



*School of Arts and Sciences
Department of Speech Communication Studies
Speech, Language & Hearing Clinic Handbook
Policy and Procedure Manual*

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The Iona College Speech, Language and Hearing Clinic has assembled a Clinic Handbook to support the clinical student success in one's clinical practicum experience at the Iona College Speech, Language and Hearing Clinic.

The Clinic Handbook is not intended to replace College Policies listed in the Iona College Undergraduate and Graduate Catalog's but to supplement the student's program requirements. Graduate CSD Handbook but to supplement the student's program requirements.

The Iona College Communication Sciences and Disorders program is currently an accreditation candidate for a graduate program in speech language pathology from the Council on Academic Accreditation. The Clinic Handbook and the Graduate CSD Handbook is not intended to replace the Iona College Graduate Catalog. The Graduate Catalog details the official requirements for completion of the Master's Degree. The Graduate Catalog is available online at:
<https://www.iona.edu/iona/media/Documents/Student%20Life/SFS/14-15GraduateCatalog.pdf>

The Clinic Handbook is a living document and may be modified, with notice at the discretion of the Chairperson, Clinic Director and/or Program Director

Policies, procedures and information documented may be updated and/or changed accordingly. Clinical students will be notified via updated written document



School of Arts & Science
Department of Speech Communication Studies
Speech, Language & Hearing Clinic

This handbook provides information pertaining to policy, procedure and requirements during a one's practicum experience including observations, on-site and off-site practicum.

This handbook supports both the undergraduate students and the CSD students:

Speech Language Pathology and Audiology Majors

Clinical Practice in Speech/Language Pathology I	SCS 418
Clinical Practice in Speech/Language Pathology II	SCS 419
Clinical Practice in Speech/Language Pathology III	SCS 420

MA in Communications and Disorders

This handbook may be used for the following courses in conjunction with the graduate handbook

Practicum 1	CSD 610
Practicum 2	CSD 611
Practicum 3	CSD 612



School of Arts & Science
Department of Speech Communication Studies
Speech, Language & Hearing Clinic

Accreditation

The MA program in speech-language pathology at Iona College is a Candidate for Accreditation by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association, 2200 Research Boulevard #310, Rockville, Maryland 20850, (800) 498-2071 or (301) 296-5700. Candidacy is a "pre-accreditation" status with the CAA, awarded to developing or emerging programs for a maximum period of five years.

Complaint Procedures Regarding Accreditation

Any questions regarding the program's accreditation status or compliance with accreditation standards may be directed to the Council on Academic Accreditation (CAA) at the following address:

Council on Academic Accreditation
American Speech-Language-Hearing Association
2200 Research Boulevard
Rockville, MD 20850-3289
Phone: (800) 498-2071 (ASHA Members), (800) 638-8255 (Non-members) Fax: (301) 296-8580
<http://www.asha.org/academic/accreditation/>



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Department of Speech Communication Studies
Faculty and Staff

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Speech Language & Hearing Clinic @ 83 Clove Road

Office: 914-712-1990 Fax (914) 738-1056

Clinic Director (914) 712-1990

The Department of Speech Communications Studies at Iona College provides an on-site clinical practicum experience for undergraduate Speech-Language Pathology and Audiology students and graduate students registered in the Communication Sciences and Disorders Master of Arts program. While our clinic serves as a training opportunity for our students, every case is closely supervised with a clinical teaching component.

Supervision is conducted by certified speech language pathologists and audiologist who are members of the American Speech-Language-Hearing Association, hold a Certificate of Clinical Competence and licensed in New York State. The clinic provides professional speech and language services including assessment and treatment within a teaching clinic environment. Services are provided to individuals with a wide range of communication disorders and delays to both children and adults. Services include but not limited to articulation and phonological disorders/delays, dysphagia, language delays, traumatic brain injury, aphasia, voice, cognitive-communication, hearing, and fluency disorders. Clients are typically referred by physicians, school personnel, private practice and by client's themselves. Audiology diagnostic services are available for both children and adults. These services support our local community and neighboring residents as well as provide a clinical education opportunity for our students

Diane Ferrero-Paluzzi, PhD Interim Associates Dean of the School of Arts and Science and the coordinator of the Speakers' Center, provides services in the areas of accent reduction, communication apprehension, regional dialect, speech assignments, and vocal coaching.

The Speech, Language & Hearing Clinic and The Speakers' Center at Iona College does not discriminate in the delivery of clinical services based on race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.



School of Arts & Science
Department of Speech Communication Studies
Speech, Language & Hearing Clinic

Vision Statement

The vision of the Speech, Language & Hearing Clinic strives to provide a professional clinical teaching experience for our students and quality services to the community we serve.

Mission Statement

The Speech, Language & Hearing Clinic provides a pre-professional experience at the onsite clinic for our clinical students. The goal of the clinic is to provide student clinicians' an opportunity to integrate academics into clinic, develop clinical knowledge, and skills, conduct research-based therapy and promote critical thinking skills. Additionally, our clinical instructors are dedicated to teach values vital to the profession. Clinical instruction includes ethical behavior, professional collaboration; enhance knowledge, a focus on clinical services and integrating problem solving skills for the purposes of diagnostic and therapeutic planning. Students will develop effective oral and written communication as well as problem solving skills in their initial practicum experience necessary as a future clinician. During this pre-professional experience students, will begin the process of personal self-evaluation and pre-practicum responsibilities to advocate for the individual with a communicative disorders and delays. The supervisee-supervisor collaboration process is established by the highest quality of service to individuals with communication disorders across the age span.

Value Statement

The community at the Speech, Language & Hearing Clinic is committed to the following values:

- Service:* Provide the highest quality service to individuals across the age span with communication disorders and delays.
- Education:* Provide our students with pre-professional clinical experience to develop their academic knowledge base, integrate clinical services, and be effective clinical instructors for our future professionals.
- Communication:* Provide a supportive environment that allows the development of ideas and individual growth.
- Collaboration:* Provide a professional environment that includes the essentials of a team approach to treat the client, supporting client families, and to include the clients in their therapy program.

Position Statement

All Clinical Students and Certified Speech Language Pathologists at the Iona College Speech, Language & Hearing Clinic are required to follow:

- ASHA Code of Ethics
- Speech, Language & Hearing Clinic Policies and Procedures,
- Confidentiality Requirements
- Health Insurance Portability and Accountability Act (HIPAA)



School of Arts & Science
Department of Speech Communication Studies
Speech, Language & Hearing Clinic

A Message from the Clinic Director
Maria Armiento-DeMaria, M.A., CCC-SLP, TSHH

Welcome to clinical practicum!

This is an exciting opportunity while you transition and integrate academics into your practicum student experience. Clinical teaching and supervision is a hands-on experience that provides you, the clinical student, professional guidance to develop effective clinical skills for your future profession.

The partnership the clinical staff will extend includes the development of professional problem solving skills, independence, and empathy, enhancing professional judgment while paralleling personal judgment.

This process will develop your pre-professional clinical skills as a committed, dependable student professional that can document and communicate with clients, families, professionals, and supervisors. Each student will develop skills at their own individual pace.

I look forward to watching your growth as your progress during your clinical experience.

Prof. Armiento-DeMaria

Qualities for a Successful Student Clinician

“Behavior qualities that are consistent with ASHA include a desire to help others with integrity, honesty, and respect. Professional qualities that should be observed include but not limited to meeting all clinical appointments, deadlines, working cooperatively with peers and supervisors, acting responsible for clinic materials and equipment, prepared for all clinic sessions, maintaining a professional dress.” (According to Hedge, M. N., & Davis, D. (2005). Clinical methods and practicum in speech-language pathology 4th Ed)



School of Arts & Science

Department of Speech Communication Studies

Speech, Language & Hearing Clinic

Appendix A

Student Concerns and Grievances-Updated Spring 2018

If students have a concern or grievance during their clinical practicum the following steps are required in the order documented:

- Contact your immediate Clinical Supervisor to discuss the situation.
- If the situation is not resolved, contact the Clinic Director and a meeting will be scheduled and completed with Clinic Director, Maria Armiento-DeMaria.
- If deemed appropriate a meeting between the Clinical Supervisor, Student and Clinic Director will be completed
- If the situation is not resolved, a meeting will be recommended with Dr. Dorothy Leone, PhD CCC-SLP CSD Program Director and / or Dr. Jennifer Gerometta, Chair Person of the SCS Department

If the issue is not resolved to the student's satisfaction by the Chair and/or CSD Program Director then, and ONLY then, can the student request a meeting with the appropriate offices: Iona College Dean's Office School of Arts & Science 715 North Avenue New Rochelle, NY 10801

Joseph Stabile, Ph.D.
Associate Dean
(914)-633-2253
jstabile@iona.edu

Dr. Katherine Zaromatidis
Director of Graduate Studies, School of Arts & Science
(914) 633-2375
kzaromatidis@iona.edu

The following contact numbers may be helpful:

Iona College Counseling Center
Spellman Hall
914.633.2038

Sameul Rudin Academic Resource Center
Amend Hall
914. 633.2217



School of Arts & Science

Department of Speech Communication Studies

Speech, Language & Hearing Clinic

Appendix B

Professional Code of Conduct-Clinic Policies



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Professional Code of Conduct*

PROFESSIONAL CODE OF CONDUCT

All clinical instructors and student clinicians will follow and adhere to the highest standards of professional behavior. All individuals active in the Speech, Language & Hearing Clinic will be expected to follow ASHA's Code of Ethics, standards implemented by the Council on Academic Accreditation, Policies and Procedures set forth at the Speech, Language & Hearing Clinic and Iona College. Students will be instructed to review ASHA's Scope of Practice and ASHA's Preferred Practice Patterns. Students will be expected to maintain accurate documentation, follow Confidentiality Guidelines and HIPAA practices. Students should present themselves as members of the professional community IN, WHICH they aspire.

Professional Practice Guidelines:

Students will demonstrate appropriate professional skills while communicating with supervisors, faculty, peers, staff, and client families. Students will demonstrate appropriate professional skills by following HIPAA requirements and adhering to confidential information with the client and the client's caregivers. Sensitive information will not be divulged through conversation and/or client records.

Students will demonstrate appropriate professional skills by following their clinical responsibilities. Personal situations may arise during the practicum experience. **If this does occur, every effort should be made not to compromise the client's course of treatment or the student clinician's practicum experience. In as much, it is the responsibility of the student to inform a Clinical Supervisor or Clinic Director aware of any unforeseen instance.** Thus, the client's and the clinical students experience can be supported to meet the needs of the student and the client. Clinical practicum students will learn to prioritize their clinical duties, academic requirements, and personal situations. All clinical students are expected to ask questions, request help, and clarify any concerns throughout their clinical experience.

Furthermore, students are expected to be prepared for all sessions, arrive on time, participate in clean up and organization of the clinic. Students will develop professional knowledge and skills to gain independence and will be expected to take responsibility for their actions, respond to feedback positively, share information, and act as a team member.

Please be aware of your own communication style. It is important to build rapport with your client and their families. Understand that you must be flexible with your communication because what might work for one client may not work for the other. Nonverbal and verbal communications are both powerful and should be used with thoughtfulness. Be mindful of the message you are sending!



School of Arts & Science
 Department of Speech Communication Studies
 Speech, Language & Hearing Clinic
 Ethics Policy

ASHA	Iona College
<p><i>Principle of Ethics 1: Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.</i></p>	<p><i>Title IX of the Education Amendments of 1972 Prohibiting Sex Discrimination in Education: Iona College does not discriminate based on sex in its educational programs or activities.</i></p> <p><i>Student Participation in Established Religious Observances: It is the policy of Iona College that students should not experience adverse or prejudicial effects as a result of their religious beliefs or practices.</i></p> <p><i>Family Educational Rights and Privacy Act of 1974: Iona College complies with this Act, protects the privacy of educational records, established the right of students to review their records, and provide guidelines for correction of inaccurate or misleading data through formal or informal hearings.</i></p>
<p><i>Principle of Ethics 2: Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.</i></p>	<p><i>Iona College Mission Statement: School of Arts & Science</i></p> <p><i>The School of Arts & Science supports the mission of Iona College through its commitment to fostering academic excellence and intellectual inquiry in the liberal arts tradition. Through its diverse programs and with the care and commitment of a community of teachers-scholars, the School offers courses of study that are academically challenging, and rooted in liberal arts education.</i></p> <p><i>In furtherance of these commitments, the School strives to:</i></p> <p><i>provide an education that is current, student-centered, outcome-based, and involves an appropriate mix of classroom-based instruction, independent research, and internship or practical experience;</i></p> <p><i>equip students with the skills necessary for success in a rapidly changing environment: critical thinking, effective oral and written communication, problem solving, collaborative learning, ethical decision making, scientific, technological and aesthetic literacy;</i></p>

	<p><i>instill in students the habits of mind enabling them to possess our most precious human heritage: those ideas, beliefs, writings, and creative expressions that are the basis of intellectual, cultural, and moral development;</i></p> <p><i>deepen students' self-awareness, reflectiveness, and commitment to a core of values that will illuminate both their personal relationships and their relationship to a pluralistic society with the qualities of intelligence, tolerance, decency, compassion, and appreciation of cultures others than their own;</i></p> <p><i>recruit, retain, and support the development of a faculty of exceptional teacher-scholars whose pedagogy is informed by research, experience, and scholarship.</i></p> <p><i>(Revised, December 2012)</i></p> <p><i>Attendance Policy: Students are expected to accept personal responsibility for absences, and are responsible for fulfilling all requirements and completing all assignments made in each course.</i></p>
<p><i>Principle of Ethics 3: Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.</i></p>	<p><i>Iona College Mission Statement</i></p>
<p><i>Principle of Ethics 4: Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional relationships, and accept the professions' self-imposed standards.</i></p>	<p><i>Iona College Mission Statement</i></p>



Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Professional Code of Conduct

Any families or clients wishing to show gratitude for services should be forwarded to your immediate Clinical Supervisor. It is suggested that the clinical students in training not accept gifts. Client families are welcome to make donations to the clinic.

Offsite Activities

*Persons' may request outside activities from our student clinicians. Examples of activities may include babysitting, acting as a tutor in relation to speech and language services, or even providing services at home. These types of activities will put a student at risk by **violating the ASHA Code of Ethics and Policies and Procedures** set forth at the Speech, Language & Hearing Clinic. If a student has a question about a specific activity, please follow up with the Clinic Director to discuss the activity and determine if the activity would be a violation.*

CONFIDENTIALITY

*Clinic students will be required to complete **clinic paperwork** on the EMR system: Mediat. The following forms must be documented using Mediat: Client Contact Form, Lesson Plans, SOAP notes, progress reports, and evaluations.*

Additional Guidelines to Follow:

- *Do not discuss your client/patient's name in public areas*
- *Do not discuss your client in public areas*
- *Discussions of clients for the purposes of interventions and ideas must take place in **ONLY** private areas of the department*
- *Do not leave client reports, lesson plans or other written documentation unattended*
- *All files and written documentation must be placed in the locked cabinet in the Copy/Print Room in the Speech, Language and Hearing Clinic*
- *Drafts of any written documentation must be shredded*
- *Refer to your client by their initials and or "the client" in class discussions*
- *Follow office rules about checking out client folders*
- *If a student needs to step away from their computer screen, computers must be locked prior to the student leaving*
- *Obtain written consent from the client or legal guardian of the client to audiotape, videotape or take a photograph*



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Professional Code of Conduct
Client Chart*

All clients receiving services at the Iona College Speech, Language & Hearing Clinic have a Session Client Chart locked in the copy/print room. All charts and / or files pertaining to clients affiliated with the Iona College Speech, Language & Hearing Clinic MUST follow HIPAA Regulations, Confidentiality

Guidelines and sign in/out procedures

Charts/files are NOT permitted outside of the Iona College Speech, Language and Hearing Clinic

Authorization is required for documentation to be copied or transferred to another site or person. See your immediate supervisor for procedure guidelines.

Sign-Out Procedure

Session Client Charts are locked in the Copy/Print Room designated filing cabinet. When you need to review and / or retrieve a chart ONLY authorized clinic staff personnel are authorized to release these records. Also, note students are required to sign in/out the charts, time and reason. All Session Client Charts may be reviewed ONLY in the clinic. All charts must be returned the same day of sign out. Charts not returned as per clinical policies and procedures will be further questioned to determine if there was a breach in HIPAA regulations and/or Confidentiality polices.

Procedure for Session Client Charts

Designated clinical staff associates ONLY have the authority to release a client’s chart: Administrative Assistant and Clinical Supervisors.

Student clinicians DO NOT have the authority to remove charts. An Iona College Speech, Language & Hearing Clinic representative SCS representative must be present in order for a student clinician to check out the Charts.

Charting Guidelines

Designated Chart Check Out /In Hours	Chart Check Out Hours are designated. Student Clinicians must prioritize their time for paperwork and meetings. Charts are NOT ALLOWED outside the clinic space
Clinical Students	Clinical Students MUST SIGN OUT CHART and SIGN IN CHART
Office Space	Clinical Students DO NOT have permission to remove charts from the Speech, Language & Hearing Clinic



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Professional Code of Conduct*

WHAT IS HIPAA?

HIPAA stands for the Health Insurance Portability and Accountability Act, which was implemented in 1996. This act created national rules regarding the privacy of health care information. Patient access to records, patient education regarding privacy, and receiving patient consent before the release of information is included under this act. HIPAA also established formats for the electronic transmission of clinical data.

What is the Privacy Rule?

The privacy rule of HIPAA enables the protection of individually identifiable health information contained in a patient's medical record, including both hard and soft files. This information includes a patient's name, address, Social Security number, financial data, etc. The compliance date for this Rule was in effect on April 14, 2003.

How does this affect me?

As a student clinician, you must abide by these federal laws to secure client confidentiality. Please refer to the Confidentiality Agreement.

How will I know what I can and cannot do?

You will receive a copy of your Confidentiality Agreement, specifying the regulations.

How will I inform the clients of our clinic practices?

Clients will be given a Notice of Privacy Practices to read. They will then sign this notice, documenting that they have been informed.

For more information about HIPAA, visit:

<https://www.hhs.gov/hipaa/index.html/>

<https://www.cms.gov/index.html>

<https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Professional Code of Conduct
Confidentiality Agreement*

I _____ understand that as part of my clinical practicum at the Iona College Speech, Language & Hearing Clinic, or as an employee in the Department of Speech Communication Studies, I must protect the privacy, security and integrity of clients and their records at all times.

I agree to abide by all state and federal laws and regulations governing the confidentiality of individual health records and information.

I agree that I will not behave in such a way as to cause a breach of confidentiality that includes but is not limited to:

Open Discussion:

Discussing information contained in files or distributing files to others;
Discussing a client's confidential information with another student or faculty member where it can be overheard by other clients and individuals not involved in the care of that client (e.g., discussing a client in a hallway or waiting area);
Discussing a client with friends, other clients, other professionals, or anyone, inside or outside the Clinic not directly involved in the care of that client or in a consultative role regarding the client's care.

Release of Information:

Releasing client records without the client's consent unless required by law. (Consent must be given by written release, or by faxed and signed memo, and must specify which parts of the record may be released.)

- Records Management and Storage:
- Leaving records unsecured in an open area where individuals not involved in the care of that client can view them;
- Removing client folders from the Clinic or Department areas where individuals not involved in the care of that client can view them;
- Leaving computer workstation screens with identifiable client information unattended or unlocked so that anyone may view or access other client's confidential information;
- Leaving reports, treatment plans or session plans in printers or garbage without being shredded;
- Saving identifiable client information on computer disk or hard drive;
- Transmitting reports with identifiable confidential information via email;
- Making copies of client information or reports;

- Removing any reports or raw data from the client folder;
- Maintaining videotapes of client sessions after the end of the clinical assignment outside of the clinic/department.

Discipline for an employee shall be imposed in accordance with College policies. This may include termination for violating state or federal laws.

Discipline for a student shall be imposed in accordance with College policies. Course grade may be dropped one letter for each offense, clinical clock hours will not be awarded for that assignment and/or a report placed in the student's permanent record.

I understand that I may be subject to legal action if I violate state or federal statutes regarding protected health information.

I agree to abide by all the statements contained in this document.

Signature _____

Date _____



Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Professional Code of Conduct Policy

CLINICAL PROFESSIONAL CODE OF CONDUCT POLICY updated for Spring 2018

Any student in violation of the Professional Code of Conduct and/or Professional Guidelines include the following:

First Offense

- A meeting with the Clinical Supervisor and Clinic Director will be conducted.
- A written warning will be completed and placed in the student's folder.
- A clinical focus plan will be implemented.
- Clinic grade may be lowered a full grade.
- Caseload may be reassigned

Second Offense:

- A meeting with the Clinical Supervisor and Clinic Director will be conducted.
- A permanent letter will be placed in the student's folder.
- Student will be automatically removed from their therapy assignment and fail clinic.
- A clinical experience that is not successfully completed, the clinical hours will not be accrued
- A Committee Meeting may take place as determined by the SCS Department Chair or CSD Program Director.



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Professional Code of Conduct
Clinic Exit Procedure*

Clinic Exit Procedure: Updated for Spring 2018

At the end of each semester, CLINIC EXIT Meetings are a requirement. The SLP that supervises you and your client will email you to schedule a FIRM CLINIC EXIT MEETING DATE

The following procedures will be conducted during the CLINIC EXIT MEETING:

- Session Client Chart review
- Session Client Chart review (all documents noted in the session client chart outline must be filed at the time of the Clinic Exit Meeting)
- All paperwork and charts must be ready for review for the Clinical Supervisor.
- All documents need to be filed accordingly for the Clinical Supervisor to submit a grade and sign off on Clinic Clock Hours.

There is NO EXCEPTION for ANY paperwork to be missing. Any paperwork not completed will be considered late and/or will not count towards hours. See Clinic Exit Policy for further details.



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Professional Code of Conduct
Clinic Exit Policy*

CLINICAL PROFESSIONAL CODE OF CONDUCT POLICY at the time of the CLINIC EXIT-updated for Spring 2018

The following violations include but not limited to:
Violations Include but not limited to:

- Not Participating in the Clinic Exit
- Charts not ready for review
- Missing Documentation
- Progress Report not complete

Special Note: Any missing documentation may be recovered ONLY at the time of the Clinic Exit Meeting if deemed appropriate by clinic exit meeting supervisor

First Offense

- Clinic grade will be lowered by a full grade as demonstrated by the violation level
- Clinic Failure will be warranted if the Progress Report is not completed.
- Clinic Failure will be warranted if documentation is inaccurate
- A meeting with the Clinical Supervisor and Clinic Director will be conducted.
- A clinical experience that is not successfully completed, the clinical hours will not be accrued
- Written Documentation of the specific offense will be placed in the student's file
- A Committee Meeting may take place as determined by the SCS Department Chair or CSD Program Director.



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Professional Code of Conduct Summary*

Professional Code of Conduct Violation Summary

A large, empty rectangular box with a light blue gradient background, intended for entering a professional code of conduct violation summary.

Clinical Staff

Date



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic*

The following examples are considered professional code of conduct procedure violations that may include the EMR system, Session Client Chart and Clinic Flash Drive

- Screen Shot of documentation
- Removing session client charts from the clinic
- Leaving computer unattended with client chart open on the EMR system and /or session client charts unattended.
- Not following sign out / sign in procedures
- Not shredding drafts of lesson plans, reports
- All identifying information MUST BE removed with electronic messaging
- Files must be reviewed in the clinic
- No portion of the file may be copied or photographed or scanned or screen shot

First Offense

- A meeting with the Clinical Supervisor and Clinic Director will be conducted.
- A written warning will be completed and placed in the student's folder.
- A clinical focus plan will be implemented.
- Clinic grade may be lowered a full grade.
- Caseload may be reassigned

Second Offense:

- A meeting with the Clinical Supervisor and Clinic Director will be conducted.
- A permanent letter will be placed in the student's folder.
- Student will automatically fail clinic.
- A clinical experience that is not successfully completed, the clinical hours will not be accrued
- A Committee Meeting may take place as determined by the SCS Department Chair or CSD Program Director.



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Written Documentation Policy*

***Written Documentation Policy (documents including client charting)-updated for Spring 2018
The following violations include but not limited to:***

- Late submission
- Following written documentation procedures
- Providing inaccurate documentation
- Falsifying records
- Plagiarism
- Removing records from the Clinic
- Breach of confidentiality guidelines
- Breach of HIPAA regulations

Only Offense

- A meeting with the Clinical Supervisor and Clinic Director will be conducted.
- Clinic grade will be lowered by a full grade
- Accrual of clinical clock hours will be forfeited
- Written Documentation of the specific offense will be placed in the student's file
- Caseload may be reassigned



Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Written Documentation Extension Request

Written Documentation Extension Request-Updated Spring 2018

A Written Documentation Extension may be requested in advance. Students may request permission in writing to their primary SLP on the case to request for an extension. An extension may include but not limited to class conflict, student absence. It is at the discretion of the SLP to grant a written documentation extension. If granted a due date must be documented.

Written Extension will NOT be granted past the last day of clinic clients.

Written Extension will NOT be granted for progress reports or clinic exit meetings



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Clock Hour Policy*

Clock Hour Policy-Updated Spring 2018

Students participating as a student clinician are eligible for the accrual of clock hours achieving the following criteria:

Clinical Clock hours are awarded based on the following two criteria:

1. Clinical Students must achieve a minimal Final Grade of B in clinic

AND

2. The discretion of the professional SLP to provide signature and ASHA credentials to approve clock hours. Awarding / granting of clock hours is at the discretion and delegation of the clinical supervisor, based on professional clinical judgment/rational and in accordance with ASHA guidelines.

Important Protocol:

- Clock Hours will NOT be awarded to clinical practicum students receiving a grade below a “B” for a clinical course.
- Student clinicians are responsible for computing clock hours and completing the clock hour form
- Students are responsible for keeping the original copy of their clinical documentation for personal records. The clinic is not responsible for student clinical documentation

Clock Hour Guidelines

Eligibility to accrue clock hours is based upon the guidelines documented in the following document:

Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2013). 2014 Standards for the Certificate of Clinical Competence in Speech-Language Pathology. Retrieved [date] from <http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>.



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
CSD Students
Hour Requirements*

As per the Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2013). 2014 Standards for the Certificate of Clinical Competence in Speech-Language Pathology. Retrieved [date] from <http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>.

Applicants must complete a minimum of 325 of the 400 clock hours at the graduate level (Standard V D) during supervised clinical experiences with various types of populations, communication disorders, differences and disabilities

Recommended Hour Requirement:

Child Speech Diagnostic	(10 hours Recommended)
Child Language Diagnostic	(10 hours recommended)
Adult Speech Diagnostic	(10 hours Recommended)
Adult Language Diagnostic	(10 hours recommended)
Child Language Therapy	(10 hours recommended)
Child Speech Therapy	(10 hours recommended)
Adult Language Therapy	(10 hours recommended)
Adult Speech Therapy	(10 hours recommended)



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Student Clinic Attendance Policy*

Student Clinic Attendance Policy-updated Spring 2018

Procedures:

Clinical students are responsible to contact and inform the client and / or caregiver of a cancellation that relates to the student clinician personal conflict and/or illness. If possible, provide the client and / or caregiver 24-hour notice.

Clinical students are responsible to email their Primary SLP and CC the Clinic Director of a cancelled session BY the Student Clinician. It is best practice to provide a 24-hour advanced notice.

Student Clinic Attendance Policy-Unexpected Cancellation-updated Fall 2018

If students are cancelling due to unexpected sickness or unforeseen circumstance. It is the student's responsibility to email the family and copy the immediate SLP and Mrs. Garbarino of the cancellation. If there is not a response back from the family confirming that the student clinician cancelled the session– the student must contact Mrs. Garbarino and request Mrs. Garbarino to call the family. All student cancellations require documentation and the student is required to make-up the session

All student clinicians are required to provide documentation for an absence that will be filed accordingly.

Clinical Students are required to conduct a makeup session

Violations of the Student Clinic Attendance Policy Include but not limited to:

- No Show No Call to clinical session
- Cancellations without documentation
- Two or more cancellations with or without documentations

Clinical Students in violation of the Clinical Attendance Policy the following will occur:

Only Offense

- A meeting with the Clinical Supervisor and Clinic Director will be conducted.
- A written warning will be completed and placed in the student's folder.

- A clinical focus plan will be implemented.
- Clinic grade may be lowered a full grade.
- Caseload may be reassigned



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Student Clinic Attendance Policy-Advanced Notice*

Student Clinic Attendance Policy Advanced Notice-updated Spring 2018

Students who have an advanced conflict with a scheduled session must follow the steps below:

1. Complete a written request to the Clinic Director at least 10 business days in advance
2. Documentation must accompany the written request to cancel a session due to a student canceling the session
3. Students must have a makeup session already scheduled for the cancelled session

Violations of the Student Clinic Attendance Policy Advanced Notice Include but not limited to:

- No Show No Call to clinical session
- Cancellations without documentation



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Client Attendance Policy*

Client Attendance Policy-Updated Spring 2018

Procedures:

Student Clinicians are expected to call the client and / or caregiver to follow up if the client is not present within 15 minutes of their treatment time.

Student Clinicians are expected to report to your immediate Clinical Supervisor if the following situations are presented:

- If a child client is being picked up from someone that is not filed on the Iona College Speech, Language & Hearing Form or a person that has NOT been introduced to the student clinician prior to therapy sessions, the student clinician must bring the client to the primary SLP on staff. The primary SLP will be responsible for the immediate follow up to the family.



School of Arts & Science

Department of Speech Communication Studies

Speech, Language & Hearing Clinic

Appendix C

Electronic Message Exchange

ELECTRONIC MESSAGE TRANSMISSION

The following statement MUST BE INCLUDED in any email exchange relating to clinic (i.e. If contacting families and/or other professionals that relates to your case):

This electronic message transmission contains information that may be proprietary, confidential and/or privileged. The information is intended only for the use of the individual (s) or entity named above. If you are not the intended recipient, be aware that any disclosure, copying or distribution or use of the contents of this information is prohibited. If you have received this electronic transmission in error, please delete it and any copies, and notify the sender immediately by replying to the address listed in the "From:" field.

Protocol:

Student Clinicians must copy the primary SLP with all clinic business emails that directly relate to the client under the SLP's supervision/licensure

Prof. A-D must be copied on all clinic business emails

Email Account Names:

All clinical students are required to use their IONA email address during contact with a clinical supervisor. Emails will not be responded to if using a personal email address.

E-mail Confidentiality:

Students using emails to exchange and request clinical information (including student peer, supervisor, or faculty) must continue to follow confidentiality, privacy and HIPAA guidelines. Report drafts such as SOAP notes, progress reports are NOT permitted to be transmitted electronically. If requesting specific information about a client, remove all identifying information

E-mail Etiquette:

The Iona College Speech, Language & Hearing Clinic supports the use of e-mail with a set of rules related to professional responsibility.

The following guidelines are recommended when students use e-mail to communicate with Clinical Staff for on-site and off-site supervisors:

- Students are expected to respond to e-mail sent by Clinical Staff.

- A Clinical Staff personnel is responsible for providing information out to a student and students have the responsibility to read the email
- Clinical Staff personnel is not responsible for undeliverable e-mails due to full mailboxes or incorrect forwarding addresses.
- Students should check in your clutter and/or spam inboxes as well
- Expect a response in no less than 3 business days.
- Clinical staff reserves the right to respond only to e-mails that have subject headings as well as those that have a signature/identification.
- Clinical staff are not required to respond to e-mails during weekends, holidays or vacations.
- Be concise and proofread, spell-check and grammar-check your e-mail.

E-mail Body

- Write messages with a descending order of importance, i.e., the most important point you want to make would be first, next comes the second most important, the third important point after, and so on.
- Be concise and bullet-point your thoughts when possible.
- Create an electronic signature to be inserted at the end of your e-mail so the recipient knows who you are.
- If you would like a response to your message, say so in the body of the e-mail. Readers tend to answer e-mail if asked.
- Proofread, spell check and grammar check your e-mail.

E-mail Length

- E-mail is not a substitute for office hours. Students are expected to be concise in their e-mails, bulleting questions, answers, and ideas.
- Keep e-mail messages as short as possible with a maximum of 300 words or up to 5 points or questions. Remember, shorter messages tend to be answered quicker than longer ones.
- Students must check with their academic instructors and clinical staff regarding individual preferences for e-mail length.

E-mail Attachments

- Attachments must be appropriate to the subject discussed. Do not attach anything that is not explained in the e-mail body.

E-mail Response Time

Although e-mail is quick and convenient, students must be reasonable in their expectations regarding the response time from someone to whom e-mail was sent.

- Do not expect responses during weekends, holidays or vacation periods from faculty members and staff.
- Do not expect or require a response from anyone in less than at least 3 business days.

E-mail Tips

- If you are expecting a response, say so in the body of the text. Should you not receive a response to your message, it is not wise to assume the person received the mail and is ignoring you. Give the appropriate amount of time (72 hours) and then e-mail the recipient again asking if s/he received the first message.
- Do not expect a response from if there is no signature entered in your message.
- Make sure if you say you are attaching a document or file to your e-mail, you have done so. It's a very common mistake to forget about adding attachments.
- Do not write in all caps as this considered "electronic yelling" and very poor form.
- Do not assume all abbreviations are understood. Something like "BTW" is often used to abbreviate "by the way" however it cannot be assumed that the abbreviation is universally understood. Unless previously used by the e-mail recipient, define the abbreviation.
- Confidential information should never be discussed in email. If you are referring to a client never use the person's name; only initials are appropriate to use.

Consider

- It is not wise to gossip about anyone in E-MAIL, as you never know to whom it may be forwarded.
- Confidential information should never be discussed in e-mail. If you are referring to a client, do not use the person's name. Initials are appropriate to use.
- Proof read your e-mail for mistakes
- E-mail is a written document: it is forever in print.

Warnings

- You must inform your direct supervisor any e-mail interruption of communication.
- Limit emails to no more than one per day.
- Do not expect clinical staff to respond to your e-mail if it is not signed, or has an unidentifiable account name.
- Do not expect faculty to respond to e-mail without subject headings.
- Utilize only simple and commonly available fonts in your e-mail – not all computers have the same exact font sets.
- It is inappropriate to use "fun" fonts for academically and professionally related communications.
- Do not send out unsolicited jokes.

