

# **HANDBOOK**

## **POLICIES AND PROCEDURES**

**Communication Sciences & Disorders (CSD) Department  
Speech and Hearing Center (SHC)  
College of Health and Human Sciences (CHHS)  
Western Carolina University (WCU)**

**The CSD Department is accredited by the:**

**Educational Standards Board (ESB) of the American Speech-Language-Hearing Association (ASHA)**

**North Carolina State Department of Public Instruction (NCS DPI)**

**National Council for the Accreditation of Teacher Education (NCATE)**

**Western Carolina University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4097; telephone number 404-679-4501; [www.sacscoc.org](http://www.sacscoc.org)) to award bachelor's, master's, education specialist, and doctor's degrees.**

**Revised Summer 2007**

## **FOREWORD**

This handbook provides a guide for student, faculty and consumer understanding of the Communication Sciences & Disorders (CSD) Department and the Speech and Hearing Center (SHC) goals, policies, and procedures. Graduate students are provided with this handbook for use throughout their academic and clinical experiences in the CSD Department.

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## **I. INTRODUCTION**

The Communication Sciences & Disorders (CSD) Department is organized within the College of Health and Human Sciences (CHHS) at Western Carolina University (WCU). The Speech and Hearing Center (SHC) is housed in the ground floor of the McKee building and shares personnel with the CSD Department. The SHC Director reports to the CSD Department Head and/or the CHHS Dean.

The undergraduate program is pre professional (non-certification) and designed to prepare students for graduate studies and subsequent certification by the American-Speech-Language-Hearing Association (ASHA), the North Carolina (NC) Department of Public Instruction (NCDPI) and the NC Licensure Board. The graduate program prepares specialists in the prevention, evaluation and management of communication disorders through educational experiences, clinical practica, and research opportunities. CSD Program graduates serve communicatively impaired individuals in a variety of clinical settings including public and private schools, hospitals, rehabilitation centers, nursing homes, community clinics, university clinics and private practice.

The WCU SHC is a training clinic affiliated with the CSD Department and CHHS. Students receive clinical experiences within the SHC and its Outreach Programs in surrounding counties in coordination with their academic preparation.

To ensure the quality and integration of academic-clinical preparation, the CSD Department faculty meets at least bimonthly. In addition, all faculty members teach and supervise in their respective areas of expertise within the CSD Department. This integration of knowledge and skills is rather unique, as in most programs the functions of instructor and supervisor remain separate.

### **Philosophy**

The fundamental role of WCU is to develop a community of scholarship in which students, faculty members, administrators and staff members learn and apply the products of learning. The guiding principle for instruction in the CHHS is that the best decisions are made after careful reflection and considering the interest and welfare of persons affected by decisions. The faculty and students in the Communication Sciences and Disorders (CSD) Department jointly engage in the acquisition of knowledge of communication and its disorders, exercise informed judgment, and accept challenges calling for innovative clinical responses. Speech-language pathologists (SLPs) as inviting, reflective decision-makers interact with professionals across disciplines and

settings. The CSD Department is committed to honoring the individual differences and needs of a culturally diverse population in relation to ethnicity, life span, gender, religion, and socioeconomic conditions. All members of the CSD Department, including students and faculty, continue to grow in awareness, knowledge and experience to meet the challenges provided by ethical practices, changing populations, and scope of practice demands.

**Academic Goals:**

The CSD Department prepares SLPs who provide services in the prevention, evaluation and management of human communication and its disorders. SLPs provide services to individuals of all ages and across diverse cultural populations.

The academic goals of the CSD Department are to prepare specialists who possess and demonstrate:

- (1) an understanding of the basic processes of human communication based upon knowledge in the physical, social, and cognitive sciences;
- (2) an understanding of the nature of disorders of human communication;
- (3) an understanding of the basic principles underlying the prevention, evaluation, and management of these disorders;
- (4) application of these principles within an inviting, reflective, decision-making process for the provision of clinical services of the highest quality;
- (5) an understanding and application of knowledge that enables them to function within interdisciplinary contexts across settings with persons from diverse backgrounds;
- (6) competence as consumers, users, and producers of applied research; and,
- (7) commitment to continuing education and professional development.

**Clinical Goals:**

The academic and clinical goals are integrated into the total program of the student at WCU. The purpose of clinical education is to provide opportunities for observation and supervised clinical practice with a diverse clinical population. The clinical educational goals of the program are to prepare competent clinicians who possess and demonstrate:

- (1) skill in planning and administering a variety of diagnostic procedures;
- (2) competence in interpreting diagnostic results and designing intervention there from;
- (3) implementation of treatment procedures reflecting knowledge of an individual's communication competence and different service delivery models;

- (4) management of administrative aspects of service delivery in a variety of settings including oral and written reporting, scheduling, record keeping, corresponding, etc.;
- (5) effective interaction with students representing diverse backgrounds and individuals within their communication system and with allied professionals;
- (6) initiation and regulation of ongoing, professional development; and,
- (7) ethical and social awareness of issues affecting the profession as a context addressing larger issues of practice in the community and the world.

### **Academic-Clinical Training Requirements**

The academic and clinical education program at Western Carolina University (WCU) is designed to meet the academic and clinical practicum requirements for: (1) the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) issued by the American-Speech-Language-Hearing Association (ASHA); (2) licensure in Speech Language Pathology (SLP) issued by the North Carolina (NC) Board of Examiners for SLPs and Audiologists (AUDs); (3) the Professional Educator's License as an SLP (#88082) issued by the NC State Department of Public Instruction (NCS DPI); and, (4) Advanced Licensure issued by NCS DPI. These certification/licensure requirements mandate the completion of a master's degree.\*

The requirements for ASHA certification and NC licensure follow. The sequence of clinical and academic experiences is planned to meet these requirements. The academic-clinical educational requirements stipulated by ASHA are similar to those of the NC Board of Examiners for SLPs and AUDs. The completion of the master's degree with the appropriate public school preparation qualifies an individual as a candidate for NCS DPI licensure and Advanced Licensure as an SLP.

The practice of speech-language pathology and the professional behavior of individual practitioners are governed by the ASHA Code of Ethics (COE). The COE consists of four Principles of Ethics wherein emphasis is placed on client-centered values. This code is discussed with students in a variety of classes to instill the knowledge of and respect for SLPs' responsibilities in providing appropriate services to clients.

\*Students must complete all academic and clinical requirements for the CCC prior to their graduation date.

## **II. Assessment of Program's Effectiveness**

The nature of the profession, society, the practice of speech-language pathology, and individual settings of service delivery impact the professional world of speech-language pathologists (SLPs). SLPs work from a client-centered framework as members of a large team. Practitioners must be knowledgeable of the world and the profession and be competent in all communication-related tasks requiring specialized skills and training. They must view themselves and all whom they serve as valuable, responsible and capable. To this end, SLPs must be facile with problem-solving strategies that require careful reflection, occasional shifts of personal perspective, and informed and effective decision-making.

The following mechanisms currently are used to assess the program's effectiveness in reaching its goals in preparing SLPs:

- (1) Bi-monthly faculty meetings to discuss a variety of academic and clinical matters, including review of student progress, administrative program issues, curricular offerings, results of admission decisions, etc.;
- (2) Reports from the Academic and Clinical Committees and their subcommittees for consideration and feedback from the entire Communication Sciences and Disorders (CSD) Program faculty as needed;
- (3) Regular meetings of the CSD Program Advisory Council, a body containing student and faculty representatives who discuss pertinent academic and clinical issues to ensure faculty/student interaction and understanding;
- (4) Student and faculty participation in periodic pro seminars that provide for greater student/faculty interaction and sub-specialty training;
- (5) Meetings of the Program Advisory Committee composed of practicing SLPs and audiologists (AUDs), physicians, other allied medical service providers, and current student representatives provide a forum for dialogue between the training program and service providers (perceptions are shared explicitly for the purpose of facilitating academic and clinical program revision);
- (6) External review of academic and clinical programs conducted every 10 years by the Southern Association of Colleges and Schools (SACS) and the National Council on Accreditation of Teacher Education (NCATE), and every five years by the North Carolina State Department of Public Instruction (NCS DPI);
- (7) Annual implementation of the undergraduate Outcomes Assessment plan that is intended to evaluate the effectiveness of the undergraduate CSD Program;
- (8) Review of students' performance on grade point average (GPA), comprehensive examinations, and the National Examinations in Speech-Language Pathology and Audiology (NESPA); academic performance of graduate students is analyzed yearly on an individual

and group basis and relationships among these outcome measures are studied to assist in the revision of admission criteria, curriculum, and standards for continuation and/or completion in the program;

(9) Yearly collection of data regarding program graduates' attainment of the American-Speech-Language-Hearing Association (ASHA) Certificate of Clinical Competence (CCC-SLP), North Carolina (NC) state licensure, and NC State Department of Public Instruction (NCS DPI) certification;

(10) Program evaluation by former graduates surveyed every two years about the quality and effectiveness of the program in preparing them to meet their professional challenges;

(11) Ongoing meetings of the Curriculum Committee (subcommittee of the Academic Committee) for internal review of the academic program present proposals for consideration and discussion by the faculty as a whole and academic policies and procedures are revised as appropriate;

(12) Review of students' performance in clinical practicum with individual supervisors; students participate in regularly scheduled conferences with their practicum supervisors to discuss strengths and needs in meeting the clinical supervisory goals; formal and informal evaluation of students' professional growth is completed by both the student and supervisor throughout the semester; student clinicians placed off-campus are evaluated by their off-campus supervisors (the information resulting from these reviews is used to ensure appropriate case assignments and placement of the student clinicians in practicum experiences);

(13) Review of students' performance by the entire faculty; academic and clinical progress of each student is reviewed at mid-semester by the entire faculty and before the end of the semester following appropriate intervention; feedback is provided to the student and the student's academic advisor at the time of each review to ensure sensitive and timely response to student's individual needs (description of process follows); and,

(14) Program evaluation by employers surveyed every two years concerning the professional performance of Communication Sciences and Disorders (CSD) Program graduates.

### **Outcomes Assessment Plan for the CSD Undergraduate Program**

The outcomes assessment plan for the CSD Program is intended to evaluate the effectiveness of our undergraduate program in helping students meet the goals of Western Carolina University (WCU), the College of Health and Human Sciences (CHHS), and the CSD Department. The undergraduate outcomes assessment plan for the CSD Department utilizes existing mechanisms/procedures where possible. Components include:

## **Student Feedback**

- 1) Course/Supervisor Feedback - Students provide feedback regarding academic course content/instruction and clinical supervision through the completion of course/supervisor feedback forms.
- 2) Exit Survey - Graduating students complete an exit survey regarding their perceptions of the Communication Sciences and Disorders (CSD) Undergraduate Program.
- 3) Graduate Follow-up Survey - Graduates of the CSD Department entering graduate school at Western Carolina University (WCU) or elsewhere are asked to complete a survey regarding their perceptions of how well the CSD Undergraduate Program prepared them for graduate school. This survey is administered at the completion of students' first semester in graduate school.

