to consult as appropriate for the client's disorder with a student providing clinical services as part of the student's clinical education. **Only** a currently certified clinician may supervise student practicum at on- and off-campus sites. (Current means the clinical supervisor must hold certification at the time the supervision is provided.) Supervision of the clinical practicum must include direct observation, guidance, and feedback by the currently certified supervisor to facilitate development of the student's clinical competence.

A supervisor does not have to be on-site 100% of the time; however, a professional who can deal appropriately with the specific case or problem at that time, or with emergencies, must be present 100% of the time.

**The Department of Communication Sciences and Disorders offers the following clarification to this ruling:**

**Clinical supervisors at extern practicum sites are expected to follow ASHA requirements for clinical supervision of graduate students: observation of 25% of the treatment of each client, 50% of each client evaluation.**

**At the present time, supervisors are required to fulfill these minimum standards through live or on-line closed circuit television observations. Observations of videotapes do not meet the minimum requirements, but may be used as a supplement to direct observation.**

**Supervisors are expected to meet “face to face” with a student to review videotapes or live observation and provide feedback to the student.**

2. A graduate student should see a minimum of 4 clients per week and must accumulate a minimum of 50 clock hours at a practicum site. Students are expected to provide you with information on the specific areas where clock hours are needed. Additional clients may be added at the discretion of the supervisor, depending on the student’s demonstrated competence in the setting.
3. Send copies of the graduate student’s schedule of clients to the Clinical Director. If clients continually change, a schedule of days on site is sufficient.
4. The graduate student will participate in all Team Meetings relevant to full participation at your site. Staff/team/PET meetings can count for up to 25 clock hours of the total 375 hours. Meetings should be entered on the client’s clock hour sheet and added into the disorder category for that client as either evaluation or treatment hours.
5. The graduate student should meet with you either weekly for a supervisory conference or on an ongoing basis to assure that adequate guidance and feedback are provided.
6. The graduate student should use your format for all reports (evaluations and progress). It is not necessary to send copies of these reports to me.
7. Students are evaluated twice during the semester. The same Practicum Evaluation form is used. The mid-semester evaluation is considered a Formative Assessment when goals are set and no grade is given. **Please send a photocopy of the mid-semester evaluation.** The end of semester evaluation results in a recommended grade which is mailed to the Clinical Director by the requested due date.

A Practicum Evaluation form is provided for students to evaluate themselves at each assessment period.

Please note: I will need the final semester recommended letter grade on the date requested in order to submit the grade report on time.

8. The student is covered by University liability insurance during an off-campus placement. A certificate is sent automatically.
9. We are able to give each supervisor a \$100.00 honorarium. Please complete the enclosed invoice and W-9 form and return to Lynn Kelley by **October 25, 2017**. **Also, please send us a copy of your current ASHA membership card.** Your check can be mailed when final semester grades are submitted.
10. Please fill out the enclosed supervisor information form for our records.

I will be in contact with you to find out about Name’s progress, but please feel free to contact me any time if you have questions.



I am delighted that we have been able to place the graduate student with you this semester and I hope you enjoy the experience!

Sincerely,

Judith L. Stickles, M.A., CCC-SLP  
Clinical Director  
207-581-2259  
[stickles@maine.edu](mailto:stickles@maine.edu)

Enclosures:

- Invoice
- W-9 form
- Supervisor information form
- Practicum Evaluation form (2)
- Report of Extern Clinical Placement form
- Standards for the Certificate of Clinical Competence handout
- Clock hour and summary forms
- Semester Calendar
- Pre-addressed return envelopes
- Business card

I have read and agreed to the above supervision expectations:

\_\_\_\_\_  
Extern Supervisor Signature

\_\_\_\_\_  
Date

*Note: Keep this top margin on the 1<sup>st</sup> page at 2" to accommodate the UM/Dept letterhead of our stationery. Use Times New Roman Font, size 12; [Delete instructions in first draft*

**PROGRESS REPORT**

**CLIENT:** XX  
**ADDRESS:** xxx xxxx  
Town, ME zip  
**DATE OF BIRTH:** xx/xx/xx **AGE:**  
**PARENTS:** XX and XX  
**PHONE:** 207-000-0000

**DATE OF REPORT:** xx/xx/xx  
**SERVICE DELIVERY SITE:** Conley  
Speech Language and Hearing Center (CSLHC)  
**REPORT PERIOD:** xx/xx/xx – xx/xx/xx  
**DX:**

**I. SUMMARY OF SERVICES:**

**A. Direct Services**

Example: XX was scheduled for speech therapy services twice a week during the report period. He attended 22 of the 25 scheduled sessions.

**B. Indirect Services**

Example: XX and his family were provided with a therapy notebook where homework materials to support carryover to the home environment could be kept. Supplemental literature regarding early communication and baby sign were reviewed and added to this notebook.

**II. CURRENT TESTING**

Current language sample analysis and/or other data analysis results go here along with any other standardized test results from this report period. If no new testing was administered during the report period, you may omit this heading and change subsequent Roman numerals accordingly; or your supervisor may prefer that you comment briefly here on what the plan of care was based.

**III. RESULTS OF GOALS AND SHORT-TERM OBJECTIVES:**

**Goal # 1:** Note for long term objectives, start text on this line and wrap text to the left edge of the letter “G”, like this line. Underline “Goal # 1”

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**DISTRIBUTION OF REPORT:**

( ) XX and XX: address (Date) \_\_\_\_\_  
( ) Dr. X: address (Date) \_\_\_\_\_

*Note: No matter how many address lines you enter here in the footer, the last line needs to be 1" from the bottom of the page. Use the return key after the last line to enter enough spaces to make the 1" space. You may reduce font size here to fit name/address to one line. Double check this information with current consent form. [Delete this instruction on first draft.]*

**1. a** Note for short term objectives start to write on this line and then wrap text around to the left edge of the number like this paragraph

**Progress:** (Met, Not introduced; Satisfactory; Limited); if you modified the objective, say so here.

**Comments:**

**1. b** [Same as obj. 1.a]

**Progress:**

**Comments:**

**Goal # 2:** Same as for Goal #1.

**IV. SUMMARY OF PROGRESS**

XX has made progress in the development of his receptive and expressive language skills. He retained and used newly taught signs for multiple sessions and began to combine a familiar sign (“more”) with an object sign (“bubbles”). [Family involvement; client/family education materials...]

**V. RECOMMENDATIONS**

Speech therapy services continue to be indicated for XX with the following recommendations:

Continue to support XX to develop his receptive and expressive language skills:

- Target his ability to imitate, through gestures, signs, and/or vocalizations.
- Target his ability to combine signs or pair signs with vocalizations.
- Target his turn-taking skills to aid in the development of his pragmatic language.

It has been a pleasure to work with XX. Please do not hesitate to contact the Conley Speech Language and Hearing Center (581-2006) if we can be of further help or if you have any questions regarding this report. [If speech therapy services will resume, say that here.] Thank you.