Electronic Devices:

- There is ZERO TOLERANCE for personal cell phone, IPAD, AND LAPTOP use in a professional environment. Use of these devices will be interpreted as a breach in confidentiality and / or HIPAA Regulations. If one is found guilty, this is considered a Federal Offense.

- A written request to use electronics for purposeful therapy targets may be granted ONLY IF the student requests the permission in writing. The Clinical Staff will review the request and approve or disapprove the request.

- Computer use at the Speech, Language & Hearing Clinic is limited to clinic related use and clinic documentation via the assigned clinic flash drive ONLY.

- Texting, personal phone calls and/or personal emails are NOT permitted during clinic or class time.

- Social Networking is prohibited on any site due to risks of privacy, unauthorized pictures and statements related to the clinic, clients, clinical staff or student peers.



School of Arts & Science

Department of Speech Communication Studies

Speech, Language & Hearing Clinic

Appendix D

Student Clinician Requirements



School of Arts & Science
Speech, Language & Hearing Clinic

ON-SITE CLINIC REQUIREMENTS

(updated 8/16/18)

Documentation Required	Type of Written Documentation Submitted	Date Received	Supervisor Initials
Verification of Clinical Observation Hours (25 hours)	<input type="checkbox"/> Logs <input type="checkbox"/> Verification Letter		
Child Abuse Seminar	<input type="checkbox"/> Certificate Dated:		
Proof Of Liability Insurance	<input type="checkbox"/> Policy dates:		
Proof of Vaccination or Immunity to Measles, Mumps, & Rubella	<input type="checkbox"/> MMR Vaccination Certificate <input type="checkbox"/> Medical Exemption <input type="checkbox"/> Religious Exemption		
Proof of Tuberculin Skin Test (Required Annually) Date of Results:	<input type="checkbox"/> PPD Certificate <input type="checkbox"/> Medical Exemption		
Essential Functions	<input type="checkbox"/> Signed Form		
CPR Certification	<input type="checkbox"/> Certificate Dated:		
Confidentiality Agreement (Required Annually)	<input type="checkbox"/> Signed Form		
Handbook Agreement	<input type="checkbox"/> Signed Form		
Social Media Agreement	<input type="checkbox"/> Signed Form		
ID Badge Agreement	<input type="checkbox"/> Signed Form		
On-Line HIPAA training/certificate	<input type="checkbox"/> Signed Form		
SEE STUDENT FEES ONLY: \$55.00 CLINIC FEE AND BOOK FEE (SEE PROF. A-D FOR ANY STUDENT FEE CONCERNS)			

Primary Supervisor Signature (file is complete): _____

Supervisor's ASHA #: _____

Record of Communications:

Resources

Workshop Resources

www.iona.edu/Academics/School-of-Arts-Science/Departments/Education/Certification-and-Workshop-Information/Workshops.aspx

<http://www.nysmandatedreporter.org/>

Student Liability Insurance

www.proliability.com/professional-liability-insurance/speech-language-pathologists/american-speech-language-hearing-association

www.hpso.com/individuals/professional-liability/healthcare-professions-covered

Here are the links that some students have passed along

CPR/AED course

<https://cpaedcourse.com/?version=v1>

Child Abuse Seminar

<http://www.nysmandatedreporter.org/>

TB Skin Test

Iona Wellness Center located at 760 North Avenue
PPD provided



School of Arts & Science
Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Fingerprinting

The Iona College Campus Safety and Security does not have the capability to perform digital fingerprinting in house. The fingerprinting system approved by the State of New York has moved to a digital format (Livescan) and I would refer all students to MorphoTrust that need to be fingerprinted.

The following link details all their locations within New York State.

<http://www.l1enrollment.com/locations/?st=ny> This list will provide students an opportunity to have the fingerprinting completed close to their homes or at several locations within Westchester County.

The directions for fingerprinting can be found at this link:

<http://www.highered.nysed.gov/tsei/ospra/>



School of Arts & Science
Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Confirmation of Clinical Practicum Handbook

I _____ (print name) confirm that I have received the Iona College Speech, Language & Hearing Clinic Handbook on _____ (date). I certify that I have read the documented policies and procedures listed in the handbook and understand the information. This document may be modified at the discretion of the Department of Speech Communication Studies

I acknowledge that I am responsible for this material and will continue to review the handbook
_____ (sign name) _____ (date).

I understand that it is my responsibility to contact the Clinic Director or a Clinical Supervisors' for any additional information.

_____ (sign name) _____ (date)

Student Signature, date



School of Arts & Science
Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Social Networking Policy

I _____ (print name) use social networking (texting, Facebook, twitter, LinkedIn etc). By signing below certifies that I will NOT name the Iona College Speech, Language & Hearing Clinic or off-site affiliations in my personal networking sites that deems the clinic, clients, students, staff and/or department in any negative context. If I do publish any information that relates to a practicum experience I am subject to federal regulations in violation of HIPAA and Confidentiality Policy and Procedures. Furthermore, I am at risk for violating the ASHA Code of Ethics and risk being expelled from the Speech Communication Department

Student Signature, date



School of Arts & Science
Department of Speech Communication Studies
Speech, Language & Hearing Clinic

ESSENTIAL FUNCTIONS FOR CLINICAL PRACTICUM STUDENTS IN THE IONA COLLEGE SPEECH, LANGUAGE AND HEARING CLINIC¹.

The Speech, Language and Hearing Clinic at Iona College is committed to the education of all qualified Iona students, including students with disabilities who, with or without reasonable accommodation, are capable of performing the essential functions required of the program. It is the policy of Iona College to comply with the Americans with Disabilities Act, Section 504 of the Civil Rights Restoration Act of 1973, and all state and local requirements regarding individuals with disabilities. Under these laws, no otherwise qualified and competent student with a disability shall be denied access to or participation in services, programs, and activities solely on the basis of the disability. In accordance with federal regulations established by the Americans with Disabilities Act (ADA), the following standards are described to assist each student in evaluating his or her prospect for academic and clinical success. When a student's ability to perform is compromised, the student must demonstrate alternative means and/or abilities to perform the essential functions described.

Sensory/Observational Abilities

Students must be capable of acquiring a defined level of required information as presented through educational experiences in both basic arts and sciences and clinical sciences. To achieve the required competencies in the classroom setting, students must perceive, assimilate, and integrate information from a variety of sources. These sources include oral presentation, printed material, visual media, and live demonstrations. Consequently, students must have the potential to demonstrate adequate functional use of visual, tactile, auditory and other sensory and perceptual modalities to enable such observations and information acquisition necessary for academic and clinical performance. Students must have adequate sensory and observational abilities to recognize disorders of speech fluency; abnormal articulation; abnormal voice, resonance, and respiration characteristics; oral and written language disorders in the areas of semantics, pragmatics, syntax, morphology, and phonology; signs of hearing disorders; signs of cognitive disorders; and signs of abnormal social interaction related to communication disorders. In addition, students need to be able to visualize anatomic structures and discriminate findings on various imaging studies, as well as to discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests. Furthermore, students should have the potential to develop sufficient sensory (visual and auditory) function and motor coordination to safely and accurately assess and remediate patients using the equipment and materials of the profession.

Communication Abilities

Effective communication is critical for students to build relationships with faculty, advisors, fellow students, coworkers, clients, and their significant others in the student's various roles of learner, colleague, consultant, and leader. Students must be able to gather, comprehend, utilize and disseminate information effectively, efficiently and according to professional standards. Students are required to communicate proficiently in both oral and written English, at a level sufficient to meet curricular and clinical demands. Students must be able to elicit information, gather information, and describe findings verbally and in writing and this communication should be comprehensible by patients, professionals, and laypersons. In accordance with a technical report developed by ASHA's Joint Subcommittee of the Executive Board on English Language Proficiency (see Students and Professionals Who Speak English with Accents and Nonstandard Dialects: Issues and Recommendations available at <http://www.asha.org/policy/TR1998-00154.htm>), students and professionals "who speak a nonstandard dialect or who speak with an accent" must, when modeling is necessary, be "able to model the target phoneme, grammatical feature, or other aspect of speech and language that characterizes the client's particular problem." Students must be able to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients. Furthermore, students must have the potential to effectively communicate judgments and treatment information and to observe, recognize and understand non-verbal behavior. In accordance with a professional issues statement developed by ASHA (see Cultural Competence in Professional Service Delivery available at <http://www.asha.org/policy/PI2011-00326.htm>), students and professionals must demonstrate "cultural competence" to be able to deliver clinically competent services to individuals with communication disorders.

Motor Abilities

Students must possess the motor functions needed to manipulate testing and treatment materials, manipulate equipment (such as prostheses, devices, or bed controls), or provide general and emergency treatment to clients. The motor capacities usually include the physical strength and coordination to safely handle and move clients; perform general and emergency procedures; or direct clients in various practice settings, according to the needs of professional practice in speech-language pathology.

Intellectual/Cognitive Abilities

Students must demonstrate critical thinking skills so that they can problem-solve creatively, master abstract ideas, and synthesize information presented in academic, laboratory and fieldwork settings. Students must be able to comprehend, retain, integrate, synthesize, and apply information sufficient to meet curricular and clinical demands; identify relevant findings from history, evaluation, and data to formulate a diagnosis, prognosis, and management plan; and solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic planning, and therapeutic planning consistent with the principles of evidence-based practice in speech-language pathology. In some areas, this requires comprehension of three-dimensional relationships and understanding of the spatial relationships of structures. Students must develop and exhibit a sense of medical ethics, and also recognize and apply pertinent legal and ethical standards.

Behavioral and Social Abilities

Students must demonstrate emotional stability and display mature, empathic, and effective interpersonal relationships with students, patients, and health care workers. Students must be able to

tolerate physically and emotionally taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, display flexibility, and function in the face of the uncertainties inherent in the clinical setting. Students must exhibit the ability and commitment to work with individuals in an intense setting to meet the needs of people of diverse cultures, age groups, socioeconomic groups and challenges without bias. These individuals may be severely injured; they may be limited by cognitive, emotional and functional deficits; and their behavior may create at times an aversive reaction. The ability to interact with these individuals without being judgmental or prejudiced is critical in establishing one's professionalism and therapeutic relationship. Students must be able to manage the use of time effectively and systematize actions to complete professional and technical tasks within realistic time constraints. Students must also be able to accept appropriate suggestions and constructive criticism and, if necessary, respond by modification of behavior. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that are critical to complete the professional program in speech-language pathology.

Professional Responsibility

Students must have the capacity to meet the challenges of any medical situation that requires a readiness for immediate and appropriate response without interference of personal or medical problems. This may require ancillary training (e.g., CPR, first aid, infection control, evacuation procedures). It is each student's responsibility to attend and be able to travel to and from classes and clinical assignments on time, and possess the organizational skills and stamina for performing required tasks and assignments within allotted time frames. This involves frequent oral, written, and practical examinations or demonstrations. The student must have the ability to perform problem-solving tasks in a timely manner. Students must exhibit adherence to policies of the College, their program, and clinical sites. This includes matters ranging from professional dress and behavior, to attending to their program's academic schedule, which may differ from the College's academic calendar and be subject to change at any time. During their academic tenure, students must learn and demonstrate knowledge of and commitment to the code of ethics of their profession and behavior that reflects a sense of right and wrong in the context of care. Students are expected to take initiative to direct their own learning. They are required to work cooperatively and collaboratively with other students on assigned projects, and participate willingly in a supervisory process involving evaluation of abilities and reasoning skills. As students in the M.A. program with a concentration in Speech-Language Pathology, they accept and comply with the Department's mission in that they strive to become clinicians who "utilize evidence-based practice; adhere to the highest personal and professional ethical standards; employ critical thinking and self analysis; recognize the value of advanced and continuing education; demonstrate empathy, altruism, and accountability in their clinical practice; and aspire to provide exceptional quality of service for a diversity of persons of all ages with communication, swallowing, and balance disorders in an equitable and inclusive manner."

NOTES:

- Iona College is an Equal Opportunity/Affirmative Action Institution and is committed to social justice. The Communication Sciences and Disorders Program fully supports that commitment and expects to maintain a positive clinical and learning environment based upon open communication, mutual respect, and nondiscrimination. Our facility does not discriminate on the basis of race, sex, age, disability, veteran status, religion, sexual orientation, color, or national origin. The Iona College community is committed to creating and fostering a positive learning and working environment based on open communication, mutual respect, and inclusion.
- Students with a disability who anticipate the need for any type of accommodation in order to participate

in class or clinic are encouraged to make appropriate arrangements with the Director of Academic Support (914-633-2226).

- Students who are returning to the CSD program after a medical issue/leave, must contact the Assistant Dean for Student Academic Services (914-633-2207) and provide medical documentation and notification of any disabilities and/or accommodations required.
- For more information on Iona College's Policy on Accommodations for Students with Disabilities, please see the Office of the Ombudsperson page on the Iona College website at <http://www.iona.edu/About/Administrative-Offices-Departments/Office-of-the-Ombudsperson.aspx>

¹ The material in this section on Essential Functions has been adapted from:

American Speech-Language-Hearing Association. (1998). Students and professionals who speak English with accents and nonstandard dialects: Issues and recommendations [Technical Report]. Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (2011). Cultural competence in professional service delivery [Professional Issues Statement]. Available from www.asha.org/policy.

Hayes, L., et al. (2005). Essential functions checklist. Communication Sciences and Disorders, College of Health Professions, Medical University of South Carolina, Charleston, SC.

Katz, J. R., Woods, S. L., Cameron, C. A., & Milam, S. (2004). Essential qualifications for nursing students. *Nursing Outlook*, 52, 277-288.

Seton Hall University (2011). Standards for essential functions. Speech-Language Pathology, School of Health and Medical Sciences, South Orange, NJ. Available at http://www.shu.edu/academics/gradmeded/ms-speech-language-pathology/upload/SLP_Essential_Functions.pdf

West Virginia University (2011). Essential Functions for Students in the M.S. Program in Speech-Language Pathology. Morgantown, WV. Available at <http://csd.wvu.edu/r/download/148819>.

Essential Functions

I _____ (print name) have received and reviewed the Essential Functions for the Iona College Speech, Language and Hearing Clinic. My signature below indicates that I understand the information and that I am able to perform all abilities described.

Student Signature, date

Iona College
Department of Speech Communication Studies
Confidentiality Agreement

I _____ understand that as part of my clinical practicum in the *Speech and Language Clinic of Iona College*, or as an employee in the *Department of Speech Communication Studies*, I must protect the privacy, security, and integrity of both clients and students and each of their records at all times.

I agree to abide by all state and federal laws and regulations governing the confidentiality of individual health records and information.

I agree that I will not behave in such a way as to cause a breach of confidentiality that includes but is not limited to:

Open Discussion:

- Discussing information contained in files or distributing files to others;
- Discussing a client's confidential information with another student or faculty member where it can be overheard by other clients and /or individuals not involved in the care of that client (e.g. , discussing a client in the hallway or waiting area)
- Discussing a client with friends, other professionals, or anyone, inside or outside the Clinic not directly involved in the care of that client or in a consultative role regarding the client's care.

Release of Information:

- Releasing client records without the client's consent unless required by law. (Consent must be given by a written release, or by a faxed and signed memo, and must specify which parts of the records may be released.)

Records Management and Storage:

- Leaving records unsecured in an open area where they can be viewed by individuals not involved in the care of that client;
- Removing client folders from the Clinic or Department areas where they can be viewed by individuals not involved in the care of that client;
- Leaving computer workstation screens with identifiable client information unattended or unlocked so that anyone can view or access other clients confidential information;
- Leaving reports, treatment plans or session plans in printers or garbage without being shredded;
- Saving identifiable client information on computer disk or hard drives;
- Making copies of client information or reports;
- Removing any reports or raw data from the clients folder;
- Maintaining videotapes of client sessions after the end of the clinical assignment outside of the clinic/department.

Discipline for an employee shall be imposed in accordance with college policies. This may include termination for violating state or federal laws.

Discipline for students shall be imposed in accordance with college policies. Course grade may be dropped one letter for each offence, no clinical clock hours awarded for that particular assignment and/or a report places in the student permanent record.

I understand that I may be subject to legal action if I violate state or federal statutes regarding protected health information.

I agree to abide by all the statements contained in this document.

Signature _____

Date _____



Clinical Observation Verification

This is to verify that (*student name*) _____ has completed _____ hours of clinical observation within the ASHA Scope of Practice of Speech Language Pathology within the ASHA 2014 Standards.

I have personally verified that each observation supervisor is state licensed and holds currently the Certificate of Clinical Competence from the American Speech-Language and Hearing Association at the time of the student's observation.

Clinical Instructor: _____ Faculty: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

ASHA #: _____ ASHA #: _____

STATE, LICENSE # _____ STATE, LICENSE # _____



Department of Speech Communication Studies
Speech, Language & Hearing Clinic

All student clinicians are strongly encouraged to be members of the National Student Speech Language Hearing Association. <http://www.asha.org/Members/NSSLHA/Pre-Professional-Guidelines/>. Please review the following guidelines set forth.

Professional Guidelines of the National Student Speech-Language-Hearing Association

Preamble

Academic institutions exist for the transmission of knowledge, the pursuit of truth, the personal and professional development of students, and the general well being of society. Free inquiry and free expression are indispensable to the attainment of these goals. As members of the academic community, students should be encouraged to develop the capacity for critical judgment and to engage in a sustained and independent search for truth, while conducting themselves in a professional manner.

Freedom to teach and freedom to learn are inseparable facets of academic freedom. The freedom to learn depends upon appropriate opportunities and conditions in the classroom, on the campus, in clinical facilities, and in the larger community. Students should exercise their freedom with responsibility.

The responsibility to secure and to respect general conditions conducive to the freedom to learn is shared by all members of the academic community. Each college and university has a duty to develop policies and procedures, which provide and safeguard this freedom. Such policies and procedures should be developed at each institution within the framework of general guidelines and with the broadest possible participation of the members of the academic community. The purpose of this statement is to enumerate the professional guidelines by which students being educated in Speech Language Pathology and Audiology should abide.

Guideline I

Students shall hold paramount the welfare of persons served during clinical practicum.

A. Students shall adhere to the clinical guidelines established by the clinical supervisor and/or education program, consistent with the standards of the American Speech Language Hearing Association.

B. Students shall seek approval from their clinical supervisor before implementing any aspect of client management/service.

C. Students shall identify themselves as student clinicians or interns throughout their clinical practicum experience.

D. Students shall use every resource available to provide the best possible learning experience/service.

E. Students shall fully inform subjects participating in research or teaching activities of the nature and possible effects of these activities.

F. Students shall take all reasonable precautions to avoid injury to persons in the delivery of professional services.

G. Students shall evaluate services rendered to determine effectiveness.

H. Students shall abide by local/state regulations to accept or refuse remuneration for speech language and hearing clinical services consistent with policies of the ASHA Council on Professional Standards.

Proscriptions

1. Students must not exploit persons in the delivery of clinical services and must not hesitate to recommend the dismissal of persons from treatment where benefit cannot reasonably be expected or where continuing treatment would be unnecessary.
2. Students must not guarantee the results of any therapeutic procedures, directly or by implication. A reasonable statement of prognosis may be made but only if such information is approved by the supervisor. Caution must be exercised not to mislead persons served to expect results that cannot be predicted from sound evidence.
3. Students must not use persons for learning experiences in a manner that constitutes invasion of privacy or fails to afford informed free choice to participate.
4. Students must not evaluate or treat communicative disorders or administer diagnostic clinical services except under "direct" supervision of a qualified person as explained in the documents entitled "Requirements for the Certificates of Clinical Competence" published by the American Speech Language Hearing Association.
5. Students must not reveal to unauthorized persons any clinical or personal information obtained from individuals served by student clinicians.
6. Students must not discriminate in the delivery of clinical services on the basis of race, sex, age, or religion national origin, disability, or sexual orientation.

Guideline II

Students shall maintain high standards of professional competence.

A. Students participating in a clinical practicum experience shall possess requisite academic and/or clinical qualifications specified by the education program.

B. Students shall continue their professional development throughout their careers by maintaining a state of the art knowledge of professional published material and attendance at professional continuing education courses.

C. Students shall maintain adequate records of clinical services rendered.

D. Students shall make decisions concerning persons receiving clinical services on the basis of objective data.

E. Students shall present products they have developed to their professional colleagues in a manner consistent with highest professional standards.

Proscriptions

1. Students must not refer any persons in need of clinical services to persons or professionals who are not qualified.
2. Students must not participate in activities, which might initiate disparaging comments about speech language hearing services, personnel, and/or colleagues.

Guidelines III

Students' statements to persons served and to the public shall provide accurate information about the nature and management of speech language and hearing disorders, and about the professions and services rendered by its practitioners.

Proscriptions

1. Students must not misrepresent their education or competence.
2. Students' public statements providing information about professional services and products must not contain representations or claims that are false, deceptive, or misleading.
3. Students must not use professional or commercial affiliations in any way that would mislead or limit services to persons served.

Guideline IV

Students shall honor their responsibilities to their professions and their relationships with colleagues and members of allied professions.

- A. Students shall strive to assist in maintaining and expanding high professional standards for their educational program.
- B. Students shall strive to increase knowledge within the profession by conducting research.
- C. Students shall seek credit for professional publications when their contributions warrant it.
- D. Students shall establish professional relations with student colleagues and members of related professions.

Guideline V

Students shall uphold the dignity of the professions and accept the professions' self imposed standards.

- A. Students shall inform education program directors of violations of these professional guidelines.

B. Students shall cooperate with a program director's or other educational committees' inquiries into matters of professional conduct related to these professional guidelines and shall follow established university/college grievance procedures including due process processes if necessary to alleviate the grievance.



Department of Speech Communication Studies
 Speech, Language & Hearing Clinic
 Clinic Applications
 CSD Graduate Candidates

Student Name: _____

Date: _____

School e-mail: _____

Alt. e-mail: _____

Home phone: _____

Mobile phone: _____

Application for (*please check*):

CSD 610 (Year: _____) CSD 6111 (Year: _____) CSD 612 (Year: _____)

Brief description of clinical experience to date:

Practicum Courses

<u>Class</u>	<u>Semester</u>	<u>TX Hours</u>	<u>DX Hours</u>	<u>Diagnosis/ Background</u>	<u>Age</u>
CSD 610					
CSD 611					
CSD 612					

Student Name: _____ Date: _____

Student address (at time of off-site placement): _____

Are you able to communicate in a language other than English (including ASL)?
If so, indicate language(s) and level of proficiency: _____

Do you hold a degree, certificate, or have training/work experience in another field? If so,
please describe: _____

What are your goals for the semester? (Goals may reflect clinical skills you'd like to improve,
training or experience you'd like to have, or other areas): _____

Document needs for any required areas and/or experiences _____

Other factors to be considered: _____

Expected Date of Graduation: _____

Total number of clinical hours to date: _____

Student Signature

Date



Speech Communication Studies Department
Iona College Speech Language Hearing Clinic
Undergraduate Application for On-Site Clinical Rotation

Student Name

Expected Date of
Graduation
Current GPA
Advisor

Fall 2012 Undergraduate Majors: Prerequisites required to register for
SCS 419 SCS 420

Class

Grade

SCS 361
SCS 362
SCS 418

Provide a statement of interest why you would like to participate in clinic:

Student Signature, Date

Clinical Description

Prospective students interested in applying for an on-site undergraduate clinical practicum will meet the following requirements:

Approval Requirements

GPA Requirement	3.2	
Recommendation Letter	Favorable Letter	
Clinical Faculty Interview	Favorable Interview	

Clinical Policies and Procedures

Students applying for clinical practicum must submit the following: application and letter of recommendation.

Policy on recommendation letter: may be completed by faculty from any department or employer. Letters to document contact information and relationship to the prospective student. Family members are not permitted to write letters.

Completed documents to be submitted by May 1 for a Fall Clinic Experience or by November 30th for a Spring Clinic Experience to Maria Armiento-DeMaria, MA, CCC-SLP Clinical Faculty Interviews will take place during Finals Week. Decisions will be sent via email.

Prospective students approved **MUST** complete 2 semesters of clinical practicum unless noted by the Chair Person or Clinic Director. All students participating on-site at the Iona College Speech, Language & Hearing Clinic will have a minimal mandatory caseload: 2 individual clients OR 1 individual client and 1 Group. Caseload accommodation requests must be made in writing and approved by Clinic Director or Asst. Clinical Director. The following requirements are mandated to 2 weeks prior to a clinic start date:

	Date Completed
25 hours of Clinical Observation	
Child Abuse Seminar	
Fingerprinting Receipt (if applicable)	
Proof of Liability Insurance (Must be a member to NSSLHA)	
Proof of Vaccinations: rubella, mumps, hepatitis B	
Tuberculin skin test (PPD)	
CPR Certification	
\$55.00 Clinic Fee	
\$30.00 Handbook Fee	
Handbook Review Agreement	
Social Networking Policy	



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Appendix E
Procedural Safeguards*



Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Procedural Safeguards

Standard Precautions

The purpose of this policy is to reduce the risk of occupational exposure to those involved in the Speech, Language & Hearing Clinic. This procedure is designed to minimize any risk for transmission of any communicable diseases; cytomegalovirus (CMV), hepatitis B (HBV), herpes simplex, tuberculosis, influenza, and acquired immune deficiency syndrome (AIDS). The main potential hazard is through saliva; however, there are few reports of these occurrences.

The following precautions are to be observed:

1. Blood or other body fluids from all clients should be considered infected.
2. Human bites are characterized as an increased risk for infection.
3. Disposable gloves should be worn when the clinician is meeting the client's face or mouth.
4. Remove gloves by peeling them off from the wrist and turn the gloves inside out.
5. Hands should be washed immediately after gloves are removed.
6. Disinfect all tabletops after seeing the client.
7. Tongue depressors, gloves, or other items placed in the mouth should be placed in the garbage.

Resources

<http://www.asha.org/slp/infectioncontrol/>



Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Procedural Safeguards

Hand Hygiene

This technique is to be utilized by EVERY clinician before and after EVERY client contact.

- Turn on the faucet
- Use continuous running water
- Wet hands.
- Use liquid soap to lather hands, wrists and forearms.
- Rub hands vigorously for 60 seconds with soapy water.
- Rinse thoroughly, allowing water to drain from fingertips to forearms.
- Use paper towels to dry hands.
- Turn off faucets with dry paper towels after drying hands.

Protocol:

- Before beginning work
- Before and after eating
- After using the bathroom
- After blowing their nose or coughing
- After each patient contact
- Before and after removing gloves

Hand Sanitizers are also available. Follow the same protocol as the Hand Washing Technique

Resources

<http://www.asha.org/slp/infectioncontrol/>

<https://www.cdc.gov/handwashing/when-how-handwashing.html>



Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Procedural Safeguards

Infection Control Therapy Rooms

- All therapy rooms should be equipped with cleaning products, garbage can, and tissues. If this is not the case please report this to the Administrative Assistant or Supervisor.
- Therapy rooms should be disinfected by a wipe. This includes any hard surface such as the table, chair arms and backs, and doorknobs after each session.
- If any client needs assistance to use a tissue use gloves to assist.
- Bathroom/Diaper changing is the responsibility of the family/caregiver. Bring the client with you to notify the family member if the client is reporting / indicating NEEDS to use the restroom

Clinic Materials

- All toys and/or objects should be cleaned with a disinfectant wipe immediately after each session.

SANITIZING CLINIC MATERIAL GUIDELINES

- All clinic materials used in treatment are to be sanitized **BEFORE** and **AFTER** sessions.
- Sanitizing wipes are available in each treatment room.
- Prior to sessions, please adhere to the following:
 1. Wipe materials with wipes (this includes toys and foam mats if using)
 2. Wash hands with soap and water. Have antibacterial hand sanitizer available on a high shelf in treatment room for use throughout session when soap and water is not available.
 3. If you need to leave treatment room for any reason with your client (or have an activity planned for outside the treatment room), use hand sanitizer upon your return to treatment room.

4. If for any reason your client becomes physically ill in treatment room, or in common areas (hallway, etc) – please alert clinic staff so that facilities may be contacted to address the issue. Don gloves and sanitize all items materials client came in contact with – toys/materials; table, chairs.
- Wash hands with soap and water at the conclusion of your session.

******* A separate bleaching schedule will be provided for teams of students at midterm and final to sign up for maintaining materials (Fall, Spring, and Summer semesters).**

Protocol for Bleaching Materials

- Materials are to be placed in bucket with a 10:1 ratio of bleach to water (that is to say ¼ to ¾ cup bleach per gallon of water)
- Items should be placed in a well ventilated space on a mat or covered table to air dry
- Student clinicians should use gloves when engaging in bleaching of materials.

Oral Motor Examinations/Treatment

- Hands should be pre and post exam
- NON-LATEX Gloves to be used
- Place tools on a clean paper towel: Penlights, disposable gloves, tongue depressors, stop watch, whistles, AND STRAWS etc.
- Dispose of any items non-permanent items in a red plastic bag to be thrown away.
- Wipe all permanent items with disinfectant wipes.

Resources

<http://www.asha.org/slp/infectioncontrol/>



Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Procedural Safeguards

Safety Procedures

Emergency Exits

Front Entrance of the Clinic

Emergency Door Located to the right of the small observation room

Emergency Door Located in the kitchenette area

In cases of emergencies, the clinical practicum students should follow the procedures listed:

Evacuation

Activation of a fire alarm/carbon monoxide alarm and / or loss of electrical power, student clinicians should remove themselves and their clients quietly and quickly out of the building using the nearest exit. Therapy room doors should be closed. Walk calmly and in an orderly fashion. The student clinician is required to lead their client to the front entrance of the Speech, Language & Hearing Clinic. All students are required to stay with their clients. The Clinical Supervisor will meet the students and clients at the designated area.

Accidents

In the event of a major injury or accident, call 911 immediately. In the event of a minor injury, a first aid kit is available in the Speech, Language & Hearing Clinic. If a student clinician and / or a client becomes ill or has an accident, notify the Clinical Supervisor and the Security, immediately. For all situations, an incident report will be completed by Iona College Security on site at the time of the incident.

Important Phone Numbers

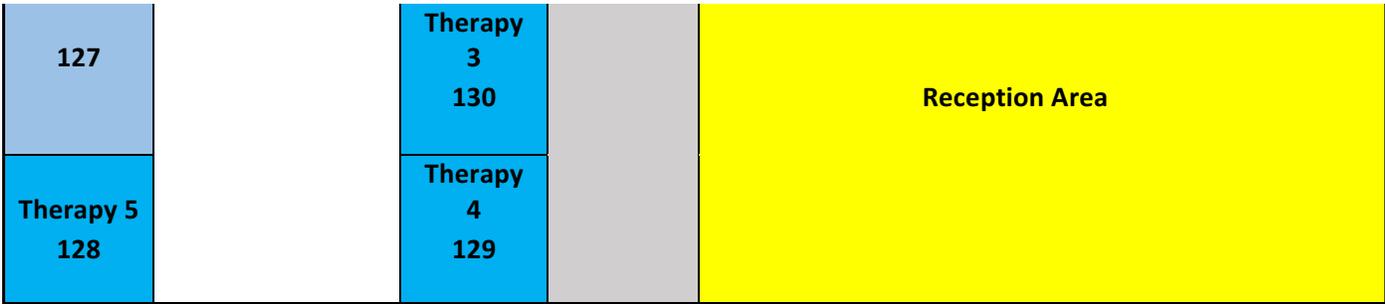
New Rochelle Police Department
Emergencies: 911
For non-emergencies: (914) 654-2300

Department of Campus Safety and Security
Robert V. LaPenta Student Union
Phone: (914) 633-2245

Campus Safety Annex
(Spellman Hall)
Staffed 24-hours
Phone: (914) 633-2560

It is important to note for any student, staff and/or client that wishes to receive transportation back to the main campus can contact security

Group Therapy 3 Room 118		Faculty Observation 116	Audiology	Group Therapy Suite 2 113	Group Therapy 2 114		
Group Therapy Suite 3 117							
Emergency Exit 134	Kitchen / Prep	Restroom 119	Closet 121				
		Restroom 120					
				Group Therapy Suite 1 111	Group Therapy 1 112		
Emergency Exit 133				Faculty Therapy 110	Student Study 106		
Observation Lab 122				Therapy 9 109			
		Closet 123		Therapy 8 108			
Therapy 6 125		Therapy 7 124					
Office 1 126		Therapy 1 132					
		Therapy 2 131					
Office 2				Tele/Data 107	Copy/Print 104 103	Conference Room 105	





Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Appendix F
Clinic Assignments



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Clinic Assignments*

Clinical Assignments will be INDIVIDUALIZED for each practicum student.

Student clinicians may participate in one of the following clinical activities. Possible assignments include but not limited to:

- Clinical Observations Protocol
- Individual Service Caseload Assignment
- Group Service Caseload

Clinical Observations

Clinical Observations: Student clinicians assigned to ONLY clinical observations will develop their clinical knowledge and skills by observing professional members of ASHA. Students will follow policy and procedure outlined in the Observation Handbook. A clinical supervisor will be assigned to those students transitioning to the on-site clinic. This assignment will help the student acclimate into a clinic environment as a student clinician.

Individual Services

Individual Services: Student clinicians will be required to participate in weekly class instruction (Undergraduate students 52 minutes weekly, CSD students 2 hours weekly) for clinical service development including planning, documentation, and evaluating clinical skills. Additional students will also schedule office hour meeting with their primary SLP's.

Undergraduate and CSD students who do not have clinical practicum experience will participate in a group or individual meetings with their primary SLP to prepare for a student practicum rotation start.

Group Services

Group Services: Student clinicians participate with a peer (s) and rotate as the lead clinician. Team meetings will be scheduled as directed by the primary SLP.



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Clinic Assignments: Preparation*

Preparation prior to the start of clinic:

- Review Clinic Handbook
- Students will receive confirmation of client schedule via email from the Administrative Assistant
- The clinical student is responsible for contacting the client and / or client family to confirm schedule and start date.

Phone Call Policy:

Students are required to conduct phone calls in the clinic ONLY. Students are not able to share their personal phone / contact number with the family. Students should email the family to schedule a phone meeting. This phone meeting must be conducted in the clinic ONLY

- At the time of the initial phone call complete the following:
- Students should introduce themselves
- Confirm the session date and therapy schedule for the upcoming semester
- Conduct an informal interview only (due to HIPAA regulations) and ask the family contact what the goal of therapy is.

Provide the client with the following office number (s): (914) 712-1990 or (914) 712-1991

The families should be contacting the office (not the student clinician) or email.