## **Internal Review**

- 1) Ongoing Student Review - Clinical/academic reviews are conducted each term, beginning the semester students enroll in CSD 370. Initial reviews occur at mid-term with follow-up at the end of the semester. All students receive feedback regarding their performance. The CSD Department faculty uses the review process to monitor undergraduate goals. That is, at mid-term each semester students receive a satisfactory or unsatisfactory rating on goals specific to their level of program involvement.
- 2) Exit Exam - Students take an exit exam comprised of questions specific to program involvement.
- 3) Bi-monthly Faculty Meetings - The faculty meets bi-monthly to discuss a variety of academic and clinical matters, including student progress, administrative program issues, curricular offerings, admissions, etc.
- 4) Curriculum Committee - The curriculum committee (a sub-committee of the Academic Committee) meets regularly to provide an internal review of the academic program. The committee presents proposals for consideration and discussion by the faculty.

## **External Review**

- 1) CSD Program Advisory Committee - The Advisory Committee, composed of practicing allied health providers, meets at least annually for the purpose of facilitating academic and clinical program revision.
- 2) ASHA Review - Program review for accreditation occurs every five years.
- 3) Southern Association of Colleges and Schools (SACS) Review - Program review occurs every ten years.

4) National Council on Accreditation of Teacher Education (NCATE) - Program review occurs every ten years.

5) North Carolina State Department of Public Instruction (NCS DPI) - Program review occurs every five years.

### **III. Academic Handbook**

Western Carolina University (WCU) offers undergraduate and graduate degree programs leading to the Bachelor of Science in Communication Sciences and Disorders (B.S. CSD) and Master of Science (M.S.) degrees in CSD.

#### **Bachelor's Degree Program**

Students in the bachelor's degree program study the nature and development of communication competence and the nature and management of disorders of communication. The curriculum is pre-professional, providing the academic courses required for graduate study. After completing the program, students are awarded the B.S. CSD degree.

#### **Master's Degree Program**

The graduate program runs two (2) years (minimum) in duration and requires rigorous academic-clinical involvement. M.S. graduates typically enter careers in medical allied health, private practice, or school-based settings. The graduate CSD Program is accredited in Speech-Language Pathology (SLP) by the Educational Standards Board (ESB) of the American Speech-Language-Hearing Association (ASHA), the North Carolina State Department of Public Instruction (NCSDPI), and the National Council for Accreditation of Teacher Education (NCATE). Academic and clinical components of the program adhere to certification guidelines for speech-language pathologists (SLPs) and audiologists (AUDs) recommended by ASHA, NCSDPI, and the North Carolina Board of Examiners for SLPs and AUDs.

All degree programs are administered through the CSD Department and the Speech and Hearing Center (SHC). Students are assigned an academic advisor upon entry into the CSD Program, whether at the undergraduate or graduate level. Students receive an orientation and are provided with various materials to aid them in progressing through the program. The basic requirements of the academic program, as well as the requirements for certification/licensure, are discussed with the student. Additional attention is directed to the requirements in the continuing advisement process and in various classes.

#### **Further Information**

Individuals wishing to obtain more information about the CSD Department, admission criteria, availability of assistantships, or employment opportunities are invited to contact:

Billy T. Ogletree, Ph.D., Department Head  
Western Carolina University  
College of Health and Human Sciences  
Communication Sciences and Disorders Department  
G49 McKee Building  
Cullowhee, NC 28723  
828/227-3289

## **Undergraduate Communication Sciences and Disorders (CSD) Program**

Undergraduate students typically begin the CSD program in their Sophomore year taking CSD 270-Introduction to Communication Disorders. During their Junior year they are required to take: CSD 301-Speech and Language Development, CSD 370-Phonetics; SPED 240-The Exceptional Child; CSD 380-Anatomy and Physiology; and CSD 372-Acoustic/Speech Science. During their senior year CSD majors take CSD 450-Audiology; CSD 470 Speech-Language Disorders in Adults; CSD 478 Fluency and Voice Disorders; CSD 472-Aural Rehabilitation; CSD 477-Speech-Language Disorders in Children; and CSD 479-Clinical Process. In addition, all students must complete a 24 credit hour concentration of approved courses, PSY 320, PSY 321, 20 hours of electives, 42 hours of liberal studies and complete 25 hours of supervised observations in the Speech and Hearing Center (SHC) under the supervision of a CSD Department faculty.

## **Graduate Admission Policy**

### **Regular Admission**

In order to be approved for regular admission into the master of science (M.S.) CSD Program, applicants must meet the following minimum criteria: (a) bachelor's degree for which a GPA of at least 3.0 was demonstrated during the last 60 semester hours; (b) a combined score of 900 on the GRE (Verbal plus Quantitative Subtests) and a score of at least 3.0 on the analytical writing subtest; and, (c) three strong reference letters from people who can attest to the individual's graduate-level academic and clinical potential.

### **Provisional Admission**

Persons who do not meet the criteria for regular admission may be eligible for provisional admission. This requires that applicants have completed a bachelor's degree and demonstrate: (a) a GPA of at least 2.7 during the last 60 semester hours; (b) a combined GRE score of at least 800 (Verbal plus Quantitative Subtests); and, (c) three strong reference letters from people who can attest to the individual's graduate-level academic and clinical potential. A personal interview may be required for provisional admission consideration.

Students may only apply for full-time admission to the graduate CSD Program. If a student is accepted full-time, he/she must maintain full-time status each semester until graduation. He/she must complete at least 9 credit hours per semester (excluding summer), including at least 3 credit hours of CSD 683 Clinical Practicum. If a student fails to complete 9 credit hours in a given semester, the program may request that the graduate school withdraw its offer of admission. The student may then re-apply for admission.

### **Exceptions:**

1. If a student is granted an incomplete in a course resulting in the completion of less than 9 semester hours, he/she must have that incomplete removed by the end of the next semester (excluding summer).

2. If a student has less than 9 credit hours left to complete his/her degree he/she may enroll in less than 9 credit hours.

Graduate students enroll in CSD 683 Clinical Practicum to obtain appropriate clinical experiences. Each semester that a graduate student enrolls, he/she is expected to enroll in CSD 683. The first 25 hours of supervised clinical experience must be obtained under the supervision of a CSD Department faculty member. The student is assigned either to the Speech and Hearing Center (SHC) or to a CSD Department outreach practicum site. Off-campus placements may be assigned with the endorsement of the Communication Sciences and Disorders (CSD) Department faculty. Subsequent clinical experiences in a variety of clinical practicum sites may be obtained when coordinated with the appropriate academic preparation. The CSD Department has established policies in accordance with the American Speech-Language-Hearing Association (ASHA) guidelines for placement of graduate interns in off-campus locations. Prior to placement of graduate student interns in off-campus sites, the faculty/supervisors agree that the student has developed sufficient academic and clinical skills, including a level of independence to function in different professional settings.

Students entering the graduate program with a bachelor's degree in CSD complete the 60 credit hours graduate program in accordance with the current approved degree program. Out-of-field graduate students complete an additional 18 credit hours of undergraduate course work.

An assigned graduate advisor and the CSD Department Head review all students' transcripts. Deficiencies in coursework in the basic communication processes, audiology, clinical processes, and disorders of fluency, articulation, phonology and child language are determined on the basis of transcripts, course syllabi, curricula, catalog descriptions, and, if necessary, personal communication with the instructor at the institution where the coursework was taken. Deficiencies identified must be rectified by appropriate academic and clinical experiences as a part of the CSD Department graduate curricula.

Students entering the CSD Department with previous supervised clinical experiences are reviewed during the first 25 hours of required supervised experience in the WCU CSD Department to determine the appropriateness and readiness for off-campus practicum placement. All students must be recommended by the faculty for off-campus sites. All students are required to attend a weekly one (1) hour practicum class during each semester of graduate study.

A student may be assigned to more than one clinical supervisor during any semester of clinical experience. Near the end of the semester, all supervisors, including off-campus supervisors, are required to provide information concerning the number of clock hours earned under their supervision and the final grade assigned. This facilitates a combined grade assignment across all supervisors. The deadline for reporting grades is the last day of classes each academic term.

Graduate students are made aware of the process for completing certification/licensure applications. They are provided with the ASHA web site (<http://www.asha.org>) and the ASHA Membership and Certification Handbook web site ([http://professional.asha.org/certification/slp\\_introduction.cfm#ccc](http://professional.asha.org/certification/slp_introduction.cfm#ccc)) that also contains state

licensure information. Students usually take the National Examination in Speech/Language Pathology and Audiology (NESPA) PRAXIS Test in Speech-Language Pathology (10330) in their last semester of graduate study. **All scores must be reported to WCU** (Code number 5897). Individuals may also wish to send score reports to ASHA (refer to the Membership & Certification Handbook for information on score reporting), state licensure boards, etc. It is not necessary to report scores to the North Carolina State Department of Public Instruction (NCS DPI), as indicated in the PRAXIS booklet instructions. During the last semester, application to NCS DPI should be made through the College of Education and Allied Professions (CEAP) Certification Office located in the Killian Building.

The Career Services/Cooperative Education office located in Graham Building can assist students with providing information to potential employers and gaining information about potential employment opportunities following graduation. Students can contact this office or access their web site ([careers.wcu.edu](http://careers.wcu.edu)) for assistance with writing a resume, preparing for interviews, etc., and information about scheduled career days.

### **Comprehensive Exam/Master's Project or Thesis**

All graduate students in the Communication Sciences and Disorders (CSD) Department are required to satisfy either comprehensive exam requirements with a Master's Project or complete a Master's Thesis prior to their completion of graduate school.

**Academic Forms**  
**and**  
**Supplementary Information**

## Communication Sciences and Disorders Department – Undergraduate

Sequence of Courses - Undergraduate			
<b>Fall or Spring Soph.</b>	3 Credits	CSD 270	Introduction to Communication Disorders
<b>Fall Jr.</b>	3 Credits	CSD 301	Speech and Language Development
	3 Credits	CSD 370	Phonetics
	3 Credits	SPED 240	The Exceptional Child
<b>Spring Jr.</b>	3 Credits	CSD 380	Anatomy/Physiology of Speech Mech
	3 Credits	CSD 372	Acoustics and Speech Science
<b>Fall Sr.</b>	3 Credits	CSD 450	Introduction to Audiology
	3 Credits	CSD 470	Speech-Language Disorders - Adults
	3 Credits	CSD 478	Fluency and Voice Disorders
<b>Spring Sr.</b>	3 Credits	CSD 472	Aural Rehabilitation
	3 Credits	CSD 477	Speech-Language Disorders –Children
	3 Credits	CSD 479	Clinical Process
Total	36 Credits		

(Revised 9/21/05)

You must also take:

PSY 320

PSY 321

Related Professional Courses (see advisor for list) – 24 hours or Minor

General Electives – 20 hours

Liberal Studies – 42 hours (ASHA requires that you have a physical science, a biological science, a behavioral/social science and a non-remedial math course)

**Communication Sciences and Disorders Department**  
**Related Pre-Professional Concentration (RPC)**

Students enrolled in a B.S. degree program in Communication Sciences and Disorders will be required to complete a Related Pre-Professional Concentration (RPC). Students must complete a total of 24 hours; courses should be chosen from the following list.