\_\_\_\_\_  
Name  
Graduate Student Clinician

\_\_\_\_\_  
Name, M.A, CCC-SLP  
Clinical Supervisor

\_\_\_\_\_  
Name  
Graduate Student Clinician

*\*Note: Use Times New Roman font.  
Make 2" margin from top to allow for University stationery header*

## **SPEECH LANGUAGE EVALUATION**

*\* Note: Always check these identifying items below for accuracy in the original file and from information provided directly by the client.*

<b>CLIENT:</b>	<b>DATE OF REPORT:</b>
<b>ADDRESS:</b>	<b>SITE:</b>
	<b>SCHOOL: (if applicable)</b>
<b>DATE OF BIRTH: AGE:</b>	<b>DATE OF EVALUATION:</b>
<b>PHONE</b>	<b>DX:</b>
<b>PARENTS:</b>	

### **I. BACKGROUND**

Start text here. Wrap around text and make a hanging paragraph so that the second line of text starts here. Content should include pertinent history, reason for referral for evaluation and referring party

### **II. BEHAVIORAL OBSERVATIONS**

Start text here. Wrap around text and make a hanging paragraph so that the second line of text starts here. Content should include pertinent observations of your client's behavior during the evaluation period.

### **III. PROCEDURES EMPLOYED**

1. Start text here. List the names of the assessments used. If any one test has a name longer than the formatted line, wrap around text and make a hanging paragraph so that the second line of text starts here as shown.
2. Be sure to add the common initialed acronym after the formal name of the test. For Example, you would write; Goldman Fristoe Test of Articulation, 2<sup>nd</sup> Edition (GFTA-2)
3. Note that the numbers for this section are in **bold type**

### **IV. RESULTS**

#### **1. Here you write the test on which you are reporting on in bold**

Start text here. Wrap around paragraphs to keep left margin under the H in here. If there are a lot of subtests to report, consider putting results in table form, with a narrative explanation. Introduce the test (what/why) in first paragraph and then give client's results in the next.

#### **2. Name second test here**

**3. Name second test here**

Start text here. Wrap around paragraphs to keep left margin under the N in name. If there are a lot of subtests to report, consider putting results in table form, with a narrative explanation.

**4. Name third test here**

Start text here. Wrap around paragraphs to keep left margin under the N in name if there are a lot of subtests to report, consider putting results in table form, with a narrative explanation.

**4. Etc. As many assessment instruments as you use.**

**V. DIAGNOSTIC SUMMARY AND IMPRESSIONS**

This is a narrative section where you will be interpreting the results and formulating a diagnosis. *Your opening statement should always state if there is a problem or not.* Start paragraph with indentation and wrap text around so left margin lines up under D in diagnosis.

**VI. RECOMMENDATIONS**

Start text here and format the paragraph as for Section IV. Include specific needs that will continue to be needed to be addressed. They may be listed in bulleted format.

- 1<sup>st</sup> recommendation
- 2<sup>nd</sup> recommendation
- Etc.

Thank you for referring \_\_\_\_\_ to Conley Speech Language and Hearing Center. If you have any questions concerning this report or would like more information, please do not hesitate to call the center at (207) 581-2006

(Name)  
Graduate Student Clinician

\_\_\_\_\_  
(Name) \*( M.A, M.S., Ph.D., M.Ed.) CCC-SLP  
Speech Language Pathologist / Clinical Supervisor

\*\* Check with you supervisor. What is his or her degree??



# **Section VII**

## **Student Practicum Documentation**

## Guidelines for Counting Clinical Practicum Clock Hours

1. Only direct contact with the client or the client's family in assessment, management, and/or counseling may be counted as clinical practicum hours. Time spent in writing lesson plans, scoring tests, transcribing language samples, preparing activities, in-service training and writing reports may not be counted.
2. Evaluation refers to those hours in screening, assessment and diagnosis that are accomplished prior to the initiation of a treatment program. Hours to be counted in the evaluation category may also include reevaluation (another formal assessment). Hours devoted to counseling associated with the evaluation/diagnostic process may be counted in these categories. Periodic assessments during treatment are to be considered treatment. *However, administration of diagnostic procedures/tools for planning a new treatment focus with a client may be counted in the Evaluation category. (UM interpretation)*
3. Time spent with either the client or a family member while engaging in information seeking, information giving, counseling, or training for a home program may be counted as clinical clock hours (provided the activity is directly related to evaluation and/or treatment).
4. Time spent in multidisciplinary staffing, educational appraisal and review, or in meeting with professional persons regarding diagnosis and treatment of a given client may be counted as *Staffing* up to 25 hours. The hours should be entered in either the *evaluation* or *treatment* columns of the clock hour record sheet depending on the focus of the meeting.
5. Conference time with clinical supervisors may not be counted.
6. If a client presents communication disorders in two disorder categories, accumulated clock hours should be distributed among these categories according to the amount of treatment time spent on each. For example, if a client with both language and articulation problems received 20 hours of treatment and approximately three quarters of each treatment session was spent on articulation, the student may receive credit for 15 hours of language treatment and 5 hours of articulation treatment.



### GRADUATE CLINICAL CLOCK HOUR REPORT

Student Name: \_\_\_\_\_ Semester and Year: \_\_\_\_\_

Client: \_\_\_\_\_ Age: \_\_\_\_\_ Site: \_\_\_\_\_

**Key:** A=articulation, V=voice, F=fluency, SC=social communication  
 SW=swallowing, R=receptive, E=expressive, C=cognitive  
 CM=communication modalities

Clinical Educator: \_\_\_\_\_

Date	Clin Ed Initials = obsvd	EVALUATION						TREATMENT						AUDIOLOGY				c=cancel			
		Child Speech (select)	Child Lang (select)	Adult Speech (select)	Adult Lang (select)	Child C.M.	Adult C.M.	Child Speech (select)	Child Lang (select)	Adult Speech (select)	Adult Lang (select)	Child C.M.	Adult C.M.	Counseling Client and/or Family	Child Screening (select)	Adult Screening (select)	AU D Eval	AUD Treatment	ns=no show	cc=clin cncl	
		A V F SW	R E C SC	A V F SW	R E C SC			A V F SW	R E C SC	A V F SW	R E C SC				Sp Lang	Sp Lang					
	<b>Total Minutes</b>																				

**Instructions:** Date: \_\_\_\_\_ Write date of service delivery.  
 Clinical Educator Initials: \_\_\_\_\_ Clinical Educator must initial each time slot.  
 Clock Hours: \_\_\_\_\_ Enter time in minutes spent with client on each aspect of communication in the session. Use ¼ hr.segments only (e.g.15A, 45F, 30 SC). Total each column and convert minutes to hours. Do not round up until you total for the semester. **Hours for Team Meetings should be entered under the appropriate focus (Sp, Lang, eval, treatment, etc)**

Clinical Educator's signature(s):

Date:

(Continue on Back)

Date	Clin Ed Initials  = obsvd	EVALUATION						TREATMENT						Counseling Client and/or Family	Child Screening (select)  Sp Lang	Adult Screening (select)  Sp Lang	AUD Eval	AUD Treatment	AUDIOLOGY			c	ns	cc		
		Child Speech (select) A V F SW	Child Lang (select) R E C SC	Adult Speech (select) A V F SW	Adult Lang (select) R E C SC	Child C.M.	Adult C.M.	Child Speech (select) A V F SW	Child Lang (select) R E C SC	Adult Speech (select) A V F SW	Adult Lang (select) R E C SC	Child C.M.	Adult C.M.						AUD Eval	AUD Treatment	c=cancel     ns=no show     cc=clin cncl					

Department of Communication Sciences and Disorders, University of Maine

**SEMESTER SUMMARY OF CLINICAL CLOCK HOURS**

(To be attached as the front sheet of submitted  
Practicum Hours Record forms)

Date: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_  
Last First Middle Initial