Students should review information and develop knowledge and skills of the communication disorder /delay that you are assigned to. To develop therapy services and determine baseline, one must have a good understanding of the disorder or delay.

Students should have all paperwork (i.e. lesson plans, observation forms) necessary for clinic organized and prepared for session client chart

If you are working with a returning client. Complete a Chart Review:

- Client's name, address, telephone, date of birth, chronological age, date of last speech-language evaluation, previous therapy date
- Diagnosis
- Pertinent Background information, medical history, family history, developmental milestones, educational information, social/employment history, education/cognitive level, medication
- Summary of Previous Therapy and other treatment programs
- Review past video sessions

- Develop questions for clinical supervisor

If you are working with a new client student needs to develop knowledge per the background provided by client. For example, review developmental norms, signs and symptoms of a disorder or delay, expected age ranges, play skills.

Phone Call Scenario

Call your client: Introduce yourself and confirm the session schedule for the upcoming semester. This is also the time, to conduct an “informal interview”. Inquire to the caregiver or the client what their specific speech & language concerns are, if any progress or regression has been noticed, and what would like to be worked on for the semester.

Child client scenario

My name is Maria and I am going to be the student clinician for “Jane”. We are scheduled on Tuesdays and Thursdays from 3:30 to 4:00. If you have a few minutes I would like to ask you some questions about “Jane”. What are your concerns for Jane’s speech? How has Jane done over the summer? What areas would you like to work on this semester? Can you share with me any specific likes that Jane may have?

Adult client scenario

My name is Maria and I am going to be the student clinician for “John”. We are scheduled on Tuesdays and Thursdays from 3:30 to 4:00. If you have a few minutes I would like to ask you (if the client can advocate for him or herself) or the caregiver (who will be the primary contact person) a few questions. What are your goals for the upcoming semester? What areas would you like to work on this semester?

Helpful Questions during phone contact:

- How would you describe the speech or language problem?
- Has the client made improvements in their skills?
- What activities have worked for carryover in the home?
- Has there been any changes in the home or school in the past 3 months?
- How is the client’s health? Any changes?
- What is motivating for the client?
- What are your goals for the upcoming semester?
- All calls are required to be logged on the Client Contact Sheet

Requirement: Each time you attempt to call to contact a client family this must be logged on the Client Contact Sheet with a brief description. See Example Below



School of Arts and Sciences
 Department of Speech Communication Studies
 Iona College Speech, Language & Hearing Clinic
 Client Contact Form

Client Name	
DOB	
M or F	
Guardian/Contact Person	
Address	
City, State, Zip Code	
Phone Number	
Cell Phone	
Email Address	

Date	Correspondence/Information Disclosed/Comments	Initials
1/12/17	Spoke to Mrs. Snow at 9:00 am to confirm the clinic schedule	MA-D
3/15/17	Voicemail was provided at 11:15 to cancel the session due to snow closure	MA-D



Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Clinic Assignments: Baseline Data

Planning prior to your first session

BASELINE DATA must be developed to identify area of needs and justify specific therapy targets.

- Baseline data is collected during the first two initial sessions: confirm with instructor and/or immediate supervisor
- Compile a data collection strategy

RESEARCH

- Preliminary speech and language diagnosis for a solid knowledge base of the preliminary communication disorder and/or delay
- Types of therapy planning

CREATE

- Behavior management strategy
- "To Do List" for each therapy session

Documentation Preparation

The Lesson Plan for the scheduled session must be updated in Medicat prior to your scheduled session (Lesson Plan due dates will be announced). Your immediate SLP Supervisor may require a specific time date for review and changes required accordingly.

Session Client Charts

Must be prepared prior to each session. See Clinic Form Appendix to review the most up to date criteria

Lesson Plans:

Prior to each session the lesson plan must be uploaded into Medicat with all heading documented prior to the scheduled session.

It is important to note:

- Each session **MUST** be accounted for-cancelled sessions by client or student, school closings and holidays
- Lesson plans are required for ALL sessions. There are no exceptions

All documentation MUST be completed at the Iona College Speech, Language & Hearing Clinic via Mediat

If there is an unforeseen circumstance with the EMR system that does not allow the user to log on, the student clinician MUST

- Inform primary SLP of the case
- Pertinent documents must be completed in a hard format (handwrite)
- Blue Ink must be used
- File documents in the Client Session Chart
- Upload pertinent documents into EMR system after EMR system is restored.

DURING THE SESSION

The Session Client Chart is expected to be completed with all documentation for SLP's to provide appropriate feedback of the session.

DATA TRACKING DURING SESSION

To track progress, data must be completed for each session. Data tracking is a requirement. Student clinicians may use data charts from their text book and / or narrative notebook style to collect data. Data tracking is not permitted on any personal devices or laptops in the therapy rooms. All data collection forms MUST be filed under the Supervisor Feedback Form after the session is complete.

Scanning Documents

If deemed appropriate and approved such as

- Documents that the client families do not submit via Mediat Client Portal
- Documents related to clinic session (if EMR system is down)

Students will be required to do the following:

- Receive written permission from SLP to scan and upload documents-Media Specialist must be copied on this in order for a meeting to be scheduled.
- Set up a meeting with the Media Specialist to complete the scanning and uploading process
- Route in Mediat the documents that were scanned to your SLP
- Email your SLP that this has been completed so the SLP can sign/lock the document



Department of Speech Communication Studies
 Speech, Language & Hearing Clinic
 Clinic Assignments: Treatment Sessions

Student Clinicians use guidelines below to support session preparation and self-evaluation as a clinical student.

Framework for Treatment Sessions

Self Evaluation for Student Sessions

Organization

Materials Organized Understand how to use the materials Create Activity Map Create a To-Do List Behavior Management Plan Developed Room Set up	Was there enough materials? Was I confident with the materials? Did the client understand the procedures of the session
---	---

Time

Appropriate start & end time Consistent pace for client's needs Maintaining topic and task	Was any time wasted during the session? Was the pace appropriate for the client? Do I need to change the pace of presentation? Did I stay on task Did the client stay on task What was done for transition Did I provide ample opportunities for my client to respond?
--	--

Presentation

Client / Guardian is part of the therapy planning Provide clear directions Modeling of expected responses Age appropriate materials Type of reinforcement Session Closure	Is the behavior management plan successful? Was the reinforcement specific? Were the materials I used & language age appropriate for the client? Did I provide specific information for the importance of activities? How did I model the preferred responses? How did I close the session
--	---

Client Specific

Activities related to the clients daily interest Activities challenging for the client	Did I relate to the client as a personal as well? Did I research the clients cultural background Did I give homework to include the family support
---	--

Environment & Management

Rapport established Support client Re-Directed Client	Do I have a positive rapport with the client & family? Did I give the client enough time to respond? Did I talk too much? Was my client interested in the activities? What did I do to redirect client when off task?
---	---

HOMEWORK

All clients should have a Homework Folder. The purpose of a Homework Folder is to provide the family and/ or caregiver the necessary tools to carryover techniques used from the sessions. This also supports documentation of progress, service quality, and carryover outside of the clinic setting.

At the end of each semester, student clinicians should be providing a carryover home packet to support skills that have been learned.

SUBMISSION OF DOCUMENTATION AFTER THE SESSION

The Daily Progress Note (SOAP Note) must be completed to document the session conducted. The Progress Note (SOAP NOTE) must be completed the same day by the close of clinic. The order of submission for each session includes lesson plan, SOAP note and data sheet.

To organize submission of SOAP notes, reviews and rewrites. Clinical Students are required to complete the SOAP NOTE ROUTING REPORT. This form should be placed on left hand side to support note reviews.

Process of session note / SOAP note reviews

Lesson plans will be viewed by the primary SLP on the day of the session. Please see your primary SLP for alternative submission requirements if needed.

The SLP will review the lesson plan at the time of the session. SOAP notes will be reviewed based on the primary SLP's schedule

All rewrites require a meeting with the primary SLP

Clinical Meetings with the primary SLP will include be not limited to:

- Re-write a lesson plan, discuss therapy planning, support written documentation for knowledge and skill development.
- Areas of need is specific to each student
- A meeting is required to review the needs of the rewrite. Students are REQUIRED to set up a meeting with the primary SLP as soon as possible. The longer a student waits to schedule a meeting a future rewrites can accumulate and a client chart is not current.
- It is expected students contact their SLP within a week to schedule a meeting
- If unable to schedule a meeting, email your immediate supervisor for an alternative meeting time
- At the time of the meeting the SLP will provide a due date when the rewrite is due
- The updated lesson plan and/or SOAP note must be submitted with the original documents from that session.
- The updated lesson plan and/or SOAP note should have a REWRITE HEADING
- The rewrite must also include signature, date and time of completing the rewrite



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Clinic Assignments: Group Rotation*

Clinical students participating in a Group Rotation at the Iona College Speech, Language & Hearing Clinic will join 2 to 3 student clinicians with a maximum of 5 clients per group. The goal of Group Therapy is to provide an opportunity for clients to carry over strategies and/or, develop new skills in a peer environment.

Each student clinician will lead a therapy session. The lead clinician is responsible for the completed lesson plan; SOAP note and materials. All students will be required to meet as a team to designate specific speech-language targets that the lead clinician will address. This communication is important for the transition and development for the student clinicians and clients. The supporting clinicians will collect data, provide individualized support if deemed appropriate, and write subsequent SOAP notes.

Hours accrued for treatment services will be direct client time for the lead student clinician.

See your primary SLP for additional procedures required as it pertains to your group.



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Clinic Assignments: Progress Statements*

As determined by the primary SLP a progress statement may be required. A progress statement may support clinical needs, progress to dates, performance outcomes and recommendations for current services.



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Clinic Assignments: Progress Reports*

Progress Report will be required for each client's receiving therapy services at the Iona College Speech, Language & Hearing Clinic. These reports are due at the end of each semester to support services being provided, justifying recommendations and providing the clinical student written documentation opportunities consistent with the profession.

A Progress Report Draft date is scheduled for each semester. Please see the Clinic Calendar for due date.

Progress Report Agenda:

A Progress Report Draft will be submitted on the due date documented on the Clinic Calendar; the primary SLP on the case will review the draft and the report will be returned for revision. The student clinician will be able to update the report to implement the changes per the primary SLP's feedback. Additionally, the student clinician has the opportunity to re-submit the Progress Report Draft on more than one submission. The purpose of the additional submission is to develop the student clinicians written documentation skills and to provide the client with a full report. A Final Progress Report will have the Professionals signature on the report. The due date for the Progress Report is your Final Clinic Exit meeting. This report must have the SLP's signature at the time of the Clinic Exit

If the Progress Report is not completed at the time of the Clinic Exit the student will be in violation (Please see Clinical Policy for Clinic Exit)



Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Clinic Assignments: Diagnostic Rotation

CSD Graduate Students and undergraduate SLP-A students who have completed a diagnostic course MUST meet with the primary SLP to receive clearance to conduct a partial and/or full diagnostic. This clearance includes but not limited to – as directed by the Diagnostic Course Instructor, as directed by the primary SLP, student demonstrating knowledge and skills to complete, and justification for the diagnostic.

Students who have not completed a diagnostic course within the undergraduate and/or graduate curriculum may only be trained/cleared by the SLP and can shadow the diagnostic with the primary SLP conducting the assessment.

Procedures to follow prior to the evaluation:

- All consent forms must be signed by the client or client caregiver including the Permission to evaluate and Audio/Videotape release form prior to the evaluation.
- Complete and thorough review of the Client's Chart (if applicable)
- Contact the client to discuss specifics of the evaluation, the anticipated start and end date of the evaluation.
- Conduct an intake history to support types of assessment and justification to complete the assessment
- Review and complete a thorough review of the assessments and scoring patterns.

Preparation

- Students need to be prepared prior to evaluation:
- Meet with primary SLP for preparation for the evaluation process
- Be prepared with any required materials for the assessment
- The assigned student will complete the assessment will introduce themselves to the client and caregivers present.

Specific directions for conducting an evaluation:

- An assigned student will conduct an interview to obtain information for a complete history and any specific concerns relating to speech and language issues.
- Complete the formal assessments and clinical observations as indicated
- Complete an oral motor exam.
- Conduct a pure-tone hearing screening.
- Final exit interview with the client and caregivers the status of the progress of the evaluation and informal results can be discussed with the supervisor present.

The following procedures to complete after the evaluation:

- All assessments, materials, and equipment should be returned to the clinic and signed back in.
- Review the results and compile a draft report using the Evaluation Report Outline.
- A completed draft of the evaluation must be submitted 5 days after the evaluation is completed.
- The primary SLP will review and return to the diagnostic group.

A presentation of the written report and review of the recorded evaluation will be discussed at the team meeting.

- A final report with corrections must be submitted within 1 week with corrections.
- The formal report and testing forms must be filed in the client's folder.
- Complete clinical practicum hour forms.



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Clinic Assignments: Additional Considerations
Family Meetings*

Student clinicians should be updating client families on a consistent basis. With that being, discuss these updates within the 60-minute scheduled therapy session. These updates must be documented on SOAP notes. For any recommendations via progress reports and/or diagnostic report a family meeting **MUST** take place with the primary SLP present. Professionally progress to date must be summarized to give the families an opportunity to understand status to date and any relevant information pertaining to therapy.



Department of Speech Communication Studies
Speech, Language & Hearing Clinic

Clinic Assignments: Additional Considerations
Evidence-Based Practice

EBP Prepared by Dorothy Leone for Iona College Speech, Language & Hearing Clinic Handbook
Summer 2012

Evidence-Based Practice (EBP) in Speech Language Pathology (SLP)

What is EBP?

“The conscientious, explicit, and judicious integration of 1) best available external evidence from systematic research, 2) best available evidence internal to clinical practice, and 3) best available evidence concerning the preferences of a fully informed patient” (Dollaghan, 2008).

“The goal of EBP is the integration of: (a) clinical expertise/expert opinion, (b) external scientific evidence, and (c) client/patient/caregiver perspectives to provide high-quality services reflecting the interests, values, needs, and choices of the individuals we serve” (ASHA, 2012).



*Figure from <http://www.asha.org/Members/ebp/intro/>

How/Why did EBP start?

No Child Left Behind (NCLB) 2002: mandated that children had to be exposed to “scientifically-based instructional strategies”

ASHA: sessions began to appear at annual convention in 1999; technical report written in 2004 and position statement in 2005

Who needs to know about EBP?

Every clinician needs to think about all 3 categories of EBP, including research, clinical practice, and the patient, for every session.



Speech, Language & Hearing Clinic

Evidence-Based Practice

EBP Prepared by Dorothy Leone for Iona College Speech, Language & Hearing Clinic Handbook
Summer 2012

How can a clinician use EBP to shape his or her session?

For every session planned, a clinician must think about all three “corners” of the triangle: research, clinical practice, and the client. At Iona College’s Speech, Language & Hearing Clinic, clinicians are provided a space to write his or her “rationale.” The rationale must support why the clinician made certain choices for the therapy plan and should be noted in the appropriate section (see following page).

Long Term Goals _____ _____	Activity/Procedures/Materials _____ _____
Short Term Goals _____ _____	Rationale/EBP _____ _____ _____

What is an example of a Rationale/EBP box?

Building lexical associations is a noted strategy for developing word retrieval skills in adults who have experienced a neural injury (Brookshire, 2003). Moreover, the client has previously stated that this strategy helps her remember a desired word or term. Therefore, continuing to develop these associations will likely improve fluidity of the client’s general conversational skills.

Brookshire, R.H. (2003). Introduction to Neurogenic Communication Disorders, 6th edition. St. Louis, MO: Mosby.

What should be written in the Rationale/EBP box on a clinician’s session plan?

A clinician’s rationale should include a justification for why a particular therapeutic strategy was chosen. The rationale should consider all 3 components of EBP.

Let's take a look at each sentence in the above example:

Sentence #1: The current best evidence, the research: "Building lexical associations is a noted strategy for developing word retrieval skills in adults who have experienced a neural injury (Brookshire, 2003)."

Sentence #2: The client/patient values: Moreover, the client has previously stated that this strategy helps her remember a desired word or term.

Sentence #3: Clinical expertise: Therefore, continuing to develop these associations will likely improve fluidity of the client's general conversational skills.

Sentence #4: The citation (note: must be cited within the text and then full reference in APA style at the end of the rationale): in text: (Brookshire, 2003) and then following full citation: Brookshire, R.H. (2003). Introduction to Neurogenic Communication Disorders, 6th edition. St. Louis, MO: Mosby.

References

American Speech Language Hearing Association (ASHA). (2012). Retrieved from <http://www.asha.org/Members/ebp/intro/>

Dollaghan, C. A. (2008). The Handbook for Evidence-based Practice in Communication Disorders. Baltimore, MD: Paul H. Brooks Publishing Co.



Department of Speech Communication Studies

Speech, Language & Hearing Clinic

Clinic Assignments: Additional Considerations

Intervention for your Bilingual Client

Original Preparation by Jennifer Gerometta for Iona College Speech, Language & Hearing Clinic Handbook Spring 2012

Updated Preparation by Dr. Nancy Vidal-Finnerty for Iona College Speech, Language & Hearing Clinic Handbook Spring 2018

Intervention for Your Bilingual Client

Tips for Successful Treatment with a Bilingual Client

- ❖ Successful therapy for a bilingual is promoted by a positive, confident, and relaxed attitude and by naturalistic language-facilitating contexts.
- ❖ The focus for a bilingual child should be to learn language, not necessarily mainstream. Evidence suggests that a strong base in the first language promotes learning a second language.
- ❖ Monitoring phonological change across the two languages is important because it is possible that intervention provided in one language will generalize to the other language given the interdependence between the two languages.
- ❖ Intervention methods for bilingual children should mirror the natural ways in which bilingual speakers use language.
- ❖ The clinician should have a positive attitude toward the child's native language. The clinician should not discourage or ban the child from using their native language.
- ❖ Speech therapy is very effective when including the child's primary language as much as possible. If a monolingual clinician feels comfortable, they may integrate some words during their session.
- ❖ A monolingual therapist should not attempt to treat a child in a language the therapist is not fluent in. If the therapist wants to learn a few words in the language to gain trust, demonstrate code switching, that is fine, but they cannot attempt to treat in that language.
- ❖ Some ways a monolingual clinician can integrate some of the words in their session that a child may use at home is by asking the child, parent, or relative to translate a few words.
- ❖ It is important to remember that one language could have many different dialects. *FOR EXAMPLE* Consonant deletion may occur in a certain dialect and that does not mean that it is a speech error that needs to be treated.

- ❖ It is very important to involve the parents in the therapy in order for it to be successful.
- ❖ Parents should encourage their child by reading to them at home, and use language-facilitating activities.

Treating a Bilingual Client as a Monolingual Clinician:

- ❖ Most certified professionals do not believe that they possess the knowledge and skill base to work with culturally and linguistically diverse clients, but they need to be confident that it is possible.
- ❖ When speaking with an individual who is not a near-fluent English speaker, one might need to collaborate with other professionals who speak the individual's first language.
- ❖ Interpreters may be trained to administer the activities and transcribe the student's responses.
- ❖ Therapy should only be conducted in the language the clinician is fluent in. The clinician is capable of implementing some words in the client's L1, but that is to gain trust or to demonstrate code switching.

WHEN WORKING WITH ALL CHILDREN (BILINGUAL AND MONOLINGUAL) WITH PHONOLOGICAL DISORDERS, SLPS NEED TO DETERMINE HOW THEIR GOALS WILL BE IMPLEMENTED.

THERE ARE 3 DIFFERENT APPROACHES IF CLINICIAN IS BILINGUAL

1. Vertical Approach: when one goal is taught at a time until criterion is met. May be used to focus on a goal that is specific to one language.
2. Horizontal Approach: If the Clinician is Bilingual in the both of the client's languages, more than one goal is focused on in each session. May be used to target one goal in Language 1 and one goal in Language 2. If the clinician is monolingual, therapy should only be conducted in the language they are fluent in.
3. Cyclical Approach: A number of goals are being addressed in a cyclical fashion but only one goal is incorporated at a time within a session. This approach would be used to not only rotate targets but also languages if possible.

Fun Facts:

- ❖ Children who are bilingual form a better depth of knowledge understanding word relationships than monolingual children.
- ❖ For example: the idea that the word *car* and *bus* are both considered vehicles.
- ❖ Bilinguals may encounter an easier time separating both relevant and irrelevant verbal and nonverbal information than monolinguals.

- ❖ The average age of dementia onset may occur later in bilingual individuals.
- ❖ Bilingual children display better performance in divergent thinking as well as in other meta-cognitive skills such as the processing of new information.
- ❖ Bilinguals have increased gray matter density neurologically in left hemisphere areas than monolinguals.
- ❖ According to the 1990 census, one of every seven children of school age in the U.S. spoke a language other than English at home. There is an estimated 5.2 million bilingual children that are enrolled in schools in the US, which has been a 61% increase since 1994. This increasing number of bilingual children has resulted in challenges to provide assessment and intervention to bilingual children, especially with phonological disorders.
- ❖

Table 1 -Therapist-Identified Successful Practices	
Focus Area	<u>Example(s)Given</u>
Client	Use of culturally appropriate toys or materials.
	Goals adjusted according to client needs such as levels of desired independence or improved functional communication across settings.
	Target non-specific goals not related to language to assist building a rapport. For example, make the client feel comfortable demonstrating play skills.
	Explore client goals regarding acculturation and bilingualism.
Client’s Communication Community	Become familiar with the Client’s background, by inviting the parents to observe the session in order to carry over some of the goals at home in L1.
	Networking with educational professionals.
Culture	Use of culturally appropriate toys and materials.
	Individualize therapy to ensure that cultural and linguistic differences are acknowledged and honored.
	Review treatment plan with cultural informant who is the parent and ensuring approval of the plan before implementation.
	Increasing communication, explanations, and build rapport with clients.
Clinician	For treatment planning, using observation across as many contexts as possible, interviews with mono and bilingual teachers and staff.
	For treatment planning, family and community report.
	Perform dynamic and play-based assessments, gather and analyze language samples.

Source: Treatment of Culturally and Linguistically Diverse Clients: What Are We Doing That Works? By Susan Foringer-Burk and Georgia Hambrecht

Contact

First Steps is an Organization created for treating Bilingual Children. You may contact the Founder of the organization for any questions in regards to treating a bilingual client.

Ask to Speak with Evelyn Seda: Office Number: (914) 663-7070

Resources

"Locutour Multimedia Cognitive Rehabilitation." Fonología En Español: Tratamiento Spanish Phonology: Intervention. LO C U T O U R ™ COGNITIVE REHABILITATION M U L T I M E D I A. Kohnert, Kathryn, Marna Scarry-Larkin, and Elizabeth Price.

"The ASHA Leader." Assessment and Intervention for Bilingual Children with Phonological Disorders. Web. 27 Apr. 2012. <<http://www.asha.org/Publications/leader/2007/070213/f070213a/>>.

"The ASHA Leader" Bilingualism: Consequences for Language, Cognition, Development, and the Brain: "What Clinicians Should Know" By: Viorica Marian, Yasmeen Faroqi-Shah, Margarita Kaushanskaya, Henrike K. Blumenfeld, & Li Sheng.

"The ASHA Leader" Treatment of Culturally and Linguistically Diverse Clients: What Are We Doing That Works? Foringer-Burk, S., Hambrecht, G.,

Thordardottir, E. (2006, August 15). Language Intervention from a Bilingual Mindset. The ASHA Leader

Interwencja dla Twojego klienta dwujęzycznego

Wskazówki dotyczące skutecznego leczenia za pomocą klienta dwujęzycznego

- Udana terapia dla dwujęzycznego jest promowana przez pozytywne, pewne siebie i spokojne podejście oraz przez naturalistyczne konteksty ułatwiające język.
- Celem dwujęzycznego dziecka powinno być uczenie się języka, niekoniecznie głównego nurtu. Dowody sugerują, że silna baza w pierwszym języku sprzyja nauce drugiego języka.
- Monitorowanie zmian fonologicznych w obu językach jest ważne, ponieważ możliwe jest, że interwencja w jednym języku zostanie uogólniona na inny język, biorąc pod uwagę współzależność między dwoma językami.
- Metody interwencji dla dzieci dwujęzycznych powinny odzwierciedlać naturalne sposoby postępowania się językiem przez osoby postępujące się językiem dwujęzycznym.
- Lekarz powinien mieć pozytywne nastawienie do ojczystego języka dziecka. Lekarz nie powinien zniechęcać dziecka do korzystania z ojczystego języka.
- Terapia mowy jest bardzo skuteczna, gdy w możliwie największym stopniu włącza się język podstawowy dziecka. Jeśli jednojęzyczny klinicysta czuje się komfortowo, może włączyć pewne słowa podczas sesji.
- Terapeuta jednojęzyczny nie powinien próbować leczyć dziecka w języku, w którym terapeuta nie jest biegły. Jeśli terapeuta chce nauczyć się kilku słów w języku, aby zdobyć zaufanie, wykazać zmianę kodu, to jest w porządku, ale nie może próbować traktować w tym języku.
- Niektóre sposoby, w jakie jednojęzyczny klinicysta może zintegrować niektóre słowa z ich sesji, które dziecko może używać w domu, to poprosić dziecko, rodzica lub krewnego o przetłumaczenie kilku słów.
- Ważne jest, aby pamiętać, że jeden język może mieć wiele różnych dialektów. NA PRZYKŁAD Usuwanie sklejek może występować w pewnym dialekcie i nie oznacza to, że jest to błąd mowy, który należy leczyć.
- Bardzo ważne jest zaangażowanie rodziców w terapię, aby odnieść sukces.
- Rodzice powinni zachęcać swoje dziecko, czytając je w domu i wykorzystując ćwiczenia językowe.

Traktowanie klienta dwujęzycznego jako lekarza jednojęzycznego:

- Większość certyfikowanych specjalistów nie wierzy, że posiadają wiedzę i umiejętności potrzebne do pracy z klientami zróżnicowanymi kulturowo i językowo, ale muszą mieć pewność, że jest to możliwe.
- Podczas rozmowy z osobą, która nie jest płynnie mówcą po angielsku, konieczne może być nawiązanie współpracy z innymi specjalistami posługującymi się pierwszym językiem osoby.
- Tłumacze ustni mogą być przeszkoleni w zakresie zarządzania działaniami i przepisywania odpowiedzi uczniów.
- Terapia powinna być prowadzona wyłącznie w języku, w którym lekarz jest biegły. Klinicysta jest w stanie wprowadzić pewne słowa w L1 klienta, ale jest to zdobycie zaufania lub zademonstrowanie zmiany kodu.

PODCZAS PRACY ZE WSZYSTKIMI DZIECIAMI (DWUSTRONNYMI I MONOLINGUALNYMI) Z ZABURZENIAMI FONOLOGICZNYMI, SLPS POTRZEBUJE OKREŚLIĆ, JAK ICH CELE ZOSTANĄ WDROŻONE.

TAM SĄ 3 RÓŻNE PODEJŚCIA, JEŚLI CLINCIAN JEST DWUDNIOWY

1. Podejście pionowe: kiedy jeden cel jest nauczany na raz, dopóki nie zostanie spełnione kryterium. Może być używany do skupienia się na celu, który jest specyficzny dla jednego języka.
2. Podejście horyzontalne: Jeśli lekarz jest dwujęzyczny w obu językach klienta, w każdej sesji koncentruje się więcej niż jeden cel. Może być stosowany do osiągnięcia jednego celu w języku 1 i jednego celu w języku 2. Jeśli klinicysta jest jednojęzyczny, terapia powinna być prowadzona wyłącznie w języku, w którym biegle włada.
3. Podejście cykliczne: Wiele celów jest rozwiązywanych cyklicznie, ale tylko jeden cel jest włączony w czasie sesji. Takie podejście byłoby używane do nie tylko rotacji celów, ale także języków, jeśli to możliwe.

Fakty:

- Dzieci dwujęzyczne tworzą lepszą głębię wiedzy, rozumiejąc relacje słowo niż jednojęzyczne dzieci.
- Na przykład: pomyśl, że słowo samochód i autobus są uważane za pojazdy.
- Dwujęzyczne mogą napotkać łatwiejszy czas oddzielający zarówno istotne, jak i nieistotne informacje werbalne i niewerbalne, a następnie jednojęzyczne.
- Średni wiek wystąpienia demencji może wystąpić później u osób dwujęzycznych.
- Dzieci dwujęzyczne wykazują lepsze wyniki w rozbieżnym myśleniu, jak również w innych umiejętnościach meta-kognitywnych, takich jak przetwarzanie nowych informacji.
- Osoby dwujęzyczne mają neurologicznie zwiększoną gęstość istoty szarej w obszarach lewej półkuli mózgu niż osoby jednojęzyczne.
- Według spisu z 1990 r. Jedno na siedem dzieci w wieku szkolnym w USA mówiło w języku innym niż angielski. Szacuje się, że 5,2 miliona dwujęzycznych dzieci jest zapisanych do szkół w USA, co stanowi wzrost o 61% od 1994 roku. Ta rosnąca liczba dzieci dwujęzycznych doprowadziła do wyzwań związanych z oceną i interwencją dzieci dwujęzycznych, zwłaszcza z zaburzeniami fonologicznymi. .

Tabela 1 - Zidentyfikowane przez terapeutów udane praktyki	
Obsz	<u>Podane</u>
Klient	Używanie odpowiednich kulturowo zabawek lub materiałów.
	Cele dostosowane do potrzeb klienta, takie jak poziom pożądanego niezależności lub poprawiona funkcjonalna komunikacja między ustawieniami.
	Kieruj się niespecyficznymi celami niezwiązanymi z językiem, aby pomóc w budowaniu relacji. Na przykład spraw, aby klient czuł się komfortowo, demonstrując umiejętności gry.
	Poznaj cele klientów dotyczące akulturacji i dwujęzyczności.
Społeczność komunikacyjna klienta	Zapoznaj się ze środowiskiem klienta, zapraszając rodziców do obserwowania sesji, aby przenieść niektóre cele w domu w L1.
	Nawiązywanie kontaktów z profesjonalistami edukacyjnymi.
Kultura	Używanie kulturowo odpowiednich zabawek i materiałów.
	Zindywidualizuj terapię, aby upewnić się, że różnice kulturowe i językowe są uznawane i honorowane.
	Zapoznaj się z planem leczenia z informatorem kulturalnym, który jest rodzicem i zapewnij zatwierdzenie planu przed jego wdrożeniem.
	Zwiększenie komunikacji, wyjaśnień i budowania relacji z klientami.

Klinicysta	Planowanie leczenia, wykorzystanie obserwacji w możliwie jak największej liczbie kontekstów, wywiady z mono i dwujęzycznymi nauczycielami i personelem.
	Do planowania leczenia, raport rodzinny i społeczności.
	Wykonuj oceny dynamiczne i oparte na zabawie, zbieraj i analizuj próbki językowe.

Źródło: Treatment of Culturally and Linguistically Diverse Clients: What Are We Doing That Works? By Susan Foringer-Burk and Georgia Hambrecht

Kontakt

Organizacja stworzona do leczenia dzieci dwujęzycznych. Możesz skontaktować się z Założycielem organizacji w przypadku jakichkolwiek pytań dotyczących traktowania klienta dwujęzycznego.

Poproś o rozmowę z Evelyn Seda: Numer biura: (914) 663-7070

Zasoby

"Locutour Multimedia Cognitive Rehabilitation." Fonología En Español: Tratamiento Spanish Phonology: Intervention. LO C U T O U R™ COGNITIVE REHABILITATION M U L T I M E D I A. Kohnert, Kathryn, Marna Scarry-Larkin, and Elizabeth Price.

"The ASHA Leader." Assessment and Intervention for Bilingual Children with Phonological Disorders. Web. 27 Apr. 2012. <<http://www.asha.org/Publications/leader/2007/070213/f070213a/>>.

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Thordardottir, E. (2006, August 15). Language Intervention from a Bilingual Mindset. The ASHA Leader

Intervención para su cliente bilingüe

Consejos para un tratamiento exitoso con un cliente bilingüe

☞ Terapia acertada para un niño bilingüe es promovida con una actitud positiva, confiada y relajada. Diferentes contextos pueden facilitar un lenguaje más natural.

☞ Lo más importante para un niño bilingüe debe ser aprender el idioma, no necesariamente el idioma convencional. La evidencia sugiere que una base fuerte en la primera lengua promueve el aprendizaje de una segunda lengua.

☞ Las dos lenguas deben ser monitoreadas porque cambio fonológico a través de los dos idiomas se pueden presentar, es posible que la intervención provista en una lengua sea generalizada a la otra lengua dada la interdependencia entre los dos idiomas.

☞ Métodos de intervención para niños bilingües deben reflejar las formas naturales en que hablantes bilingües utilizan el idioma.

☞ El logopeda debe tener una actitud positiva hacia la lengua materna del niño. El logopeda no debe desalentar o prohibir al niño usar su lengua materna.

☞ La terapia del lenguaje es muy eficaz cuando se incluye la lengua primaria del niño tanto como sea posible. Si un logopeda monolingüe se siente cómodo, él o ella podría integrar algunas palabras durante la sesión.

☞ El logopeda monolingüe no debe intentar tratar a un niño en un lenguaje que no es fluido para él. Si el logopeda quiere aprender algunas palabras en la lengua del cliente para ganar confianza y cambiar de una lengua a otra está muy bien, pero él no debe intentar tratar al niño en ese idioma.

☞ El logopeda monolingüe puede preguntar a los padres del niño que traduzcan algunas palabras. Estas palabras pueden ser integradas durante la sesión.

☞ Es importante recordar que una lengua puede tener muchos diversos dialectos. *Por ejemplo*, supresión de consonante puede ocurrir en un cierto dialecto y eso no significa que es un error de expresión que debe ser tratado.

☞ Para que la terapia sea un éxito, es muy importante incluir a los padres.

☞ En la casa los padres podrían leer libros a sus niños para estimular el hábito por la lectura, facilitando diferentes actividades.

Tratar a un cliente bilingüe con un logopeda monolingüe:

☞ Muchos profesionales certificados, no creen que ellos posean los conocimientos y habilidades necesarias para trabajar con clientes que poseen diferente cultura y lengua, pero ellos necesitan estar confiados que trabajar con estos niños es posible.

📖 Cuando se hable con un cliente que no habla inglés, un profesional que hable la lengua de la persona, podría colaborar

📖 Intérpretes pueden ser entrenados para administrar las actividades y transcribir las respuestas de los estudiantes.