SPED 312	Teaching Elementary Students with Learning Problems: PREQ - SPED240
SPED 401	Introduction to Learning Disabilities: PREQ - SPED240
SPED 405	Introduction To Mental Retardation: PREQ - SPED240 or permission
SPED 407	Intro to Behavior Disorders
PSY 470	Abnormal Psychology: PREQ – PSY150 or permission
PSY 474	The Emotionally Disturbed Child and Adolescent: PREQ – PSY150 or permission
BK 361	Environments for Young Children
BK 363	Child Development
BK 366	Infant Development and Curriculum
BK 462	Adult-Child Interaction
COUN 310	Family Systems
COUN 325	Survey of Human Development
PSY 327	Psychology of Ageing
PSY 325	Development: Early Adulthood through Maturity: PREQ - PSY250 or permission
PSY 333	Psychology of Sex Differences: PREQ - PSY250 or permission
CHER 101	Experiencing Cherokee and the Cherokee-Speaking World
CHER 351	Phonetics and General Linguistics
CMCR 350	Communication Theory: PREQ - CMCR140, CMCR150
CMHC 414	Gender Communication
CMHC 415	Intercultural Communication
CSD 451	Sign Language I
ENGL 411	History of English Language
ENGL 312	Grammar for Teachers
ENGL 412	Grammar for Writers
ENGL 415	Linguistics
ENGL 416	Teaching English as a Second Language
PSY 444	Cognitive Psychology: PREQ - PSY250 or permission
EDRD 303	Literature for Children and Youth
EDRD 334	Reading Instruction in the Elementary School
EDRD 443	Middle Grades Reading
EDRD 453	High School and Adult Reading: PREQ – EDRD 443
EDRD 467	Adolescent Literature
ENGL 401	Writing for Careers
COUN 430	Individual and Group Counseling
PSY 426	Death and Dying: PREQ – PSY150 or permission
SOCW 251	Social issues Policy and Programs
SOCW 326	Child Welfare
SOCW 327	Social Work with Families
SOCW 329	Social Work with Older Adults
SOCW 334	Human Behavior and the Social Environment
SOCW 402	Diversity in Contemporary Society
HSCC 220	Medical Terminology
HSCC 330	Legal and Legislative Aspects of Health Care
BIOL 132	Human Genetics in Society: PREQ - BIOL101 or permission
BIOL 291	Human Anatomy and Physiology (4hrs)
PSY 440	Biological Psychology: PREQ - PSY250 or permission
PSY 251	Research Methods I: Statistics: PREQ - An algebra course, COREQ: PSY252
PSY 252	Research Methods II: Experimentation: PREQ - PSY250 or permission, 251
PSY 360	Psychological Testing: PREQ - PSY250 or permission

## Communication and Sciences Disorders Department - Graduate

Sequence of Courses - Graduate			
<b>Fall</b>			
	3 Credits	CSD 662	Articulation/Phonological Disorders
	3 Credits	CSD 668	Language Disorders – Preschool
	3 Credits	CSD 670	Fluency Disorders
	3 Credits	CSD 677	Dysphagia
	3 Credits	CSD 683	Clinical Practicum
	15		
<b>Spring</b>			
	3 Credits	CSD 673	Neurogenic Speech Disorders
	3 Credits	CSD 672	Speech Language Disorders-Adults
	3 Credits	CSD 682	Research in Communication Disorders
	3 Credits	CSD 630	Professional Issues in CSD
	3 Credits	CSD 472	Aural Rehabilitation** (taken 1 <sup>st</sup> or 2 <sup>nd</sup> Spring)
	3 Credits	CSD 372	Acoustics and Speech Science** (taken 1 <sup>st</sup> or 2 <sup>nd</sup> Spring)
	3 Credits	CSD 683	Clinical Practicum
	15-18		
<b>Summer</b>			
	1-3 Credits	CSD 594	Elective (TBA)
	3 Credits	CSD 683	Clinical Practicum
	3-6		
<b>Fall</b>			
	3 Credits	CSD 620	Infant-Toddler Communication
	3 Credits	CSD 640	Voice Disorders
	3 Credits	CSD 648	Language Disorders – School Age
	3 Credits	CSD 683	Clinical Practicum
	3 Credits	CSD 681 CSD 699	Master’s Project or Thesis
	12-15		
<b>Spring</b>			
	3 Credits	CSD 678	AAC/Assmt/Intervention
	3 Credits	CSD TBA	Elective (TBA)
	3 Credits	CSD TBA	Elective (TBA)
	3 Credits	CSD 683	Clinical Practicum
	3 Credits	CSD 699	Thesis
	12-15		
<b>Total</b>			
	60 Credits		

(Revised 9/21/05)

\*\*If needed for ASHA requirements

## Communication Sciences and Disorders Department - Levelers

### Sequence of Courses – Levelers

<b>Fall</b>	3 Credits	CSD 370	Phonetics
	3 Credits	CSD 301	Speech and Language Development
	3 Credits	CSD 450	Introduction to Audiology
	3 Credits	CSD 662	Articulation/Phonological Disorders
	3 Credits	CSD 668	Language Disorders – Preschool
	15 Credits		
<b>Spring</b>	3 Credits	CSD 380	Anatomy/Physiology of Speech Mech
	3 Credits	CSD 472	Aural Rehabilitation
	3 Credits	CSD 372	Acoustics and Speech Science
	3 Credits	CSD 630	Professional Issues in CSD
	3 Credits	CSD 682	Research in Comm. Disorders
	15 Credits		
<b>Summer</b>	3 Credits	CSD TBA	Elective (TBA)
	3 Credits	CSD 683	Clinical Practicum
	3-6		
<b>Fall</b>	3 Credits	CSD 648	Language Disorders-School-age
	3 Credits	CSD 672	Language Disorders-Adults
	3 Credits	CSD 670	Fluency Disorders
	3 Credits	CSD 640	Voice Disorders
	3 Credits	CSD 683	Clinical Practicum
	15 Credits		
<b>Spring</b>	3 Credits	CSD 673	Neurogenic Speech Disorders
	3 Credits	CSD 677	Dysphagia
	3 Credits	CSD 678	AAC/Assmt/Intervention
	3 Credits	CSD 683	Clinical Practicum
	3 Credits	CSD TBA	Elective (TBA)
	15 Credits		
<b>Summer</b>	3 Credits	CSD TBA	Elective (TBA)
	3 Credits	CSD 683	Clinical Practicum
	3 Credits	CSD 699	Thesis
	3-9 Credits		
<b>Fall</b>	3 Credits	CSD 620	Infant /Toddler Communication
	3 Credits	CSD 683	Clinical Practicum
	3 Credits	CSD 681/99	Master's Project/Thesis
	6-9 Credits		
<b>Total</b>	75 Credits		

(Revised 9/21/05)

## MASTER'S PROJECTS

The master's project should be developed as a research study that answers specific questions related to an interest area. Comparisons, evaluations, and decisions with respect to any clinical population are made based on obtaining background knowledge, attempting varied methods, tracking growth and change, and forming individual theories and approaches. The project will incorporate these concepts through a research project.

## LETTER OF INTENT

Please list your topic and the person with whom you would like to work and return to the Communication Sciences and Disorders (CSD) Department Head. If you are having difficulty deciding on a topic, it may help to speak with several members of the CSD Department faculty and determine areas of interest. Following faculty discussion, topics and project advisors will be solidified. A letter of commitment will then be signed by both the student and advisor.

TOPIC \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADVISOR \_\_\_\_\_

## MASTER'S THESIS DESCRIPTION

The thesis project is different from the master's project in formal ways. The thesis must follow guidelines as determined by the graduate school. Some of these guidelines include paper type, margins, and binding. Other differences are qualitative in terms of depth of analysis, critical thinking skills, strong technical writing skills, independent direction, and a strong topic base knowledge.

Successful completion of the thesis project requires an original research idea that must be presented to a committee rather than a single person. An exhaustive literature review (Chapter 1) is essential and must logically support the direction of the methodology. Methodology (Chapter 2) and results (Chapter 3) may include application and interpretation of parametric or non-parametric statistics. While the chair of the committee may directly guide the student in the areas of design and statistics, the student must be motivated to explore and understand these issues. The discussion (Chapter 4) requires the student to discuss implications and relevance of the results, limitations of the study, and directions for future research.

Students completing a thesis project are not required to take the written comprehensive exam. Students completing the thesis project are required to register for thesis hours the semester prior to graduation. Faculty members are required to return papers for rewrites a minimum of two (2) weeks after receipt of the document from the student. The student will work on the thesis for two (2) consecutive semesters.

## MASTER'S THESIS OUTLINE

### Selection of Topic and Committee

Prior to Prospectus Meeting

### Institutional Review Board (IRB) Human Subjects Review

Prior to Prospectus Meeting

### Sections of the Thesis Document

The order of completed sections is as follows: Chapter 1-Literature Review; Chapter 2-Methodology; Chapter 3-Results; and, Chapter 4-Discussion.

A deadline agreement between the student and his/her committee chair will be independently generated for each of the four (4) sections.

### Prospectus Meeting

May graduates must have their meeting by the end of September prior to their graduation date.

December graduates must have their meeting by the end of March prior to their graduation date.

Students meet with their thesis committee and present a well-defined thesis question, their initial review of the literature, and the methodology to answer their thesis question.

This meeting is designed to prepare the student to collect data; the committee may discuss changes during the meeting.

Following this meeting, the thesis proposal is sent to the graduate school.

### Thesis Defense

The thesis document must be delivered to the Communication Sciences and Disorders (CSD) Department secretary prior to the defense for review by peers and faculty not on the thesis committee.

The thesis defense must occur no later than three (3) weeks prior to commencement.

Master's Thesis/Project  
Letter of Commitment

Student Name:

Advisor:

Project Title/Description:

Please Circle One:    Master's Project                      Master's Thesis

I, \_\_\_\_\_, agree to advise and assist the above named student with the master's project/thesis described above.

\_\_\_\_\_  
Faculty Member Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, agree to complete the master's project/thesis described above with the above named faculty advisor.

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

\_\_\_\_\_  
Date

# **CLINICAL HANDBOOK**

# INTRODUCTION

## **General Information**

The Western Carolina University (WCU) Speech and Hearing Center (SHC) is committed to providing clinical services of the highest quality to individuals with communication disorders. The center also provides training opportunities for the Communication Sciences and Disorders (CSD) Department graduate students, including clinical practicum, supervision, and research. Treatment of the whole person requires interdisciplinary resources; therefore, the center functions within a referral network of human service professionals. A client is scheduled for treatment upon referral through the diagnostic process outlined in this handbook.

## **Fire Safety**

Fire evacuation routes are clearly marked in the hallway of the McKee Building, as well as in treatment rooms. SHC faculty supervisors, clinic staff, graduate student clinicians, and observers should familiarize themselves with such routes before clinic begins each semester. In the case of a fire alarm or drill, clinic faculty, staff, and/or student clinicians should quickly assist all clients in evacuating the building by the prescribed routes and remain outside the building until an all clear signal is given.