ACADEMIC STATUS WHEN HOURS WERE OBTAINED: (circle one) Undergraduate Graduate

INSTITUTION WHERE HOURS WERE OBTAINED: \_\_\_\_\_

SEMESTER IN WHICH HOURS WERE OBTAINED: (circle one) Fall Spring Summer

CALENDAR YEAR HOURS WERE OBTAINED: 20\_\_\_\_\_

CLINICAL EDUCATOR(S): \_\_\_\_\_ SITE: \_\_\_\_\_  
\_\_\_\_\_ SITE: \_\_\_\_\_  
\_\_\_\_\_ SITE: \_\_\_\_\_

CONTACT HOURS:  
(Only enter those hours for which you had direct client/family contact. Enter whole hours only. Use only the listed categories, do not add categories)

Evaluation: Child, Speech: Artic: \_\_\_\_\_  
Fluency: \_\_\_\_\_  
Voice: \_\_\_\_\_  
Swallowing: \_\_\_\_\_  
Treatment: Child, Speech: Artic: \_\_\_\_\_  
Fluency: \_\_\_\_\_  
Voice: \_\_\_\_\_  
Swallowing: \_\_\_\_\_

Evaluation: Adult, Speech: Artic: \_\_\_\_\_  
Fluency: \_\_\_\_\_  
Voice: \_\_\_\_\_  
Swallowing: \_\_\_\_\_  
Treatment: Adult, Speech: Artic: \_\_\_\_\_  
Fluency: \_\_\_\_\_  
Voice: \_\_\_\_\_  
Swallowing: \_\_\_\_\_

Evaluation: Child, Language: Receptive: \_\_\_\_\_  
Expressive: \_\_\_\_\_  
Cognitive: \_\_\_\_\_  
Social Comm: \_\_\_\_\_  
Treatment: Child, Language: Receptive: \_\_\_\_\_  
Expressive: \_\_\_\_\_  
Cognitive: \_\_\_\_\_  
Social Comm: \_\_\_\_\_

Evaluation: Adult, Language: Receptive: \_\_\_\_\_  
Expressive: \_\_\_\_\_  
Cognitive: \_\_\_\_\_  
Social Comm: \_\_\_\_\_  
Treatment: Adult, Language: Receptive: \_\_\_\_\_  
Expressive: \_\_\_\_\_  
Cognitive: \_\_\_\_\_  
Social Comm: \_\_\_\_\_

Evaluation: Child, Comm. Mod: \_\_\_\_\_ Treatment: Child, Comm. Mod: \_\_\_\_\_

Evaluation: Adult, Comm. Mod: \_\_\_\_\_ Treatment: Adult, Comm. Mod: \_\_\_\_\_

Evaluation: Child, AUD/Hearing: \_\_\_\_\_ Treatment: Child, AUD/Hearing: \_\_\_\_\_

Evaluation: Adult, AUD/Hearing: \_\_\_\_\_ Treatment: Adult, AUD/Hearing: \_\_\_\_\_

Screening: Child, Speech: \_\_\_\_\_  
Adult, Speech: \_\_\_\_\_ Screening: Child, Lang: \_\_\_\_\_  
Adult, Lang: \_\_\_\_\_

Counseling: Client, Family, Other: \_\_\_\_\_

NAME \_\_\_\_\_

UNIVERSITY OF MAINE CLINICAL EXPERIENCES SUPERVISOR \_\_\_\_\_

DATE \_\_\_\_\_

**Directions:** Please enter the TOTAL number of clients seen in each age group/category. In the speech category, use either A (artic) , F (fluency), V (voice) + the number of clients in that category. In the language category indicate E (expressive), R (receptive) + the number of clients in that category. For the SECOND TOTAL indicate the number clients seen in each age group/category whose cultural/linguistic backgrounds differ markedly from your own. (DCL).

	Speech				Language				Swallowing				Hearing				Cognitive				Social				AAC			
	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx
0-5																												
Total																												
Total DCL																												

	Speech				Language				Swallowing				Hearing				Cognitive				Social				AAC			
	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx
School-age																												
Total																												
Total DCL																												

	Speech				Language				Swallowing				Hearing				Cognitive				Social				AAC			
	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx
Adult																												
Total																												
Total DCL																												

	Speech				Language				Swallowing				Hearing				Cognitive				Social				AAC			
	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx
Geriatric																												
Total																												
Total DCL																												

Key: P=Prevention; S=Screening; Dx=Diagnostic; Tx=Treatment

NOTE: Please complete this form following each clinical practicum placement .

University of Maine  
Department of Communication Sciences and Disorders

**Report of Extern Clinical Placement**

Graduate Student \_\_\_\_\_ Extern Supervisor \_\_\_\_\_

Semester \_\_\_\_\_ Liaison Supervisor \_\_\_\_\_

Extern Clinical Site/Facility \_\_\_\_\_ Date completed \_\_\_\_\_

**Extern Site Clinical Supervisors, together with the Graduate Student, please complete items 1., 2., and 3. on this reporting form. The data gathered will help the CSD program track the diversity of clients seen in extern placements and will aid us in meeting the new ASHA Standards. Thank you for your time and support.**

1. On the reverse side, please enter the Total number of clients seen for age groups/disorder categories relevant to your site. In addition, enter the TOTAL number of clients from different cultural/linguistic backgrounds (DCL) seen in each age group/category
  
2. Please describe the other clinical/professional responsibilities assigned to the graduate student this semester at your facility and the number of hours spent on these activities:
  
  
  
  
  
  
  
  
  
  
3. Please describe/summarize the benefits and challenges for you and the student in this clinical experience. We would like your suggestions, ideas and ways we can better work with you in the future.

**UNIVERSITY OF MAINE CLINICAL EXPERIENCES - EXTERN**

**Directions:** Please enter the **TOTAL** number of clients seen in each age group/category. In the speech category, use either A (artic) , F (fluency), V (voice) + the number of clients in that category. In the language category indicate E (expressive), R (receptive) + the number of clients in that category. For the **SECOND TOTAL** indicate the number clients seen in each age group/category whose cultural/linguistic backgrounds differ markedly from your own. (DCL).

	Speech				Language				Swallowing				Hearing				Cognitive				Social				AAC			
	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx
0-5																												
Total																												
Total DCL																												

	Speech				Language				Swallowing				Hearing				Cognitive				Social				AAC			
	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx
School-age																												
Total																												
Total DCL																												

	Speech				Language				Swallowing				Hearing				Cognitive				Social				AAC			
	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx
Adult																												
Total																												
Total DCL																												

	Speech				Language				Swallowing				Hearing				Cognitive				Social				AAC			
	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx	P	S	Dx	Tx
Geriatric																												
Total																												
Total DCL																												

Key: P=Prevention; S=Screening; Dx=Diagnostic; Tx=Treatment

NOTE: Please complete this form following each clinical practicum placement .

**CLINICAL SKILLS NARRATIVE  
UNIVERSITY OF MAINE**

**To be completed at the end of each semester of Clinical Practicum and submitted with a copy of the Clinical Experience Grid.**

**Please consult ASHA Standard IV-G as a guide, when completing this narrative (see reverse side).**

**Please briefly describe your clinical experiences and clinical skills addressed in the following areas:**

**1. Evaluation:**

Describe which clinical experiences (ASHA Standard IV-G, 1. a.-g.) were completed or addressed, , the date, site and supervisor. Be specific about tests, equipment, techniques used.