📖 la Terapia debe realizarse sólo en el lenguaje que el logopeda maneja con fluidez. Podría ser que el logopeda sea capaz de implementar algunas palabras en L1 del cliente, pero eso lo podría utilizar para ganarse la confianza o demostrar código cambio con el cliente.

CUANDO SE TRABAJA CON TODOS LOS NIÑOS CON TRASTORNOS FONOLÓGICOS (BILINGÜES Y MONOLINGÜES), LOGOPEDAS NECESITAN DETERMINAR CÓMO SE APLICARÁN SUS METAS.

EXISTEN 3 ENFOQUES DIFERENTES SI EL LOGOPEDA ES BILINGÜE

1. Enfoque vertical: cuando se enseña una meta en un tiempo hasta que se cumple el criterio. Se puede utilizar para centrarse en un objetivo que es específico a una lengua.
2. Enfoque horizontal: Si el logopeda habla en los dos idiomas del cliente, más de un objetivo está enfocado en cada sesión. Puede utilizarse para alcanzar una meta en lengua 1 y otra en la lengua 2. Si el logopeda es monolingüe, la terapia debe realizarse sólo en la lengua que es fluida para el logopeda.
3. Enfoque cíclico: varias metas se abordan de manera cíclica, pero sólo uno de los objetivos se incorpora a la vez dentro de una sesión. Este enfoque se utiliza para girar no sólo objetivos sino también idiomas si es posible.

Datos divertidos:

📖 Los niños que son bilingües interiorizan más el conocimiento entendiendo la relaciones de las palabras más que los niños que hablan una sola lengua.

📖 Por ejemplo: la idea de que la palabra *coche* y *autobús* son considerados vehículos.

📖 niños Bilingües pueden encontrar que es más fácil separar la información relevante e irrelevante, verbal y no verbal más que niños monolingües.

📖 La edad promedio de inicio de la demencia puede ocurrir más tarde en individuos bilingües.

📖 Niños bilingües muestran mejor desempeño en el pensamiento divergente, así como otras habilidades metacognitivas tales como el procesamiento de nueva información.

📖 Personas Bilingües han aumentado la densidad de materia gris neurológicamente en áreas del hemisferio izquierdo más que los monolingües.

☞ Según el censo de 1990, uno de cada siete niños en edad escolar en los Estados Unidos habla un idioma diferente al inglés en casa. Hay un estimado 5,2 millones de niños bilingües que están inscritos en las escuelas en los Estados Unidos, esta cifra ha aumentado un 61% desde 1994. Este creciente número de niños bilingües ha dado lugar a desafíos al proporcionar evaluación e intervención a niños bilingües, especialmente con trastornos fonológicos.

Tabla 1 - logopeda-identificar prácticas exitosas	
Enfoque Zona	<u>Ejemplos dados</u>
Cliente	Uso de materiales o juguetes culturalmente apropiados.
	Objetivos adaptados según las necesidades del cliente tales como los niveles de independencia deseada o la mejora de la comunicación funcional a través de los ajustes.
	Apunte metas no específicas no relacionadas con el lenguaje para ayudar a construir una relación. Por ejemplo, haga que el cliente se sienta cómodo demostrando habilidades de juego..
	Explorar objetivos del cliente con respecto a su cultura y a su bilingüismo.
Comunidad de la comunicación del cliente	Familiarizarse con los antecedentes del cliente, invitando a los padres para observar la sesión para llevar algunos de los objetivos en el país en L1.
	Trabajo en la red con profesionales de la educación.
Cultura	Uso de materiales y juguetes apropiados culturalmente.
	Individualizar el tratamiento para asegurar que las diferencias culturales y lingüísticas sean reconocidas y honradas.
	Revise el plan de tratamiento con el informante cultural que es el padre y asegúrese de obtener la aprobación del plan antes de la implementación.
	Incrementar la comunicación, explicaciones y construir una buena relación con los clientes.
Fonoaudiólogo	Para la planificación del tratamiento, es bueno utilizar la observación en diferentes contextos, tantos como sea posible, entrevistas con profesores mono y bilingües y personal.
	Para la planificación del tratamiento informe a la familia y a la comunidad.
	Realizar evaluaciones dinámicas y basadas en análisis del lenguaje

Fuente: tratamiento de clientes cultural y lingüísticamente diversos: ¿Qué hacemos que funcione? Por Susan Foringer-Burk y Georgia Hambrecht

Contacto

Primeros pasos es una organización creada para el tratamiento de niños bilingües. Para cualquier duda en lo que respecta al tratamiento de un cliente bilingüe puede comunicarse con el fundador de la organización.

Pedir hablar con Seda de Evelyn: número de oficina: (914) 663-7070

Recursos

"Rehabilitación cognitiva Multimedia de Locutour." Fonología En Español: fonología española Tratamiento: intervención. LO C U T O U R™ Rehabilitación cognitiva M U L T I M E D I a. Kohnert, Kathryn, Marna Scarry Larkin y el precio de Elizabeth.

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*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Clinic Assignments: Additional Considerations
Clinic Policy Guidelines*

- If the client is late, the student clinician is required to inform the Primary SLP. Call client if they have not arrived by the first 15 minutes of the session.
- The Primary SLP should be notified if a client has 3 unexcused absences.
- If the student clinician must cancel a session, it is the responsibility of the student to notify the client as soon as possible via telephone and/or email the Primary SLP and the Clinic Director at least 24 hours in advance.
- It is expected that the student clinician is present at least 15 minutes prior to the session start time to greet the client. Please begin and end sessions on time due to space and scheduling constraints.
- Students do not have permission to leave the Speech, Language & Hearing Clinic with a client unless written parent/guardian and the Iona College Speech Language & Hearing Clinic provides permission with a SLP present
- Provide the client/client families the appropriate Consent Package and the Case History Form.
- The student clinician must review and sign the Confidentiality Agreement Form. Otherwise students will not be treating clients.
- All charting will be randomly checked for HIPAA purposes and Confidentiality Guidelines.
- Undergraduate students are required to observe clinic sessions if their client cancels. It is recommended the CSD graduate student clinicians observe a clinic session if their client cancels.
- Clients are NOT to be left in the therapy room by themselves. If the student needs to leave for any reason, the client must come with the clinical student.
- Student Clinicians are not permitted to assist a client with the restroom. If the client is a minor inform the family. If the client is an adult inform the caregiver.

To support clinical knowledge and skill development student clinicians have the opportunity to have

- Meetings with your primary SLP
- Complete Midterm Review with you primary SLP
- Complete Video Reviews and analyze clinical skills
- Inform the primary SLP if families are requesting any reports to be mailed out/ copied. Authorized personnel (primary SLP, Clinic Director and Admin Asst) must authorize to consider release of reports.

Office Hour Meetings

Students will be expected to participate in meetings with their primary SLP

The goal of these meetings for the student clinician is to demonstrate their clinical ideas, ask questions and show case their knowledge and skills to date. A shared communication between the SLP and student clinician will support the student progress for clinical development.

Students will be expected to ask questions, share experiences, and develop clinical skills. This develops ones' clinical knowledge and this further demonstrates one's knowledge through oral communication.

The Office Hour Meetings will further provide an opportunity for the clinical students to demonstrate their ability to integrate academics into clinic, share and develop their clinical knowledge and skills , following clinical procedures, Confidentiality Guidelines; and Safety Procedures. Thus, further demonstrating one's learning skills, and developing problem solving and clinical skills.

Office Hour Meetings include but are not limited to lectures, review of written documentation, ***AND DEVELOPMENT*** of lesson plans, video reviews, and therapy ideas. Office Hour meetings are a time for open discussions. Please ask questions.

Professional Conduct during Office Hour Meetings

Students are expected **not** to text during Office Hour Meetings. You will be ASKED TO leave. Use of laptops will need advanced permission.



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Appendix G
Professional Writing*



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Professional Writing*

American Speech-Language-Hearing Association. (2016). *Code of ethics* [Ethics]. Available from www.asha.org/policy/.

Principle of Ethics I

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

Rules of Ethics O

Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

Professional writing skills for the clinical student is a developmental process. In order to develop writing skills, the clinical student must participate in the process. Students can build their writing repertoire by using their text as a reference, review client files, and refer to their textbooks.

Expectations for Professional Writing Skills include Organized Thoughts; Grammatically Correct Sentences; No Spelling Errors; Neat and Clean; Developing professional terminology

SLP's assigned to the client case will be responsible for reviewing written documentation and providing support for written development expectations. Students are required to meet with a SLP if a re-write is required.



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Professional Writing: Goal Writing
Helpful Hints*

Long Term Goals:

- The Long Term Goal represents what you want to achieve for the client and the skills to be accomplished for the duration of treatment.
- The Long Term Goal represents
 - What you want to improve
 - The purpose of why you want to improve the specific S/L Delay; Impairment; Deficit (Specific S/L Delay; Impairment; Deficit
 - Where these skills will be showcased

What is the speech and language issue + why you want to achieve it+ where will client use their skills

Example:

- To improve expressive language skills for functional communication in and outside of clinic
- To improve articulation skills for functional intelligibility in and outside of clinic
- To increase safety and efficiency of swallowing to maintain adequate hydration and nutritional needs

Short Term Goals/Objectives

These goals are the steps to help achieve the Long Term Goal. In order to measure progress, short term goals should be measurable.

The Goal-Outline Question (According to Lanny Butler, MS, OTR)

Who + will do +what+ under what circumstances +to what criteria+ how often?

Who?	The client
Will Do?	Will (produce, identify, complete)
What?	The action expected by client (at phrase level, /k/ in initial position of words)
Under What Circumstances?	Task to be performed
To What Criteria?	How well the task will be performed (80% of the time, 4 out of 5 trials)
How Often?	Within/consecutive 4 sessions

The client (who) will read (will do) sentence level material (what) at an independent level (circumstance) 80% of the time (criteria) within 4 sessions (how often)



*Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Professional Writing: Daily Progress Note*

SOAP NOTES

S: Subjective

Initial observation pertaining to the client which includes but not limited to client behavior, motivation, any complaints, mental status, impression of the clients' behavior

O: Objective

Data obtained during each session per the task presented within the session. The responses of the treatment goals.

A: Assessment

Professional judgment of the session; include the client's response, effectiveness and / or challenges of the treatment provided. What was done clinically? May also include previous progress to compare sessions to address clients' needs, training, team meetings, and conferences. Include the communication diagnosis.

P: Plan

Plan of treatment for next session. Recommendations for further consultations and / or changes in goal planning.

Examples:

S: The client easily transitioned into the session. He was alert and participated in all activities presented. The client reports follow through with the home program.

O: The client responded to simple yes/no questions with 60% accuracy; followed 1 step and 2 step related directions with 75% accuracy; and responded to sentence completion tasks 80% accuracy with moderate phonemic cueing.

A: The client has made relative progress to date in the areas of auditory comprehension and verbal expression. He continues to present with non-fluent aphasia characterized by apraxia and word retrieval difficulties. Improvement noted via adapting MIT treatment.

P: To improve auditory and verbal expression skills for improved functional communication skills.



School of Arts & Science
Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Appendix H
Grading Policy



*Speech, Language & Hearing Clinic
Grading Policy*

Clinical Practicum is a supervised program that supports speech-language pathology students to work with individuals that are diagnosed with a communication and/or swallowing disorder or delays.

The purpose of a teaching clinic is to support the student's integration of academics, clinic, and research in a therapy to begin the practical approach for clinical services. Students will develop and integrate knowledge and skills, demonstrate ASHA Code of Ethics and develop their clinical approach as part of their future profession.

Grading in Clinical Practicum is based on competency level of independence of knowledge and skills of communication disorders and delays. The goal is "Independent and effective clinical knowledge, skills, and performance". This level of independence is supported by a series of clinical practicum experiences.

The initial phase in clinical practicum for some student clinicians may include feelings of being overwhelmed, anxious, nervous, and thoughts of "not knowing what to do", "I don't know what to do", "Tell me what to do". These feelings are valid, normal and expected.

The clinical supervisor's responsibility is to prepare, guide and develop clinical skills with the student clinician who has completed specific coursework.

During a student's clinical progression, it is expected that the students take responsibility of their clinical experience. Responsibility includes initiating questions for development and knowledge, a consistent effort in the planning process, carrying over suggestions by supervisors, preparing materials, completing all documentation, and adhering to professional standards.

Constructive criticism is part of the process of clinical practicum. The purpose of feedback is constructive and not personal. This is an opportunity for student clinicians to develop their skills and learn to self-evaluate their own clinical skills. Student clinicians that are not open to feedback or implement the feedback, may limit their clinical growth and independence.

Student clinicians are given the opportunity to develop their skills and provide the clinical supervisor the evidence of their participation, knowledge, growth, and skills in practicum. Student clinicians also need to take responsibility for the clinical development and participate with and in clinical instruction. Independence does not mean completing and developing plan of care on your own. Independence in the teaching clinic setting involves discussions with your

SLP, sharing materials, EBP, probing questions for development knowledge and skills, and consistently evaluating yourself as a clinician

The therapy process with a client is continuous, developing, and problem solving. In as much, the student clinical process in practicum is continuous, developing, and problem solving.

Clinical grading is evaluated on ratings to include skills of strength, areas of needed improvement, progress, emerging skills and skills not evident.

Practicum Grading is evaluated using a rating scale to assess multiple clinical areas.

Midterm Reviews: Students will be expected to evaluate their clinical skills independently and provide rationales for their skill level for each skill being evaluated. The evaluation completed by the Student is NOT the Midterm Grade. The evaluation is the initial process of evaluation one's clinical skills. The primary clinical supervisor will review the evaluation and re-evaluate each clinical skill. Students will participate in a midterm review to discuss clinical skills, areas of strength, areas of needed improvement, progress, emerging skills, and skills not evident.

Final: The primary clinical supervisor will complete the practicum assessment for the final clinical practicum grade. (See instructor/syllabi to determine weight of grading for specific course)

In accordance with the Council for Clinical Certification in Audiology and Speech-Language Pathology's (CFCC) 2014 standards and the CAA's 2017 standards professional competencies for clinical development is supported by formative and summative practices along with the Anderson's Continuum Supervision Model is integrated in order to evaluate the knowledge and skill development during one's practicum experience.

2017 CAA of ASHA standards:

- **Standard 3.1.1B Professional practice competencies:** accountability, integrity, effective communication skills, clinical reasoning, evidence-based practice, concern for individual served, cultural competence, professional duty, collaborative practice
- **Standard 3.1.3B Identification and prevention of Speech, Language and Swallowing Disorders and Differences:** Principles and methods of identification of communication and swallowing disorders and differences
- **Standards 3.1.4B Evaluation of speech, language, and swallowing disorders and differences:** Articulation, Fluency, Voice and resonance, Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities, Hearing, Swallowing, Cognitive aspects of communication, Social aspects of communication, Augmentative and alternative communication needs
- **Standards 3.1.5B Intervention to minimize the effects of changes in the speech, language, and swallowing mechanisms:** Articulation, Fluency, Voice and resonance, Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities, Hearing, Swallowing,

Cognitive aspects of communication, Social aspects of communication, Augmentative and alternative communication needs

- **Standards 3.1.6B: General Knowledge and skills applicable to professional practice:** Ethical conduct, integration and application of knowledge of the interdependence of speech, language, and hearing; Engagement in contemporary professional issues and advocacy; Processes of clinical education and supervision; Professionalism and professional behavior in keeping with the expectations for a speech-language pathologist; Interaction skills and personal qualities, including counseling and collaboration; Self-evaluation of effectiveness of practice

(See more at: <https://caa.asha.org/wp-content/uploads/Accreditation-Standards-for-Graduate-Programs.pdf>)

2014 CFCC Standards:

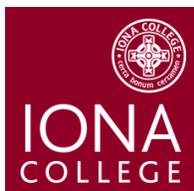
- *Standard IV-C:* The applicant must demonstrate knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas: articulation, fluency, voice and resonance, including respiration and phonation, receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing, hearing, including the impact on speech and language, swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology), cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning), social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities), and augmentative and alternative communication modalities
- *Standard IV-D:* For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
- *Standard IV-E:* The applicant must have demonstrated knowledge of standards of ethical conduct.
- *Standard IV-F:* The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
- *Standard IV-G:* The applicant must have demonstrated knowledge of contemporary professional issues.
- *Standard IV-H:* The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice. -
- *Standard V-A:* The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
- *Standard V-B:* The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes: (1. Evaluation 2. Intervention 3. Interaction and Personal Qualities)
- *Standard V-C:* The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.
- *Standard V-D:* At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.
- *Standard V-E:* Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each

client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.

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

See more at: <http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>

Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2013). 2014 Standards for the Certificate of Clinical Competence in Speech-Language Pathology



Speech, Language & Hearing Clinic
Clinical Focus Plan Policy
CFP Document Updated
Fall 2018 by Jackie McDonagh
Spring 2018 by Jessica Scaringella

CLINICAL FOCUS PLAN POLICY AND PROCEDURE – INSTRUCTIONAL APPROACH

Purpose	To provide additional support to Clinical Practicum Student Clinicians on an individual or small group basis. There are two types of plans: (1) an <i>Instructional Approach</i> is used to target improvement of Knowledge and Skills judged to be below expectations by the referring Clinical Supervisor(s); and (2) a <i>Mentoring Approach</i> is used to support Student Clinicians with higher level skills who seek to develop more advanced Knowledge and Skills. This document addresses the <i>Instructional Approach</i> .
Responsible Parties:	Clinic Director Assistant Clinic Director On Site Coordinator Clinical Supervisors
Procedure:	<p>The following steps summarize procedures for the Clinical Focus Plan (CFP) – Instructional Approach:</p> <ol style="list-style-type: none">(1) The Clinical Supervisor(s) identifies specific areas to be targeted for improvement and specifies a time frame (i.e., improvement within four weeks), based on the following criteria: The Student Clinician is functioning at a Level One or Level Two on Knowledge and Skills identified in the grading rubric, the Student Clinician requests additional support with self-expressed areas of difficulty, or substantial difficulty integrating into/managing clinical expectations. the Student Clinician demonstrates additional support in addition to If the Student Clinician has more than one Clinical Supervisor, all supervisors confer to discuss identified needs, either in person or via e-mail.

- (2) The Clinical Supervisor(s) informs the Student Clinician of the areas needing improvement during a face-to-face meeting, and maintains written documentation of the meeting content and Student Clinician response (See **Appendix E: Record of Meetings and Instruction**). The Clinical Supervisor makes the recommendation for a Clinical Focus Plan.
- (3) The Clinical Supervisor notifies the Assistant Clinic Director by e-mail that a referral is being made, and attaches the completed *Clinical Focus Plan Referral* form to the e-mail (See **Appendix A**). If there is more than one direct Clinical Supervisor, the primary supervisor confers with all other direct Clinical Supervisors via e-mail prior to completing the referral form to seek input regarding areas of Knowledge and Skill that fall below expectations. The names of all direct Clinical Supervisors will be listed on the referral form.
- (4) The Assistant Clinic Director | On Site Coordinator meets with the student to develop specific goals for the Plan based on needs determined by the direct Clinical Supervisors, to be achieved at the 80% level of mastery (see **Appendix B: Sample Goals**).
- (5) The written CFP is prepared by the Assistant Clinic Director | On Site Coordinator according to the format provided (see **Appendix C: CFP**) and is signed by both parties.
- (6) The original written CFP is retained by the Assistant Clinic Director | On Site Coordinator, and copies are provided to the student, Clinical Supervisor(s), and Clinic Director.
- (7) The Student Clinician is instructed to make copies of the written CFP and to place a copy of the signed CFP in the chart of each client.
- (8) The Assistant Clinic Director | On Site Coordinator schedules and holds weekly meetings with the Student Clinician to provide direct instruction in targeted areas to facilitate progress towards Plan goals, and maintains written documentation of the meetings, to be filed in the Student Clinician's individual advising file (See **Appendix D: Record of Meetings and Instruction**).

- (9) The Assistant Clinic Director | On Site Coordinator develops written Action Step assignments to be completed by the Student Clinician each week (see **Appendix E: Sample Action Steps**), which are recorded in the top section of the *Interim Action Report* form (see **Appendix F**).
- (10) After completing each assignment, the Student Clinician completes a written *Interim Action Report* (see **Appendix F**), which is discussed with the Assistant Clinic Director | On Site Coordinator during the weekly follow-up meeting. After review of the assignment, the report is signed by both parties.
- (11) The Student Clinician places a copy of the signed *Interim Action Report* in his/her student chart.
- (12) The Clinical Supervisor(s) inform the Assistant Clinic Director | On Site Coordinator in writing of any concerns that arise or other areas for student development that are identified after initiation of the CFP.
- (13) The Assistant Clinic Director | On Site Coordinator provides specific periodic written updates to the Clinical Supervisor(s) (e.g., after 4 instructional meetings with the Student Clinician) and to the Clinic Director regarding the Student Clinician's response to intervention and progress towards goals, and requests feedback from the Clinical Supervisor(s) on progress demonstrated towards goals.
- (14) Methods of evaluation will include the following:
 - (a) Direct Supervisor assessment of student performance in targeted goal areas, by direct observation during meetings and treatment sessions; and
 - (b) Direct Supervisor and Assistant Clinic Director | On Site Coordinator assessment of written work (e.g., clinical documentation, written assignments, lesson plans, etc.).

Assessment of progress may include, but is not limited to, the following: student performance on Action Step assignments; student preparation for meetings with the Supervisors, as evidenced by active, collaborative participation; student development and implementation of long- and short-term goals and lesson plans that are supported by appropriate EBP

sources; and student integration of academic knowledge and EBP into treatment planning and implementation.

The Assistant Clinic Director | On Site Coordinator and the direct Clinical Supervisor(s) will collaborate to determine the following:

- (a) Measurable student progress towards CFP goals and level of mastery achieved for each goal;
 - (b) Whether goals have been met;
 - (c) Whether there are goals that require more time to achieve mastery;
 - (d) Whether there are additional concerns or areas for identified as needing development; and
 - (e) Disposition of the Plan:
 - 1- Extension of the Plan is recommended to allow more time for mastery of goals or to address recently-identified areas needing development, or
 - 2- Discharge of the Plan is recommended, with goals met.
- (15) The Assistant Clinic Director | On Site Coordinator prepares a summary report (see **Appendix G**) upon discharge of the CFP (i.e., when goals are met, or at the conclusion of the semester). Copies of the summary are provided to the direct Clinical Supervisor(s) and to the Clinic. Goals are deemed met when 80% mastery is achieved.

List of Appendices:

- Appendix A – CFP Referral*
- Appendix B – CFP Goals*
- Appendix C – Clinical Focus Plan*
- Appendix D – Meeting Log*
- Appendix E – Action Steps (Assignments)*
- Appendix F – Action Report*
- Appendix G – Semester CFP Summar*

Appendix A – Clinical Focus Plan Referral – Instructional Approach

Student:	
Clinical Supervisor(s):	
Referral Completed By:	
Referral Date:	

Reasons for Referral

Using the categories below (taken from the grading spreadsheet), please indicate by check mark all areas in need of additional support to facilitate development of knowledge and skills. A “Below Expectations” designation is equivalent to a Level One or Level Two on the grading rubric.

Intervention/Clinical Skills	Below Expectations
Completes a thorough review of client’s file (formal records, case history, progress reports) – Returning Client	
Meets with SLP to prepare for new client program – New Client	
Contacts families to introduce themselves as the student clinician, confirms schedule, & gathers further information to support initial plan of care	
Development of baseline screening appropriate for age, gender and cognitive skills	
Results of baseline data demonstrates present knowledge of communication delay, disorder or impairment	
Therapy development is appropriate for communication disorder and/or delay	
Plan of care (Lesson Plan) includes EBP	
Plan of care (Lesson Plan) includes goals from family, client and/or guardian	
Prior to session start – is prepared with materials and greets client	
Materials are appropriate for targets, client level and interests	
Adapts and/or develops novel instructional materials as needed	
Session starts & ends on time	
Provides visual and/or verbal support for session organization and expectations	
Provides client with purpose of each activity (as well as transition of activities) to include client in the development of plan of care	
Provides verbal and non-verbal reinforcements for feedback to improve client success for communication needs	
Provides management and generalization strategies to improve client success for communication needs	
Recognizes and manages client’s behavior for optimal session success	
Includes maximum opportunities for client to meet all targets presented	

Student clinician addresses each goal that was documented for the session	
The communication disorder, delay or impairment is the focus of the plan of care	
Appropriate data collection is completed for measuring performance and progress	
Format presented is engaging for the client	
Physical environment is appropriate for client needs	
Student clinician self-evaluates professionalism during session with an upright posture, provides directions and is alert	
Effective communication with the client/family to discuss speech language progress to date, goals, needs	
Follows through with the speech language pathologist to improve knowledge of skills, problem solve client needs, and develop clinical skills	

Interpersonal Qualities	Below Expectations
Meetings with speech language pathologist: student demonstrates commitment for seeking support and clarification	
Meetings with speech language pathologist: student comes prepared with questions and/or agenda	
Meetings with speech language pathologist: student commits to meetings with supervisors	
Meetings with speech language pathologist: communicates effectively with SLP for development of professional knowledge	
Relates comfortably with client and maintains confident image	
Appropriate behavior is established and maintained	
Responds appropriately to psychological and physical needs	
Modifies interactional style to enhance student clinician effectiveness	
Demonstrates an understanding and incorporates client's cultural background and socio-economic status	
Oral communication skills are effective with the client/client family including interpretation of clinical terminology and providing updated information about the client's therapy program	
Takes initiative to develop clinical knowledge and skills for therapeutic practices	
Manages clinical demands with ease and flexibility	
Collaborates with other professionals in case management	
Demonstrates emotional maturity and a healthy independence in the clinic setting	

Professionalism	Below Expectations
------------------------	---------------------------

Maintains a professional appearance and follows the dress code (refer to handbook for guidelines)	
Discussion of clients follow HIPAA regulations	
Language used in the clinic is professional and topics are appropriate for a business environment	
Established rapport with clients and families to express concerns and discuss therapy program	
On time for sessions including greeting the client and initiates a prompt start time of the session	
Attends and participates in meetings that relate to clinical development	
Dependable and committed: sessions are prepared and organized	
Demonstrates the best interests for the client: an advocate for the client needs including within the session's best practices	
Consistent initiative: resourceful, asks questions, and implements SLP's recommendations	
Professional responsibility is consistent with initiating contact with a supervisor, self-evaluates own skills and takes responsibility without blaming others and/or external factors	
Demonstrates respect for the profession and clinic while maintaining a professional demeanor and behavior at all times	
Communicates effectively using appropriate rate, pitch and volume with clients, families, professionals, and peers – communication is organized, articulate with appropriate use of grammar	
Demonstrates knowledge of ASHA standards and applies ASHA's Code of Ethics	
Follows onsite clinical procedures including confidentiality guidelines, HIPAA regulations, safety procedures and time frame of projects	

Academic and Clinical Base	Below Expectations
Uses academics & EBP to develop baseline data protocol and subsequent treatment program	
Understanding the nature of the communicative disorders and differences and demonstrates via session, discussion, and written format	
Course work applied, integrates developmental charts, and/or research methods	
Observed in the clinic preparing for practicum: practices assessments and treatment techniques	
Demonstrates an understanding of academics & EBP to generalize the information into the clinical setting	

Learning Skills	Below Expectations
Seeks clarification, problem solves and proposes solutions	

Receives suggestions without resistance	
Promptly and effectively incorporates supervisor's directives	
Demonstrates an understanding of the client's communication skills and takes initiative to suggest new therapy approaches	
Self-evaluation to meet pre-professional goals. Identifies areas of strength & areas that require improvement	

Written Documentation	Below Expectations
Initial drafts of written documentation represent best efforts	
Submits documentation on time	
Consistently follows clinic guidelines, format for documentation purposes	
Written documentation progression is evidenced by application of the SLP's recommendations	
Reporting is organized, neat, and complete	
Documentation is proofread with appropriate grammar, clear sentence structure, and no spelling errors	
Includes a high level of professional terminology	
Writes clear behavioral long-term and short-term objectives for clients	
Information is organized and concise with consistent interpretation of information	

Additional Information:

Please include additional information regarding above indicated areas which currently fall below expectations. Discuss areas of improvement and possible goals to be targeted. Please indicate what attempts have been made so far which were unsuccessful in order to support implementation of Clinical Focus Plan.

Speech-Language Pathologist	Signature, Credentials, Date

Appendix B – Sample Goals for Clinical Focus Plan, Instructional Approach

The plan must specify expected date of achievement, and the criterion level for mastery (e.g., 80% accuracy). Goals should be tailored specifically to the individual student clinician in order to improve knowledge and skills in areas of improvement. Goals should be measurable and clearly written.

Sample Goals Addressing Preparation/Session Implementation:

- The student clinician will prepare materials for all sessions at least 24 hours prior to the scheduled session; materials must be appropriate for client age, skills, and goal targets. The student clinician should appear comfortable using the materials during the session, and the format of sessions must be engaging to the client.
- The student clinician will develop and execute organized, engaging, client-specific sessions which support and target the client's needs in a functional way. The student clinician will conduct organized sessions evidenced by including and informing the client of transitions, utilizing age-appropriate transitions between activities, providing visual and/or verbal support for session organization and expectations, and including the client/client's family in the plan of care.
- The student clinician will improve in her utilization as well as variation of engaging and motivating age-appropriate materials to keep the client's interest throughout the session and to effectively target speech and language goals.

Sample Goals Addressing Written Documentation:

- The student clinician will demonstrate improvement in the area of written documentation, specifically in the areas of mechanics (e.g., grammar, syntax, spelling), clinical language and terminology, and content which reflects appropriate clinical reasoning and analysis. The student clinician will proofread all written documentation entirely prior to submission.
- The student clinician will develop and document appropriate, measureable long-term and short-term goals for all clients, adjusting and modifying based on clients' performance, throughout the semester utilizing supporting data.
- The student clinician will demonstrate improved and accurate data collection skills. The student clinician will analyze/interpret data accurately to determine client's level of function and progress toward goals.
- The student clinician will develop appropriate, measureable long-term and short-term goals for the client, adjusting and modifying based on client performance, throughout the semester utilizing supporting data.

Sample Goals Addressing EBP:

- The student clinician will include and appropriately document evidence-based practice (EBP) resources within all written documentation (e.g., lesson plans, SOAP notes, progress reports/statements) in order to accurately justify goals, therapy strategies, and/or techniques to support application of academics and EBP into the clinic setting.
- The student clinician will effectively implement the documented EBP into sessions in order to demonstrate understanding of application of academics and EBP into clinic sessions.
- The student clinician will conduct appropriate research related to client communication disorder(s) suggested by clinical supervisor(s) prior to weekly CFP meetings, and (1) must come to CFP meetings prepared to discuss these research findings, and (2) must provide the CFP supervisor with appropriate written documentation of the research conducted.

Sample Goals Addressing Therapy Approaches/Implementation:

- The student clinician will improve knowledge and skills in all nine scopes of practice, with an increased focus on assigned clients' diagnoses, in order to increase application of academic content into therapeutic practice.
- The student clinician will demonstrate knowledge and application of various treatment approaches and methods in order to vary treatment activities and target multiple goals within sessions.

Sample Goals Addressing Interpersonal Skills/Supervisor Feedback:

- The student clinician will implement all supervisor feedback and suggestions provided via written and verbal modalities into written documentation and/or therapy sessions with no more than one revision of the original. The student clinician will actively and independently seek clarification during in-person meetings as needed in order to implement feedback and suggestions accurately, efficiently, and immediately.
- The student clinician will develop professional communication skills and acceptance of site policies and procedures in order to prepare for off-site placement. The student clinician will seek supervisor support during in-person meetings, as opposed to inappropriate times (e.g., when a supervisor is actively supervising, without asking the supervisor if she has time to meet, etc.). Meetings should be scheduled as per clinic policy/procedure.
- The student clinician will take initiative in scheduling meetings with supervisors for support on a regular basis (at least 1-2 meetings weekly) and will utilize meetings as the primary means of communication with SLP.

- The student clinician will observe sessions targeting related speech and language goals within the clinic at least one time per week and keep a log of these observations.

Sample Goals Addressing Clinic Policies/Procedures:

- The student clinician will adhere to all onsite clinical procedures, including, but not limited to, maintaining an organized and complete chart, completing documentation (e.g., attendance log, SOAP note routing sheet) on a regular basis, and adhering to all due dates.
- The student clinician will submit lesson plans for Monday sessions, in their entirety, by Wednesdays 5:00pm, in order to be reviewed at an earlier date by SLP. The student clinician will obtain approval from the supervising SLP prior to implementation of the lesson plan. The student clinician should attend weekly meetings on Wednesdays with the primary supervisor in order to discuss the plan and have the lesson plan approved.

Appendix C: Clinical Focus Plan

Student:	<i>Student's Name</i>
Clinical Supervisor(s):	<i>Name of Clinical Supervisor(s)</i>
Designated Clinical Focus Plan Supervisor:	<i>Name of Designated CFP Supervisor</i>
Implementation Date:	<i>Date of Implementation – When did the plan be</i>

The written Clinical Focus Plan established with the Student Clinician must include specific goals. The Plan must specify expected date of achievement, and the criterion level for mastery (80%).

STUDENT CLINICIAN KNOWLEDGE AND SKILLS

Student clinician's specific goals should be listed here.

GENERAL GOALS FOR DEVELOPMENT OF KNOWLEDGE AND SKILLS

Acquisition of Knowledge and Skills related to:

- 1- Evidence-Based Practice research
- 2- Data collection, analysis and interpretation
- 3- Identification of appropriate treatment approaches, activities and materials
- 4- Written clinical documentation

Adherence to all Clinic Policies and Procedures, and to specific policies and procedures of the Clinical Focus Plan:

- 1- Student Clinician will adhere to all clinic policies and procedures
- 2- Student Clinician will maintain a copy of the signed CFP in the Session Client Chart for each client.
- 3- Student Clinician will complete weekly Action Steps assigned by the clinical focus plan supervisor, and document completion in a weekly CFP Interim Action Report.
- 4- Student Clinician will attend a CFP weekly meeting with the clinical focus plan supervisor, and proactively schedule regular meetings with all supervisors to discuss treatment planning and implementation, and client progress.

Student Clinician will maintain an organized and complete Session Client Chart for each client and maintain all documentation utilizing the Mediat (EMR) system appropriately.