## **Handicap Access**

Handicap accessible water fountains and restrooms are located on the ground floor of the McKee Building.

# OBSERVATION

## General Information

Observing diagnostic and treatment sessions in speech/language pathology (SLP) and audiology (AUD) is a valuable and effective means of beginning the implementation of theory into practice that is required for clinical work. The American Speech-Language-Hearing Association (ASHA) no longer requires that students complete a minimum of 25 hours of observation before conducting any diagnostic or treatment sessions; however, the Western Carolina University (WCU) Communication Sciences and Disorders (CSD) Department faculty members decided to establish the following policy:

All students who have not completed ASHA's minimum requirement when they enter the graduate program must complete this requirement by the end of their first semester of graduate study. Graduate students who do not complete this requirement will not be allowed to enroll in CSD 683 Clinical Practicum until they have completed the minimum number of required hours. It is the student's responsibility to inform his/her faculty advisor when observation hours are completed. The advisor is responsible for confirming that the observation hour requirement has been met and for making that known to the Speech and Hearing Center (SHC) Director who is responsible for assigning practica sites each semester.

The CSD Program requires observation hours in one undergraduate academic course (CSD 479 Clinical Process). Instructors of other undergraduate courses (e.g., CSD 370 Phonetics and CSD 301 Speech-Language Development) may allow extra credit for obtaining hours. Observation hours must be supervised by an ASHA certified SLP or AUD. If supervision is not done by a WCU CSD Department faculty member, a copy of the observed clinician's ASHA card must be attached to the observation sheet that contains such hours. Students are encouraged to observe often throughout their undergraduate and graduate program, since observations provide valuable learning opportunities at all levels of experience.

After receiving an observation assignment, the student will contact the client's supervisor or student clinician to introduce himself/herself and to verify permission to observe. There may occasionally be reasons that a client should not be observed at a given time. Pertinent information about the client may be obtained from the supervisor or the student clinician. The student observer should arrive at least five (5) minutes before each session begins and should observe the entire session. Observers are expected to observe all assigned sessions, since maximum benefit is obtained from seeing a client's progress over a period of time. A client's consistent lack of attendance should be reported to the SHC audiologist in charge of observation so that alternative or additional assignments can be made.

Confidentiality is essential in the management of clients (see pages 34-35). Clients' rights and welfare are central to ASHA's Code of Ethics (COE) for professionals and mandated by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The purpose of the "Privacy Rule," a provision of HIPAA, is to protect and enhance the rights of consumers to their health information and control the inappropriate use of that information. All medical records and individually identifiable health information in any form (electronic, paper, or oral) are protected. Federal penalties for violations range from a \$100 to \$250,000 fine and 10 years in prison. The

procedures utilized in the CSD Department's SHC are designed to protect clients' privacy and protected health information (PHI) at all times. As observers, students are an integral part of the SHC's personnel and therefore must also abide by the ASHA COE and HIPAA rules. No observation should be discussed outside of the SHC and neither clients' names nor any other identifying information should ever be disclosed. Notes may be taken during an observation session, but they must not include information that might lead to identification of a client. Client information should only be discussed with a supervisor or student clinician. Information may also be shared as part of course assignments; however, identifying information must not be included. All student observers **must read and sign the WCU SHC CONFIDENTIALITY/ SECURITY AGREEMENT** before they begin observations.

**Note:** For the same ethical reasons mentioned in the preceding paragraph and because of the current level of training, observers are not allowed to answer the family's or other observers' questions about case management. Such questions should be referred to the supervisor or student clinician.

Please remember that when you occupy an observation room, you are in a professional setting. Professional behavior is, therefore, expected at all levels of clinical involvement. This includes appropriate dress and consideration for the client's family members and other client management participants. Please be quiet while observing; clients can hear loud talking, laughter, or chairs bumping/scraping in the observation room. Personal space should be respected as much as possible, i.e. make room for others who need to observe the session. The client's family members and supervisor always have top priority in observing a particular session.

Observers should use headphones when two separate sessions can be observed from the same observation room. A supervisor can help observers with the proper use of headphones.

Immediately following each observation, observers will complete the daily entry on the Permanent Record of Student's Observation Hours form and obtain the supervisor's signature. If the supervisor is not available, the observer should have the student clinician initial the entry. **REMEMBER** that the supervisor must sign all observation hour entries before they are valid. Most supervisors can be found in their offices during their posted office hours when you are not able to get a signature immediately following a session.

### **Scheduling of Observations**

Each student who is to observe will submit a completed schedule form to the SHC supervisor in charge of observations as soon as it is requested. These forms are used to assign observations and locate students if the SHC needs to get messages to them. It is important that any conflicts are noted so the student is not scheduled for observation during that time. Only academic courses and official university duties are acceptable conflicts. Work time also is considered in scheduling, but please be aware that the program cannot assure that adequate observation hours will be available if the student substantially limits available scheduling time. Also, please be aware that once a schedule has been initially plotted, changes to it often create a domino effect. For this reason, changes in assignments

are made only under strictly limited circumstances, deemed appropriate by the SHC supervisor in charge of scheduling.

The SHC supervisor in charge of observations will make all observation assignments. Additional observation hours may be possible after the initial assignments are made when such slots are available. Requests for additional hours can be made through the SHC supervisor who will distribute all observation assignments in written form to students' mailboxes in the SHC. If a mailbox has not been assigned, please notify the SHC Director that one is needed.

A maximum of three (3) observers are allowed in the observation room at a time. If a client's family observes, this number may be further limited. Priority for observation will be given in the following order: **(1) family members; (2) supervisor; (3) observers fulfilling course requirements or supervisor assignment; and, (4) other observers approved by the supervisor.**

Occasionally treatment room numbers change or sessions are cancelled. Room changes for a given client can be obtained from SHC office personnel. Cancellations are noted on a clipboard in the SHC office as soon as personnel are advised of them; however, clients may simply not show up for a session, i.e. it is not known beforehand in every case that a session will not be held.

### **Processing Observation Hours**

Documentation of observations should be submitted to the SHC supervisor in charge of observations at the end of each semester. If instructed to do so by individual supervisors or course instructors, observers will complete the "Description of Observation Experience" form (or other required forms) that structure their experiences (refer to the forms sections for a description of how to complete this form). Student will turn in "Permanent Record of Student's Clinical Observation Hours" forms at the end of each semester to officially and accurately record observation experiences, i.e. each semester's observations should be recorded on a separate form. Students should keep copies of these forms for their personal records. The SHC supervisor in charge of observations will monitor observation hours and provide to faculty advisors completed documentation at the end of each semester for filing in students' academic/clinical files.

## CLINICAL MANAGEMENT

### A. General Information

When all appropriate coursework and required observation hours have been completed, graduate students may enroll in CSD 683 Clinical Practicum. Student clinicians must submit proof of liability insurance to the Speech and Hearing Center (SHC) Director prior to beginning clinical practicum and must update insurance each year thereafter. In addition, student clinicians **must read and sign the SHC HIPAA CONFIDENTIALITY/ SECURITY AGREEMENT** before they participate in any diagnostic or treatment sessions.

Once graduate students have enrolled in CSD 683, they must be continuously enrolled in clinical practicum for the remainder of their graduate program. Graduate students must attend a weekly one hour practicum meeting in addition to the clinical clock hour component, regardless of enrollment in CSD 683. This meeting will differ by experience level and will present information about the clinical process itself, as well as current issues related to provision of service to clients with communication disorders. The CSD Program faculty members agree that graduate students' attendance and participation in these weekly practicum meetings is important for achieving clinical success, i.e. graduate students who regularly attend achieve greater success than those who routinely skip these important meetings. Program policy requires a **minimum** 80% attendance at scheduled meetings. Students who are absent from 20% or more of scheduled meetings will not be allowed to enroll in CSD 683 the subsequent semester, i.e. they will not receive a practicum assignment.

The clinical component involves assignment to one or more clients for whom student clinicians have primary clinical responsibility under the direction of one or more faculty supervisors. The clinical grade is composed of both the weekly practicum meetings and the clinical component. Student clinicians also will be assigned to diagnostic teams during one or more semesters during their graduate program.

The SHC Director coordinates on and off campus placements and is responsible for scheduling diagnostic and treatment assignments in the SHC each semester. Clinical Training Program Summary forms and Placement Request Sheets are distributed to all off-campus student clinicians for completion each semester. The information students provide on the summary forms and request sheets is used to determine clock hour needs and practicum assignments for subsequent semesters.

### B. Off-Campus Placements

Student clinicians complete practicum experiences in various off campus sites under the supervision of ASHA certified SLPs and AUDs. The SHC Director arranges these placements for students who have completed a **minimum** of 25 clock hours and are approved for off campus placement by the CSD Department faculty. The Off Campus Placement Supervisor's Handbook contains information pertaining to these practicum experiences. All students in the CSD Graduate Program will be assigned to a minimum of three (3) different practicum sites during their enrollment in the program in order to meet the American Speech-Language-Hearing

Association (ASHA) requirement for varied experiences. The SHC is an official site and can count as one (1) of the three (3) required sites.

Off campus sites vary in placement requirements. Students placed in off-campus sites may be required to: (1) show proof of “negative” results on a TB screen; (2) receive MMR and/or Hepatitis B vaccinations (or sign a form declining this protection); (3) show proof of training in Bloodborne Pathogens; 4) show proof of professional liability insurance coverage (typically \$1,000,000/\$3,000,000 coverage); 5) obtain CPR training; and 6) have a criminal background check.

### **C. Insurance Requirement**

All student clinicians participating in clinical practicum must carry professional liability insurance. Students can purchase insurance through the company of their choice. Marsh-Seabury & Smith offers blanket student professional liability insurance at an annual rate of \$15.00 per student or students can purchase individual coverage at an annual rate of \$35.00. Limits of liability for blanket or individual coverage are \$1,000,000/\$3,000,000. This company also insures the American Speech-Language-Hearing Association (ASHA) and its membership. **Proof of insurance must be submitted to the Speech and Hearing Center (SHC) Director before students will be allowed to work with clients.**

Students who elect to purchase blanket coverage must submit their premium payments to the SHC Director no later than the first day of classes during the semester in which they enroll in practicum. If payment is not received before practicum begins, students will not be eligible to participate in clinical assignments. Students who elect to purchase individual coverage must provide a copy of the front page of their policy that shows the policy number, effective dates, etc., to the SHC Director before they begin practicum assignments.

### **D. Professional Behavior, Appointments and Client/Clinician Attendance**

The ASHA Code of Ethics (COE) serves as the basic guideline for professional behavior. In addition to the responsibilities stated in the COE, all clinical personnel must adhere to the policies stated in this handbook.

Clinic appointments are usually scheduled Monday through Friday between 8:00 AM and 5:00 PM. When a client is enrolled for treatment, regular appointments are scheduled depending on the individual needs of the client as jointly determined by the client, family and professional team. Scheduling may be for group or individual services or a combination of the two (2) service types.