**2. Intervention:**

Describe which clinical experiences (ASHA Standard IV-G, 2. a.-g.) were completed or addressed , the date, site and supervisor. Be specific about tests, equipment, techniques used.

**3. Interaction and Personal Qualities:**

Describe which clinical experiences (ASHA Standard IV-G, 3. a.-d.) were completed or addressed , the date, site and supervisor. Be specific about tests, equipment, techniques used.

## **Section VIII**

### **General Guidelines for Practicum**



## **GENERAL GUIDELINES FOR PRACTICUM**

The following items represent the policies and procedures for the Conley Speech, Language and Hearing Center (CSLHC) and the off campus sites where the department provides clinical services with faculty supervision.

### **Schedules and Client Assignments**

#### **The Conley Speech, Language and Hearing Center:**

Students are assigned clients based on hour needs and experience.

**You are expected to keep your schedule of four available days open for client assignments.**

New assignments will be arranged directly with you and your supervisor. The procedure is as follows:

- Notice of new client referrals is given to the **Clinical Director**
- Assignment of clients is discussed at scheduled clinical faculty meetings or with individual clinical faculty members, whichever is most efficient
- New clients are assigned within a minimum of one week from the day of referral

**Supervisors and Student please note: The department AA needs to know the schedule you arrange and this must be posted on the schedule board and added to the observation book.**

#### **Off campus:**

Off campus schedules are arranged with the faculty supervisor at that site, and caseloads are assigned by that supervisor. It is important to check the dates of holidays (including state and federal) and school vacations that may affect you at a particular site since they may differ slightly from the University and Department of Communication Sciences and Disorders semester calendars.

Faculty supervisors at sites will talk with you about specific report formats, team meetings, etc. required at a site.

For all off campus placements it is important to remember that you are the professional representatives for the department and the profession. The supervisor is ultimately responsible for the services provided but you are the ones that will have primary contact with clients, families, teachers, caregivers and other professionals.

The number of client assignments will be arranged in consultation with your supervisor.

## Semester Calendar

You will receive a Semester Calendar that specifies the clinic schedule, due dates for reports, evaluations and dates for other important events/meetings. **You are responsible for adhering to the dates and deadlines on the Semester Calendar.** As mentioned above, please note the differences in some dates for off campus sites.

## Client folders

Client folders for all faculty-supervised sites are located in the file cabinet in the main office. Client folders must always be signed out using the available sign out cards, which are placed in the client files. If client folders are signed out they may be read in the student work-room only and not in public areas. **They must not be stored in your mailboxes!** Plan your review of files so that they can be signed out and returned during office hours, 8:00 - 4:30, M-F

**It is very important that you make sure that all the authorization/permission forms are signed by clients/families before beginning therapy.** Copies of these forms are included in this handbook.

## Recording

Recordings are considered confidential client records and are subject to the same rules of confidentiality as the client files. **You may not view/listen to recordings at home or in a public area.**

## Confidentiality

For CSLHC and off campus sites, it is important that you:

- treat all information obtained through observation, assessment and therapy with the utmost confidentiality
- protect the identity of the client and clinician in any mention of your work with those not directly involved
- handle client files and the information contained in them in a confidential manner which includes; no photocopying of reports, keeping files in the Clinic and returning them to the file cabinet, not reading client files in public areas. **Most Important - the name of the client or any identifying information must never appear on paperwork taken outside the Clinic or any off campus site.**
- use good judgment about when and where you discuss your clients and clinical interactions.

- be certain that appropriate Release of Information forms have been signed prior to any exchange of information, taping etc.

### **Collaboration, Client Related Services**

It is expected that you will have contact with other professionals working with your clients and families and we encourage you to make yourselves available for any and all collaborations. You should speak to your supervisor about developing your role in those professional collaborations. Many of your clients will have IFSP (Individual Family Service Plan) or PET (Pupil Evaluation Team) meetings and the plans developed from those meetings should be in client files. You should be fully aware of the plans created for clients (IFSP, IEP) and expect to attend team meetings. You can also discuss, home visits, school observations, team meetings or visits to other service providers with your supervisor.

### **Cancellation/No-Show Policies**

You are expected to call your clients, site and supervisor when you need to cancel a therapy appointment or if you expect to be late, check with your supervisor about what they would prefer.

It goes without saying that you are expected to arrive 30 minutes before your client appointment! A scheduled hourly session should be planned to allow for greeting your clients and families and summarizing the session at the end.

It will be helpful to review the expectations that appear on the **Practicum Evaluation form** used for your practicum evaluation. Your supervisor will review these with you also.

We also expect that clients/families will call to cancel appointments. You will be filling out a form that tells them how to contact you. You can give them your home number, email or texting information or you can have them call the site or the clinic AA for CSLHC. Do not expect the clinic AA to call you.

If a client or family miss 30% of their appointments (with or without calling) in any one time period you and the supervisor need to discuss the issue with the client/family. In these cases we assume this is not a good time for services and commitments need to be reviewed.

A student clinician should **wait 1/2 hour** for a client before leaving the clinic.

### **Clinical/Diagnostic Materials**

What do we have?

An extensive collection of diagnostic and therapeutic materials is located in the clinic in rooms 301, 302 and 323. Room 302 houses a children's library and Room 323 holds all evaluation materials as well as therapy materials. These are for your use.

#### Who do they belong to?

We make every effort to see that current tests and materials are available to you for your clinical work. However, materials are very expensive and replacement is often not an option when resources are limited. Therefore we expect that you will treat these materials with care, share them with your colleagues and **return them** when you have finished using them. Please read the following policy for diagnostic and clinical materials.

- **All materials, diagnostic and clinical must be signed IN and OUT. You must provide your name and a phone # where you can be reached.**
- **“Parts” of a test or kit cannot be checked out.**
- **There is a strict 24 hour limit on ALL materials. That includes toys taken to other sites.**
- **All diagnostic/test and clinical materials must be returned by Wednesday at 5:00 p.m.**
- **If you want to reserve an item in advance, place a POST-IT note on that item**

#### How/when do you order more?

#### **Never use the last one of any item!**

One of the clinical faculty will be in charge of ordering tests and materials. Please ask the department AA who that will be. Don't track them down. Leave a request in that person's mailbox. Give them enough lead time to make an order.

Plan ahead! Figure out what tests and materials you will need in advance so you have some time to locate them.

If you see that you are about to use the last test form, don't. Let the person in charge know that an order needs to be made.

#### **Report writing**

All students at CSLHC and faculty supervised off campus sites will write Plans of Care and Progress Reports for their clients.

**A special section on Report Writing appears in this handbook! Read it thoroughly!** Report templates, revised and current, are in the clinic folder on FirstClass.

**Your supervisor will give you all due dates for reports. You are expected to comply with them.** Do the reports in enough time to allow for supervisor feedback/corrections. It may take you a while to “perfect” your report writing.

Don't hesitate to look at previous client reports for help in determining wording, writing style, etc. If you need a reference on report writing, check this handbook.

**Be sure to check your client files for where to send copies of the report...this will be on the green authorization form and will be entered on the "distribution of report" section at the bottom of your report. Please don't leave that for the clinic AA to fill out!**

### **Clock Hour Records**

You will be filling out a **Clock Hour Record** form for each client you see. Please refer to the section, "Clinical Certification Board Interpretation of Approved Clinical Practicum" to assist you in determining what you can count as clinical clock hours. You and your supervisor will select the appropriate disorder category for the client, determine whether a session or portion of a session was focused on evaluation or treatment and you will enter the amount of time spent on a specific day. **You must bring your clock hour record forms to your supervisory conference each week.** Your supervisor will approve/initial all entries at that time.