STUDENT-FOCUSED GOALS FOR DEVELOPMENT OF KNOWLEDGE AND SKILLS

The student clinician should select goals for him/herself. What does the student clinician aim to improve on throughout the semester?

METHOD OF EVALUATION

How will the student clinician be evaluated?

Collaborative: The Designated Clinical Supervisor and all direct Clinical Supervisors participate in student assessment through collaborative in-person, email and / or telephone communication. All supervisors will collaboratively determine progress toward goals.

Methods:

- 1- Direct observation during treatment sessions (remote or push-in) and meetings
- 2- Assessment of written work/assignments

EXPECTED DATE TO ACHIEVE GOALS

By when does the CFP Supervisor expect the student clinician will achieve the goals outlined in the CFP?

EXAMPLE: By the end of the Spring 2018 semester

CONSEQUENCE IF PLAN IS NOT ACHIEVED

If CFP goals and plan of action benchmarks are not met (including ALL supervisor suggestions), Student Clinician is at risk for failure of this course. Failure of this course may result in the Student Clinician not obtaining clinical clock hours and possible need to repeat the course and on-site placement during the following semester; need to repeat this course may result in a delay in graduation. Failure to meet the goals and Plan of Action for this CFP may also result in a reduction in client caseload for the current and future semesters.

STUDENT CLINICIAN

DATE

CLINICAL FOCUS PLAN SUPERVISOR

DATE

Appendix D – Record of Meetings and Instruction

STUDENT:
 CLINICAL SUPERVISOR(S):
 DESIGNATED CFP SUPERVISOR:

IMPLEMENTATION DATE:

Meeting Record

DATE	GRP	1 : 1	INSTRUCTION PROVIDED	INITIALS

DESIGNATED CLINICAL SUPERVISOR	DATE

Appendix E – Sample Action Steps

Written weekly assignments (Action Steps) are assigned by the Clinical Focus Plan Supervisor. Listed below are sample Action Steps; it is anticipated that other Action Steps will be developed that are specific to the goals of the CFP.

After completing EBP research, consult with the clinical supervisors to select two treatment approaches which may be implemented into therapy sessions with the assigned clients. Write a summary for each treatment approach that (1) includes a brief rationale for use of the treatment approach, and (2) describes how the approach is implemented in clinical practice. Be prepared to verbally discuss each treatment approach and its relevance to implementation within the clinic setting.

Using information provided in person/via written handouts, and implementing clinical supervisor(s) feedback, revise two short term goals: consult with the clinical supervisors to clarify any feedback as needed; review terminology (e.g., “within” or “by” and “across” or “over), accuracy level averaged for all sessions versus criterion achieved at each of multiple consecutive sessions. Modify each goal to fit the SMART goal outline as discussed in the CFP meeting.

Read ASHA documents related to the ASHA Code of Ethics and ASHA Standards, including Scope of Practice for Speech-Language Pathologists and Evidence-Based Practice (links provided to ASHA website in CFP meeting). Provide a written summary of each document (i.e., what did you learn) and be prepared to discuss in the CFP meeting scheduled 01/22/18.

Communicate effectively and in a timely manner with all Clinical Supervisors, following Clinic Policies and Procedures, adhering to all appropriate time frames.

Observe at least one session conducted in the clinic with permission from the CFP supervisor, clinic director, and primary supervisor. Maintain record of the day/time of the session and note at least 3 observations which can be implemented into future sessions (i.e., what did you learn, what ideas did you gather). The session must be viewed in its entirety, from start to finish. Bring these notes (written in any format preferred) to the CFP meeting scheduled 01/22/18.

Review the lesson plan for client AL on 01/17/18. Implement all supervisor feedback into a revised lesson plan. Seek clarification via in-person meetings with the direct supervisor as needed if any feedback is unclear. Bring both the corrected and the revised copies of the lesson plans for the CFP meeting scheduled 01/22/18.

STUDENT:

STUDENT’S NAME

IMPLEMENTATION DATE:

CLINICAL SUPERVISOR(S):

DESIGNATED CFP SUPERVISOR:

ASSIGNED ACTION STEPS

- 1- Student Clinician will research treatment approaches (Traditional Approach, Cycles Approach) and provide a written summary of each and how the treatment approaches may be implemented with the client. Any format preferred by the student clinician may be utilized (e.g., bullet points, chart, paragraphs).
- 2- Student Clinician will cite EBP in all lesson plans and SOAP notes to support goals and treatment approaches/strategies. The EBP should specifically state and explain:
 - a. why the treatment approach is appropriate for the client / diagnosis
 - b. how the research supports the analysis and interpretation of data collected
- 3- Student clinician will review supervisor’s feedback on lesson plans to date and implement all feedback provided, following up with direct clinical supervisor via in-person meetings as needed in order to seek clarification.

Date Due: 10/23/17

STUDENT DOCUMENTATION OF ACTION STEP COMPLETION

- 1- Review of written lesson plans and SOAP notes
- 2- Written summaries of the selected treatment approaches (separate attachment)

STUDENT DOCUMENTATION OF RESEARCH EFFORTS – INCLUDE URLs / CITATIONS

Include a separate attachment listing citations for all resources consulted, using proper citation format. Incomplete citations will not be accepted (e.g., providing only URLs).

STUDENT CLINICIAN

DATE

DESIGNATED CLINICAL SUPERVISOR

DATE

STUDENT: STUDENT'S NAME

IMPLEMENTATION: 07/17-08/04/17

CLINICAL SUPERVISOR(S): LIST EACH SUPERVISOR

DESIGNATED CLINICAL SUPERVISOR: M.A., CCC-SLP, TSSLD

Meeting Dates	
Supervisor Focused Goals To Date	<i>List all supervisor-initiated goals which were targeted throughout the Clinical Focus Plan.</i>
Assigned Action Steps	<i>List each Action Step which was addressed throughout the Clinical Focus Plan. These should be copied from each assignment provided to the student clinician and include dates.</i>
Progress to Goals	<p><i>Restate each goal, then each supervisor should document impressions, approximate level of mastery, and supporting details. For example:</i></p> <p>Goal: The student clinician will demonstrate improvement in the area of written documentation in the areas of mechanics (e.g., grammar, syntax, spelling), clinical language and terminology, and content which reflects appropriate clinical reasoning and analysis. The student clinician will proofread all written documentation in its entirety prior to submission.</p> <p>SLP Some improvement is noted, although errors in grammar, syntax and semantics persist. Based on discussions during meetings with the student, it appears that she does not recognize these errors. At times, syntax and semantics obscure her intended meaning, especially in written analyses of progress towards goals and discussion of remaining deficits. I estimate that the current level of mastery is approximately 75%.</p> <p>SLP The student clinician improved in the area of written documentation in the area of mechanics, as evidenced by review of client active charts. However, written documentation continues to present with some errors in grammar, such as incomplete sentences. The CFP supervisor has discussed strategies, such as reading aloud, in order to proofread more effectively. Very minimal spelling errors were noted as the semester progressed. The student clinician improved in terms of use of clinical language and terminology once discussed and terminology was introduced. Content does not consistently reflect appropriate clinical reasoning and analysis. Estimated level of mastery is judged to be 75-80%.</p>
Impressions and Thoughts	<i>Include a brief summary of progress toward the CFP and progress toward development of knowledge and skills.</i>

Recommendation	<i>What are the recommendations regarding the CFP?</i> <i>It is recommended that the CFP continue...</i> <i>Discharge is recommended...</i>

Submitted by	
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*School of Arts & Science
Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Appendix I
Clinical Supervision*

Skills for a Clinical Supervisor are based on the following:

American Speech-Language-Hearing Association. (2008). *Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision* [Knowledge and Skills]. Available from www.asha.org/policy.

ASHA's position statement affirms that clinical supervision (also called clinical teaching or clinical education) is a distinct area of expertise and practice, and that it is critically important that individuals who engage in supervision obtain education in the supervisory process.

Developing Knowledge and Skills

All certified SLPs have received supervision during their student practica and clinical fellowship; however, this by itself does not ensure competence as a supervisor. Furthermore, achieving clinical competence does not imply that one has the special skills required to be an effective supervisor. ASHA does not have specific requirements for coursework or credentials to serve as a supervisor; however, some states or settings may require coursework and/or years of experience to serve as a supervisor. Knowledge and skills may be developed in a variety of ways: participating in courses or workshops on supervision, engaging in self-study, participating in Division 12 (Administration and Supervision), and gaining mentored experiences under the guidance of an experienced clinical educator.

The following 12 items represent core areas of knowledge and skills. The supervisee is an essential partner in the supervisory process; however, these areas are presented from the perspective of knowledge and skills that should be acquired by the supervisor.

I. Preparation for the Supervisory Experience

A. Knowledge Required

1. Be familiar with the literature on supervision and the impact of supervisor behaviors on the growth and development of the supervisee.
2. Recognize that planning and goal setting are critical components of the supervisory process both for the clinical care provided to the client by the supervisee and for the professional growth of the supervisee.
3. Understand the value of different observation formats to benefit supervisee growth and development.
4. Understand the importance of implementing a supervisory style that corresponds to the knowledge and skill level of the supervisee.
5. Understand the basic principles and dynamics of effective collaboration.
6. Be familiar with data collection methods and tools for analysis of clinical behaviors.
7. Understand types and uses of technology and their application in supervisi

B. Skills Required

1. Facilitate an understanding of the supervisory process that includes the objectives of supervision, the roles of the participants, the components of the supervisory process, and a clear description of the assigned tasks and responsibilities.
2. Assist the supervisee in formulating goals for the clinical and supervisory processes, as needed.
3. Assess the supervisee's knowledge, skills, and prior experiences in relationship to the clients served.
4. Adapt or develop observational formats that facilitate objective data collection.
5. Be able to select and apply a supervisory style based on the needs of the clients served, and the knowledge and skill of the supervisee.
6. Model effective collaboration and communication skills in interdisciplinary teams.
7. Be able to analyze the data collected to facilitate the supervisee's clinical skill development and professional growth.
8. Use technology as appropriate to enhance communication effectiveness and efficiency in the supervisory process.

II. Interpersonal Communication and the Supervisor-Supervisee Relationship

A. Knowledge Required

1. Understand the basic principles and dynamics of effective interpersonal communication.
2. Understand different learning styles and how to work most effectively with each style in the supervisory relationship.
3. Understand how differences in age, gender, culture, social roles, and self-concept can present challenges to effective interpersonal communication.
4. Understand the importance of effective listening skills.
5. Understand differences in communication styles, including cultural/linguistic, generational, and gender differences, and how this may have an impact on the working relationship with the supervisee.
6. Be familiar with research on supervision in terms of developing supervisory relationships and in analyzing supervisor and supervisee behaviors.
7. Understand key principles of conflict resolution.

B. Skills Required

1. Demonstrate the use of effective interpersonal skills.
2. Facilitate the supervisee's use of interpersonal communication skills that will maximize communication effectiveness.
3. Recognize and accommodate differences in learning styles as part of the supervisory process.
4. Recognize and be able to address the challenges to successful communication interactions (e.g., generational and/or gender differences and cultural/linguistic factors).
5. Recognize and accommodate differences in communication styles.
6. Demonstrate behaviors that facilitate effective listening (e.g., silent listening, questioning, paraphrasing, empathizing, and supporting).
7. Maintain a professional and supportive relationship that allows for both supervisee and supervisor growth.
8. Apply research on supervision in developing supervisory relationships and in analyzing supervisor and supervisee behaviors.
9. Conduct a supervisor self-assessment to identify strengths as well as areas that need improvement (e.g., interpersonal communication).
10. Use appropriate conflict resolution strategies.

III. Development of the Supervisee's Critical Thinking and Problem-Solving Skills

A. Knowledge Required

1. Understand methods of collecting data to analyze the clinical and supervisory processes.
2. Understand how data can be used to facilitate change in client, clinician, and/or supervisory behaviors.
3. Understand how communication style influences the supervisee's development of critical thinking and problem-solving skills.
4. Understand the use of self-evaluation to promote supervisee growth.

B. Skills Required

1. Assist the supervisee in using a variety of data collection procedures.
2. Assist the supervisee in objectively analyzing and interpreting the data obtained and in understanding how to use it for modification of intervention plans.
3. Assist the supervisee in identifying salient patterns in either clinician or client behavior that facilitate or hinder learning.
4. Use language that fosters independent thinking and assists the supervisee in recognizing and defining problems, and in developing solutions.
5. Assist the supervisee in determining whether the objectives for the client and/or the supervisory experience have been met.

IV. Development of the Supervisee's Clinical Competence in Assessment

A. Knowledge Required

1. Understand and demonstrate best practices, including the application of current research in speech-language pathology, for assessing clients with specific communication and swallowing disorders.
2. Understand principles and techniques for establishing an effective client-clinician relationship.
3. Understand assessment tools and techniques specific to the clients served.
4. Understand the principles of counseling when providing assessment results.
5. Understand and demonstrate alternative assessment procedures for linguistically diverse clients, including the use of interpreters and culture brokers.

B. Skills Required

1. Facilitate the supervisee's use of best practices in assessment, including the application of current research to the assessment process.
2. Facilitate the supervisee's use of verbal and nonverbal behaviors to establish an effective client–clinician relationship.
3. Assist the supervisee in selecting and using assessment tools and techniques specific to the clients served.
4. Assist the supervisee in providing rationales for the selected procedures.
5. Demonstrate how to integrate assessment findings and observations to diagnose and develop appropriate recommendations for intervention and/or management.
6. Provide instruction, modeling, and/or feedback in counseling clients and/or caregivers about assessment results and recommendations in a respectful and sensitive manner.
7. Facilitate the supervisee's ability to use alternative assessment procedures for linguistically diverse clients.

V. Development of the Supervisee's Clinical Competence in Intervention

A. Knowledge Required

1. Understand best practices, including the application of current research in speech-language pathology, for developing a treatment plan for and providing intervention to clients with specific communication and swallowing disorders.
2. Be familiar with intervention materials, procedures, and techniques that are evidence based.
3. Be familiar with methods of data collection to analyze client behaviors and performance.
4. Understand the role of counseling in the therapeutic process.
5. Know when and how to identify and use resources for intervention with linguistically diverse clients.

B. Skills Required

1. Assist the supervisee in developing and prioritizing appropriate treatment goals.
2. Facilitate the supervisee's consideration of evidence in selecting materials, procedures, and techniques, and in providing a rationale for their use.
3. Assist the supervisee in selecting and using a variety of clinical materials and techniques appropriate to the clients served, and in providing a rationale for their use.
4. Demonstrate the use of a variety of data collection procedures appropriate to the specific clinical situation.
5. Assist the supervisee in analyzing the data collected in order to reformulate goals, treatment plans, procedures, and techniques.
6. Facilitate supervisee's effective use of counseling to promote and facilitate change in client and/or caregiver behavior.
7. Facilitate the supervisee's use of alternative intervention materials or techniques for linguistically diverse clients.

VI. Supervisory Conferences or Meetings of Clinical Teaching Teams

A. Knowledge Required

1. Understand the importance of scheduling regular supervisory conferences and/or team meetings.
2. Understand the use of supervisory conferences to address salient issues relevant to the professional growth of both the supervisor and the supervisee.
3. Understand the need to involve the supervisee in jointly establishing the conference agenda (e.g., purpose, content, timing, and rationale).
4. Understand how to facilitate a joint discussion of clinical or supervisory issues.
5. Understand the characteristics of constructive feedback and the strategies for providing such feedback.
6. Understand the importance of data collection and analysis for evaluating the effectiveness of conferences and/or team meetings.
7. Demonstrate collaborative behaviors when functioning as part of a service delivery team.

B. Skills Required

1. Regularly schedule supervisory conferences and/or team meetings.
2. Facilitate planning of supervisory conference agendas in collaboration with the supervisee.
3. Select items for the conference based on saliency, accessibility of patterns for treatment, and the use of data that are appropriate for measuring the accomplishment of clinical and supervisory objectives.
4. Use active listening as well as verbal and nonverbal response behaviors that facilitate the supervisee's active participation in the conference.
5. Ability to use the type of questions that stimulate thinking and promote problem solving by the supervisee.
6. Provide feedback that is descriptive and objective rather than evaluative.

7. Use data collection to analyze the extent to which the content and dynamics of the conference are facilitating goal achievement, desired outcomes, and planned changes.
8. Assist the supervisee in collaborating and functioning effectively as a member of a service delivery team.

VII. Evaluating the Growth of the Supervisee Both as a Clinician and as a Professional

A. Knowledge Required

1. Recognize the significance of the supervisory role in clinical accountability to the clients served and to the growth of the supervisee.
2. Understand the evaluation process as a collaborative activity and facilitate the involvement of the supervisee in this process.
3. Understand the purposes and use of evaluation tools to measure the clinical and professional growth of the supervisee.
4. Understand the differences between subjective and objective aspects of evaluation.
5. Understand strategies that foster self-evaluation

B. Skills Required

1. Use data collection methods that will assist in analyzing the relationship between client/supervisee behaviors and specific clinical outcomes.
2. Identify and/or develop and appropriately use evaluation tools that measure the clinical and professional growth of the supervisee.
3. Analyze data collected prior to formulating conclusions and evaluating the supervisee's clinical skills.
4. Provide verbal and written feedback that is descriptive and objective in a timely manner.
5. Assist the supervisee in describing and measuring his or her own progress and achievement.

VIII. Diversity (Ability, Race, Ethnicity, Gender, Age, Culture, Language, Class, Experience, and Education)

A. Knowledge Required

1. Understand how differences (e.g., race, culture, gender, age) may influence learning and behavioral styles and how to adjust supervisory style to meet the supervisee's needs.
2. Understand the role culture plays in the way individuals interact with those in positions of authority.
3. Consider cross-cultural differences in determining appropriate feedback mechanisms and modes.
4. Understand impact of assimilation and/or acculturation processes on a person's behavioral response style.
5. Understand impact of culture and language differences on clinician interactions with clients and/or family members.

B. Skills Required

1. Create a learning and work environment that uses the strengths and expertise of all participants.
2. Demonstrate empathy and concern for others as evidenced by behaviors such as active listening, asking questions, and facilitating open and honest communication.
3. Apply culturally appropriate methods for providing feedback to supervisees.
4. Know when to consult someone who can serve as a cultural mediator or advisor concerning effective strategies for culturally appropriate interactions with individuals (clients and supervisees) from specific backgrounds.
5. Demonstrate the effective use of interpreters, translators, and/or culture brokers as appropriate for clients from diverse background

IX. The Development and Maintenance of Clinical and Supervisory Documentation

A. Knowledge Required

1. Understand the value of accurate and timely documentation.
2. Understand effective record-keeping systems and practices for clinically related interactions.
3. Understand current regulatory requirements for clinical documentation in different settings (e.g., health care, schools).
4. Be familiar with documentation formats used in different settings.

B. Skills Required

1. Facilitate the supervisee's ability to complete clinical documentation accurately and effectively, and in compliance with accrediting and regulatory agencies and third party funding sources.
2. Assist the supervisee in sharing information collaboratively while adhering to requirements for confidentiality (e.g., HIPAA, FERPA).
3. Assist the supervisee in maintaining documentation regarding supervisory interactions (e.g., Clinical Fellowship requirements).

X. Ethical, Regulatory, and Legal Requirements

A. Knowledge Required

1. Understand current standards for student supervision ([Council on Academic Accreditation in Audiology and Speech-Language Pathology, 2004](#))
2. Understand current standards for mentoring clinical fellows ([Council for Clinical Certification in Audiology and Speech-Language Pathology, 2005](#)).
3. Understand current ASHA Code of Ethics rules, particularly regarding supervision, competence, delegation, representation of credentials, and interprofessional and intraprofessional relationships.
4. Understand current state licensure board requirements for supervision.
5. Understand state, national, and setting-specific requirements for confidentiality and privacy, billing, and documentation policies.

B. Skills Required

1. Adhere to all ASHA, state, and facility standards, regulations, and requirements for supervision.
2. Assist the supervisee in adhering to standards, regulations, and setting-specific requirements for documentation, billing, and protection of privacy and confidentiality.
3. Demonstrate ethical behaviors in both interprofessional and intraprofessional relationships.
4. Assist the supervisee in conforming with standards and regulations for professional conduct.
5. Assist the supervisee in developing strategies to remain current with standards and regulations throughout their professional careers.

XI. Principles of Mentoring

A. Knowledge Required

1. Understand the similarities and differences between supervision and mentoring.
2. Understand how the skill level of the supervisee influences the mentoring process (e.g., mentoring is more appropriate with individuals who are approaching the self-supervision stage).
3. Understand how to facilitate the professional and personal growth of supervisees.
4. Understand the key aspects of mentoring, including educating, modeling, consulting, coaching, encouraging, supporting, and counseling.

B. Skills Required

1. Model professional and personal behaviors necessary for maintenance and life-long development of professional competency.
2. Foster a mutually trusting relationship with the supervisee.
3. Communicate in a manner that provides support and encouragement.
4. Provide professional growth opportunities to the supervisee.

CLINICAL SUPERVISION

In accordance with ASHA and the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) standards (Standard V-E), supervision for the students will be provided by individuals who hold the Certificate of Clinical Competence and licensed in New York State.

Supervision will be a minimum of 25% of direct treatment time throughout the training period. Supervision will be a minimum of 50% of direct evaluation time throughout the training period. In addition to the supervision, students will be evaluated through meetings, recordings, written reports, discussions with families, and interactions and professionalism at the onsite clinic.

Supervision includes but not limited to observation of live treatment and/or evaluation sessions, observations of recorded sessions, verbal feedback and written feedback in reference to the structure of the session as well as written documentation, and informal and/or formal meetings with the student clinician.

The supervisor and student clinicians will schedule a MIDTERM REVIEW to discuss progress to date and areas to improve and a final CLINIC EXIT meeting to close the Permanent Client Chart.

Supervision is based on the following 13 tasks according to

American Speech-Language-Hearing Association. (1985). Clinical Supervision in Speech-Language Pathology and Audiology [Position Statement]. Available from www.asha.org/policy.

Tasks of Supervision

A central premise of supervision is that effective clinical teaching involves, in a fundamental way, the development of self-analysis, self-evaluation, and problem-solving skills on the part of the individual being supervised. The success of clinical teaching rests largely on the achievement of this goal. Further, the demonstration of quality clinical skills in supervisors is generally accepted as a prerequisite to supervision of students, as well as of those in the Clinical Fellowship Year or employed as certified speech-language pathologists or audiologists.

Outlined in this paper are 13 tasks basic to effective clinical teaching and constituting the distinct area of practice, which comprises clinical supervision in communication disorders. The committee stresses that the level of preparation and experience of the supervisee, the particular work setting of the supervisor and supervisee, and client variables will influence the relative emphasis of each task in actual practice.

The tasks and their supporting competencies which follow are judged to have face validity as established by experts in the area of supervision, and by both select and widespread peer review. The committee recognizes the need for further validation and strongly encourages ongoing investigation. Until such time as more rigorous measures of validity are established, it will be particularly important for the tasks and competencies to be reviewed periodically through quality assurance procedures. Mechanisms such as Patient Care Audit and Child Services Review System appear to offer useful means for quality

assurance in the supervisory tasks and competencies. Other procedures appropriate to specific work settings may also be selected.

The tasks of supervision discussed above follow:

1. Establishing and maintaining an effective working relationship with the supervisee
2. Assisting the supervisee in developing clinical goals and objectives
3. Assisting the supervisee in developing and refining assessment skills
4. Assisting the supervisee in developing and refining clinical management skills
5. Demonstrating for and participating with the supervisee in the clinical process
6. Assisting the supervisee in observing and analyzing assessment and treatment sessions
7. Assisting the supervisee in the development and maintenance of clinical and supervisory records
8. Interacting with the supervisee in planning, executing, and analyzing supervisory conferences
9. Assisting the supervisee in evaluation of clinical performance
10. Assisting the supervisee in developing skills of verbal reporting, writing, and editing
11. Sharing information regarding ethical, legal, regulatory, and reimbursement aspects of professional practice;
12. Modeling and facilitating professional conduct; and
13. Demonstrating research skills in the clinical or supervisory processes.

Resource

American Speech-Language-Hearing Association. (1985). *Clinical supervision in speech-language pathology and audiology* [Position Statement]. Available from www.asha.org/policy.
<http://www.asha.org/policy/PS1985-00220/>



Speech, Language & Hearing Clinic
Course CAA Standards

Clinic rotation is designed to address the following 2017 CAA of ASHA standards:

- **Standard 3.1.1B Professional practice competencies:** accountability, integrity, effective communication skills, clinical reasoning, evidence-based practice, concern for individual served, cultural competence, professional duty, collaborative practice
- **Standard 3.1.3B Identification and prevention of Speech, Language and Swallowing Disorders and Differences:** Principles and methods of identification of communication and swallowing disorders and differences
- **Standards 3.1.4B Evaluation of speech, language, and swallowing disorders and differences:** Articulation, Fluency, Voice and resonance, Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities, Hearing, Swallowing, Cognitive aspects of communication, Social aspects of communication, Augmentative and alternative communication needs
- **Standards 3.1.5B Intervention to minimize the effects of changes in the speech, language, and swallowing mechanisms:** Articulation, Fluency, Voice and resonance, Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities, Hearing, Swallowing, Cognitive aspects of communication, Social aspects of communication, Augmentative and alternative communication needs
- **Standards 3.1.6B: General Knowledge and skills applicable to professional practice:** Ethical conduct, integration and application of knowledge of the interdependence of speech, language, and hearing; Engagement in contemporary professional issues and advocacy; Processes of clinical education and supervision; Professionalism and professional behavior in keeping with the expectations for a speech-language pathologist; Interaction skills and personal qualities, including counseling and collaboration; Self-evaluation of effectiveness of practice

(See more at: <https://caa.asha.org/wp-content/uploads/Accreditation-Standards-for-Graduate-Programs.pdf>)



Speech, Language & Hearing Clinic
On-Site Protocol for SLP supervisors

SLP's who are assigned as the **primary SLP** for a student will be required to review that student's clinic advising folder, confirm and sign that the student clinic requirements are up to date and that student is ready to begin the clinic semester. Primary SLP's will be required to send an email to the students informing the students that they are cleared to start clinic. Please CC all supervising SLP's.

SLP's please review the following guidelines from ASHA: Issues in Ethics: Supervision of Student Clinician

ASHA-certified individuals who supervise students cannot delegate the responsibility for clinical decision making and management to the student. The legal and ethical responsibility for persons served remains with the certified individual. However, the student can, as part of the educational process, make client management recommendations and decisions pending review and approval by the supervisor. Further, the supervisor must inform the client or client's family of the qualifications and credentials of the student supervisee involved in the provision of clinical services.

Iona College Speech, Language and Hearing Clinic SLP's are required to review and approve all documentation including but not limited to: consent packages (please see the Administrative Assistant for guidelines) , SOAP notes, progress reports, evaluations, outside site reports.

Iona College Speech, Language and Hearing Clinic SLP's are required to uphold ASHA Standards for clinical knowledge and skills and ASHA Code of Ethics that relate to the client under their licensure and the student the SLP is supervising

All supervised clinical activities provided by the student must fall within the scope of practice for the specific profession to count toward the student's certification. The supervisor or preceptor must achieve and maintain competency in supervisory practice as well as in the disability areas for which supervision is provided. The amount of supervision provided by the ASHA-certified supervisor must be commensurate with the student's knowledge, experience, and competence to ensure that the welfare of the client is protected. The supervisor must also ensure that the student supervisee maintains confidentiality of client information and documents all client records and billing information, if applicable, in an accurate and timely manner.

Iona College Speech, Language and Hearing Clinic SLP's must report to the Clinic Director, Asst. Clinic Director, On-Site Coordinator and/or Administrative Assistant if a client is assigned that does not fall under the SLP's practice.

Differences may exist in the type and amount of supervision of student supervisees that is required for teacher certification in audiology and speech-language pathology, state licensure in the professions of audiology and speech-language pathology, and ASHA certification in audiology and speech-language pathology. In states where credential requirements or state licensure requirements differ from ASHA certification standards, supervised clinical experiences (including student practica for teacher licensing) will count toward or may be applied toward ASHA certification requirements only if those clinical experience hours have been supervised by ASHA-certified personnel.

Iona College Speech, Language and Hearing Clinic SLP's are scheduled to support the requirements listed

According to 2017 CAA of ASHA Standard V-E :

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

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

Iona College Speech, Language and Hearing Clinic SLP's are bound to report any changes in supervision requirements or needs within 4 sessions for a student and / or client. These 4 sessions may include clinic preparation meetings, session observation, and/or submission of student work.

Iona College Speech, Language and Hearing Clinic SLP's support supervision requirement including minimum requirements of 25% for treatment and 50% for diagnostics with the amount and type of supervision adjusted to meet the needs of the student. Beginning students receive more supervision; second year students are supervised less and expected to be more independent.

Iona College Speech, Language and Hearing Clinic SLP's will adjust needs of supervision based on student's clinical experience, academic course work and client needs.



School of Arts and Sciences

Department of Speech Communication Studies

Appendix J

Media Specialist Handbook Prepared by Peter Consadori for Iona College Speech, Language and Hearing Handbook Spring 2018

Iona College Information Technology Computer Use Policy

The following actions are prohibited under the Computer Use Policy of Iona College.

- Any attempt to modify or damage computer equipment
- Any attempt to modify or damage computer or network software
- Improper use of the computer equipment
- Using an ID belonging to another user
- Unauthorized reading, use of, or deletion of private files or email belonging to another user
- Sharing user IDs and passwords with other users or any other person
- Any attempt to circumvent system protection and security features
- Engaging in unauthorized duplication, alteration or destruction of data, programs or software
- Transmitting or disclosing data, programs or software belonging to others or duplicating copyrighted materials
- Use of computer resources for private purposes, including, but not limited to, the use of computer resources for profit making or illegal purposes
- Maintaining credit card data in any electronic format or on computers
- Transmitting credit card data by email.

For the full Iona College Computer Use Policy visit <http://www.iona.edu/Student-Life/Student-Resources/Information-Technology/Information-Policies/Computer-Use-Policy.aspx>

Clinic Computers / Privacy Screens

The clinic has a total of 29 computers that the students may use. The computers are to be used only for clinical purposes. Computers may not be reserved at any time. The computers are on a first come first serve basis. Students may never use a computer that another student is logged into. The student must either use the “shut down” function or “restart” to log into their own account before using the computer. Students may never change, install or uninstall any programs on the clinic computers. The clinic computers are equipped with privacy screens. The privacy screens allow the user of the machine to see but others next to the student will not be able to see the screen. These screen protectors may not be removed for any reason unless authorized by the Media Specialist or a Supervisor. ***If any of the previously stated instructions are not followed, it will be a breach of the Health Insurance Portability and Accountability Act. A breach of HIPAA will be reported to the on-site Supervisor and will result in a follow up meeting with the Clinic Director.***

Printing

There are two printers that the students can use in the clinic. There is a color printer and a black and white printer that may be used for clinical purposes only. To print color, the student must send their printing job to the **Lanier** printer located in the Copy/Print room (Room 103). A total of five computers that are able to print to that specific printer. Those computers are marked with a white label that reads "Print Apled". The black and white printer can be accessed by any of the 18 computers that are available to the students. To print to this printer, the student must send their printing job to the **IP 191** printer located in the Conference room (Room 105). Please note that the black and white printer may only be used for printing SOAP notes, Lesson Plans and Progress Reports. Because the documents that are being printed are confidential, every student must report to the Media Specialist any problems they may have printing. The issue must be reported at the time of the printing attempt so that the Media Specialist can resolve it and the document can be collected by the student. All students are responsible for the documents that are printed. At no time can a document be left in the printer. *If a document is left in a printer, it will be a breach of the Health Insurance Portability and Accountability Act. A breach of HIPAA will be reported to the on-site Supervisor and will result in a follow up meeting with the Clinic Director.*

iPads: Clinic / Personal

Students are allowed to use clinic iPads for clinical purposes only within the clinic. To use an iPad for a session, the student must sign out the iPad using a dedicated sign out sheet. When signing out the iPad, the student acknowledges the procedure of using the iPad in the Iona College Speech, Language and Hearing Clinic. For the list of iPad use procedures please see **Form A: iPad/FM sign out sheet** on page 138.

Personal iPads are **not** allowed to be used in Iona College Speech, Language and Hearing Clinic.

Client information including but not limited to clinical documentation, identifying information, photos, videos or audio recordings are not allowed to be stored or saved onto clinic or personal devices as well as apps installed on said devices. It is expected students will sign a release understanding clinical information will not be stored on any portable devices.

If client information of any kind was stored onto the device or apps of the device, the client/client's guardian will be notified of the incident by a representative of the Iona College Speech, Language & Hearing Clinic.

Personal Laptops

The use of personal laptops for clinical purposes is strictly prohibited in the clinic.

FM Receivers

This device uses infrared technology to allow supervisors to use their computers to speak to the students while they are in a clinical session. The Receivers include a battery pack receiver and a single headphone. The battery pack can be worn around the neck or placed in a pocket. Each receiver is labeled with a number. This number corresponds with the therapy room number the student will be using for their

session. The units are stored in a locked cabinet in room 103. If the student is required to use this technology, the Media Specialist will provide them with a unit. The student must sign the receiver out on the designated sign out sheet (see Form A, pg. 138). The receiver must be returned immediately after the session is completed.

Visi-Pitch

The Visi Pitch is open for all students to use at any time the clinic is open. Students may also use the system during their clinical sessions. Students must document and advise a supervisor that they will be using the system during their session. The student must be familiar with the system before using it. The Visi-Pitch is set up in the Faculty Therapy room (Room 110). The computer that the Visi-Pitch is installed on must be turned off after use. No clinical data is allowed to be stored or saved onto this Visi-Pitch computer.

Inventory

Students are allowed to use the resources that we have in the clinic. These resources include books, toys, puzzles, cards, board games, treatment materials (ex. LARK Kit) and workbooks. These items can be checked out to be used for a student's session. The student will only be allowed to check materials in and out during the designated inventory hours that are posted above the front desk. To check out an item the student will get access to the closet where the materials are stored and bring the materials he or she would like to check out to the Media Specialist. The Media Specialist will scan the items into the inventory system and give the student a time and/or day that the item must be checked in by. The student will be allowed to check out a material as early as one day before use and the student is allowed to check in a material as late as one day after use. Weekends are not included in the count so if a student checks out a material to be used on a Friday, the material can be checked in no later than Monday. When a material is checked back into the system, the student is responsible for returning the item to its designated room/cabinet. If an item is not checked back in by the date that was given to them the item will be considered overdue and email will be sent out to the student.