Loss of time from services due to habitual lateness or absence is detrimental to successful client management. A client’s habitual tardiness or repeated absences is considered to be cause for dismissal from the SHC. **Faculty supervisors and student clinicians should advise clients when they are initially enrolled in treatment that they are expected to contact the SHC as soon as possible whenever they are unable to keep their appointments.** Reasonable absences/tardinesses due to extenuating circumstances are

tolerated; however, habitual infractions are not. When a client fails to attend a session without notification, **the supervisor or student clinician should record the absence as a “no show” (NS) on the weekly cancellation sheet in the SHC office,** as well as in the client’s file. **Two (2) consecutive unattended sessions without prior cancellation or explanation** should be discussed with the SHC Director. If a decision to terminate services is made, a letter will be sent to the client advising them of the reason for dismissal.

Supervisors and student clinicians must **meet scheduled appointments promptly and regularly.** It is not good public relations to keep clients waiting or for them to see supervisors or student clinicians rushing in at the last minute. In order to model professional behavior, supervisors and student clinicians **should be present in the SHC at least 10 minutes prior to scheduled appointment times.** Supervisors and student clinicians are expected to use good judgment about whether an illness is contagious to clients or other colleagues. If illness or another emergency condition necessitates an absence from a diagnostic or treatment session, student clinicians must follow the guidelines listed below for cancellation:

- (1) Contact the faculty supervisor immediately to **obtain permission to cancel the session or receive other instructions about what to do.**
- (2) If the supervisor can’t be reached, discuss the need to cancel the session with the Speech and Hearing (SHC) Director and **obtain permission to cancel;** subsequently ensure that the supervisor is notified of the cancellation.
- (3) Following approval for cancellation, notify the client of the need for cancellation and confirm the date of the next diagnostic or treatment session; when unable to make contact with the client, consult the supervisor or SHC Director about how to proceed, i.e. **do not just leave a message on voice mail or an answering machine and assume the client will receive it prior to the scheduled session time.**
- (4) Notify the supervisor and SHC office personnel that you have successfully cancelled the session; the cancellation will be recorded on the weekly cancellation sheet in the SHC office for the benefit of potential observers.
- (5) If neither the supervisor nor the SHC Director can be reached to give permission to cancel, it is still the student clinician’s responsibility to contact the client, supervisor and the SHC office that the cancellation has been arranged.
- (6) **Treatment sessions cancelled by student clinicians must be made up within a week whenever possible** or as otherwise specified by the supervisor.

The above cancellation procedure will ensure that student clinicians receive excused absences from clinic. **Unexcused absences are considered to be unprofessional behavior.** It is the policy of the WCU SHC and the CSD Program that:

- **one (1) unexcused absence** will automatically result in a clinic **grade of "C"** for the case for which the absence occurred;
- a **second unexcused absence** will automatically result in a clinic **grade of "F"** for the case for which the absence occurred; and,
- a **third unexcused absence** will result in an **automatic “F”** for the case for which the absence occurred and in the student clinician becoming **ineligible to participate in clinical practicum the following semester.**

A student clinician's participation/continuation of service on a particular clinical case is at all times at the discretion of the supervisor.

### **E. Student Clinician/Client Relationships**

Student clinicians should be interested in their clients and clients' families as persons and maintain a friendly, open communicative atmosphere. However, excessive and inappropriate personal involvement with a client may jeopardize the clinician's professional role and ability to serve the client in the most effective way.

Student clinicians should not give food, treats or gifts to clients unless prior permission has been obtained from the faculty supervisor and the client and/or his/her parent or other caregiver. Clinicians may accept small gifts from clients on holidays or at the end of treatment periods as a natural gesture of appreciation. **Monetary or other substantial gifts should be tactfully refused.** Clients who wish to donate something to the SHC as a token of appreciation may be invited to make donations to the SHC trust fund.

At the initial interview, clients and their families are asked to sign a permission form to allow the SHC and the CSD Program to utilize information concerning them for teaching, training, and research or other educational purposes, provided that the information is utilized in a way that protects the privileged nature of the material (e.g., the client's name and other identifying information is withheld). **Students are not to discuss clients or their problems with persons outside the SHC or in public places** (e.g., hallways, waiting room, student prep room, etc.). The nature of all conversations regarding clients should be kept professional; “gossipy” or judgmental comments should **never** be heard. Clients may be discussed in academic courses for educational purposes, provided they or their legal guardian have signed a release form for such purposes. Clients should not be video or audio taped for classroom purposes without express written permission from them or their guardian (**refer to HIPAA rules regarding protected health information**).

### **F. Student Clinician Attire**

The manner in which students dress reflects the professional attitude of student clinicians. Appropriate attire may vary by work setting, job duties and the fashion of the times; however, all aspects of dress and grooming should reflect good judgment and taste consistent with a professional environment. Good rules of personal hygiene should be observed at all times.

### **G. Client Records**

All client records are confidential and must not be shared with other individuals or facilities without the written consent of the client or his/her legal representative. **Under no circumstances may client folders/disks/flash drives be removed from the premises of the SHC.** Client files or any contents thereof may not be copied. Students may check out client files from SHC office staff **for use in the SHC** (e.g., the student prep room or supervisor's office) during diagnostic or treatment planning, staffing, and report writing.

Reports may **not** be typed by any individual not directly affiliated with the SHC and/or the CSD Program. Video and audio tapes of client sessions also are official records and protected by HIPAA. **Individuals outside of the SHC and/or the CSD Program are not allowed to view or listen to such tapes.** Confidentiality is a legal issue and preserving clients' privacy is assured by the ASHA Code of Ethics (COE) and mandated by HIPAA. Students must consistently guard against violations of the COE and HIPAA rules relative to protected health information (PHI).

## **H. SHC Space, Materials and Equipment**

Student clinicians will be assigned a treatment room for each client served; rooms are assigned according to the needs and ages of clients. Students must not change room assignments without checking with the SHC Director. When the Director is unavailable, students should check with SHC office personnel regarding room availability for a particular session. A permanent room change requires the approval of the Director, who will honor requests for specific rooms whenever possible. Room schedules are posted on treatment room doors at the beginning of every semester to indicate which are vacant; however, final clearance must be obtained for occupying a vacant room not assigned to a particular client.

Student clinicians should be aware of activities assigned to their room immediately following their session and clear the room in ample time for the next clinician to set up materials and equipment. **Clinicians must remove all equipment and materials or store it in the cabinet when they vacate a treatment room. When a client is accompanied by a sibling who uses SHC materials in either the treatment room or the waiting area, it is the clinician's responsibility to put away those materials, as well as those used with the client.**

Mailboxes are provided for the receipt of messages from faculty supervisors or other students. **Student clinicians should check their boxes regularly.** The student prep room also is a part of the SHC space. This room provides a place for student clinicians to prepare for their clinical duties. Given its location next to the SHC reception area and across the hall from the client waiting room, **students should treat this space respectfully.** It is acceptable to eat lunch or snacks and engage in quiet conversation; however, each student is expected to dispose of his/her own trash and keep the noise at an acceptable level. A refrigerator and microwave are provided for students' use and **they are expected to keep these appliances clean.**

A variety of materials is provided to aid student clinicians in diagnostic and treatment sessions. Clinicians are encouraged to become familiar with what is available and they must check-out materials according to the policy established. A large number of clinicians use these materials; therefore, highest priority is given to clinicians serving clients in the SHC. Typically, materials should remain in the SHC materials room from 8:30 AM to 4:30 PM Monday through Friday.

Under special circumstances and **with prior approval from a faculty supervisor and the SHC Director**, clinicians may sign out materials overnight and/or over a weekend, provided

they are returned to the SHC by 8:30 AM the next morning. Clinicians who fail to comply with this policy will not be allowed to check out materials in the future. If this occurs, The SHC Director will notify faculty supervisors that a student clinician has lost check out privileges for overnight and/or weekends. **The SHC Director must approve any exceptions to the above check out policy.**

Every effort is made to provide outreach sites with materials needed in those sites. Clinicians who are assigned to these sites may borrow materials for their sites, but they must do so only with the SHC Director's approval. This allows the Director to efficiently recall any materials needed in the SHC and/or request the CSD Program faculty members' approval for purchasing additional materials for these sites.

Student clinicians participating in clinical practicum must acquaint themselves with the equipment available for their use in diagnostic and treatment sessions. They are expected to share responsibility for maintenance of such equipment by becoming familiar with proper use and reporting any missing or malfunctioning equipment to the faculty supervisor and the SHC office staff. Equipment must be signed out from the materials room or Speech Science Lab (G54) according to the established policy. To avoid liability for student clinicians, **no SHC audio and/or video equipment may be taken home overnight.**

Although the SHC has some equipment for student clinician use, it can not guarantee that it will be available in every circumstance. **Clinicians are required to provide his/her own cassette audio recorder, audio and/or video cassette tapes, a penlight or other portable light source, a watch and/or timer, and diskettes for use in SHC computers.**

#### **Hours for checking out and returning materials:**

The materials room will be open for checking out and returning diagnostic and treatment materials at least 10 hours per week during clinic periods each semester. Hours will be determined and posted at the beginning of each semester. Graduate Assistants (GAs) will be assigned to be available in the room during these posted times. If a faculty supervisor needs items during other hours, they should consult with the faculty member in charge of the materials room.

#### **Check out procedure:**

A check out form should be completed and placed in the box that contains these forms or given to a GA on duty in the materials room. If the form is turned in at least one day in advance, the item(s) will be ready by the time needed (as indicated on the checkout form). GAs will fill requests as they come in; however, forms that are turned in ahead of time will be filled first. In special circumstances items may be picked up at other times that must be arranged with GAs, faculty supervisors or the SHC Director.

#### **Diagnostic materials:**

Diagnostic team members will have first priority for test materials; however, they will need to make sure the materials they need have been reserved in advance. Each team should complete the checkout form and place it in the materials room forms box **at least two days prior** to the scheduled diagnostic session time to ensure they have access to the materials. One score form

will be included for each diagnostic test checked out. Since student clinicians require time to become familiar with the use of diagnostic tools, they may sign out tests overnight and/or over weekends in order to prepare for diagnostic sessions and complete subsequent evaluation reports.

**Treatment materials:**

Check out forms for treatment materials should be completed in the same manner as for diagnostic materials to ensure access to needed materials. However, if student clinicians intend to use the same materials across multiple treatment sessions and the material is not in high demand, they are allowed to check materials out for extended periods. Such materials may be stored in cabinets in treatment rooms in containers that are clearly marked as belonging to the student clinician. If another student clinician subsequently requests these materials, they must be returned to the materials room in order to allow equal access to all students.

**Checking materials in:**

All materials should be returned by the time indicated on the check out form during posted materials room hours. In special circumstances items may be returned at other times that must be arranged with GAs, faculty supervisors or the SHC Director.