At the end of the semester you will total your clock hour record forms, front and back and give them to your supervisor for a final signature. Finally, you will enter those semester clock hour totals on a **Clock Hour Summary Sheet** and hand in the summary sheet with your clock hour record forms. This information is used to complete your **Clock Hour Summary** which is a computer print-out of your accumulated hours to date, indicating your total hours, hours needed in specific categories, supervisors and sites. You will be given a copy of this record and you are expected to keep track of your clock hour needs.

### **Clinical Experiences Grid**

At the close of each semester you will also complete a Clinical Experiences Grid, which is a record of the diverse client experiences you have acquired during your practicum. On this form you will enter the number of clients seen that corresponded to age groups, communication disorders, services provided and diverse cultural linguistic backgrounds. This information will be reentered on your Knowledge Tracking Form at the end of your graduate program.

**You MUST keep copies of all your signed clock hour record forms and Clinical Grids.**

### **Client Billing**

You will participate in the process of client billing by completing a **Monthly Client Billing Sheet** for each client you see. The most current billing form is in the clinic folder on FirstClass. Client billing sheets are completed and given to your supervisor for review and their signature. They are then turned in to the department AA on the last day of the month or the last therapy day of the month, whichever comes first. Completed forms should be signed by the clinical supervisor and then placed in the folder on the department AA's desk, marked "Client Billing Forms".

## **Clinical Supervision**

Supervision is an essential part of your clinical practicum experience and the faculty in the Department of Communication Sciences and Disorders acknowledges the important role of clinical teaching in your professional development. Supervision is done by our clinical faculty, full time and part time, as well as our tenure track faculty in the department. The amount and type of supervision you receive will depend on your previous experience, the setting, your clinical skills and your own confidence in those skills. Supervision will also vary with the style of the particular supervisor but as a department we have certain expectations and standards for supervision as follows:

You can expect that your supervisor will always follow the ASHA guidelines for supervision which are:

### **Supervisor observes 50% of evaluations and observes 25% of therapy**

These are **minimum guidelines** however, and you can expect that your supervisor will observe you, perhaps work as a team with you or demonstrate therapy for you according to your clinical experience thus far and your present clinical skills.

Each supervisor will review your experience, strengths and needs with you to determine the amount and type of supervision you will need to begin with. The two of you can discuss the logistics of observation (when, where, how and how often) based on your needs, the supervisor's clinical teaching style and the unique features of the site and the clients. This should be determined in your initial conference.

You can also expect that your supervisor will give you written feedback on the sessions observed. You **must provide** your supervisor with a copy of the daily plan sheet for each client prior to the session to be observed.

You will be expected to develop your ability to do self-evaluation of your performance as well as gathering data on the client's performance on tasks. Self-evaluations are conducted by reviewing recordings of therapy sessions. Self-evaluation requires you to observe and critique your own planning, instructional and interpersonal skills, view the clinical interaction as a whole and attempt to determine the impact of your behaviors/actions on the client as well as the impact of the client's behaviors/actions on you. Information gathered from the self-evaluation informs your planning for subsequent sessions, develops your insights about your strengths and needs as well as those of the client and helps you focus on specific areas for fine tuning or change.

**You are expected to complete a written weekly self-evaluation for each unobserved therapy session for each client.** Self-evaluations can have a variety of formats.

One approach is to focus on:

- **planning, instructional, interpersonal skills**
- **the clinical interaction (between student clinician, client, family members/caregivers)**

- **identifying successful strategies/skills/interactions**
- **problem solving, identifying solutions/new strategies as needed**
- **the specific skills that are rated on the Practicum Evaluation form, as they apply**

Another approach commonly used by supervisors is the S.O.A.P. note. This involves writing in the following areas:

- **S – “subjective” - subjective observations/impressions**
- **O – “objective” - measurable information; state behavioral objective and indicate client performance**
- **A – “assessment” - assess your objective data; briefly summarize the data**
- **P – “plan” - outline the course of treatment; specifically state therapy goals for next session**

Finally, self-evaluations should be given to the supervisor prior to your weekly conference. During the conference you and your supervisor can agree on priorities for discussion based on issues identified in your self-evaluation and in the supervisory observation.

Supervision is a collaboration between you and your supervisor and as you develop this working relationship you will be building your professional skills with clients and colleagues. We encourage you to be an active participant in this process!

### **Off Campus Clinical Supervision/Extern Supervisors**

The extern supervisor is expected meet the same expectations and standards as those described for faculty supervisors in the previous section and the ASHA guidelines for supervision always apply. However, we expect that professionals in off campus settings will also apply the standards and expectations of that site/facility and each unique setting will call for variations in supervision. Each extern supervisor will sign and return a letter from the Clinical Director that describes the expectations for supervision at off campus sites (Appendix E). In addition the Department of Communication Sciences and Disorders has both a standard Clinical Training Agreement for off campus sites/facilities and similar agreements created by the specific facility such as EMMC.

## **Supervisory Consultation**

The Clinical Director is available to meet with students and supervisors to consult on any practicum related issues. If for any reason it is not appropriate for the Clinical Director to act as consultant another faculty supervisor will be selected.

For a variety of reasons, a student clinician or a supervisor may find it useful to bring a consultant into the assessment/evaluation of a student's work in practicum or a student may see the need for a discussion regarding their practicum and supervisory experience. The procedure is recommended whenever the student, supervisor or both feel they need another opinion.

In all cases, supervisors and students are encouraged to attempt to resolve issues within their supervisory relationship before consulting with the Clinical Director.

If consultation is requested, both the student and supervisor need to agree on the purposes and desired format so that a meeting can be set up.

Finally, the Clinical Director is available to meet with students and supervisors individually regarding any practicum related issues. As stated above, individuals are always encouraged to attempt to resolve issues within their supervisory relationship, first.

## **Evaluations**

Student clinicians are evaluated at the mid-semester and at the end of the semester, however feedback about performance is ongoing and supervisory input is constantly adjusted according to the student's current performance.

The procedures for evaluation follow this section and copies of the evaluation forms are in Appendix B.

In the initial supervisor conference you will be given a **Practicum Evaluation** form. The form includes both skill and knowledge expectations. Your supervisor will review each of the areas in which you will be evaluated and provide examples. At the mid-semester evaluation conference you will review your strengths and emerging competencies and set goals in any of the skill area that may apply. At the end of the semester you will review your mid-semester goals and emerging competencies and the supervisor will provide suggestions for continued skill development.

The areas assessed on the **Practicum Evaluation** are:

- Personal and Professional competencies
- Foundation Knowledge
- Evaluation skills
- Intervention skills
- Oral Communication Skills
- Written Communication skills



You can expect that your clinical skills will be assessed using two types of judgments:

- **are you effective for any given skill?**
- **how much or how little supervisory input is needed for you to be effective?**

Your supervisor will rank you on a **scale of 1-5** for each skill area.

You will have the opportunity to evaluate yourself at the mid-semester and end of semester using the Practicum Evaluation form. You and your supervisor can compare the ratings and discuss any differences in your evaluation conference.