Medicat

Medicat is an electronic documentation program that is used in the Iona College Speech, Language and Hearing Clinic. All computers have access to Medicat and each user will have their own unique credentials to log into the system. Below are notes for the users on how to use the system. ***If any of the stated instructions below are not followed, it will be a breach of the Health Insurance Portability and Accountability Act. A breach of HIPAA will be reported to the on-site Supervisor and will result in a follow up meeting with the Clinic Director.***

Medicat User Guide Notes (Student Users)

Logging In:

- 1) Double Click on the Medicat Icon located on the computer's desktop
- 2) Enter your username and password that is specific to Medicat
- 3) Once logged into the remote desktop click on Medicat EHR to launch the electronic documentation program.
- 4) Re-enter your Medicat specific Credentials.

Changing Your Password:

- 1) When you connect to the remote desktop for the first time you will need to change your password. Click start in the program.
- 2) Click the words "Windows Security" located in the top right corner of the box
- 3) Select "Change Password"
- 4) Change your password to meet the requirements of the system.

Creating a Note for a Client:

- 1) Double Click on the Medicat Icon located on the computer's desktop
- 2) Enter your username and password that is specific to Medicat
- 3) Once logged into the remote desktop click on Medicat EHR to launch the electronic documentation program.
- 4) Re-enter your Medicat specific Credentials
- 5) Select the "Patient" button on the top of the screen.
- 6) Search for your client using last name or client number using the search bar in the top left had corner of the screen.
- 7) Select "Progress Note" in the New section of the screen on the left hand side.
- 8) Once selected, a new screen will appear to the right of the option you just selected. Select the "+" symbol next to note you want to write under the "Progress" section
- 9) When the note template is selected a new screen will appear. Fill in the information as needed to complete the form.
- 10) When all information has been added to the note, sign the note using the "sign" button above the note you just created. **IMPORTANT: DO NOT SELECT THE SIGN BUTTON ON THE BOTTOM OF THE SCREEN.** If the bottom button is selected, it will lock the note and you will not be able to make changes using your Supervisor's feedback.
- 11) After signing the note, select the "summary" section of the note and add your Name and what the note is. (ex. Jane Smith – SOAP note)
- 12) Once the note is signed using the TOP button. Select the SLP that supervises your session using the "Route" dropdown menu. **IMPORTANT: OTHER USERS ARE IN THIS DROPDOWN MENU. PLEASE BE SURE TO SELECT THE CORRECT USER. ROUTING THE NOTE TO ANYONE OTHER THAN YOUR SLP WILL BE A BREACH OF HIPAA.**
- 13) Once the correct SLP has been selected, click "save" on the bottom of the screen and then "close".
- 14) Complete steps 8-14 when revising any notes using Supervisor's feedback. Step 11 will not need to be completed every time you are revising a note.

Adding a Client Contact Form to Client Chart:

- 1) Double Click on the Medicat Icon located on the computer's desktop
- 2) Enter your username and password that is specific to Medicat
- 3) Once logged into the remote desktop click on Medicat EHR to launch the electronic documentation program.
 - 4) Re-enter your Medicat specific Credentials
 - 5) Select the "Patient" button on the top of the screen.
 - 6) Search for your client using last name or client number using the search bar in the top left had corner of the screen.
 - 7) Select "Form" in the New section of the screen on the left hand side
 - 8) Double click on the client contact form in the box on the upper left hand corner of your screen.
 - 9) Fill out the form
 - 10) Once the form is completed, select "Lock" on the bottom toolbar to add it to the chart

Viewing All Notes in the Chart:

- 1) Double Click on the Medicat Icon located on the computer's desktop
- 2) Enter your username and password that is specific to Medicat
- 3) Once logged into the remote desktop click on Medicat EHR to launch the electronic documentation program.
 - 4) Re-enter your Medicat specific Credentials
 - 5) Select the "Patient" button on the top of the screen.
 - 6) Search for your client using last name or client number using the search bar in the top left had corner of the screen.
 - 7) Select "All Notes" in the Chart section of the screen on the left hand side
 - 8) All notes in the clients chart will appear
 - 9) Clicking once will open the note on the bottom of the screen for your review.



*Speech, Language & Hearing Clinic
Clinic Forms
Appendix K*



Speech, Language & Hearing Clinic
Appendix A: Session Client Chart Forms



Speech, Language & Hearing Clinic
File Organization: Session Client Charts

The Session Client Chart will be used during the therapy session to support the organization of to document to support operations of the clinic, client and sessions. These **Session Client Charts** will be kept confidential and not to be removed from the clinic. These charts are **REQUIRED** to be submitted for filing at the close of the clinic.

Left Side of Chart

Right Side of Chart

Top to Bottom Order	Top to Bottom Order
SOAP Note Routing Report	<ol style="list-style-type: none"> 1. Client Summary Attendance Sheet 2. Monthly Attendance Log with Corresponding Session Dates <ol style="list-style-type: none"> a. Completed Supervisor’s Evaluation Feedback Form b. Data Collection Sheet attached
Supervisor Evaluation Feedback Form with the heading complete and date of the session that will be reviewed.	<ol style="list-style-type: none"> 3. Confidentiality Agreement 4. Student Clinician Documentation of (Absence, Permissions)
Iona College Case History Form	
Iona College, Consent Package	
Formal Reports (outside of Iona) Correspondence	

Student Clinician, date

Speech-Language Pathologist, date

The above signature certifies all documentation was present and completed at the time of the student’s clinic exit



Speech, Language & Hearing Clinic
Supervisors Evaluation Feedback Form

Student Clinician:	SLP	Client Initials:	Date
--------------------	-----	------------------	------

Supervision Written Feedback Evaluation	Suggested SLP Assessment of the Session	SLP Comments
<p>Clinician Client Relationship</p> <input type="checkbox"/> Warm <input type="checkbox"/> Respectful <input type="checkbox"/> Engaging <input type="checkbox"/> Professional Empathy <input type="checkbox"/> Interest in treatment session <input type="checkbox"/> Professional Demeanor <input type="checkbox"/> Appropriate Dress Code <input type="checkbox"/> Appropriate rapport and follow up with family <input type="checkbox"/> Respecting cultural background & client's age <input type="checkbox"/> Client engaged and respecting clinician <p>Effectiveness of Materials and Procedures</p> <input type="checkbox"/> Age appropriate materials <input type="checkbox"/> Language is understood and meets the needs of the client <input type="checkbox"/> Data recorded <input type="checkbox"/> Clear and concise directions/information provided: Client understands what is expected <input type="checkbox"/> Time is used effectively and efficiently <input type="checkbox"/> Home assignments provided/feedback to families <p>Set up</p> <input type="checkbox"/> Active Chart available and following procedures <input type="checkbox"/> Session setup prior to session/session setup organized <input type="checkbox"/> Documentation is clearly written <input type="checkbox"/> ASHA Code of Ethics presented <p>Diagnostic</p> <input type="checkbox"/> Appropriate procedures presented <input type="checkbox"/> Administration is in accordance of procedures <input type="checkbox"/> Age appropriate Informal assessment <p>Implementation of Goals</p> <input type="checkbox"/> Targets reflected as indicated by LTG & STG's <input type="checkbox"/> Good use of materials & session structure to meet multiple targets & responses <input type="checkbox"/> Objectives are appropriate for clients level of function <input type="checkbox"/> Provides elicitation, models behaviors/targets, discriminates targets <input type="checkbox"/> Strategies including (i.e. Auditory / Visual stimulation) <input type="checkbox"/> Feedback noted via positive/corrective: Consistent & appropriate reinforcement <input type="checkbox"/> Feedback noted via positive/corrective: Consistent & appropriate reinforcement <input type="checkbox"/> Flexibility meeting client's needs <input type="checkbox"/> Transitions appropriate & informative for target/goal transitions <input type="checkbox"/> Clinician vs. client talk: Efficient time given for client to respond <input type="checkbox"/> Clinician understands clients behavior <input type="checkbox"/> Appropriate behavior management used <input type="checkbox"/> Implementing EBP as indicated <input type="checkbox"/> Health Precautions used	<p><i>How does the student clinician demonstrate an understanding of the communication issue of their client?</i></p> <p><i>Are the client's needs being met through the therapy session implemented ?</i></p> <p><i>How does the student clinician transition therapy activities? Are visual schedules / TO DO lists being implemented ?</i></p> <p><i>Describe the directions the student clinician uses?</i></p> <p><i>Is the language used by the student clinician understood by the client?</i></p> <p><i>Describe the use of data collection?</i></p> <p><i>What compensatory strategies are being implemented? What changes would you make?</i></p> <p><i>Are multi sensory approaches being used?</i></p> <p><i>Any interaction with the family?</i></p> <p><i>Student presentation of professional demeanor/rapport; non verbal presentation of active engagement during the session</i></p> <p><i>What changes would you make?</i></p>	

Student Signature/Date

I have reviewed the observing Speech Language Pathologists recommendations and understand that it is my responsibility to meet with a supervisor if any suggestion(s) is unclear



Speech, Language & Hearing Clinic
Attendance Log

SLP

Month:

Notes

Date	Services	Initials	Session Min
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
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21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

	S		TX		DX	
	C:	A:	C:	A:	C:	A:
Articulation	C:	A:	C:	A:	C:	A:
Fluency	C:	A:	C:	A:	C:	A:
Voice/Resonance	C:	A:	C:	A:	C:	A:
Receptive/ Expressive Language	C:	A:	C:	A:	C:	A:
Hearing	C:	A:	C:	A:	C:	A:
Swallowing	C:	A:	C:	A:	C:	A:
Cognitive	C:	A:	C:	A:	C:	A:
Social Aspects of Communication	C:	A:	C:	A:	C:	A:
Augmentative & ACM	C:	A:	C:	A:	C:	A:
Other: Direct contact with client and family in counseling	C:	A:	C:	A:	C:	A:

ASHA Member: _____
ASHA Number: _____

Signature: _____

Total # of Therapy Sessions: _____
Total # of Hours: _____



Speech, Language & Hearing Clinic

EMR Templates

Clinic Form Templates



Speech, Language & Hearing Clinic

Client: [Click here to enter text.](#)

DOB: [Click here to enter text.](#)

Date: [Click here to enter text.](#)

Frequency: [Click here to enter text.](#)

CA: [Click here to enter text.](#)

Student Clinician: [Click here to enter text.](#)

Session # [Click here to enter text.](#)

SLP/Time: _____

<u>Long Term Goals:</u>	<u>Short Term Goals</u>	Supporting Evidence: Clinical Research, Client/Family Input, Clinical expertise (procedure, techniques, materials)



Speech, Language & Hearing Clinic

Date: _____

Daily Progress Note

Time: _____

S/L DX: _____

ICD-10 Code: _____

[Large empty rectangular box for note content]

Student Clinician: _____ *Date:* _____ *Time:* _____

SLP Initial Review _____ *Date:* _____ *Meet With Supervisor to:* *Re-write* *Therapy Planning*

SLP Comments:

[Empty rectangular box for SLP comments]

SLP & SC Meeting Date: _____ *SLP Final SOAP Note Approval Date:* _____



Speech, Language & Hearing Clinic
 Progress Report
 (Sample Outline for Progress Report)

Client Name:	Date of Birth:
Parent(s)/Guardian(s): [Caregiver if applicable]	Chronological Age:
Address:	Date of Report:
Phone Number:	S/L Dx:
Therapy Period: (Start Date-End Date)	Sessions Attended: (# out of #)
Frequency/Duration/Size:	Student Clinician:
Clinical Supervisor: (Primary Supervisor)	Clinical Supervisor: (Secondary Supervisor)

I. Background Information:

Include the following information in NARRATIVE FORM:

- Client’s name
- chronological age
- speech-language diagnosis
- currently receives s/l therapy at Iona College SL & H Clinic, frequency/duration/Size of session;
- Past medical history, any significant issues
- Family history: Who does the client live with? Family history of s/l disorder or delays? primary language spoken at home
- Educational History (if applicable); Does the client receive any services in school? If so, what?
- Developmental Milestones & Speech/Language Milestones
- Correspondence with other professionals outside of the Iona College SL & H Clinic; Does the client receive any additional services outside of the clinic (not previously mentioned in educational history)? Any previous services that were discontinued? Etc.

II. Status at Start of Therapy: Statement indicating clients current speech-language skills at the start of therapy. Report on information collected from baseline data.

III. Therapy Objectives & Progress to Date:

Speech –Language Diagnosis (i.e. artic, fluency)

LTG’s: List LTG and underneath goal list STG that corresponds with the long-term goal

Under EACH STG INDICATE if the objective was met or not:

Criterion met (date) / Criterion not met

If the objective was not met-provide a brief statement as to what the client is able to do

IV. Additional Information:

Discuss therapy targets, reinforcements, strategies, materials, AND EBP. Discuss the overall therapy experience; successes and challenges. If any additional testing was conducted (including oral motor exam-list results).

V. Status at the End Therapy: Statement indicating client's current speech-language skills at the end of therapy (this statement should justify the recommendations)

VI. Prognosis Statement: Predictive Statement: What will the likely outcome be during/after therapy? Due to what conditions? (Ex: Prognosis is judged to be good as the client completes homework after every session, carryover is practiced at home with parents, client attends all sessions, client is motivated to achieve goals)

VII. Recommendations: Plan for future services; include goals that should be targeted if you are recommending continued therapy.

Student Clinician, Date
Date

Speech Language Pathologist,

ASHA #

State License



Speech, Language & Hearing Clinic
Progress Report

(Alternative Outline for Progress Report/Chart Format)

Client Name:	Date of Birth:
Parent(s)/Guardian(s): [Caregiver if applicable]	Chronological Age:
Address:	Date of Report:
Phone Number:	S/L Dx:
Therapy Period: (Start Date-End Date)	Sessions Attended: (# out of #)
Frequency/Duration/Size:	Student Clinician:
Clinical Supervisor: (Primary Supervisor)	Clinical Supervisor: (Secondary Supervisor)

Background Information:

include the following information in NARRATIVE FORM:

- Client's name
- chronological age
- speech-language diagnosis
- currently receives s/l therapy at Iona College SL & H Clinic, frequency/duration/Size of session;
- Past medical history, any significant issues
- Family history: Who does the client live with? Family history of s/l disorder or delays? primary language spoken at home
- Educational History (if applicable); Does the client receive any services in school? If so, what?
- Developmental Milestones & Speech/Language Milestones
- Correspondence with other professionals outside of the Iona College SL & H Clinic; Does the client receive any additional services outside of the clinic (not previously mentioned in educational history)? Any previous services that were discontinued? Etc.

Status at Start of Therapy: Statement indicating clients current speech-language skills at the start of therapy. Report on information collected from baseline data.

I. Therapy Objectives & Progress to Date:

Speech –Language Diagnosis (i.e. artic, fluency)

Short Term Goals in a chart format

Short Term Goals	Initial Status/Baseline	Change in Status
Include all measurable goals (i.e. The client will ___ 80% of the time)	Include initial start of data (i.e. 73%)	Provide measurable performance of current status. (i.e. 96% accuracy. Criterion Met)

V. Additional Information:

Discuss therapy targets, reinforcements, strategies, materials, AND EBP. Discuss the overall therapy experience; successes and challenges. If any additional testing was conducted (including oral motor exam- list results.

/I. Status at the End Therapy: Statement indicating client's current speech-language skills at the end of therapy (this statement should justify the recommendations)

/I. Prognosis Statement: Predictive Statement: What will the likely outcome be during/after therapy? Due to what conditions? (Ex: Prognosis is judged to be good as the client completes homework after every session, carryover is practiced at home with parents, client attends all sessions, client is motivated to achieve goals)

/II. Recommendations: Plan for future services; include goals that should be targeted if you are recommending continued therapy.

Student Clinician, Date

Speech Language Pathologist, Date

ASHA #

State License



Speech, Language & Hearing Clinic
Progress Statement

Client		Diagnosis	
DOB		Freq/Dur	
CA		# Of sessions attended	
DOR		Clinical Supervisor	
Student Clinician		Date Approved	

Initial Assessment and Functional Level (at start of service):

Pertinent Background Information

Narrative Summary to date including but not limited to history and justification of services to date

Present Level of Performance

	WNL	Mild	Mod	Severe	N/A
Articulation					
Fluency (rate, typical/nontypical disfluencies)					
Voice (pitch, intensity, quality) and resonance					
Language (Auditory, Verbal, Reading, Writing)					
Hearing (informal, formal)					
Swallowing					
Cognitive (orientation, memory, problem-solving)					
Social Aspects of Communication (social language)					
Augmentative & Alternative Communication Modalities					
Oral Motor (Structure, Function)					

Additional Observation on level of performance

Narrative Summary indicating pertinent information contributing to performance/progress to date

Progress Achieved to Date:

Current skills to date

Recommendations:

Statement indicating recommendations along with justification

STUDENT CLINICIAN	DATE

SUPERVISOR	DATE



SPEECH, LANGUAGE & HEARING CLINIC

DIAGNOSTIC REPORT (CHILD)

*(Sample Outline for Diagnostic Report/CHILD)**

Diagnostic Report should include but is not limited to the following:

Client Name:	Date of Birth:
Parent(s)/Guardian(s)/Informant(s):	Chronological Age:
Address:	Date of Report:
Phone Number:	Student Clinician:
Clinical Supervisor: (Primary Supervisor)	Clinical Supervisor: (Secondary Supervisor)

Background Information:

NAME OF CLIENT is a CHRONOLOGICAL AGE was seen for a speech and language evaluation (due to concerns of/To determine progress to date). This client was referred for the evaluation by NAME on DATE for REASON.

Pertinent history was obtained via interview by NAME and acted as a reliable informant and the case history form of DATE. Prenatal birth history was reported as _____. NAME OF CLIENT was the product of ____ week gestation period via (vaginal / C-section delivery) at BIRTH WEIGHT.

Medical history was reported as _____ (Include any information such as NICU stay; ear infections, food allergies, asthma)

Family history

The client currently lives with (Report family members, siblings, grandparents, and babysitter). The primary language spoken at home is _____ and NAME OF CLIENT is exposed to (secondary language; if applicable, discuss their ability to read, write, speak and listen in secondary language)

Developmental milestones were reported as _____ (include gross, fine, and speech milestones)

NAME OF CLIENT currently attends (EDUCATIONAL INFORMATION). NAME OF INFORMANT reported (discuss any issues with school/receiving any support/ information from school).

Past services include (indicate course of evaluations through Early Intervention, CPSE, private, school and history of treatment and frequency).

Parent / Client Concern:

Mr./Mrs. Reported concerns with (i.e. speech/language development, articulation, sounds, following directions...any example that the parent reports). Discuss any issues of behavior when making wants and needs known (i.e. biting, hitting, use of gestures, yes/no responses)

Clinical Observation:

NAME OF CLIENT easily established a rapport with the unknown examiner and participated in all activities presented. Spontaneous use of language was characterized by _____. He/Her was able to make her want and needs known via _____Intelligibility was judged to be _____. The client was able to attend to _____. Processing skills were judged to be _____for understanding of language and following directions within context.

Formal Testing

List Each Assessment Used/Conducted

Name of formal assessment (abbreviations)

i.e. Goldman Fristoe Test of Articulation-3 (GFTA-3)

Informal Testing

(if not using or in addition to a formal measure).

List EACH informal measure used/conducted

Hearing/Auditory Function

Informal hearing acuity was judged to be within normal limits at the conversational speech level indicating hearing to be within normal limits via one and three feet distances. (The client turned when his/her name was called; client looked towards the window when an environmental noise was outside; client responded to bells/whistles).

Hearing was judged to be within normal limits in a quiet environment based on informal observation

Articulation

The FORMAL ASSESSMENT was used to evaluate articulation skills at the one word level. Sounds were assessed in the initial, medial, and final positions of words. Results of the evaluation indicated the following:

Raw Score	Standard Score	PercentilePer Percentile Rank	Age Equivalent

Mean standard score= 100

Standard Deviation = +/-15

The following table summarizes articulation errors

Include errors in all positions

Indicate and reference when sounds are expected to be present at current age

The following table indicates phonological processes

Include developmental and/or nondevelopmental phonological processes

Indicate age when processes are expected to age out

Intelligibility during connected speech was judged to be _____ characterized by _____. Mr./Mrs. _____ report that they are able to understand NAME OF CLIENT % of the time with context known or unknown. INFORMANT further indicated that an unknown listener is able to understand CLIENT % of the time with context known or unknown.

This examiner was able to understand connected speech % of the time with context known/unknown. According to EBP/SOURCE (ex: Bowen or Gard, Gillman, Gorman) a child of AGE intelligibility should be understood % of the time by their caregivers.

Voice:

Clinical observation indicated pitch, quality, intensity, & resonance were judged to be _____.

(Separate Evaluation for a formal voice assessment if applicable)

Fluency:

Clinical observation revealed rate of speech and disfluent patterns to be _____.

(Separate Evaluation for a formal voice assessment if applicable)

Oral Motor Exam

An oral peripheral examination (informal or formal) was completed and revealed that the oral mechanism is intact for communication and feeding purposes. The results of the evaluation indicated that facial symmetry was judge to be ____; tone was also noted to be ____; labial structure and function was judged to be ____ characterized by ____; lingual structure and function was judged to be ____ characterized by _____. Intra oral examination revealed hard/soft palate structure and function to be ____; frenulum to be ____; dentition was judged to be ____; and secretions were _____. Observation of breathing revealed ____/appropriate for the coordination of respiration and phonation.

LANGUAGE

The NAME OF FORMAL ASSESSMENT was administered to evaluate _____.

The assessment is composed of _____. The _____ is used to evaluate _____. The results of the evaluation are as follows (examples of some tables and assessments)

Preschool Language Scale – 5

Subscale	Raw Score	Standard Score	%ile Rank	Age Equivalent
Auditory Comprehension				
Expressive Communication				
Total Language				

Mean=

100

Standard Deviation= +/-15

Clinical Evaluation of Language Fundamentals-4th Edition

CELF-5Subtest	Raw Score	Standard Score	%ile
Formulated Sentences			
Word Structure			
Concepts & FOLLOWING Directions			

CELF-5 Core Language: Mean=100; Standard Deviation = +/-15

CELF-5 Subtest: Mean=100; Standard Deviation = +/-3

Peabody Picture Vocabulary Test-4th Edition

Raw Score	Standard Score	Percentile

Mean = 100

Standard Deviation = +/- 15

Results of Language Sample=MLU (Use and discuss EBP)

For younger children also discuss Play Skills (Use an discuss EBP)

Discuss overall results/performance of the assessment?

Were the skills judged to be within normal limits?

What was the client able to do?

What speech and language areas were compromised? Provide examples of errors

Results of auditory comprehension indicates LEVEL of Delay / Impairment characterized by

Results of expression language indicates LEVEL of Delay / Impairment characterized by

Results of vocabulary skills indicates LEVEL of Delay

Results of play skills indicates LEVEL of Delay

PRAGMATIC LANGUAGE

Pragmatic skills indicate how one integrates language use within social contexts. NAME OF CLIENT was able to (use appropriate eye contact, initiate, participate & turn-take within a verbal exchange; judge non-verbal cues accordingly; code switch with different communication partners)

Results:

NAME OF CLIENT is a CHRONOLOGICAL AGE was seen for a formal speech and language assessment due to concerns of _____. The results of the evaluation indicated summarize findings of formal, informal, and observation results.

According to the results of the evaluation the client presents with _____ characterized by _____.

Recommendations

Provide specific recommendations for therapy services

It is recommended that NAME OF CLIENT receive speech and language services two times per week to improve (Recommend any strategies and/or other professionals)

The results of the evaluation were discussed with _____. The _____ agree with the results of the evaluation and recommendations for treatment.

Student Clinician, Date
Date

Clinical Supervisor,



SPEECH, LANGUAGE & HEARING CLINIC

DIAGNOSTIC REPORT (ADULT)

*(Sample Outline for Diagnostic Report/ADULT)**

Diagnostic Report should include but is not limited to the following:

Client Name:	Date of Birth:
Parent(s)/Guardian(s)/Informant(s):	Chronological Age:
Address:	Date of Report:
Phone Number:	Student Clinician:
Clinical Supervisor: (Primary Supervisor)	Clinical Supervisor: (Secondary Supervisor)

Background Information:

NAME OF CLIENT is CHRONOLOGICAL AGE was seen for a speech and language evaluation (due to concerns of _____) (to determine progress to date). This client was referred for the evaluation by NAME on DATE for REASON. The client identifiers included (client's name, date of birth, address). The client was accompanied by (NAME OF SUPPORT) who was present during the evaluation.

Pertinent history was obtained via interview by NAME and acted as a reliable informant and the case history form of DATE. The client described his/hers speech and language functioning as _____.

Pertinent medical history is remarkable for _____ on DATE. The case history report on / the client reported _____ (course of impairment, hospital stays, home care, past therapy)

Pertinent Social/Employment History was reported that the client lives with (or lives alone/home health aide). The client is a retired _____.

The client reports previous speech therapy at _____.

Current medications at the time of the evaluation include _____.

Caregiver / Client Concern:

NAME OF CLIENT describes speech and language functioning as _____. The clients goal for treatment include _____.

Clinical Observation:

NAME OF CLIENT was able to make his/hers wants and needs known via _____. The client was oriented to (person, place, and time). Auditory attention skills were judged to LEVEL of impairment (or judged to be within normal limits). Problem solving/reasoning skills were judged to be LEVEL of impairment (or judged to be within normal limits). Patient's awareness for safety and deficit are judged to be LEVEL of impairment (or judged to be within normal limits). Intelligibility was judged to be _____.

Formal Testing

List Each Assessment Used/Conducted

Name of formal assessment (abbreviations)

i.e. Boston Diagnostic Aphasia Examination-Third Edition (BDAE-3)

Informal Testing

(if not using or in addition to a formal measure).

List EACH informal measure used/conducted

Hearing/Auditory Function

Informal hearing acuity was judged to be within normal limits at the conversational speech level indicating hearing to be within normal limits via one and three feet distances. (The client turned when his/her name was called; client looked towards the window when an environmental noise was outside; client responded to bells/whistles).

Hearing was judged to be within normal limits in a quiet environment based on informal observation

Articulation

The clients speech intelligibility is LEVEL reduces at the WORD/PHRASE/SENTENCE/CONVERSATIONAL Level due to _____ characterized by (decreased articulatory precision/decreased coordination of respiration and phonation/increased rate of speech/, decreased rate of speech/reduced vocal intensity). Due to _____ highly variable speech errors/delayed initiation of speech sounds/syllable repetitions.

Voice:

Clinical observation indicated pitch, quality, intensity, & resonance were judged to be _____.

(Separate Evaluation for a formal voice assessment if applicable)

Fluency:

Clinical observation revealed rate of speech and disfluent patterns to be _____.

(Separate Evaluation for a formal voice assessment if applicable)

Oral Motor Exam

An oral peripheral examination (informal or formal) was completed and revealed that the oral mechanism is intact for communication and feeding purposes. The results of the evaluation indicated that facial symmetry was judge to be _____; tone was also noted to be _____; labial structure and function was judged to be _____ characterized by _____; lingual structure and function was judged to be _____ characterized by _____. Intra oral examination revealed hard/soft palate structure and function to be _____; frenulum to be _____; dentition was judged to be _____; and secretions were _____. Observation of breathing revealed _____/appropriate for the coordination of respiration and phonation.

LANGUAGE

The NAME OF FORMAL ASSESSMENT was administered to evaluate _____. The assessment is composed of _____. The _____ is used to evaluate _____. The results of the evaluation are as follows (examples of some tables and assessments)

Boston Diagnostic Aphasia Examination-Third Edition

BDAE-3 Subtest	Raw Score	Standard Score	%ile

Mean=100; Standard Deviation = +/-15

Discuss ability to read and write
Reading Comprehension
Written Expression

PRAGMATIC LANGUAGE

Pragmatic skills indicate how one integrates language use within social contexts. NAME OF CLIENT pragmatic skills were judged to be LEVEL of impairment characterized by (turn-taking, poor response elaboration, agitation)

Results:

NAME OF CLIENT is a CHRONOLOGICAL AGE was seen for a formal speech and language assessment due to concerns of _____. The results of the evaluation indicated summarize findings of formal, informal, and observation results.

According to the results of the evaluation the client presents with _____ characterized by _____.

Recommendations

Provide specific recommendations for therapy services

It is recommended that NAME OF CLIENT receive speech and language services two times per week to improve (Recommend any strategies and/or other professionals)

The results of the evaluation were discussed with _____. The _____ agree with the results of the evaluation and recommendations for treatment.

Student Clinician, Date

Speech-Language Pathologist, Date



Speech, Language & Hearing Clinic

Routing Report

Formal Clock Hour Summary Form

Student Evaluation Feedback Form

Baseline Data Form



Speech Language & Hearing Clinic
 Routing of Report
 Cover Sheet

Student Name: _____

Type of Report:

- Monthly Progress Statement
- Progress Report
- Evaluation Report

Instructions:

Clinical Student: please document the date, time and your initials when each draft is submitted. Each time you submit a report, provide the previous report that was reviewed and attach the routing report cover sheet.

Speech-Language Pathologist: please document the date, time and your initials when returning the document.

Clinical Student Submission Speech-Language Pathologist: Returned/Edited

Draft	Date	Time	Initials	Notes	Draft	Date	Time	Initials
1st					1st			
2nd					2nd			
3rd					3rd			
4th					4th			
5th					5th			

Final Report: _____ Final Signature: _____
 Copy given to client: _____ Approved by: _____



Speech, Language & Hearing Clinic
Clinic Clock Hour Form

STUDENT CLINICIAN	
Student ID #	
SEMESTER	

	Screens		Treatment		Diagnostics	
Articulation	C:	A:	C:	A:	C:	A:
Fluency	C:	A:	C:	A:	C:	A:
Voice/Resonance	C:	A:	C:	A:	C:	A:
Receptive/Expressive Language	C:	A:	C:	A:	C:	A:
Hearing	C:	A:	C:	A:	C:	A:
Swallowing	C:	A:	C:	A:	C:	A:
Cognitive	C:	A:	C:	A:	C:	A:
Social Aspects of Communication	C:	A:	C:	A:	C:	A:
Augmentative & ACM	C:	A:	C:	A:	C:	A:
Other: Direct contact with client and family in counseling	C:	A:	C:	A:	C:	A:

C= EI Early Intervention (0-3) (PS) Preschool (3-5); (SA) School Age (5-17); A=Adult (18 and older)

Treatment Total Time	
Diagnostic Total Time	

ASHA Member Name	
ASHA Member Signature	
ASHA Member Number	
State Licensure Number	
Date	



*Speech, Language & Hearing Clinic
Student Evaluation Feedback Form*

Speech, Language & Hearing Clinic Student Evaluation Feedback Form

Clinical Students will be required to complete the following *Student Evaluation Feedback Form* due date determined by your immediate SLP). The purpose of this form is for the clinical student to view yourself as a “clinician”, to evaluate your client’s needs and the steps needed to achieve your goals. This should be used to help you view “what you are doing clinically” within your sessions, to improve the therapy and develop your knowledge and skills for clinical application.

Student Clinician: [Click here to enter text](#). Client Initials: [Click here to enter text](#). Date of Session: [Click here to enter text](#).

The *Student Evaluation Feedback* **MUST** include the following: *Video Review (as assigned by the SLP and a Written Summary (use the following prompt questions to support your written documentation along with any additional questions and/or requirements by your SLP*

- ☞ Are the reinforcers motivating the client? IF So-How ?
- ☞ Am I delivering reinforcers appropriately? IF So-How ?
- ☞ Is the schedule of reinforcement continuous or intermittent? Describe
- ☞ Am I teaching the target behavior in small enough steps? What are the steps?
- ☞ How did I include prompts and scaffolding during this session?
- ☞ Am I presenting the stimuli when the client is not paying attention? How does this support functional therapy?
- ☞ Am I programming a sufficient variety of target behaviors during each session?
- ☞ Am I allowing the client to make too many errors in a row without modifying the task?
- ☞ Am I providing feedback regarding / reinforcements what is done well? Does the client understand why they are participating in speech therapy services?
- ☞ Is the patient bored with therapy materials? If So-what do you need to do?

📖 Is the student clinician bored with the therapy materials?

📖 Do I provide instructions clearly? If so-How? Did I allow the enough time for the client to respond?

📖 Did I prepare enough materials to address and support the client and goals for functional therapy?

📖 What is one improvement I could have made to improve today's session? What would I do differently?

📖 How did I implement prior supervisor feedback and/or self-assessment?

📖 What is one area in which I feel I improved on/in during the session?

*Speech, Language & Hearing Clinic Formative Assessment
Student Evaluation Feedback Form Fall 2018-Spring 2019*

Students will participate in a formal *Student Evaluation Feedback* evaluation in order to monitor critical thinking, decision-making and problem solving skills to support knowledge and skill development during their learning process.

In accordance with professional standards and based upon Syllabus provided, video reviews are required for both Undergraduate and Graduate level Clinical Practicum Students.

The purpose of these reviews is to add to **FORMATIVE EXPERIENCES** of student clinicians (development as future professionals in the field of SLP). As such, this experience aims to increase Student Clinicians':

- Development of self-analysis skills and how student clinician performance impacts client outcomes
- Ability to present long range goals and treatment planning for a client caseload.

- The following are required **PER SEMESTER**: Two (2) reviews for Undergraduate students and Three (3) reviews for Graduate students. **** In the event that there is not consent for video recording by client/client family, alternate arrangements to be determined. **** In conjunction with the above video requirement, additional video reviews may be requested at the discretion of the supervising or video SLPs.

PROCEDURES FOR REVIEWS:

- A video is recorded by SLP. The student clinician provides a written analysis of recorded session (to be maintained in client session chart until the date of video review). Details to be included in written portion are included in a template in student handbook.
- Once Student clinician is informed via email by SLP that session has been recorded, Student clinician then signs up for video review date (provided in a folder in SLP office) – student clinician must sign for a review no more than (7) days following being informed regarding recording.
- At video review, Student clinicians are required to provide written analysis of session and are expected to perform as active participants in review session (eg conversational exchange regarding various components of treatment session – such as client behaviors; clinician awareness of goals and treatment planning; factors impacting achievement of client goals. What the “next step” in treatment planning may be considered clinically.