Student clinicians who fail to comply with the materials room policies and procedures risk not being allowed to check out materials in the future. When infractions occur, GAs will inform the SHC Director and the Director will inform the student's faculty supervisor. Following a third (3<sup>rd</sup>) infraction within a semester, the SHC Director will notify the faculty supervisor and the student clinician that the clinician has lost check out privileges for the remainder of the semester. **The SHC Director must approve any exceptions to the above check out procedures.**

**I. Processing Clinical Hours**

At the end of diagnostic and treatment sessions, **student clinicians** should document on their Practicum Logs that the client was seen. These log entries are a record of client attendance and also are used for completing the Clinical Practicum Summary form at the end of each semester during each student clinician's graduate program. Completing these forms in a timely and accurate manner assists record keeping for reporting practicum hours to ASHA. Practicum Log **entries are not official until they are signed by the faculty supervisor, who must verify the accuracy of student clinicians' entries and document their observation time for each session.** Sessions documented on these logs are transferred to the summary form to compute clock hours earned each semester, as well as the cumulative summary of hours.

The SHC Director develops a client schedule of all clinical assignments each semester and makes additional assignments during the course of the semester as needed. While **faculty supervisors are expected to regularly verify the accuracy of student clinicians' entries** on Practicum Logs during the semester, at the end of the semester, they are responsible for verifying the accuracy of corresponding entries on the clock hour summary form **prior to signing these forms.** Clinicians are responsible for turning in the original logs and summary form to the SHC Director when their practicum assignment is completed each semester.

Copies of forms submitted are placed in chronological notebooks kept in the SHC office. Original forms are placed in students' academic/clinical files. Students also should make copies of all forms for their own records. **Failure to complete and submit the required forms by the indicated due date each semester may result in a drop of one letter grade in CSD 683 Clinical Practicum and the student may not be allowed to obtain additional clinical experience until forms are submitted.**

If additional hours are acquired between semesters in off campus placements arranged through the SHC Director, student clinicians should provide the Director with completed Practicum Logs and the Clinical Practicum Summary form **no later than the first day of classes the following semester**. The student clinician must be registered in CSD 683 during the subsequent semester for this process to be allowed.

#### **J. Scheduling Treatment**

The SHC Director coordinates supervisor, student, and client schedules and makes appropriate assignments for completion of ASHA clock hour requirements. Clinical assignments are provided to graduate student clinicians and faculty supervisors on or before the first day of the semester. Student clinicians are assigned clients based on their **completion of the Clinical Training Program Summary form. All sections must be completely and accurately filled out**, as this form is used for a number of purposes, including making current clinical assignments and determining future assignments. **Students who do not turn in this form on time will not receive clinical assignments.** Treatment will begin and end on the dates specified on the SHC calendar. Within 24 hours of the receipt of clinical assignments, student clinicians must contact supervisors to schedule conferences for discussing assigned clients.

#### **K. Student Clinician Responsibilities to Clients**

Student clinicians must be prepared and punctual for all diagnostic and treatment sessions, i.e. they must be **present in the SHC at least 10 minutes before the session is scheduled to begin**. They must **wait a minimum of 15 minutes for clients who are late** and have not contacted the SHC. If a client contacts the SHC indicating the intent to attend, the clinician must wait the entire scheduled time of the appointment. When the client arrives, the clinician will complete the time remaining for the scheduled session. If the client, clinician, and room are available, the session may continue beyond the scheduled time at the faculty supervisor's discretion. However, the clinician is not obligated to remain beyond the scheduled appointment time and a make up session may be scheduled as possible among the individuals involved. Clinicians may cancel sessions when ill or in other circumstances, if the proper cancellation procedure has been followed and the supervisor has given permission to do so (refer to the aforementioned SHC policy re: cancellations).

Student clinicians are responsible for carrying out ongoing evaluation, treatment, and periodic conferences with the client and/or family as indicated by the needs of the client and under the direction of the supervisor. Clinical hours may be accumulated for activities recognized by ASHA as direct service provision only (e.g., treatment time with the client,

counseling with the client and/or caregiver, training for home programs or center-based follow up). Other activities such as test scoring, preparation for sessions, analysis of language samples, staffing time with supervisors and/or other student clinicians, etc., are required as part of service delivery but are not eligible activities for earning clock hours.

Student clinicians are encouraged to use or develop data sheets to document clients' progress during each treatment session. Clinicians must complete "SOAP" notes or other types of documentation as directed by individual supervisors to reflect client needs that are based on evaluation results, the supervisor's and clinician's comments, and ongoing treatment results. These results and ongoing interpretation serve as a valuable data base that contributes to the summary of treatment report. When scheduled sessions are not held, clinicians must document in the SOAP or other progress notes the reason (e.g., client cancelled due to illness, clinician cancelled due to illness, client was a 'no show'), as well as contacts made with the client or on his/her behalf. **When two (2) consecutive 'no shows' occur, the notes must indicate that a follow up contact was made.** SOAP or other types of notes are chronological in nature and should be in chronological order with the most current note on top in clients' files.

Student clinicians must complete SHC billing forms after each treatment session; these forms are turned in to the SHC office at the end of every month. **Clinicians must prepare complete, accurate, and timely Progress/Discharge Summary Reports.** All reports, including drafts, must be typed and various sections of reports are due as directed by the faculty supervisor. **Final progress/summary reports are due as documented on the SHC calendar. Any forms or documents containing client information is considered confidential (see pages 34-35).**

#### L. Student Clinician Responsibilities to the Supervisor

Student clinicians will schedule meetings with supervisors of assigned clients at the beginning of each semester to review files and plan objectives for clients and clinicians. Client files may be checked out through the SHC office staff for use only in the student prep room and/or supervisors' offices. Client files are legal documents and contain confidential, protected information. They are to be treated with extreme confidentiality. Improper handling of a file or revealing any of its contents without proper authorization from the client and/or his/her legal representative is considered a **serious breach of confidentiality that is a violation of the ASHA Code of Ethics (COE) and HIPAA.** A professional person deemed guilty of such an incident may be subject to suspension of privileges or loss of ASHA certification and/or a HIPAA fine and/or prison term. **No client file or any of its contents may be photocopied or removed from the SHC.** In keeping with ASHA's and HIPAA's response to such infractions, i.e. **removal of a file, or any part thereof, from the SHC or failure to utilize the sign-out system, the CSD Program automatically assigns an "F" grade for each case in which such an infraction has been identified.**

Student clinicians will review client files and prepare proposed treatment plans based on reviews of clients' histories. Clinicians will keep supervisors apprised of any changes in clients' status and any problems/questions that arise during management of clients.

Clinicians will participate in final conferences with supervisors. The progress of the clinician and supervisory processes will be discussed and evaluated with respect to each stated objective. Clinicians will bring the final draft of appropriate summary reports and clients' files. **Clinicians will review and have a working knowledge of the clinical and supervisory evaluation systems and checklists included in this Handbook.**

Student clinicians will complete Practicum Logs after each client contact and the Clinical Practicum Summary form at the end of each semester. **Faculty supervisors must sign or initial for each contact and a full signature is required on each log before the hours are valid. Supervisors must also check, circle and verify the accuracy of the hour totals at the bottom of each log and sign the summary form.** All logs and summary forms from all practicum sites must be turned in for placement in clinical log books and students' academic/clinical files at the end of each semester.

#### **M. Responsibilities of Supervisors to Student Clinicians and Clients**

Faculty supervisors will provide the necessary guidance in order to facilitate student clinicians' clinical and self-supervisory skill development. He/she will be available during regularly scheduled conferences with clinicians in order to problem solve jointly and develop strategies for the clinical and supervisory processes.

Supervisors will observe, participate in, and provide feedback for a minimum of twenty-five percent (25%) of all scheduled sessions. **Direct supervision time for each session must be documented on the Practicum Log.** Supervisors will review all SOAP or other treatment notes, require appropriate revisions, and return them prior to the next scheduled session. They also will review, contribute to, return, and sign all notes and progress/discharge summary reports in a timely fashion as indicated on the SHC calendar and in this handbook.

All CSD Program faculty will review students' academic and clinical progress individually at a specified faculty meeting each semester. They will receive notification of their progress subsequent to student review meetings.

Supervisors will hold final conferences with their student clinicians as specified on the SHC calendar. During these conferences, they will review client files, review and sign final progress/discharge summary reports, and discuss final grades for clinicians' performance as documented on the Evaluation of SLP Student Clinician form. **Supervisors will review and have a working knowledge of the clinical and supervisory evaluation system included in this handbook.** Supervisors may use additional evaluation systems preferred by them; however, use of the form in the handbook is required for mid-term and final evaluations.

#### **N. Termination of Services**

At the end of each semester, faculty supervisors and student clinicians will make decisions regarding clients' continuation of or discharge from treatment. **If a client is to be dismissed from treatment, a discharge summary report is written and serves as the progress summary for the final treatment period.** The basic format for the Progress Report is used,

but the report is titled “Discharge Summary” and once all paperwork is completed, the client’s file is placed in the inactive files. If the client is to be seen at a future date for a follow-up evaluation, the same procedure is followed, but the supervisor also must complete a Diagnostic Disposition form.

**O.     Audiology Hours**

ASHA no longer allows SLP graduate students to count audiology diagnostic clock hours, i.e. only hearing screening and aural rehabilitation hours can be counted towards ASHA requirements in this area. The Clinical Audiologist works to ensure sufficient screenings opportunities for all students. The CSD Department faculty members established a policy that graduate students enrolled in CSD 683 must participate in a **minimum** of two mass audiology screenings per year of enrollment or until the SHC Clinical Audiologist deems them competent in this area.

## DIAGNOSTICS

### A. General Information

The Western Carolina University (WCU) Speech and Hearing Center (SHC) provides diagnostic services to people of all ages who have or are suspected of having a communication disorder. A **comprehensive** evaluation will be conducted to determine the presence, type, and severity of the communication disorder, and to make a **statement regarding prognosis** and efficacy of treatment. Referrals for diagnostic evaluations may be made by various sources including the client, the client's family members, school or day care personnel, other speech-language pathologists (SLPs), physicians, and/or other allied health agencies. The procedures for routing referrals through the diagnostic process are outlined below.

### B. Referral and Scheduling Process

The referral process is initiated by a letter or phone call to the WCU SHC (227-7251). When a referral is made, the SHC Administrative Support Associate contacts the client by phone to schedule a diagnostic appointment and obtain information that is required to complete documentation. Whenever possible and appropriate, clients are scheduled for audiological evaluation on the same day and prior to a speech-language evaluation. An appropriate information form, i.e. child or adult, is mailed to the client along with a cover letter that confirms the appointment date/time and requests that the form be completed and returned. A campus map is included with the letter. A Physician Referral form is mailed or faxed to the client's physician. Follow up phone calls or letters are initiated as necessary to obtain the information and referral forms prior to the scheduled diagnostic appointment date. The client also is reminded by phone of their scheduled time one to two days before the appointment date. A client file that includes the following items is prepared:

- (1) Completed information form and any other available case history information requested by the diagnostic team;
- (2) Checklist for Client Financial Eligibility;
- (3) Diagnostic Disposition Form;
- (4) Permission for Clinical Services form;
- (5) HIPAA forms (Notice of Privacy, Acknowledgement of Receipt of Notice of Privacy, and Authorization for Disclosure of Protected Health Information);
- (6) Signed Physician Referral form;
- (7) Billing sheet.