You will also complete a **Supervisory Evaluation** at both points in the semester. The mid-semester supervisory evaluation can provide constructive feedback to your supervisor regarding the amount and type of supervision they employ. It is the supervisor's responsibility to listen to and respect your perceptions and make adjustments as needed. The final supervisory evaluation is done as a confidential course evaluation for the supervisor. A copy of the supervisory evaluation form is in Appendix B.

**The Department of Communication Sciences and Disorders  
Madelyn E. and Albert D. Conley Speech, Language and Hearing Center**

**Expectations for Student Observers**

As part of your undergraduate preparation in Communication Disorders you will be completing 25 hours of supervised observation of clinical evaluation and therapy. It is likely that many of these hours will be completed at the Conley Speech, Language and Hearing Center (CSLHC). The Center serves as the primary student training facility for the program in Communication Sciences and Disorders and we provide evaluation and therapy services in speech, language and audiology to the university community and the general public. When you enter the Conley Speech, Language and Hearing Center or while you are observing, you can expect to come in contact with clients and their family members. It is essential that you adhere to the following policies and procedures for this professional setting.

**Client Folders**

Client folders are not available to observers under any circumstances. Client folders are only available to graduate clinicians and clinical supervisors.

**Confidentiality**

When observing at CSLHC or other off campus sites it is essential that you:

- Treat all information obtained through observation with the utmost confidentiality.
- Protect the identity of the client and clinician in any mention of your observation assignment with those not directly involved.

**Most Important: the name of the client or any identifying information  
Must never appear on paperwork taken outside the Center or any off-  
Campus site.**

- Exchange of information about the client or the session observed is restricted to the professional context (classroom discussion, assignment related supervisor/clinician discussions).
- Use good judgment about when and where you discuss your observations, for example,  
**NOT in the hallway, NOT when you are observing with a parent.**

## **Consulting with Graduate Clinicians and Supervisors**

You may need to talk with the clinicians and their supervisor to clarify your observations. They can be available to talk with you if you make a prior arrangement or appointment. Please don't expect to "drop in". Spur of the moment discussions often happen if the supervisor is observing with you or if the clinician has a moment after therapy. Just remember that service to the client and family are the graduate clinician and supervisor's primary responsibility.

## **Signing up for Observations**

Your course instructor will provide you with the procedures and location for signing up for observations. As a rule, we request a limit of two observers per client. You will be informed of any change in this rule.

## **Professional Dress**

You are expected to dress in a professional manner when you are observing. This does not mean "formal" it simply means that you dress as you would if you were meeting clients yourself in a professional setting. Use your best judgment and when in doubt, ask your instructor!

## **Clinic Therapy Rooms:**

There are five therapy rooms available for services in our clinic and they are numbered on the doors. Please note the status of the "occupied/vacant" sign posted on the door before entering any rooms. Room 2 can be observed from Room 1, sometimes Room 3 can be observed from Room 2 and Rooms 4 & 5 have separate observation areas. The Observation Book should indicate where you sit to observe. Priority seating in the observation rooms is **always given to family members and supervisors.**

**Check the Observation Book, or the online calendar, for where to observe each client.**

Judy Stickles, M.A., CCC-SLP  
Clinical Director

Rev. 8/12

# **Section IX**

## **Practicum Evaluation Process**

The University of Maine  
 Department of Communication Sciences and Disorders  
 Practicum Evaluation

Student Clinician:  
 Semester: \_\_Fall\_\_Spring\_\_Summer  
 Supervisor:  
 ASHA Certification Number:  
 First time in this clinical setting? \_\_yes\_\_no

Practicum Site: Conley Speech Hearing Clinic  
 Date:  
 Practicums Completed:  
 Approximate # of clients assigned: \_\_child\_\_adult

Client Communication Needs (list):

**Rating Scale**

- 5.0 Student consistently performs effectively with a high degree of independence, taking initiative and making changes when appropriate
- 4.0
- 3.0 Student performs effectively with general guidance from supervisor
- 2.0
- 1.0 Student performs effectively only after specific direction and/or demonstration from supervisor
- 0.0 Student fails to perform effectively regardless of the amount of supervision

**Professional Interaction and Personal Qualities**

ASHA Std. V-B.3 Interaction and Personal Qualities

- Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others;
- Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice;
- Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others;
- Adhere to the ASHA Code of Ethics, and behave professionally.

**PROFESSIONAL**

Midterm    Final

- |       |       |  |
|-------|-------|--|
| _____ | _____ | Upholds ASHA Standards explicit in the Code of Ethics.   |
| _____ | _____ | Follows all policies and procedures for appointments, including cancellation notification, punctuality, paperwork deadlines. |
| _____ | _____ | Demonstrates professional demeanor and presents self appropriately   |
| _____ | _____ | Respects and maintains confidentiality of client information   |
| _____ | _____ | Is approachable and responsive to clinical instructor  |

**INTERPERSONAL**

Midterm    Final

- |       |       |  |
|-------|-------|--|
| _____ | _____ | Establishes an effective working relationship with the client and client’s family and/or caregivers; e.g., accepts, empathizes, shows positive regard, listens non-judgmentally. |
| _____ | _____ | Includes client/family in goal development and expectations for the therapy process; e.g., participation, preferred strategies.  |
| _____ | _____ | Provides education and counseling regarding communication and swallowing disorders as needed to client, family and caregivers.   |
| _____ | _____ | Discusses progress with client/family during the treatment process.  |
| _____ | _____ | Is open to and respectful of conflicting viewpoints; responds appropriately and professionally.  |
| _____ | _____ | Is confident but not arrogant; maintains a focus on client, not self.  |

**INTRAPERSONAL**

Midterm    Final

- |       |       |   |
|-------|-------|---|
| _____ | _____ | Initiates and uses self-evaluation process to refine clinical skills; demonstrates accuracy and insight independent of supervisory input. |
| _____ | _____ | Sets realistic personal goals; develops and follows a plan to achieve these goals.  |
| _____ | _____ | Asks for assistance or consultation from supervisor, other professionals and peers when appropriate.                                      |

**Supervisory Process**

Midterm    Final

- |       |       |  |
|-------|-------|--|
| _____ | _____ | Listens, asks questions, participates with supervisor and contributes actively to client/therapy related Discussions.  |
| _____ | _____ | Is not defensive when supervisory feedback is provided.  |
| _____ | _____ | Acts constructively on suggestions given in conference or following observations.  |
| _____ | _____ | Becomes increasingly independent with ideas, consistent, and accurate; e.g., prepares insightful supervision agendas, brainstorms and refines relevant task ideas. |

## Knowledge

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

- Speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification
- Fluency and fluency disorders
- Voice and resonance, including respiration and phonation
- Receptive and expressive language, including phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing
- Hearing, including the impact on speech and language
- Swallowing/feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span
- Cognitive aspects of communication, including attention, memory, sequencing, problem solving, and executive functioning
- Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities
- Augmentative and alternative communication modalities

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

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

Midterm    Final

_____	_____	Theory: understands basic theory; e.g., knows that semantics encompasses semantic relations as well as lexicon; explains respiration meaningfully and accurately.
_____	_____	Disorders: accurately and articulately describes the client's disorder or difference including etiology and characteristics; e.g., A&P, acoustic, psychological, developmental, and linguistic and cultural correlates.
_____	_____	Resources: independently researches as appropriate; e.g.; discusses how results of a scholarly clinical study bears on client's case.
_____	_____	Integrates academic information/research into clinical practice; provides rationale for selection of specific therapy methods.