*Speech, Language & Hearing Clinic
Baseline Collection Data Form*

Client		Student Clinician	
DOB		Date	
CA		S/L Skill Addressing	

Target	10 Trials of Training										Results
Speech-Language Target	1	2	3	4	5	6	7	8	9	10	Results

Sample Data Collection

Data Collection
Session # __ (Date)

Client Arrival:

Alert/ Distracted

On time/ Late

Client Participation:

Willing/ Unwillingly

Attentive/ Distracted

STG #1-Signing for “me”

Opportunities	Attempts	Percentage Correct

STG #2-Signing for “all done”

Opportunities	Attempts	Percentage Correct

STG #3-Attention to Activity

Activity	Time of attention
#1	
#2	
#3	
#4	
#5	
#6	
#7	

STG #4-Turn-Taking

Opportunities	Attempts	Percentage Correct

STG #5-Response to Sound

Opportunities	Attempts	Percentage Correct

Additional Observations:

Sticker Chart

Activity Number 1 Picture	Sticker
---------------------------	---------

Activity Number 2 Picture	Sticker
Activity Number 3 Picture	Sticker
Activity Number 4 Picture	Sticker

Picture of Reward

Behavior Management Plan #1:

This chart is a visual behavior management plan to make the client aware of the schedule of activities as well as to assist a client with transitions. At the end of each activity a sticker is provided to mark a transition from the current activity to the next. The reward picture serves as motivation for the client to complete all activities to receive the desired reward. It is important to continue to the sticker awarding throughout the session to continually remind the client what is coming next and what is expected in order to receive the reward.

Behavior Management Plan #2:

- 1) Print out pictures or word cards for each activity.
- 2) Post the pictures in order of occurrence on the wall of the session room with a clothespin attached to the first planned activity.

3) Allow the client to move the clothes-pin during transitions from one activity to the next. This method allows the client to be part of the progression of the session while still maintaining a schedule. The client is aware of the schedule and can refer back to the pictures on the wall. The student clinician can use the pictures as reference and can visually observe how far the session as progressed based on location of the clothespin.

Behavior Management Plan #3:

Using a poster board, create a column of activities listed in order of occurrence and attach with Velcro. At the bottom of the poster board attach two envelopes, one labeled “finished” or “all done” and the other labeled rewards. At the end of each activity allow the client to remove the activity card and place it into the “finished” envelope to provide visual support that the activity has ended. When all activities have been removed from the board, allow the client to pick a reward from the corresponding envelope.

Behavior Management Plan #4:

Following from the TEACCH model, create a collection of activities that you would like to accomplish in a session in picture or word format. Present these activity cards to the client two or three at a time and allow the client to choose which activity to participate in. When the activity is complete allow the client to place the activity card into a can or envelope labeled “finished” to visually support the end of the activity. Continue to cycle of choosing activities until all are complete. This method is ideal for clients requiring variability in transition timing and/or is working on attention skills.

Sample Progress Report

Name:

Parents:

Address:

Phone:

Therapy Period:

Sessions Attended: 21/25 (including two make-up sessions)

DOB:

CA:

Date of Report:

S/L Diagnosis:

Frequency/ Duration:

Student Clinician:

Clinical Supervisor:

Background Information:

The client currently receives speech services twice per week for thirty minute sessions at the Iona College Speech and Language Hearing Clinic and three times per week for thirty minutes sessions at school in addition to occupational and physical therapies. The client is a student in a self-contained preschool classroom for children with developmental disabilities.

According to the case history form completed by the mother in Fall 2012, developmental milestones consist of the following: sitting at 7 months, crawling at 9 months, standing at 20 months, walking at 22 months, and feeding self at 22 months. The client is still working towards independent dressing and independent toileting. The mother noted that single word use started at 15 months, combining words at 20 months, and naming simple objects at 24 months. The client’s mother stated that gestures are the primary mode of communication, but will use one-two word utterances if encourage by an adult. Use of simple questions or engaging in conversations has not yet begun.

The client’s birth and medical histories are unremarkable, with the exception of head, foot, and mouth disease at 26 months. Currently the client follows a gluten and dairy sensitive diet.

The client is an only child living at home with both parents. A lot of time is also spent the grandmother. English is the primary language spoken at home though Korean is occasionally used. The client’s father presented with speech delays as a child and began speaking at two and a half years old.

Status at Start of Therapy:

At the start of therapy on 9/13/12, the client demonstrated the ability to imitate verbal models (provided by the student clinician) and visual models (manual sign used by the student clinician). The client was able to follow a simple one step direction, such as “put in/ on” when provided with maximal support from the student clinician. At that time, eye contact with the student clinician was not observed and the client often chose to participate in presented activities alone, in a separate space, as opposed to parallel play or joint attention. The client demonstrated behavioral stimming including spinning, jumping, and screaming observed on the first session when the space became overwhelming and during the second session when there was no interest in planned activities.

Therapy Objectives/ Progress to Date:

Speech and Language Diagnosis:delays in expressive, receptive, and pragmatic language.

Long Term Goal #1: To improve expression of wants and needs for functional expressive language skills in and outside of the clinic.

Short Term Goal	The client will perform the sign for “more” with maximal prompting by the student clinician 80% of the time within 2 sessions.
(Criterion met 9/25/12)	

Short Term Goal	The client will perform the sign for “more” with minimal prompting by the student clinician 80% of the time within 4 sessions. (Criterion met 10/16/12)
Short Term Goal	The client will label 7 out of 10 given objects or pictures with maximal verbal prompting by the student clinician 80% of the time within 1 session. (Criterion met 10/18/12)
Short Term Goal	The client will label facial features (eyes, lips, etc.) when presented with the visual cue with minimal prompting by the student clinician 80% of the time within 4 sessions. (Criterion met 11/15/12)
Short Term Goal	The client will label provided pictures in a book with moderate verbal prompting by the student clinician 80% of the time within 4 sessions. Not met; <i>The client shows recognition of pictures through pointing gestures or verbal attempts (ex. Production of the first sound of the word). To date the client will imitate the student clinician’s verbal model of the target picture 60%-70% of opportunities.</i>
Short Term Goal	The client will pair the sign for “more” with the verbal production of a desired object with maximal verbal prompting by the student clinician 80% of the time within 4 sessions. Not met; <i>The client produces the sign for “more” with minimal prompting from the student clinician. Maximal prompting is needed to elicit a verbal attachment to make the request need-specific. To date the client will use the sign for “more” with the addition of the specific verbalized request 50% of opportunities.</i>
Short Term Goal	The client will label body parts (head, feet, hands, belly etc.) when provided with a visual cue with moderate verbal prompting by the student clinician 80% of the time within 4 sessions. Not met; <i>implemented on lesson plan for 11/20/12. Goal added after the achievement of labeling facial features to continue improvement on age-appropriate language.</i>

Long Term Goal #2: To improve receptive language skills for functional communication in and outside of the clinic.

Short Term Goal	The client will follow a one step command with maximal verbal and visual prompting by the student clinician 80% of the time within 4 sessions. (Criterion met 10/04/12)
Short Term Goal	The client will identify one object in a choice of two with maximal verbal and visual prompting by the student clinician 80% of the time within 4 sessions. (Criterion met 10/04/12)
Short Term Goal	The client will follow a one step command with minimal verbal and visual prompting by the student clinician 80% of the time within 4 sessions. (DEEMED INAPPROPRIATE LEVEL OF SUPPORT on 10/09/12; Change is below)
Short Term Goal	The client will follow a one step command with moderate verbal and visual prompting by the student clinician 80% of the time within 4 sessions.

	Not met; <i>The client follows a one step command approximately 55%-65% of opportunities; typically requires the pairing a the verbal request with the corresponding action before she performs the requested command.</i>
Short Term Goal	The client will identify one object in a choice of two with minimal verbal and visual prompting by the student clinician 80% of the time within 4 sessions. (DEEMED INAPPROPRIATE LEVEL OF SUPPORT on 10/09/12; Change is below)
Short Term Goal	The client will identify one object in a choice of two with moderate verbal and visual prompting by the student clinician 80% of the time within 4 sessions. Not met; <i>The client will identify the target object in a choice of two approximately 60% of the opportunities; typically grabs both objects, requiring prompting from the student clinician, and then will identify with one choice.</i>

Long Term Goal #3: To improve pragmatic skills for age appropriate social interactions in and outside of the clinic.

Short Term Goal	The client will make eye contact with the student clinician to signify a request with maximal visual prompting by the student clinician 80% of the time within 4 sessions. (Criterion met 10/04/12)
Short Term Goal	The client will make eye contact with the student clinician to signify a request with minimal visual prompting by the student clinician 80% of the time within 4 sessions. (DEEMED INAPPROPRIATE LEVEL OF SUPPORT on 10/09/12; Change is below)
Short Term Goal	The client will make eye contact with the student clinician to signify a request with moderate visual prompting by the student clinician 80% of the time within 4 sessions. Not met; <i>The client pairs eye contact with a request approximately 40% of opportunities. Typically relies on a visual reminder, such as holding a desired object to the student clinician's eyes, as an aid for performance of this goal.</i>
Short Term Goal	The client will greet (hi and bye) the student clinician at the beginning and end of each session with maximal verbal prompting by the student clinician 80% of the time within 4 sessions. Not met; <i>The client inconsistently greets the student clinician at the beginning of the session but steadily says "bye-bye" at the end of the session.</i>

Additional Information:

The client is currently working towards the development of expressive, receptive, and pragmatic language skills. Each session is created based on a routine that has been set. The session begins with the client entering the room, jumping on the trampoline or sitting at the table (dependent upon behavior at arrival to the clinic) and reading a pre-selected book. After completion of reading the book with a corresponding interactive activity, a follow-up activity that focuses on a segment of the book occurs. Many times these activities will include a focus on animals, colors, body parts, or counting. The end of the session includes an art/ sensory activity, followed by "good-bye bubbles". This routine is supported with a visual schedule to assist with transitioning from one activity to the next.

According to the American Speech-Language Hearing Association, typically an individual at the client's age level has vocabulary of approximately 1,000 words, uses complex sentences composed of 3-4 words, can engage in conversation about relatable topics (school, activities, interests), and uses the name of a desired object in a two word request. Receptively, a child of this age will follow a two step direction, answer "who", "what", and "where" questions, and will

understand the difference in meaning of opposites (big/little, on/off, up/down). The client uses gestures as the primary method for making a request. Recently the client has begun using the signs for “more” and “eat” independently, with the development of a verbal attachment for a specific object when provided with maximal level prompting. Typically, only one word utterances are used, unless imitating verbal prompts provided by the student clinician. With the use of an established routine, the client has begun producing commonly used phrases such as “turn page”, “more stickers”, “bye-bye bubbles”, and “pop bubbles” without prompting. Currently the client is beginning to label pictures in stories and objects in activities (colors, animals, etc.). Engagement in conversation has not yet begun. The client will follow a one step direction with minimal visual prompting from the student clinician. When asked to choose between objects, such as a color paint or sticker, the client will respond with gesture (pointing, glancing), but does not provide a verbal answer. Research from Steven P. Shevlov of the American Academy of Pediatrics described the pragmatic (social) language of an individual of the client’s age to include active engagement with peers, desire for new experiences, and pretend play. The client is currently working towards developing consistent eye contact when making requests. Currently eye contact is used when signing “more” but not when greeting the student clinician (during hello/ goodbye routine). Visual cues such as holding a sticker, toy, or food to the student clinician’s eye have encouraged an increase in eye contact. Manual signs have been implemented into the session to increase the client’s attention to the actions of the student clinician for development of joint attention. The mastery of these signs is not an expectation, but instead their use is to increase attentiveness to the language used by the student clinician.

Each session incorporates activities aimed towards eliciting improvement of outlined goals. The developmental toy list chart, adapted from the book, The New Language of Toys: Teaching Communication Skills to Special-Needs Children (1996) by Sue Schwartz, lists board games, picture matching games, sand box play, pretend play kits, and shape sorters as age-appropriate toys for the client’s age. Research from Lorraine Nicholich (1977) and Jane Katz (2001) describes the play skills of a child in the age range of the client to incorporate “pretend play sequences with two or more children with a theme, assigned roles, and language appropriate to the scenario”. Currently the client demonstrates skills of self-related symbolic play (play behavior that uses objects for their true purpose and involving only the child). The client prefers to play alone rather than together with the student clinician and does not deviate from the original purpose of a toy. The client thoroughly enjoys sensory play (moon-sand, water play, and rice boxes) and shape sorters with corresponding color themes. In addition, the client reacts well to activities such as farm and doll houses, baby dolls, puzzles, and books. The client greatly enjoys music therefore sing-along songs have recently been added when related to activities. For example, the ABC’s, Old MacDonald, and Head, Shoulders, Knees, and Toes, have all been used to elicit language growth. Incorporating pretend play models, working towards following directions to correspond to board games, and increasing joint attention will allow development towards age-appropriate play level.

Reading is an activity used in all sessions. There is much research supporting the idea of interactive reading as an appropriate method for increasing vocabulary, joint attention, and teaching emergent literacy skills. The article entitled *Using Interactive Story Book Reading to Increase Language and Literacy Skills of Children with Autism Spectrum Disorder* (Kelly Whalon, Mary Frances Hanline, and Juliann Woods, 2007) supports the use of interactive reading to elicit spontaneous language with the natural environment developed through reading a book. Each session begins with reading a book while a corresponding activity parallels the progression of the

story. For example, when reading The Very Hungry Caterpillar, the client “fed” the caterpillar the foods in sequence with the progression of the story. Story maps, characters being placed in order of their occurrence, have also been used to parallel the story’s progression. This category of activity has allowed the client to develop following directions, increasing attention to an activity, and increasing vocabulary repertoire.

Sensory input through art and enhanced activity materials occurs in every session. For example, story map characters often have sensory materials such as buttons, feathers, textured paper, or pom-poms attached. At the conclusion of each session, an art activity occurs to allow the client to explore and elicit spontaneous language in reaction to the experience. The client thoroughly enjoys water play and moon sand. In these activities shovels and mini pails are used to allow the water or moon sand to be displaced, to be poured over the client’s hands, or to create shapes. Verbal models are incorporated to describe what the student clinician is doing or as a reaction to what the client does. Every session also ends with the use of bubbles which encourages joint attention with the student clinician as the client pops the bubbles, uses hand over hand to hold the bubble wand, and says goodbye.

On her first session, the client displayed a high interest in sparkly stickers. This interest transferred into a behavior management plan to encourage attentiveness in activities. Each session is planned out through pictures on a chart. After each activity is completed, the client chooses one sticker to place on the chart. Behavior specific reinforcement such as “good work finishing the puzzle” or “great job saying hello today” corresponds with the sticker being placed on the chart. This behavior management plan allows the stickers to be used in an effective way as well as providing a visual support of the session. In addition to the stickers, the trampoline is also used when necessary. When the client struggles to attend to an activity or is tired, stimming behaviors such as beginning to jump, scream, or spin may occur. The trampoline is a positive way for the client to regain attention and calm from overstimulation.

Parent involvement is very important. The client’s parents come into the room for all sessions. At the beginning of the semester engagement in activities would not occur unless the parents’ were sitting with the client. Now the client is able to sit separately, while the client’s parents sit at the table, and attends to all activities. This situation allows for the parents to observe progress as well as to see which strategies produce success. Carryover is successful because the client’s parents are learning through observation of the session. Typically at the client’s age it would be expected of the client to welcome new experiences and environments, but expression of anxiety in new situations requires the correspondence between the parents and the student clinician to assure a successful pattern of therapy sessions.

Currently the client presents with the ability to independently sign “more” when requesting (typically stickers, food, or sensory materials) while using eye contact when provided with minimal visual prompting. The client has demonstrated improvement in labeling, usually during reading, as well as when provided with verbal prompts from the student clinician. The client imitates most two utterance language models provided by the student clinician and follows most one step commands when provided with a visual model. Therefore, next semester will focus on the client’s development of independent use of expressive and receptive language use in addition to development of age-appropriate play and social skills for functional communication.

Recommendations:

The client should continue receiving services at the Iona College Speech and Language Hearing Clinic twice per week for thirty minute sessions. Continuation of services will allow for

continual improvement in developing age appropriate language in the areas of expressive, receptive, and pragmatic language.

Sample Lesson Plan

Progress Note

S: The client arrived to the session on time, alert, and willing to enter the room. The client actively engaged in all activities presented.

Q: The client produced the sign for “all done” at the end of activities 57% of opportunities when provided with hand over hand modeling from the student clinician. When requesting to use the trampoline and during turn-taking activities the client produced the sign for “me” 40% of opportunities when provided with hand over hand modeling from the student clinician. The client’s attention to activities ranged from 1-15 minutes, with the longest attention time to the water play sensory activity and the shortest to the legos. The client responded to name call and the start of the music with a gestural response of a head turn 20% of opportunities. Turn-taking was not observed in this session.

A: The client presents with delays in expressive and pragmatic language. The client can make a choice between two objects with assistance of signing to signal the beginning and ending an activity of choice. The client participates in joint attention with an object of choice and uses materials in self-related symbolic play. With the use of maximal verbal and visual prompting the client will engage in joint attention with the student clinician. For example, during water play the client used nonverbal gestures to engage with the student clinician such as handing the shovel to the student clinician and reaching for the student clinician’s hand to ask for help. The client-centered structure of the session meets the client’s need for flexible transitions as well as providing an environment rich in meaningful language models. Redirection occurs continually in the session to maintain the client’s focus on activities. Examples of redirection include repositioning materials in new ways and using bubbles to regain the client’s attention. The 15 minute sensory time at the end of the session is deemed an appropriate activity through the use of sensory enhanced materials paired with music to maintain the attention of the client through the end of the session. Language modeling occurs throughout the session to describe both the actions of the client and student clinician to encourage vocalizations. Imitations of simple sounds such as /b/ and /m/ have been observed, especially in times of excitement for the client.

P: The continued use of a client-centered session structure with age-appropriate toys and materials will occur to elicit the development of age appropriate expressive and pragmatic language. In addition, the student clinician will request permission to speak with the client’s at home speech therapist to discuss progress and methods used to create session plans that best meet the client’s needs.



Speech, Language & Hearing Clinic

Date: [REDACTED]

Daily Progress Note

Time: [REDACTED]

S/L DX: [REDACTED]

ICD-10 Code: [REDACTED]

S: The client arrived to the session on time. He explained that he was happy because it was recently his birthday and he also had off from school. The client was attentive throughout the entire session. Although he was side tracked from the task by conversation topics, he redirected himself without assistance.

O:

Goals	3/23/17	3/30/17	4/20/17	Average
The client will produce /θ/ in isolation with maximal visual prompting 80% of the time across three sessions.	90%	87%	95%	90% Goal met
The client will produce /ð/ in isolation with maximal visual prompting 80% of the time across three sessions.	60%	80%	100%	80% Goal met
The client will produce /ʃ/ in isolation with maximal visual and verbal prompting 80% of the time across three sessions.	80%	71%	60%	70% Goal not met
The client will produce /tʃ/ in isolation with maximal visual and verbal prompting 80% of the time across three sessions.	75%	60%	66%	67% Goal not met
The client will decrease the number of disfluencies to 10 or less throughout the entire session across three sessions.	8 disfluencies	10 disfluencies	5 disfluencies	7.6 disfluencies Goal met

A:

The client presents with deficits in articulation characterized by substitution of /θ/ with /f/. /θ/ is mastered by seven years of age (Sandler, 1972). The client engaged in an activity with the student clinician where he was given a clue to a certain dog breed and then was told to guess that dog breed through the use of taped pictures on the wall. In between each dog breed, /θ/ production was practiced. The client displayed significant progress during productions of /θ/ and could tell himself that he is doing better. The client suggested that he practice the sound within a word, for example, "math." The client practiced different words with /θ/ in initial, final and medial positions and, although inconsistent, he displayed success in /θ/ production. For the current session, the client produced /θ/ in isolation with maximal visual prompting with 95% accuracy. On average, for the past three sessions, the client produced /θ/ in isolation with maximal visual prompting with 90% accuracy, therefore, the client has met the goal and is showing progression.

The client presents with deficits in articulation characterized by substitutions of /ð/ with /v/. /ð/ is mastered by seven years of age (Sandler, 1972). The client engaged in an activity with the student clinician where he was given a clue to a certain dog breed and then was told to guess that dog breed through the use of taped pictures on the wall. In between each dog breed, /ð/ production was practiced. The client displayed significant progress during productions of /ð/. In order to help with clarity in production, the client felt more comfortable practicing this phoneme within a word. For example, the client successfully produced /ð/ in "the" as well as "bathe" and "feather." In isolation as well as in initial, medial and final position the client has showed significant progression since previous sessions. For the current session, the client produced /ð/ in isolation with maximal visual prompting with 100% accuracy. On average, for the past three sessions, the client produced /ð/ in isolation with maximal visual prompting with 80% accuracy, therefore, the client has met the goal and is showing progression.

The client presents deficits in articulation characterized by distortion of /j/. /j/ is mastered by seven years of age (Sandler, 1972). The client engaged in an activity with the student clinician where he was given a clue to a certain dog breed and then was told to guess that dog breed through the use of taped pictures on the wall. In between each dog breed, /j/ production was practiced. The client is aware that /j/ productions are not perfect and willingly would practice /j/ productions without being told. For the current session, the client produced /j/ in isolation with maximal visual and verbal prompting with 60% accuracy. On average, for the past three sessions, the client produced in isolation with maximal visual and verbal prompting with 70% accuracy, therefore, the goal was not met and the client continues to present with /j/ distortions.

The client presents with deficits in articulation characterized by distortion of /tj/. /tj/ is mastered by seven years of age (Sandler, 1972). The client engaged in an activity with the student clinician where he was given a clue to a certain dog breed and then was told to guess that dog breed through the use of taped pictures on the wall. In between each dog breed, /tj/ production was practiced. The client stated that he would like to practice /tj/ more because he is aware that there is room to improve. For the current session, the client produced /tj/ in isolation with maximal visual and verbal prompting with 67% accuracy. On average, for the past three sessions, the client produced /tj/ in isolation with maximal visual and verbal prompting with 67% accuracy, therefore, the goal was not met and the client continues to present with /tj/ distortions.

Fluency was monitored throughout the entire session. In order for the client to develop awareness of his disfluent moments, the student clinician monitored the amount of times he experienced a disfluency and discussed the total amount at the end of the session. Developing clients' self-awareness, recognizing variations in clients' stuttering and facilitating development of sequential behavioral objectives and collection of data is the hierarchical structure for treatment in one's therapy plan (Roth & Worthington, 2011). The student clinician observed that the client experienced more disfluencies in the beginning of the session rather than the end. This could be due to nerves of coming to speech and increasing comfort as the session goes on. During the discussion at the end of the session, the client stated he does not notice but he is happy that they are decreasing. For the current session, the client experienced five disfluencies. On average, for the past three sessions, the client experienced 7.6 disfluencies, therefore, the client has met the goal and is experiencing less than 10 disfluencies within a session, on average. The student clinician will lower the amount of disfluencies to 5 for the next goal.

Sample data collection

95%

10/	↓	↓	↓	↓ <i>basin</i>	↓ <i>math</i>	↓ <i>basin</i>	↓	↓ <i>cloth</i>	↓	↓
<i>the</i>	↓	↓ <i>foot</i>	↓ <i>feather</i>	↓ <i>basin</i>	↓ <i>math</i>	↓ <i>math</i>	↓	↓	↓	↓
11/	↓	↓	↓ <i>shout</i>	↓	↓ <i>shower</i>	↓ <i>sheet</i>	↓ <i>shoe</i>	↓	↓	↓
<i>he wants to practice more</i>	↓	↓	↓ <i>chop</i>	↓ <i>chase</i>	↓ <i>chase</i>	↓ <i>chop</i>	↓ <i>chase</i>	↓	↓	↓

100%

he wanted to say it in a word

Fluency: goal=10 or less

↓ ↓ ↓ ↓ ↓ _____

Sample diagnostic report

Speech, Language & Hearing Clinic
Diagnostic Report

Name: [REDACTED]
Address: [REDACTED]
City, State: [REDACTED]
Telephone: [REDACTED]

Date of Birth: [REDACTED]
Date of Evaluation:

Date of Report:
Chronological Age:

Parents: [REDACTED]
Caregiver: [REDACTED]

Graduate Clinician:
Clinical Supervisor:

Assessment Materials:

- Adult Case History Forms – 2/18/15
- Oral-Peripheral Examination (OPE) – 7/15/15
- Hearing Screening – 7/15/15
- *Scales of Cognitive Ability for Traumatic Brain Injury (SCATBI)* – 3/04/15, 3/09/15, & 3/23/15
- *Arizona Battery for Communication Disorders of Dementia (ABCD)* – 07/01/15 & 07/06/15
- *Scales of Cognitive and Communication Ability for Neurorehabilitation (SCCAN)* – 07/08/15 & 07/13/15
- *Frenchay Dysarthria Assessment: Second Edition (FDA-2)* – 7/13/15
- Assessment of Pragmatic Skills – 07/13/15

BACKGROUND INFORMATION

[REDACTED] was born on [REDACTED] and is a 32 year and 2 month old male. He was seen for a speech and language evaluation at Iona College's Speech, Language and Hearing Clinic to determine progress to date. He was referred to Iona College's Speech and Language Clinic for treatment by the speech supervisor from the Burke Rehabilitation Center.

Mrs. [REDACTED] acted as a reliable informant by providing pertinent background information that was obtained via an in person parent interview. Additional information was compiled by the case history forms completed by Mrs. [REDACTED] on 2/18/15. During an in person interview, Mrs. [REDACTED] stated that [REDACTED] was involved in a vehicular accident in which his car collided with a tree, resulting in a Traumatic Brain Injury (TBI) on January 11, 2011. Due to the TBI, the client has been diagnosed with a severe cognitive communication impairment and mixed dysarthria.

Medical History

After the vehicular accident, [REDACTED] was hospitalized to treat a Traumatic Brain Injury. He suffered from a head injury and visual problems due to the accident. Current medications at the time of the evaluation include Baclofen to reduce muscle spasms.

Family, Educational, and Social History

██████████ has received his Bachelors of Arts Degree in engineering and computer science at Howard University in Washington, DC. He currently lives at home in ██████████ with his mother and father. There is an unremarkable history of any speech, language and hearing problems within the family. As per the mother's report, ██████████'s aide, ██████████, spends most of the day with him, for 12 hours a day, 5 days a week. Mrs. ██████████ and ██████████'s aide are the primary caregivers of ██████████. He currently receives physical therapy once a week within his home.

Language Background and Use

Since the diagnosis of a Traumatic Brain Injury in January of 2011] has received speech and language services from Helen Hayes and Burke Rehabilitation Center. Additionally, he was attending St. Andrews for group therapy. Mrs. ██████████ reported that, "██████████ has made tremendous improvements since his accident." She stated, "██████████ has challenges with speech, cognition, thinking, and reasoning, but he has no difficulty with swallowing."

Parent/Caregiver Concern

Mrs. ██████████ reported concerns with ██████████'s speech and language difficulties. She said ██████████ has difficulty making his wants and needs known. She believes that stimulating his brain will result in a positive outcome. Her goals are for him to communicate more coherently.

CLINICAL OBSERVATIONS

██████████ accompanied the student clinician into the therapy room during the evaluation. The client was accompanied by his aide, ██████████ who was not present during the evaluation. He established a rapport with the student clinician from the start of the evaluation (07/01/15) to the end of the evaluation (07/15/15). ██████████ was not orientated to person, place, or time. He smiled and demonstrated inconsistent attention and compliance throughout the activities that were presented to him. Auditory attention skills were judged to be severely impaired. Problem solving/reasoning skills were judged to be severely impaired. Intelligibility was judged to be approximately 50-60% intelligible to an unknown listener. The results of the evaluation are determined to be an accurate measure of her current speech and language abilities.

HEARING/AUDIORY FUNCTION

A hearing screening is a part of the complete diagnostic evaluation to identify a potential peripheral hearing loss that may affect a client's communicative development or abilities (ShIPLEY & McAfee, 2009).

An informal hearing screening was obtained on 06/15/15 to assess the structural and functional adequacy of ██████████'s ear. The hearing screening consisted of a pure-tone audiometric screening, tympanometry, and an otoscope examination. The pure-tone audiometric screening assessed the client's ability to hear single tones, presented at varying levels of pitch (500Hz, 1000Hz, 2000Hz, 4000Hz) and intensity (50 dB, 45dB, 40dB, 35dB, 30dB, 25dB, and 20dB).

██████████ was instructed to raise his hand when he heard a "beep" sound. Maximum verbal redirection was needed from the student clinician to maintain ██████████'s attention throughout the pure-tone audiometric screening. ██████████ responded to pure tones presented at 40dB at 1000Hz unilaterally in the right ear, however he did not respond to 20dB, 25dB, 30dB, and 35dB, 40dB, 45dB, and 50dB at 500-4000Hz in the left ear. A tympanometry was conducted to measure

Antony's mobility and pressure within the middle ear space. The tympanometry resulted in a type B tympanogram bilaterally, suggesting abnormal middle ear function and shape. The otoscope examination was acquired to view [REDACTED]'s tympanic membrane. The bilateral ear canals and tympanic membranes were not visible to the student clinician. Results of the hearing screening indicated that [REDACTED]'s hearing may not be within functional limits for conversational speech tasks. A full audiological examination is recommended at this time due to the results of the hearing screening.

VOICE, PHONATION, AND RESONANCE

An audio-perceptual analysis of the voice was completed through clinical observation. The features of voice are identified as pitch, quality, loudness, nasal resonance, and oral resonance (ShIPLEY & McAfee, 2009).

Based on clinical judgment, [REDACTED]'s vocal pitch, loudness, resonance, and quality are inconsistent for his age and gender. Abnormal pitch and quality is observed during his speech. He presents with difficulties with volume and control of his voice. His resonance is characterized by hyper/hyponasal speech. Based on [REDACTED]'s voice characteristics, a complete evaluation by an otolaryngologist (ENT) is recommended at this time.

FLUENCY

According to ShIPLEY and McAfee (2009), fluent speech flows in a rhythmic, smooth, and effortless manner. All speakers experience moments of disfluency, but disfluencies that affect a speaker for adequate communication is abnormal (ShIPLEY & McAfee, 2009).

During conversational speech, clinical observations revealed [REDACTED]'s disfluent patterns to be within normal limits. [REDACTED] demonstrated a decreased rate of speech when he appeared to be fatigued. As his speech rate decreased, his speech intelligibility decreased. No "stuttering-like" disfluencies or secondary behaviors were observed during the evaluation.

ORAL MOTOR EXAM

An oral-peripheral examination (OPE) was performed on 6/15/15 to assess the structural and functional adequacy of speech and swallowing mechanisms. An OPE is a critical component of a speech and language evaluation to identify any structural or functional factors that may relate to a communication disorder or dysphagia (ShIPLEY & McAfee, 2009).

Structure

The results of the evaluation indicated that [REDACTED]'s facial features were judged to be asymmetrical at rest and in conversation with abnormal tonicity. Inspection of the jaw and lips revealed to hang lower and deviate to the left side of his face. [REDACTED]'s palate and oropharyngeal structures were examined to be unremarkable and sufficient for speech production. At rest, the tongue Dentition was observed to be healthy with normal coloring and presented with a Class I occlusion (normal). His first molar on the right side of his mouth was missing. [REDACTED] presented with no unexpected growths or fistula. Intra oral examination revealed hard palate to be healthy with normal color, height and width. The soft palate appeared structurally healthy with normal color as well. The tonsils were not observed during the OPE.

Function

██████████ demonstrated a decreased labial function characterized by a limited range of motion and coordination including the elevation of the upper lip, retraction of the lower lip, and protrusion. Lingual function was reduced as he demonstrated limited and spastic retraction, elevation, depression, and lateralization movements. Upon lingual movements of protrusion and retraction, ██████████'s tongue deviates to the left side. Lip and tongue strength appeared reduced to opposing pressure and within normal limits. Frenulum was observed to be within normal limits. Based on clinical judgment, Hyper/hyponasality was present. Motor function and strength of the jaw appeared weak, reduced, and jerky. No temporary mandibular joint (TMJ) noises were present. A diadochokinesis test revealed ██████████'s inability to produce /pə/, /tə/, /kə/ an average of 15-20 times within 3-5 seconds intervals. This suggests possible damage to the Trigeminal Nerve or Central Nervous System affecting Cranial Nerve V. During the sensory component assessment of Cranial Nerve V, ██████████ reported that he could not feel sensation on the inner lining of his right cheek.

Results

The overall results of the OPE revealed inadequate structural and functional integrity of ██████████'s speech and swallowing mechanisms.

DYSARTHRIA ASSESSMENT

The *Frenchay Dysarthria Assessment, Second Edition (FDA-2; Enderby & Palmer, 1983)* was administered to assess ██████████'s performance for the measurement, differential description, and diagnosis of dysarthria. The *FDA-2* was administered at Iona College's Speech, Language, and Hearing Clinic on 7/13/15. Maximum verbal redirection was needed from the student clinician to maintain his attention and compliance during the administration of the assessment. The test is divided into seven sections: *Reflexes, Respiration, Lips, Palate, Laryngeal, Tongue, and Intelligibility* (Enderby & Palmer, 1983).

Reflexes

The *Reflexes* section of the *FDA-2* provides contextual information that informs the clinician of general oromotor neuromuscular status affecting both voluntary and involuntary control (Enderby & Palmer, 1983). In the area of *Reflexes: Cough/Swallow*, ██████████'s aide, ██████████ reported that he has no difficulty with his cough and does not choke when he is eating. Based on clinical observations, ██████████ demonstrates a weak cough reflex and food remains in his mouth after eating. He received a Based on clinical judgment, in the area of *Reflexes: Dribble/Drool*, ██████████ dribbles/drools when leaning forward or not concentrating and he has some degree of control.

Respiration

The *Respiration* section of the *FDA-2* provides ratings of respiration at rest and in speech (Enderby & Palmer, 1983). In the area of *Respiration: At Rest*, ██████████ demonstrated no difficulty taking a deep breathing in through his mouth and letting it out through his mouth. In the area of *Respiration: In Speech*, ██████████ demonstrated difficulty counting to 20 as quickly as possible in one breath. Based on clinical observations, he spoke quickly and his voice faded. Additionally, he required four breaths to complete this task.