The client file is available for the diagnostic team's review through the SHC office. Files are checked out for review in the student prep room and/or the faculty supervisor's office. **Client privacy is a basic right and mandated by HIPAA.** The ASHA Code of Ethics (COE) also binds all SHC faculty, students, and staff to preserve client confidentiality. A breach of a client's privacy could place the individuals involved and/or the SHC in danger of legal action. For these reasons, a **client's file or any portion thereof may not be removed from the SHC. Failure to comply with this policy will result in an F for that portion of the clinical practicum grade. All faculty supervisors and student clinicians must read and sign the WCU SHC HIPAA**

**CONFIDENTIALITY/SECURITY AGREEMENT before they begin any diagnostic or treatment sessions.**

When a client arrives late for a scheduled diagnostic appointment, the diagnostic team can proceed with evaluation as their schedules permit and the faculty supervisor deems appropriate, or the client can be rescheduled if a slot is available. When a client fails to attend a scheduled diagnostic appointment without cancellation, a follow up phone call is made to reschedule the appointment if a slot is available. If the client can't be reached by phone, a missed appointment letter is mailed and the client is advised to contact the SHC to reschedule the appointment.

**C. Diagnostic Teams**

The SHC Director schedules diagnostic slots each semester based on faculty supervisors' available times. Student clinicians are assigned to teams based on their available times and practicum clock hour needs. Student clinicians may be assigned to a diagnostic team during any semester in which they are enrolled in CSD 683 Clinical Practicum. The teams consist of an SLP faculty supervisor, one or more student clinicians, and the clinical audiologist, who is a consultant to all diagnostic teams. Teams meet prior to a scheduled evaluation to review the case file and make decisions regarding the diagnostic session format. The team supervisor is responsible for:

- (1) guiding the diagnostic planning for the team and determining the degree of involvement of team members;
- (2) reminding student clinicians to direct the client/family to the SHC office to complete required documentation prior to beginning the diagnostic session;
- (3) being present at least 25% of each diagnostic session during the interview, evaluation, and interpretive conference (greater than 25% supervision is provided in any case where the level of expertise of the student clinicians make it advisable);
- (4) checking the billing sheet to see that it is completed correctly;
- (5) completing the Diagnostic Disposition form;
- (6) submitting the completed client folder and its contents to the SHC office immediately following the diagnostic session;
- (7) signing Practicum Logs for each student after each diagnostic session;
- (8) approving all documented evaluation results and treatment decisions before they are finalized;
- (9) evaluating and facilitating completion of the diagnostic report within two (2) weeks of the diagnostic session date; and,
- (10) signing the completed diagnostic report and completing any other forms required to enter clients into treatment in the SHC (e.g., Medicaid prior approval forms).

The student clinician team members are responsible for:

- (1) checking the diagnostic appointment schedule and scheduling a team meeting as directed by the faculty supervisor;
- (2) thoroughly reviewing the client file prior to the initial discussion of the case with the supervisor;

- (3) developing a diagnostic plan to present to the team;
- (4) ensuring that the testing room and diagnostic materials are set up 30 minutes prior to the diagnostic session time;
- (5) completing diagnostic testing as directed by the faculty supervisor;
- (6) conducting interviews and interpretive conferences at the discretion of the supervisor and ensuring that appropriate permission/release forms are signed;
- (7) returning diagnostic materials to the materials room and leaving the test room in order;
- (8) completing test forms with assistance from the supervisor as needed;
- (9) preparing complete, accurate, and timely diagnostic reports (within 2 weeks of the diagnostic session date) as directed by the supervisor;
- (10) ensuring that all items in the clinic folder are completed, signed, and filed in the appropriate place;
- (11) completing the Diagnostic Disposition Form and the billing sheet and submitting them to the supervisor;
- (12) completing Practicum Logs (**when logging diagnostic time, there should not be more than one disorder or supervisor listed per log, i.e. if there are several disorders diagnosed, each type should have its own log**); and,
- (13) any other duties related to the diagnostic session assigned by the supervisor.

#### **D. Diagnostic Evaluations**

The content and sequence of each diagnostic session will vary, but the following description may be viewed as somewhat typical. The client/family signs in at the SHC office upon arrival to complete required documentation. When documentation is completed, student clinicians and the faculty supervisor are introduced to the client, family and others accompanying the client. The student clinicians and/or supervisor briefly explain the plan for the session. The diagnostic evaluation usually consists of audiological testing/screening as appropriate, an interview with the client or family member, appropriate cognitive, language, articulation/phonology, voice and/or fluency screening or testing, an oral peripheral examination, and an interpretive conference with the client/family.

Following the interview, family members may return to the waiting room, move to an observation area, or, in some cases, participate in the diagnostic evaluation. Student clinicians conduct the evaluation while the supervisor observes and/or participates as he/she deems appropriate. Following the evaluation, the client and/or family wait in the waiting room while the supervisor and student clinicians discuss the results of testing. If another professional, (e.g., a school clinician), accompanies a child, this individual may be included in the discussion. Following this discussion, the client and/or family return to the testing room for the interpretive conference to discuss test results, recommendations, and suggestions of the diagnostic team. The supervisor and/or student clinicians instruct the client and/or family to check out at the SHC office before leaving when the required documentation is not completed prior to the beginning of the diagnostic session.

## E. Client Follow-up

The SHC Director will assure that appropriate action is taken after receiving the completed Diagnostic Disposition form. These actions include:

- (1) Active - enroll the client in treatment when a time is available;
- (2) Re-evaluate - schedule a follow-up evaluation as indicated in the diagnostic report (Diagnostic Disposition forms are filed in the SHC office);
- (3) Refer - refer the client for other services as indicated in the diagnostic report and place file in inactive files; or,
- (4) Inactive - no further services are recommended in the diagnostic report and the client file is placed in inactive files.

Prior to the beginning of each academic term, the SHC Patient Relations Representative checks the Diagnostic Disposition form file and contacts clients due for follow-up evaluations to schedule them. Re-evaluations are assigned to the diagnostic teams in the same manner as other diagnostic appointments are scheduled.

## F. Summary of Diagnostic Procedures

- (1) Referrals are received and assigned to diagnostic teams by the SHC Director.
- (2) Diagnostic team members review the client file prior to the diagnostic team meeting.
- (3) Student clinicians schedule a diagnostic team meeting and develop a preliminary diagnostic plan as directed by the faculty supervisor.
- (4) Student clinicians and the supervisor are jointly responsible for directing clients and/or families to the SHC office for completion of required documentation prior to beginning diagnostic sessions.
- (5) On the day of the diagnostic session, student clinicians prepare the testing room and ensure that all necessary diagnostic materials are available.
- (6) Student clinicians and the supervisor are jointly responsible for reporting initial findings to the client and/or family following the diagnostic session.
- (7) Student clinicians are responsible for returning all materials to the materials room, leaving the testing room in good order, and submitting all required forms to the supervisor.
- (8) Student clinicians and the supervisor are jointly responsible for accurately completing all required forms in client files.
- (9) Student clinicians and the supervisor are jointly responsible for scoring and completing all information required on the test forms and placing these in client files after the supervisor's final approval.
- (10) Student clinicians and the supervisor are jointly responsible for accurately completing the diagnostic report within 2 weeks of the diagnostic session date.
- (11) Student clinicians and the supervisor are jointly responsible for turning in signed reports to the SHC office and **providing names and addresses of individuals and/or agencies to which copies of the report are to be mailed (listed at the bottom of the last page of the report).**
- (12) During the entire diagnostic and reporting process, client files are available through the SHC office; they may be checked out for review in the SHC, but **no file or any contents**

**thereof can be removed from the SHC for any reason.**

(13) Individual supervisors may adjust deadlines for team meetings, diagnostic report drafts, etc., as dictated by varying job demands; however, **all teams are expected to complete reports within the 2 week timeline as much as is possible.**

Prompt and efficient completion of paperwork is important in the preparation of student clinicians for professional life. The timely and accurate completion of reports, treatment notes, etc., is documentation of a client's diagnosis, performance, progress, and service needs. These records determine whether a client receives services, what those services are, and whether or not professional services will be reimbursed. This is true of our clients at the SHC, as well as those clients that student clinicians will encounter in professional life. The CSD Department faculty consider students' **responsible handling of paperwork** to be **highly important** (along with actual clinical performance) for professional success in today's clinical settings. **Accurate and timely completion of paperwork is considered heavily in assigning clinical grades.**

## **Clinical Forms**

**Speech and Hearing Center  
CONFIDENTIALITY / SECURITY AGREEMENT**

**INTRODUCTION:**

Speech and Hearing Center (SHC) information systems contain confidential information pertaining to clients, health care professionals, and the organization. This information is a major asset to the SHC and is required by federal law to be protected. The use of a computer network that is shared by many individuals imposes many obligations, as well as potential security threats. A task of the SHC confidentiality/security policy is to inform individuals who use computer resources of their responsibilities and to secure their agreement to abide by the associated policies and procedures. This agreement covers all forms (paper, fax, electronic, phone, verbal, etc.) of protected health information.

**THE AGREEMENT:**

I, \_\_\_\_\_,  
EMPLOYEE NAME

**WILL NOT:**

- Exhibit or divulge the contents of any record or report except to fulfill a work assignment or as required by law
- Attempt to access information by using a user identification code or password other than my own
- Remove any records, reports, or copies from their permanent location except in the performance of my duties
- Remove any records, reports, or charts from the SHC
- Release my user identification code or password to anyone, or allow anyone to access or alter information under my identity, will only make incidental personal use of these resources
- Use these resources to engage in illegal activities or harass anyone
- Allow unauthorized use of information maintained, stored, or processed by the SHC
- Seek personal benefit of or permit others to benefit personally by any confidential information or use of equipment available through my work assignment

\_\_\_\_\_  
EMPLOYEE & SUPERVISOR INITIALS

**I WILL:**

- Only disclose information to those authorized to receive it
- Respect the privacy and rules governing the use of any information accessible through the computer system or network and only utilize information necessary for performance of my job
- Report any violation of confidentiality or computer usage policies
- Respect the ownership of proprietary software
- Limit my use of the computer network so as not to interfere unreasonably with the activity of others
- Abide by all the procedures and policies established to manage the use of the system

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EMPLOYEE & SUPERVISOR INITIALS

**I UNDERSTAND:**

- That the information accessed through all of the Speech and Hearing Center (SHC) information systems contains sensitive and confidential client, business, financial, and employee information
- That I may access health information on myself, but must have specific authorization to access information on anyone else (e.g. my spouse, friends, neighbors, and other professionals or employees)
- That I am responsible for logging out of information systems and will not leave unattended a display device to which I have logged on
- That all access to the SHC's information systems will be monitored
- That my user ID code and password are the equivalent of my signature and that I am accountable for all entries and actions recorded under them
- That my obligation under this agreement will continue after termination of my employment and that my privileges are subject to periodic review, revision and renewal
- That violators of this agreement will be denied access to information systems, subject to disciplinary action including termination and may be subject to penalties under state and federal laws and regulations

**UNDER FEDERAL LAW THE EMPLOYEE WILL BE HELD PERSONALLY ACCOUNTABLE FOR BREACHES OF CONFIDENTIALITY AND MAY BE SUBJECT TO CIVIL (\$100-\$250,000 PER INCIDENT) AND CRIMINAL (1-10 YEARS IMPRISONMENT) PENALTIES!**

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**EMPLOYEE & SUPERVISOR INITIALS**

**By signing this, I agree that I have, understand, and will comply with this agreement and all associated policies and procedures.**

---

**SIGNATURE**

---

**DATE**

---

**PRINTED NAME**

---

**JOB TITLE**

---

**WITNESS**

**DESCRIPTION OF OBSERVATION EXPERIENCE**

Student Name: \_\_\_\_\_ Date of Observation: \_\_\_\_\_

Course Requirement: Y N Course Number: 370 479

Client/Clinician/Supervisor **Initials**: \_\_\_\_\_

Client Age: \_\_\_\_\_ Preschool \_\_\_\_\_ School Age \_\_\_\_\_ Adult

Client Disorder/Need: \_\_\_\_\_

NARRATIVE OF PROCEDURES:

IMPRESSIONS/REACTIONS:

(continue on back as needed)

(revised 07/03)

\_\_\_\_\_  
Signature



## **WELCOME TO THE SPEECH AND HEARING CENTER (SHC)**

Thank you for allowing us the opportunity to provide services to you and/or your family member. The faculty, students and staff of the SHC are here to serve our clients; we want your experience in the center to be a good one. Please make us aware of special needs and/or concerns about the services you are receiving.