# Skills

## Evaluation

ASHA Std. V-B.1 The applicant must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

### I. Evaluation

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

### EVALUATION: PLANNING

Midterm    Final

_____	_____	Protocol: reviews background information; formulates clinical hypothesis; identifies key diagnostic issues; selects tests and procedures appropriate to client/setting/time constraints/identified diagnostic issues.
_____	_____	Preparation: assures in advance that materials are available; familiarizes self with materials/tests; assembles materials and equipment; prepares room.

### EVALUATION: IMPLEMENTATION

Midterm    Final

_____	_____	Interview: collects case history information from client and family, follows interview outline efficiently and effectively, encouraging client and family input through active listening, follow-up questions; invites/encourages family and/or caregiver participation as appropriate in subsequent evaluation procedures.
_____	_____	Evaluation procedures: explains assessment procedures and rationales clearly and accurately; administers and scores standardized tests accurately; forms clinical impression of client through effective use of combination of procedures, e.g., behavioral observation combined with standardized tests; adapts procedures to meet the needs of the client.
_____	_____	Observations: observes, documents relevant behaviors; uses behavioral observation flexibly and effectively when standardized testing is not possible.

### EVALUATION: FORMULATION

Midterm    Final

_____	_____	Formulation: analyzes/integrates/interprets quantitative and qualitative information accurately and develops a diagnosis.
_____	_____	Recommendations: develops appropriate recommendations.
_____	_____	Counseling: presents client and family with diagnostic findings; interprets findings, responds to questions and offers recommendations.



## **Intervention**

### ASHA Std. V-B.2. Intervention

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

## **TREATMENT: PLANNING**

Midterm    Final

- |       |       |   |
|-------|-------|---|
| _____ | _____ | Accurately interprets baseline and/or ongoing assessment data and uses it appropriately to establish and modify treatment goals and objectives. |
| _____ | _____ | Develops measurable and achievable goals and objectives with clear targets and quantifiable criteria.   |
| _____ | _____ | Defines appropriate treatment strategies and prompting hierarchy.   |

## **TREATMENT: IMPLEMENTATION**

- |       |       |  |
|-------|-------|--|
| _____ | _____ | Develops a variety of functional therapy tasks, appropriate to the age, ability level and communication needs of the client to support the stated objectives.                  |
| _____ | _____ | Selects materials/stimuli that match the age and ability level of the client and elicit the type and level of response required.   |
| _____ | _____ | Sequences therapy tasks and paces activities to optimize learning and implement stated objectives.   |
| _____ | _____ | Uses clear concise instructions; adjusts language level to meet the needs of the client.   |
| _____ | _____ | Uses consistent appropriate feedback and reinforcement strategies related to the sequenced learning of a task.   |
| _____ | _____ | Develops a backup plan for predicted and unpredicted outcomes.   |
| _____ | _____ | Elicits ample number of trials of target behavior  |
| _____ | _____ | Motivates the client.  |
| _____ | _____ | Targets multiple behaviors/objectives across session.  |
| _____ | _____ | Collects and records data and writes clinical progress notes that clearly reflect both quantitative and qualitative aspects of client performance.                             |
| _____ | _____ | Provides family/caregivers with functional home-based activities to support generalization; creates opportunities for family/caregivers to practice skills within the session. |

## Communication

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

### ORAL

Midterm    Final

_____	_____	Communicates clearly and effectively; uses terminology flexibly depending on the intended audience.
_____	_____	Initiates communication with client, family/caregiver, and supervisor.
_____	_____	Shares observations with clinical instructor on client performance.
_____	_____	Defines concerns of client performance and provides possible solutions/strategies to support client growth.

### WRITTEN

Midterm    Final

_____	_____	Understands and follows established documentation formats (may be site/facility specific, e.g. rehab setting vs. university clinic).
_____	_____	Produces a readable report which accurately describes the client's history, abilities and needs and integrates family/caregiver perspectives.
_____	_____	Writes in an organized, concise, and grammatically correct style.
_____	_____	Proofreads and edits written documentation.

## MID-TERM FORMATIVE ASSESSMENT: GOAL SETTING

Mid-Term Goal Setting (use any of the following areas that apply)

Personal and Professional Competencies:

Goal(s):

**Foundation Knowledge:**  
Goal(s):

**Evaluation Skills:**  
Goal(s):

**Intervention Skills:**  
Goal(s):

**Oral Communication:**  
Goal(s):

**Written Communication:**  
Goal(s):

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## **SUMMARY OF CLINICAL PERFORMANCE SEMESTER END REVIEW**

**At Midterm: SV Review of Mid-term Goals and Emerging Competencies:**

**Student reflection of clinical experience at midterm relative to strengths and needs:**

**At end term: SV Suggestions for Continued Clinical Skills Development:**

**Student reflection of clinical experience at term end relative to strengths and needs:**

**Suggestions for Continued Clinical Skills Development:**

**Final Grade: \_\_\_\_\_**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

Adapted 2003, from the Practicum Evaluation Form used at Boston University

Practicum Evaluation Tool Updated July 2022

**The University of Maine**  
**Department of Communication Sciences and Disorders**  
**Audiology Practicum Evaluation**

**Student Clinician** \_\_\_\_\_ **Practicum Site:** \_\_\_\_\_

**Semester:** \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer \_\_\_ **Date:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **ASHA Certification Number:** \_\_\_\_\_

**Rating Scale**

- 5.0 Student consistently performs effectively with a high degree of independence, taking initiative and making changes when appropriate
- 4.0
- 3.0 Student performs effectively with general guidance from supervisor
- 2.0
- 1.0 Student performs effectively only after specific direction and/or demonstration from supervisor
- 0.0 Student fails to perform effectively regardless of the amount of supervision

**Professional and Personal Qualities (ASHA Standard IV-G.3; professional, interpersonal, intrapersonal)**

- \_\_\_\_\_ Upholds ASHA Standards explicit in the Code of Ethics
- \_\_\_\_\_ Shows good judgment regarding behavior, language and personal appearance in the clinical environment
- \_\_\_\_\_ Establishes an effective working relationship with the client and the client's family and/or caregivers; e.g., accepts, empathizes, shows positive regard, listens non-judgmentally
- \_\_\_\_\_ Provides educational counseling regarding communication and hearing loss as needed to client, family and caregivers
- \_\_\_\_\_ Listens, asks questions, participates with supervisor and contributes actively to client/therapy related discussions
- \_\_\_\_\_ Is not defensive when supervisory feedback is provided and acts constructively on suggestions given in conference or following observation

**Knowledge (SAHA Standard III-B, ASHA Standard II-C, ASHA Standard III-F)**

- \_\_\_\_\_ Theory: understands basic theory; e.g., knows principals of acoustics, anatomy & physiology
- \_\_\_\_\_ Disorders: accurately and articulately describes the client's disorder or difference including etiology and characteristics; e.g., A&P, acoustic, psychological, developmental, and linguistic and cultural correlates

**Skills (ASHA Standard IV-G.1; Evaluation: Planning, Implementation, Formulation)**

- \_\_\_\_\_ Protocol: reviews background information; formulates clinical hypothesis; identifies key diagnostic issues
- \_\_\_\_\_ Preparation: employs appropriate infection control procedures
- \_\_\_\_\_ Interview: collects case history information from clients and family, follows interview outline efficiently and effectively, encouraging client and family input through active listening, follow-up questions
- \_\_\_\_\_ Evaluation procedures: explains assessment procedures and rationales clearly and accurately; forms clinical impression of client through effective use of combination of procedures; e.g., behavioral observation combined with standardized tests; adapts procedures to meet the needs of the client
- \_\_\_\_\_ Observations: observes, documents relevant behaviors; uses behavioral observation flexibly and effectively when standardized testing is not possible
- \_\_\_\_\_ Formulation: analyzes and discusses appropriate quantitative and qualitative information accurately
- \_\_\_\_\_ Recommendations: discusses appropriate recommendations with supervisor
- \_\_\_\_\_ Counseling: assists in the presentation of diagnostic findings; responds to questions and offers recommendations