Lips

The *Lips* section of the *FDA-2* provides rating scales to assess a client's lips at rest, spread, seal, alternate, and in speech (Enderby & Palmer, 1983). In the area of *Lips: At rest*, ██████████'s lips

were observed when he was making no attempt to speak. Observations revealed that his lips are slightly drooping apart and asymmetrical by deviating to the left side of his face, but only noticeable to a skilled observer. In the *Lips: Seal* section, [REDACTED] was instructed to blow air into his cheek and maintain for 15 seconds. Additionally, he was instructed to say “/p/ /p/” clearly 10 times. Based on clinical observations, [REDACTED] demonstrated very poor lip seal due to pressure lost from one segment of his lips. He is able to attempt closure, but unable to maintain. In the area of *Lips: Alternate*, [REDACTED] was instructed to repeat “oo ee” 10 times. Based on clinical judgment, his shape of his lips were recognizable as being different. In the *Lips: In Speech* section, [REDACTED]’s lip movement was observed during conversation. [REDACTED]’s lips were observed to have consistently poor movements acoustically represented as weak or explosive. There were many omissions of labial shaping.

Palate

The *Palate* section of the *FDA-2* provides rating scales to assess a client’s palate for fluids, maintenance, and in speech (Enderby & Palmer, 1983). In the area of *Palate: Fluids*, [REDACTED]’s aide Barbara, reported that he has no difficulty drinking or eating. In the *Palate: Maintenance* section, [REDACTED] was instructed to say “ah-ah-ah” five times. Based on clinical judgment, [REDACTED]’s palate was slightly asymmetrical but maintains movement. In the area of *Palate: In Speech*, [REDACTED] was instructed to say “/may pay/” and “nay-bay.” Based on clinical observations, [REDACTED] demonstrated moderate to gross hypernasality and imbalanced nasal resonance.

Laryngeal

The *Laryngeal* section of the *FDA-2* provides rating scales to assess a client’s palate for time, pitch, volume, and in speech (Enderby & Palmer, 1983). During the *Laryngeal: Time* section, [REDACTED] was instructed to say “ah” for as long as possible. Based on clinical judgment, he can say “ah” for 3 to 4 seconds clearly. In the area of *Laryngeal: Pitch*, [REDACTED] was instructed to sing a scale of at least six notes. Based on clinical observations, he demonstrated minimal change in pitch, but he did show a difference between high and low. In the *Laryngeal: Volume* section, [REDACTED] was instructed to count to five, increasing volume on each number. Based on clinical findings, his voice production was mostly effective, but there was noted occasional inappropriate use of volume and pitch. In the area of *Laryngeal: In Speech*, [REDACTED]’s phonation, volume, and pitch were assessed in conversational speech. Based on clinical interpretations, his voice production required effort and attention, deteriorates, and can be unpredictable.

Tongue

The *Tongue* section of the *FDA-2* provides rating scales to assess a client’s tongue at rest, protrusion, elevation, lateral, alternate, and in speech (Enderby & Palmer, 1983). In the area of *Tongue: At rest*, [REDACTED] was instructed to open his mouth while the student clinician observed his tongue at rest. Based on clinical judgment, his tongue was noticeable deviated to the left side and involuntary movement were apparent. In the *Tongue: Protrusion* section, [REDACTED] was instructed to stick his tongue completely out and retract five times. Based on clinical observations, he varies in ability due to his tongue movement being irregular and accompanied by noticeable tremor. During the *Tongue: Elevation* section, [REDACTED] was instructed to point his tongue toward the nose and then toward the chin, in sequence, five times. Based on clinical interpretations, his tongue moves well in both ways, but movement is labored and incomplete. In the area of *Tongue: Lateral*, [REDACTED] was instructed to move his tongue outside of his mouth from one side to another five times. Clinical observations revealed that [REDACTED] moved his tongue well but slowly due to the task taking a total of 5-6 seconds. In the *Tongue: Alternate*

section, ██████ said “ka la” 10 times as quickly as possible. The “la” sound was judged to be well articulated, but the “ka” sound is poorly presented. Additionally, the tasks took about 10 seconds to complete. During the *Tongue: In Speech* section, ██████’s tongue movements were observed during conversational speech. He produced correct articulation in conversational speech, but slow alternating movements made speech labored. There were several omissions of consonants.

Intelligibility

The *Intelligibility* section of the *FDA-2* provides words and short sentences for a client to read as an indication of intelligibility. In the area of *Intelligibility: Words*, ██████ was instructed to read 12 words from a selection of random cards. Based on clinical observations, 8 of the 12 words that were read were interpreted correctly. In the *Intelligibility: Sentences* section, ██████ read 12 sentence cards that were selected at random. 7 out of the 12 word that he read were judged to be correct. During the *Intelligibility: Conversation* section, ██████ and student clinician engaged in a conversation for about 5 minutes. Based on clinical judgment, ██████’s speech is severely distorted and it can be understood about half the time.

Results

Based on clinical observations, the results of the *FDA-2* assessment revealed that ██████ demonstrates characteristics of a mixed upper and lower motor neuron lesion. The lowest rating scores were for all of the laryngeal, tongue, and lip tasks. The highest rate scores were for the palatal movement in swallowing and sensory testing.

COGNITIVE COMMUNICATION

Clinical Observations & Results:

██████’s cognitive communication skills were assessed using standardized measurements. The *Arizona Battery for Communication Disorders of Dementia (ABCD; Bayles & Tomoeda, 1993)* was administered on 07/01/15 and 07/06/15 to assess ██████’s expressive, receptive, and cognitive language skills. Maximum verbal redirection was needed from the student clinician to maintain his attention and compliance during the administration of this assessment. Test scores for the *ABCD* assessment should not be reported for individuals for whom the normative sample is not representative. According to Bayles and Tomoeda (1993), “The *ABCD* was standardized on Alzheimer’s disease patients, its subtest are designed to evaluate the mental status, verbal episodic memory, visual spatial construction, and linguistic expression and comprehension, all of which can be impaired in adults with head injury and other neurological disorders.” The assessment provided information about the ██████’s language performance including his difficulties with in his ability to express and comprehend language, cognitive abilities, orientation skills, memory skills, and the ability to recall information.

The *Scales of Cognitive Ability for Traumatic Brain Injury: Normal Edition (SCATBI; Adamovich & Henderson, 1992)* was used to measure ██████’s cognitive communication skills. The test was on 3/04/15, 3/09/15, and 3/23/15 at Iona’s Speech, Language, and Hearing Clinic. Maximum verbal redirection was needed from the student clinician to maintain his attention and compliance during the administration of this assessment.

The results of the *SCATBI* assessment are as follows:

<u>SCATBI</u>	<u>Standard Score</u>	<u>Percentile Rank</u>	<u>Range</u>
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<i>Perception/Discrimination</i>	74	4%	Severe -1.5 and -2.0 standard deviations below the mean
<i>Orientation</i>	75	5%	Severe -1.5 and -2.0 standard deviations below the mean
<i>Organization</i>	76	6%	Severe -1.5 and -2.0 standard deviations below the mean
<i>Recall</i>	77	6%	Moderate-severe -1 and -1.5 standard deviations below the mean
<i>Reasoning</i>	81	10%	Moderate-severe -1 and -1.5 standard deviations below the mean

Mean = 100, 1SD = 15 points above/below the mean.

The *Scales of Cognitive Communication Ability for Neurorehabilitation (SCCAN; Milman & Holland, 2012)* was administered at Iona College's Speech, Language, and Hearing Clinic on 07/08/15 and 07/15/15 to assess [REDACTED]'s cognitive communicative and language processing abilities. Maximum verbal redirection was needed from the student clinician to maintain his attention and compliance during the administration of this assessment.

The results of the SCCAN assessment are as follows:

<u>SCANN</u>	<u>Raw Score</u>	<u>Percentage Score</u>	<u>Range</u>
<i>Oral Expression (OE)</i>	9	47%	N/A
<i>Orientation (OR)</i>	5	42%	N/A
<i>Memory (ME)</i>	12	63%	N/A
<i>Speech Comprehension (SP)</i>	9	69%	N/A
<i>Reading Comprehension (RD)</i>	6	50%	N/A
<i>Writing (WR)</i>	4	57%	N/A
<i>Attention (AT)</i>	6	38%	N/A
<i>Problem Solving</i>	9	39%	N/A
<i>Total Raw Score</i>	42	N/A	Sever Cognitive Impairment

*The total raw score was 42 indicating a severe cognitive communication impairment.

Orientation

Normal orientation depends on effective integration of several cognitive processes, including attention, memory, and perception. Impairments of orientation are a common difficulty of brain injury and may result from disruption to any of these basic processes (Milman & Holland, 2012).

ABCD

The *Mental Status Subtest* was administered to assess [REDACTED]'s general knowledge and orientation to time, place, and person (Bayles & Tomoeda, 1993). [REDACTED] was instructed to listen to some questions read by the student clinician and answer them carefully. He demonstrated difficulty with short term memory questions. For example, when asked, "What is the place we are in right now?" and "What month is this?" [REDACTED] responded, "I don't know." [REDACTED] accurately answered some long term memory questions. For example, when asked, "In what year were you born?" The client responded, "1983." When asked, "In what month were you born?" He responded, "May." Additionally, he identified the appropriate month that Independence Day is celebrated and the current President of the United States.

SCATBI

The calculated standard score for his *Orientation* portion of the *SCATBI* is below the mean standard score of 100. [REDACTED]'s *Orientation* standard score of 75 falls between -1.5 and -2.0 standard deviations below the mean indicating a severe performance. In the *Orientation* subtest, his cognitive processes of basic orientation in time and space were assessed. [REDACTED] demonstrated difficulty answering questions regarding his basic orientation such as his current age, date, and location. He would frequently respond with, "I don't know." The student clinician provided [REDACTED] with multiple choice options to assist in answering the question. Given multiple choice options, the client continued to demonstrate difficulty answering questions regarding his orientation. For example, he was asked, "What part of the day is it?" and given the multiple choice options of, "morning, afternoon, or evening." [REDACTED] then responded with, "I don't know."

SCCAN

In the area of Orientation, [REDACTED] accurately answered 42% of the questions and received a raw score of 5. The *Orientation* subtest was administered to assess his awareness of personal information, place, and time (Milman & Holland, 2012). He demonstrated difficulty answering questions pertaining to his orientation and awareness skills. For example, when asked, "What city are we in?" The client responded with, "New York." [REDACTED] was then provided with the cue, "Are we in New Rochelle?" [REDACTED] then responded, "No!" He accurately identified his first and last name, how he was feeling, the state he was currently located in, and the current President of the United States.

Attention

Normal attention allows us to focus on a single task, maintain multiple bits of information in our consciousness simultaneously, shift back and forth between different activities, and do all of this in a relatively time-efficient manner (Milman & Holland, 2012).

SCCAN

In the area of *Attention*, [REDACTED] accurately answered 38% of the questions and received a raw score of 6. The *Attention* subtest was administered to assess the client's attention using a combination of verbal and nonverbal visuospatial items (Milman & Holland, 2012). The client demonstrated difficulty attending to tasks within the assessment. For example, the client viewed a visual of a map of the United States and was then instructed to identify the states of Oregon and Florida. He accurately identified the state of Florida, but did not identify the state of Oregon. Additionally, [REDACTED] was shown a visual of picture of roosters and dogs. He was instructed to circle all of the roosters and underline all of the dogs on the stimulus page. The client did not appropriately circle all of the roosters and underline all of the dogs.

Memory

Memory can be defined as the storage and retrieval of new information and experiences (Milman & Holland, 2012).

ABCD

The *Story Retelling Immediate Subtest* was administered to evaluate the client's episodic memory skills by assessing his ability to recall verbal information in the form of a story (Bayles & Tomoeda, 1993). [REDACTED] was instructed to listen to a short story and then immediately recall the story back to the student clinician after hearing it. The client then demonstrated great difficulty by responding, "I don't know." He was instructed to remember the story because he would be instructed to recall the story again later during the session. The *Story Retelling Delayed Subtest* was administered to assess the effect of delay on [REDACTED]'s ability to recall verbal information. The client was instructed to recall the short story again after approximately a 30 minute delay. The client then responded, "No."

The *Word Learning Subtest* was administered to assess the client's episodic memory skills by evaluating his ability to free recall, cued recall, and recognition of sixteen words (Bayles & Tomoeda, 1993). The object of this subtest was for [REDACTED] to remember a set of words in the context of the test, not acquire new words (Bayles & Tomoeda, 1993). He was instructed to pair a visual stimulus word with the verbal name of the category to which the stimulus belongs. This procedure assists the client in establishing a relation between the stimulus and the category to which it belongs (Bayles & Tomoeda, 1993). [REDACTED] accurately identified 13/16 items when presented with the visual stimulus and when the visual stimulus was immediately removed from [REDACTED]'s field of view. For example, when asked, "Show me the part of the human body." [REDACTED] accurately pointed to the picture of the head. The visual stimulus was then removed from the client's field of view and asked, "What was the part of the human body?" [REDACTED] accurately responded, "Head." The *Word Learning Subtest Free Recall* was administered after a 20 second distraction. [REDACTED] was then instructed to name as many words as he could from the four pages that he just saw. He demonstrated difficulty recalling 16 words by responding with, "I don't know." The *Word Learning Subtest Cued Recall* was administered to assess his ability to recall the 16 words when provided with cues. The student clinician provided a category cue for the missed items. For example, "Which was the musical instrument?" [REDACTED] accurately responded, "Trumpet." Given a verbal category cue, [REDACTED] accurately named 6/16 words. Lastly, the *Recognition of Learned Words* was administered to determine the number of stimulus words that the client recognized. [REDACTED] was presented with a visual stimulus of a written word and then instructed to answer "yes or no" if he recognized the word from the pages he was previously exposed to. He demonstrated difficulty with this task by accurately recognizing 2/48 words. Of the 48 words used in the recognition task, 16 are semantically related to a stimulus words, and 16 are unrelated.

SCATBI

In the area of *Recall*, [REDACTED]'s semantic memory, episodic memory, immediate recall, delayed recall, recall with interference, and long-term memory skills were assessed. The calculated standard score for his *Recall* portion of the *SCATBI* is below the mean standard score of 100. [REDACTED]'s *Recall* standard score of 77 falls between -1 and -1.5 standard deviations below the mean indicating a moderate-severe performance. He demonstrated difficulties recalling graphic elements by recalling 2/6 pictures of objects in a group picture. [REDACTED] accurately completed word retrieval tasks by naming 5/8 items given visual cues by the student clinician. He demonstrated difficulties with immediate, delayed, and cued recall with the use of an auditory tape. For example, the client would not respond when asked to repeat the recorded words

following a tone. ██████ demonstrated difficulties recalling verbal words read by the student clinician by recalling 2/6 words. He did not provide a response when asked to generate words that began with the letter “r” and “d.” He demonstrated difficulties with immediate recall of oral directions given by the student clinician. For example, the directions were, “Close this booklet and turn it over to the back cover.” ██████ would follow one part of the two step command by closing the booklet and not turning it over. He demonstrated difficulties in the recall of oral paragraphs when presented with a stimulus tape. ██████ had to listen to a short story and then answer questions based on the story. He did not answer the questions following the short story including the questions with multiple choice options.

SCCAN

In the area of *Memory*, ██████ accurately answered 63% of the questions and received a raw score of 12. The *Immediate Recall* subtest was administered to assess his ability to recall verbal and visuospatial information immediately after it has been presented (Milman & Holland, 2012). ██████ demonstrated difficulties recalling visuals. For example, he was instructed to remember a visual of a face within the stimulus book. After removing the picture from ██████’s present field of view and following a delay of two seconds, he was asked, “Which face did I ask you to remember?” He inaccurately pointed to a different visual of a face. Additionally, he viewed a visual of pills within the stimulus book. ██████ was immediately asked to recall the pills and inaccurately pointed to different pills. The *Delayed Recall* subtest was administered to assess his ability to recall verbal and visuospatial information after a delay of several minutes (Milman & Holland, 2012). ██████ demonstrated difficulties recalling verbal and visual information that was instructed for him to remember at the beginning of the assessment. For example, he was instructed to indicate the visual of the face that the student clinician asked him to remember at the beginning of the assessment. ██████ inaccurately pointed to a visual of face that was different from the visual target.

Problem Solving

Problem solving includes concept formation, reasoning, and executive function (Milman & Holland, 2012).

SCATBI

In the area of *Reasoning*, ██████’s cognitive processes of convergent thinking (relevant and missing information in visually or aurally presented information), deductive reasoning (drawing conclusions about a given situation), inductive reasoning (formulation of a solution based on details that lead to a conclusion), and divergent reasoning (generation of unique abstract concepts) were assessed. The calculated standard score for his *Reasoning* portion of the *SCATBI* is below the mean standard score of 100. ██████’s *Reasoning* standard score of 81 falls between -1 and -1.5 standard deviations below the mean indicating a moderate-severe performance. He presented difficulties with figural reasoning (analogies). For example, he had to identify the picture that was missing from a group of choices shown at the bottom of the page. He identified 1/5 of the pictures that were missing. He demonstrated difficulties with convergent reasoning (central theme) by not identifying the main idea of three short stories. He displayed difficulties with deductive reasoning (elimination) by the inability to identify an object given clues from the student clinician. ██████ presented difficulties with inductive reasoning (opposites) by not determining the opposite of a word given by the student clinician. For example, he was read “enter, entrance,” and the student clinician responded with, “I don’t know.” He displayed difficulties with divergent reasoning (homographs) by not producing two sentences containing different meanings of a given word from the student clinician. ██████

successfully completed a divergent thinking task (idioms) by identifying the meaning beyond the words. For example, the student clinician read, “raining cats and dogs” and he responded, “raining heavy.” [REDACTED] presented difficulties with additional divergent thinking tasks such as proverbs and verbal absurdities.

SCCAN

In the area of *Problem Solving*, [REDACTED] accurately answered 39% of the questions and received a raw score of 9. The *Visual Problem Solving* subtest was administered to assess his problem solving skills by a variety of visuospatial tasks (Milman & Holland, 2012). Overall, [REDACTED] accurately responded to most of the visual problem solving questions. He accurately matched shapes and sequenced patterns. He demonstrated difficulty when identifying items that were “different” in a field of four pictures within the stimulus book. For example, [REDACTED] was simultaneously shown a picture of three fruits and one vegetable and asked, “Look at these four pictures. Which one does not go with the others?” He responded by point to one of the fruits in the picture. The *Numeric Problem Solving* subtest was administered to assess the client’s problem solving skills by a variety of numeric tasks (Milman & Holland, 2012). [REDACTED] demonstrated difficulty with his problem solving skills pertaining to numerical tasks. For example, [REDACTED] was instructed to total the cost of a soup for \$2.00 and a grilled sandwich for \$3.99. He incorrectly responded, “\$5.00.” Additionally, he was instructed to total the cost of \$25.00 and \$33.50. [REDACTED] then incorrectly responded, “\$58.00.” The *Connected Speech & Problem Solving* subtest was administered to assess [REDACTED]’s problem solving skills by a variety of verbal tasks (Milman & Holland, 2012). [REDACTED] demonstrated difficulty with his problem solving skills pertaining to verbal tasks. For example, [REDACTED] was asked, “What are two types of accidents that could happen in the kitchen?” He then incorrectly responded, “Food.” Additionally, [REDACTED] was asked, “How are a lake and an ocean different?” He then responded, “I don’t know.”

Perception & Discrimination

ABCD

The *Speech Discrimination Screening Task* subtest was administered to screen [REDACTED] for speech discrimination problems (Bayles & Tomoeda, 1993). [REDACTED] was instructed to listen to some words produced by the student clinician and identify if they were the same or different. [REDACTED] demonstrated difficulty with this task by accurately identifying 7/18 of the words. For example, when given the verbal words, “thin/shin,” [REDACTED] inaccurately identified the words as being the same. Additionally, when given the verbal words, “gum/gum,” [REDACTED] inaccurately identified the words as being different.

SCATBI

In the area of *Perception and Discrimination*, [REDACTED]’s cognitive processes of perception, attention, and discrimination of environmental and phonemic sounds were assessed. The calculated standard score for [REDACTED]’s *Perception/Discrimination* portion of the *SCATBI* is below the mean of 100. His *Perception/Discrimination* standard score is 74, which falls between -1.5 and -2.0 standard deviations below the mean indicating a severe performance. He demonstrated significant difficulty when presented with the stimulus tape to discriminate between sounds, and non-word pairs. For example when [REDACTED] was asked to identify the sound of a bell on an audio recording, he did not respond. When he was asked to identify words pairs that were the same or different, he identified 2/5 word pairs that were different such as “Zug/Zum” and “Fim/Fid.” He successfully identified words that were the same or different such as “Soup/Soon” and “Tick/Tick.” He identified shapes by pointing when presented with visual

stimuli, but demonstrated difficulty when asked to discriminate between size and colors of the shapes. He successfully identified pictured objects by pointing when presented with visual stimuli.

Reading

Normal reading requires adequate attention to visual information, perception of linguistically relevant information, and the association of written letters, words, and strings of words with their appropriate sound and meaning (Milman & Holland, 2012).

SCCAN

In the area of *Reading*, [REDACTED] accurately answered 50% of the questions and received a raw score of 6. The *Reading* subtest was administered to assess his reading skills by using a variety of tasks in which spoken and/or visual stimuli are matched to reading targets (Milman & Holland, 2012). [REDACTED]'s reading was assessed at the level of signs, single words, sentences, and connected text. In the first set of items, reading materials are presented in isolation (Milman & Holland, 2012). [REDACTED] accurately identified the signs, "stop, poison, wheelchair." He accurately identified the words, "no, yes, door, floor, window, chair." He demonstrated difficulty with his reading skills at the sentence level. For example, he inaccurately matched a picture in a field of four visuals with the caption, "Another windy day." Additionally, he inaccurately matched a picture in a field of four visuals with the sentence, "The bird that's eating the apple is red." To assess the effects of attention and perception on the client's reading skills, the second set of items requires examinees to read text that is embedded in context and located in different spatial quadrants (Milman & Holland, 2012). [REDACTED] demonstrated difficulties with the effects of attention and perception on his reading skills at the connected text level. For example, [REDACTED] viewed a picture of page from a phone book and was instructed to, "Find the phone number for Emma Sussman." [REDACTED] inaccurately selected a different phone number. Additionally, [REDACTED] was instructed to view a picture of a menu and "Point to the soup of the day and the chicken dinner." He inaccurately pointed to one different item on the menu.

ABCD

The *Reading Comprehension* subtest to evaluate [REDACTED]'s reading comprehension skills at the word level and sentence level (Bayles & Tomoeda, 1993). To assess his reading comprehension skills at the word level, [REDACTED] was shown some words and pictures and instructed to read each word and point to the picture that best represents the words. He accurately read the words, "bed, bugs, throwing, policeman, complaining, boy, ball, memorizing" and simultaneously pointed to the appropriate matched pictures. He inaccurately read the word, "waiting" as "venting" and pointed to the incorrect picture. To assess the client's reading comprehension skills at the sentence level, [REDACTED] was shown some sentences and instructed to read each sentence and answer the question under it. [REDACTED] demonstrated difficulty reading the sentences and answering the proceeding questions by accurately answering 3/7 questions. For example, [REDACTED] accurately read the sentence, "The scouts complained about the bugs." Then he inaccurately answered the question, "What didn't the scouts like?" by responding, "Complaining."

Writing

Normal writing assumes the intent and ability to formulate a message, the retrieval an appropriate visual representation, and adequate perceptual-motor skills to produce the desired written message in the correct spatial location (Milman & Holland, 2012).

ABCD

The *Generative Drawing* Subtest was administered to assess [REDACTED]'s ability to generate an accurate drawing of a nameable object (Bayles & Tomoeda, 1993). [REDACTED] was instructed to draw a kite, bucket, and a digital clock. [REDACTED] demonstrated difficulty with this writing task, as he inaccurately drew the 3 objects. [REDACTED] was then given visual cues of the objects and instructed to copy the drawing of the object. Again, he responded by inaccurately drawing the three objects. The *Figure Copying* subtest was administered to assess his ability to copy figures (Bayles & Tomoeda, 1993). The client was instructed to copy three figures in the space next to them. [REDACTED] demonstrated difficulty with figure copying by accurately copying the first figure of a circle with a horizontal and vertical line through it, but inaccurately copied the additional two figures.

SCCAN

In the area of *Writing*, [REDACTED] accurately answered 57% of the questions and received a raw score of 4. The *Writing* subtest was administered to assess his writing skills of copying, writing to dictation, written naming, and written picture description (Milman & Holland, 2012). Writing was assessed at the levels of isolated letters, isolated words, and sentences (Milman & Holland, 2012). [REDACTED] accurately wrote down isolated words such as "dog, *****, newspaper." [REDACTED] demonstrated difficulty when instructed to write down sentences such as, "The appointment is Wednesday at 11" by writing "The appointment is at 11."

LANGUAGE

Receptive Language

ABCD

The *Following Commands* subtest was administered to assess [REDACTED]'s ability to perform one, two, and three step commands (Bayles & Tomoeda, 1993). [REDACTED] was instructed to follow some verbal directions. [REDACTED] accurately followed 5/9 verbal commands. For example, [REDACTED] followed one step verbal commands such as, "Wave, Look up, Shut your eyes." He demonstrated difficulty when following multi-step commands such as, "Clap, then point" and "Cough, smile, then whistle." The *Comparative Questions* subtest was administered to assess auditory comprehension of comparative questions (Bayles & Tomoeda, 1993). [REDACTED] was instructed to answer questions with yes or no. He accurately answered 5/6 of the questions. For example, when asked, "Is supper earlier than breakfast?" [REDACTED] appropriately answered, "No."

SCCAN

In the area of *Receptive Language*, [REDACTED] accurately answered 69% of the questions and received a raw score of 9. The *Speech Comprehension* subtest was administered to assess [REDACTED]'s ability to follow commands, match spoken language to pictures, and answering yes/no questions (Milman & Holland, 2012). Comprehension was assessed at the levels of single words, sentences, idioms, and discourse-level communications (Milman & Holland, 2012). [REDACTED] accurately followed one step verbal directions such as "Raise your hand" and "Point to the table." He demonstrated difficulty with following multi-step commands. For example, when instructed to "Show me your thumb and point to the floor." [REDACTED] responded by only pointing to the floor. [REDACTED] accurately matched spoken language to pictures. For example, he accurately pointed to pictures of the kangaroo and the calculator. Additionally, he accurately pointed to the pictures that matched the phrases, "She has a green thumb" and "The rhinoceros is chased by the kangaroo." [REDACTED] accurately answered yes/no questions. For example, when asked, "Are you sitting down?" He appropriately answered, "Yes." When asked, "Are you standing up?" He accurately answered, "No."

Expressive Language

Oral expression requires that the speaker have the intent to communicate some message, be able to retrieve words associated with the message, and have the ability to arrange these words into meaningful strings, which are articulated (Milman & Holland, 2012).

ABCD

The *Repetition Subtest* was administered to evaluate [REDACTED]'s ability to repeat nonmeaningful phrases that are controlled for length (Bayles & Tomoeda, 1993). [REDACTED] was instructed to repeat some phrases that the student clinician initially said aloud. [REDACTED] demonstrated difficulty repeated phrases as the number of syllables increased. For example, [REDACTED] accurately repeated the phrase, "Running story parcel." He had difficulty repeating the phrase, "Her smile swallows shiny deck mallets" by producing, "Her smile deck mallets." The *Generative Naming Semantic Category Subtest* was administered to evaluate the client's ability to generate exemplars from a semantic category (Bayles & Tomoeda, 1993). [REDACTED] was instructed to name items in the categories of animals and transportation. He demonstrated difficulty with generative naming by naming 3 items ("dog, cats, humans") for the category of animals and 2 items ("bus, train") for the category of transportation. The *Confrontation Naming Subtest* was administered to evaluate his ability to name pictured objects (Bayles & Tomoeda, 1993).

[REDACTED] was instructed to view pictures of objects and name each one. He accurately named 15/20 of the objects in the given pictures. For example, [REDACTED] named, "Pencil, hanger, whistle, toothbrush, funnel, snail, acorn, wreath, comb, umbrella, mailbox, dart, porcupine, tennis racquet, dominoes." He did not accurately name, "lattice, stethoscope, broom, pen, abacus." The *Concept Definition Subtest* was administered to assess the client's knowledge of concept by providing a definition (Bayles & Tomoeda, 1993). [REDACTED] was instructed to view some words and provide definitions for them. He demonstrated difficulty with this task by providing responses with minimal details for the words. For example, [REDACTED] responded with the definition of "blows" when shown a picture of the word, "whistle." Additionally, he responded with "good to eat" when he viewed a picture of the word, "acorn." The *Object Description Subtest* to evaluate the client's ability to generate meaningful descriptors of a common object (Bayles & Tomoeda, 1993). [REDACTED] was instructed to describe an object (nail) as completely as possible. [REDACTED] demonstrated difficulty with this tasks by naming it and providing minimal details about the object. For example, he said, "It's sharp, metal, and hard."

SCCAN

In the area of *Expressive Language*, [REDACTED] accurately answered 47% of the questions and received a raw score of 9. The *Oral Expression* subtest was administered to assess his repetition, production of automatic speech sequences, naming, sentence production, and discourse-level communication (Milman & Holland, 2012). [REDACTED] accurately repeated singles words such as, "No, Jackie, Aspirin, Tums, Neosporin." [REDACTED] accurately named physical objects such as, "Table, Chin." He accurately named descriptions of objects such as, "What animal looks like a horse but has black and white stripes?" as he responded with, "Zebra." ***** demonstrated difficulty with oral expression in connected speech. For example, he inaccurately sang the song, "Happy Birthday."

PRAGMATICS

The "Assessment of Pragmatic Skills" was administered on 7/13/15 at Iona College's Speech, Language, and Hearing Clinic. The "Assessment of Pragmatic Skills" is appropriate to assess a variety of pragmatic behaviors (Shiple, 2009). According to Brookshire, traumatically brain-injured patients exhibit pragmatic difficulties (Brookshire, 2007)

appropriately responds to greetings. For example, when asked, "Hi! How are you?" responded, "I'm fine." He demonstrated difficulty making requests. For example, was instructed to draw a circle, but was not immediately provided a pencil. He did not request a pencil to complete the task. demonstrated difficulty describing events. was asked, "What did you do this morning?" He replied, "I don't know." He demonstrated difficulty taking turns in conversation. For example, was instructed to alternately recite the alphabet with the student clinician and he did not complete the task. Additionally, demonstrated difficulty following verbal multi step commands. He was directed to turn his paper over and draw a happy face. responded by only turning his paper over. made appropriate eye contact throughout the assessment. He accurately repeated three sentences that the student clinician said. had difficulty attending to tasks throughout the session by frequently replying, "I don't know" to the presented activities. He demonstrated difficulty maintaining topic of conversation, roleplaying, sequencing actions, and categorizing. He accurately defined words, but provided minimal descriptions. For example, when asked to define the word, "scissors," responded with "cut paper."

RESULTS

is a 32 year and 2 month old male who communicates verbally and prefers to speak in single words and phrases. He was evaluated at Iona College's Speech, Language and Hearing clinic on 3/04/15, 3/09/15, & 3/23/15, 07/01/15, 07/06/15, 07/08/15, 07/13/15, and 07/15/15.

presents as friendly and social. He engaged in all tasks presented and required maximum redirection throughout the evaluation.

's medical history was remarkable for a vehicular accident of January 2011. As a result, he suffered from a Traumatic Brain Injury and visual problems. A complete audiological examination is recommended in order to investigate a possible structural/functional etiology of 's complete auditory system. Oral peripheral examination revealed inadequate structural and functional integrity of the speech and swallowing mechanisms.

's vocal pitch, loudness, resonance, and quality are inconsistent for his age and gender. A complete evaluation by an otolaryngologist (ENT) is recommended at this time. Disfluent patterns were judged to be within normal limits.

Articulation errors were judged to negatively impact 's ability to effectively communicate with others. Based on clinical judgment, 's speech is intelligible 50-60% of the time during conversational speech. According to the results of the assessment, presented with mixed dysarthria characterized by articulation, fluency, and voice difficulties. The results of the *FDA-2* assessment revealed that demonstrates characteristics of a mixed upper and lower motor neuron lesion.

demonstrates cognitive communication deficits characterized by difficulties in orientation, attention, memory, problem solving, executive functions, perception/discrimination, reading, writing, auditory comprehension, and social skills. According to the results of the assessment, presented with a severe cognitive communication impairment.

Clinical CSD Student

Speech-language Pathologist

NYS License #
ASHA #



School of Arts & Science
Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Appendix M
Clinical Practice Resources

<http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>

Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2013). 2014 Standards for the Certificate of Clinical Competence in Speech-Language Pathology. Retrieved [date] from <http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>.

<https://www.asha.org/Code-of-Ethics/>

The Code of Ethics is vital for our members to abide by professional ethics to support collegial and public trust.

<http://www.asha.org/Practice/ethics/Confidentiality>

Confidentiality related to research, client information, verbal communication, student privacy, peers and colleagues

<http://www.asha.org/practice/reimbursement/hipaa/>
Health Insurance Portability and Accountability Act

<http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>

<http://www.asha.org/policy/SP2016-00343/>

Scope of Practice in Speech-Language Pathology

<http://www.asha.org/policy/about/>

Review document to navigate and support best practice patterns and standards

http://www.asha.org/practice/reimbursement/coding/new_codes_slp.html

<https://www.asha.org/practice-portal/>

<http://www.op.nysed.gov/prof/slpa/speechlic.html>

Resource for New York State license requirements for speech-language pathology & audiology

<http://www.asha.org/academic/accreditation/accredmanual/section8.html>



School of Arts & Science
Department of Speech Communication Studies
Speech, Language & Hearing Clinic
Appendix N
Resources

American Speech-Language-Hearing-Association (www.asha.org)

Hedge, M.N., & Davis, D. (2005). Clinical Methods and Practicum in Speech-Language Pathology 4th Ed. San Diego, CA: Delmar Learning

ShIPLEY, K.G, & McAfee, J.G. (2009). Assessment in Speech-Language Pathology: A resource manual. (5th Ed.). Clifton Park, NY: Delmar Learning.

Roth, F. P., & Worthington, C.K. (2011). Treatment resource manual for speech-language pathology (5th Ed.). Albany, NY: Thompson Delmar Learning.

Guilford, A, Graham, S, & Scheuerle. (2007). The Speech-Language Pathologist: From Novice to Expert. Pearson Education. Upper Saddle River, NJ

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