**Intervention (ASHA Standard IV-G.2; Treatment: Planning and Implementation)**

- \_\_\_\_\_ Integrates academic information/research into clinical practice
- \_\_\_\_\_ Uses clear concise instructions; adjusts language level to meet the needs of the client

## Formative Assessment/Feedback

Areas of Strength/Emerging Competencies:

Goal Setting:

\_\_\_\_\_  
Supervisor Signature                      Date                      Student Signature                      Date

### **SUMMARY OF CLINICAL PERFORMANCE OF AUDIOLOGY PRACTICUM END REVIEW**

Review of Goals and Emerging Competencies:

Suggestions for Continued Clinical Skills Development:

Final Grade: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature                      Date                      Student Signature                      Date

Adapted 2003, from the Practicum Evaluation Form used at Boston University

**CSD 686 Practicum-Evaluation of Supervisor**  
**University of Maine**  
**Department of Communication Sciences and Disorders**

Supervisor: \_\_\_\_\_ Student's Site: \_\_\_\_\_

Date of evaluation: \_\_\_\_\_ Practicum level/semester: I II III VI V

Estimated contact hours to date: \_\_\_\_\_ Academic Standing: First year Second year

\*\*Please circle the number that corresponds to your evaluation.

<u>General</u>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>
1. Supervisor exhibits professional expertise in field.	1	2	3
2. Supervisor maintains focus on various aspects of student's work: the planning, instructional, interpersonal.	1	2	3
3. Supervisor comments on and returns student's written work in a timely fashion.	1	2	3
4. Supervisor observes student often enough to have a good understanding of their work with each client.	1	2	3
 <u>Instructional Skills</u>			
5. Supervisor makes expectations clear.	1	2	3
6. Supervisor provides therapeutic/diagnostic suggestions and directives as appropriate.	1	2	3
7. Supervisor offers guidance to resources (e.g., articles, materials, tests).	1	2	3
8. Supervisor shares own clinical experience and knowledge.	1	2	3
9. Supervisor demonstrates techniques as appropriate.	1	2	3
10. Supervisor stimulates students to think for him/herself.	1	2	3
11. Supervisor gives feedback promptly and clearly.	1	2	3
 <u>Interpersonal Skills</u>			
12. Supervisor identifies specific areas of strength and need in helpful ways.	1	2	3
13. Supervisor strives for an open relationship through active listening.	1	2	3
14. Supervisor accepts feedback during supervisory process.	1	2	3

Supervisor's Name \_\_\_\_\_

**Qualitative Comments**

1. Please comment on supervisory support that you have found helpful and/or that you think your supervisor has done well.

2. Please comment if there are areas for which you need more support.

---

Your qualitative written comments will be used in the formal evaluation of your supervisor (end of semester evaluation only).

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name



**University of Maine**  
**Department of Communications Sciences and Disorders**

**Procedure for Grading Using the Practicum Evaluation Form**

**Use of the Rating System:**

Since items are not equally weighted, they are not given “points,” however ratings are given for each item with the following guidelines established by the CSD Clinical Faculty on 11/20/03

To receive an **A grade** ALL students are expected to achieve a 5 in the three items in “Professional” under Professional and Personal Qualities

We will use the following language for grading to describe a student’s clinical work

A = exemplary, B = solid, C = unsatisfactory

**First Year Graduate Students:**

First semester, first year grads are expected to be rated no lower than 2-3 at the end of semester = A

Second semester, first year grads are expected to be rated no lower than 3 at the end of semester = A

A first year student may be rated higher but these are the expectations for an A grade

**Second Year Graduate Students:**

Second year graduate students, all three semesters are expected to be rated 3 or above and the

A = exemplary, B = solid, C = unsatisfactory language will be used to facilitate supervisory descriptions of a student’s clinical work.

For example, a second year student needing general guidance in all areas (3) would be a B = solid

**Decisions on Final Grading:**

The decisions about how to grade students are left to the discretion of the supervisor and should be based on an overall assessment of the numerical rankings in the **majority** of the categories.

Extern supervisors will give a “suggested letter grade” since they are not listed as instructors for CSD 686 Clinical Practicum.

Students should be progressing toward independence throughout the semester, but will not be penalized for needing guidance with new clients or new clinical experiences, nor will they be penalized for one or two occasions where specific supervisory demonstration was needed.

## CONSUMER SATISFACTION MEASURE

Today's Date \_\_\_\_\_ Type of Service Received: Speech Pathology \_\_\_\_\_ Audiology \_\_\_\_\_

Your Name \_\_\_\_\_ Clinician's Name \_\_\_\_\_

Read each item carefully and circle the one answer that is best for you.

SA – Strongly Agree N – Neutral SD – Strongly Disagree A – Agree D – Disagree NA – Not applicable

1. It is important that we see you in a timely manner.

A. My appointments were scheduled within a reasonable period of time. SA A N D SD NA

B. I was seen on time for my appointments. SA A N D SD NA

2. It is important that you benefit from Speech-Language Pathology and/or Audiology Services.

A. I have benefited from the services I received SA A N D SD NA

3. You are important to us; we are here to work with you.

A. The clinic support staff was courteous and pleasant. SA A N D SD NA

B. The clinician who served me was courteous and pleasant. SA A N D SD NA

C. My family and other people important to me were included in my services. SA A N D SD NA

D. Staff considered my special needs (age, culture, education, eyesight, hearing and my level of participation.) SA A N D SD NA

4. Our Speech-Language Pathology and Audiology staff is highly trained and qualified to serve you.

A. My clinician was prepared and organized. SA A N D SD NA

B. Services were explained to me in a way that I could understand. SA A N D SD NA

C. My clinician was experienced and knowledgeable. SA A N D SD NA

5. It is important that the clinic is a pleasant environment.

A. Health and safety precautions were taken when serving me. SA A N D SD NA

B. The environment was clean and pleasant. SA A N D SD NA

C. The environment was quiet and free of distraction. SA A N D SD NA

D. The building and speech-language pathology services were easy to get to. SA A N D SD NA

6. It is important that we provide efficient and comprehensive services.

A. The number of therapy sessions was appropriate. SA A N D SD NA

B. My clinician planned for me to retain my skills after my program ended. SA A N D SD NA

C. My therapy was well-managed and involved other services when needed (audiologist, support group, teachers, dentist, doctor). SA A N D SD NA

7. We respect and value your comments.

A. Overall, the clinical services I received were satisfactory. SA A N D SD NA

B. I would seek your services again, if needed. SA A N D SD NA

C. I would recommend your services to others. SA A N D SD NA

Comments:



This confirms that I have received the 2022-2023 Clinical Handbook of the Department of Communication Sciences and Disorders. It has been reviewed with me by faculty and I have had an opportunity to ask questions regarding the content.

Print your name: \_\_\_\_\_

Sign your name: \_\_\_\_\_

Today's date: \_\_\_\_\_