### **Cancellation of Scheduled Diagnostic and Treatment Sessions**

Although our center is typically open during inclement weather, your circumstances may make it necessary to miss a diagnostic or treatment session. Illness and other emergency situations also are unavoidable. Whenever these situations occur, please contact our office (**828/227-7251**) and let us know that you are unable to attend your scheduled session. Our office is open from 8:00 AM until 5:00 PM Monday through Friday; after hours you can leave a voice mail message. Diagnostic appointments will be rescheduled at the next available time. **It is our policy to terminate treatment services after two (2) unattended sessions when prior notice is not received.**

### **Parking**

As is the case at most universities, parking is at a premium on our campus. Our center has two reserved spaces next to our location on the ground floor of the McKee Building. You are allowed to park in these or any other space around our building, except designated handicapped spaces. If you receive a ticket, please bring it to our office and we will advise the traffic office that you were here to receive services at our center. However, if you park in an emergency vehicle or handicapped space without a handicapped permit, our center will not be able to help with a ticket issued for these infractions.

### **Questions about Clinical Services**

If you have questions about the services you or your family member are receiving, please direct them to the faculty supervisor and/or the graduate student clinician assigned to you. If you have questions about charges for services, financial eligibility for reduced charges, your clinical records, or other business-related matters, please direct them to the SHC Director or the SHC Patient Relations Representative in the center's office. Diagnostic reports typically are completed within two weeks of the evaluation and a copy is automatically sent to you. Treatment progress reports are written at the end of every semester and a copy is automatically sent to you. If you want copies of these reports sent to other individuals and/or agencies, you are required to sign a disclosure form that allows us to send them. Our center does not release your protected health information (PHI) without your written permission.

### **Insurance**

If you have insurance, including Medicaid, you are required to provide a copy of your current card. If there is a change in your insurance coverage, please advise the SHC Patient Relations Representative.

Tracie Rice, Au.D., CCC-A  
SHC Director

Lili Acheson  
SHC Administrative Support Associate

**Western Carolina University  
Speech and Hearing Center  
Billing Sheet**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone#** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**SS#** \_\_\_\_\_ **Diagnostic ICD Code:** \_\_\_\_\_  
**Medicaid #** \_\_\_\_\_ **Service Site:** \_\_\_\_\_  
**Other:Private Pay/Insurance** \_\_\_\_\_ **No. of Visits per Week:** \_\_\_\_\_  
**Referring Provider:** \_\_\_\_\_ **Provider Code:** \_\_\_\_\_  
**Clinician:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

<b>Date</b>	<b>Procedure CPT Code</b>	<b>Check when Ledgered</b>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____

**CX=Therapy cancelled**

**NS=No show for therapy**

PLEASE NOTE: COMPLETE ALL SECTIONS IN BOLD PRINT AND TURN IN AT THE  
END OF THE MONTH.

**AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION**

I hereby give my permission to the Western Carolina University Speech and Hearing Center to exchange confidential information.

Concerning:

Client: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

With:

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

With:

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

With:

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

With:

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Witnessed by: \_\_\_\_\_

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

**Permission for Clinical Service**

Re: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand that the Speech and Hearing Center at Western Carolina University is both a teaching and service center. It serves the training needs of students preparing for careers in Speech-Language Pathology and provides diagnostic and remedial services to persons with speech, language or hearing disorders.

I understand that the clinical treatment carried out by student clinicians requires regular observation and/or participation by clinical supervisors. I also realize that the use of audio and video tape recordings is valuable in the professional training of speech-language pathologists and audiologists.

Therefore, I give my permission for evaluation and/or clinical treatment and for observation of my diagnostic and/or therapy sessions by clinical personnel and others approved by the clinical supervisor, as long as (I am/my child is) receiving services at this center. In the unlikely event that emergency medical attention is needed (in the absence of a legal guardian or incapacitation of the client), I give permission for such medical attention to be obtained. I am also willing to permit audio and/or video taping to be used for educational purposes (e.g., classroom instruction, workshops, and other research participation). I also understand that all information about me will be kept confidential and that my privacy will be protected.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Client, Parent, or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

(Revised 07/04)

## Explanation of SOAP Notes for Recording Client Progress

### **S=Subjective Information**

Include any information to be shared with other professionals or information not related to our field, but of importance to the client, and/or information dealing with client's behavior or affect. Examples include: "client is now enrolled in day care," "surgery was completed to correct weak muscles in the right eye," "client is now using a cane rather than a walker," "client was 15 minutes late," "client seemed upset" (document **observable** behaviors to support this statement), "client seemed distractible" (document **observable** behaviors to support this statement), "client was reluctant to separate from mother" (document **observable** behaviors to document this statement). **Parent conferences/contacts should be documented here.** (This information is not part of the source cited for the information below, but is inserted here because of its relevance to the content). Each "S" for your notes should contain a statement of the following (choose the appropriate wording for your client's situation): "Individual (or group) speech (and/or) language treatment provided by the clinician at (indicate here the site of services, such as WCU SHC) for (cite here the time spent with the client).

### **O=Objective Information**

Include specific information about the client's performance. Such information can be recorded as percentage (%) of accuracy or the recording procedure of the particular program being used. Examples: Client achieved 80% accuracy of final consonants in words; client was 90% successful in following two-stage commands.

### **A=Assessment**

Include interpretation of the information reported in the subjective and objective sections, i.e. this section should not include any new information. Analyze these sections and explain what they mean in terms of progress. Examples: "Client achieved criterion in use of personal pronouns in sentences; client did not press only one pad on the communication board."

### **P=Plan**

After the information reported in the above sections is analyzed, decide how it affects future sessions. Examples: Refer client to an audiologist, begin work on prepositions, drop back to review single words before phrases, set up home program, etc.

Adapted from: Hooper, C.R. & Dunkle, R.E. (1984). The Older Aphasic Person (pp. 189-190). Rockville, MD: Aspen.

## Progress Reports/Discharge Summaries

### The following guidelines refer specifically to Progress Reports (for continuing clients) and Discharge Summaries (for dismissed clients).

1. Summaries are abstracts. Learn to evaluate the relevance of each detail about the client and report each as succinctly as possible. Be certain you have adapted the summary to the particular needs of the client. Be as brief as possible, but thoroughly report the case. A concise report is more likely to be read by the busy administrator, supervisor, physician, clinician, etc., than a long, unnecessarily detailed one.
2. Statements made in the summaries should be **based upon objective findings**, i.e. behaviors that are directly observable. Inferences and assumptions of the clinician should be clearly identified as such with appropriate supporting evidence provided.
3. The summaries must be prepared in a careful, professional manner. Attention to content is basic and essential, but mechanics also are important. Careful handling of spelling, punctuation, sentence structure and paragraphing must be demonstrated. First person references to the clinician should be avoided.

**Western Carolina University  
SPEECH AND HEARING CENTER**

**PROGRESS REPORT  
OR  
DISCHARGE SUMMARY**  
(Use appropriate title)

Name:	Date of Report:
Birthdate:	Dates of Therapy Period Covered:
Age:	# of Treatment Sessions Attended:
Address:	Total Hours of Service Provided:
City/State/Zip:	Student Clinician:
Telephone:	Supervisor:
Parent's Names: (for child clients)	Type of Disorder:

**CLIENT STATUS AT INITIATION OF CURRENT THERAPY**

This section should begin with a **brief** statement identifying the nature of the client's problem and a one sentence summary of speech/language services to date. The next paragraph should include a **synthesis** of previous assessment and treatment results.

**SEMESTER GOALS**

List all semester goals. **Objectives should be stated in measurable terms.**

**SUMMARY OF MANAGEMENT AND PROGRESS**

This section should include statements related to evaluation of therapy procedures and progress toward goal attainment. The status of the client at the end of current therapy period should be clearly specified. Results of testing should be reported here.

**ADDITIONAL INFORMATION**

This section includes pertinent information that is not directly related to the objectives, but should be noted (e.g., psychological testing, otologic care, special education programming, conferences with parent/teacher/other, etc.).

**IMPRESSIONS AND RECOMMENDATIONS**

Summarize in one or two short paragraphs the conclusions about the nature of the problem (severity, etiology, related factors) and the adequacy of progress. Recommendations should follow logically and should be stated succinctly. Be specific, particularly when making referrals. If prognosis for further improvement (with or without treatment) is readily discernible, make a relevant statement here. **Include specific statements in relation to:**

1. Future treatment, i.e. continuation or dismissal;
2. Type and nature of treatment (e.g., individual or group, articulation, language, voice);
3. Specific treatment objectives related to speech, language, auditory training, etc.;
4. Other management suggestions/recommendations (e.g., **educational considerations** such as specific suggestions from classroom teacher, psychologist, etc., **suggestions to family** such as specific suggestions for future management); and,
5. Referral to other agencies (e.g., medical, allied professions, social services, etc.).

**DISPOSITION**

Relative to status at the Western Carolina University (WCU) Speech and Hearing Center (SHC), i.e. active, inactive, recheck, etc.

\_\_\_\_\_  
Name, Degree  
Graduate Student Clinician

\_\_\_\_\_  
Name, Degree, CCC-SLP  
Faculty Supervisor

**Copies to:** List names of individuals to whom the report is sent.

Please complete & return this from to:

**Speech & Hearing Center  
Western Carolina University  
G30 McKee Building  
Cullowhee, NC 28723  
828-227-7251  
Fax 828-227-7457**

**CHILD INFORMATION FORM**

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

General Information

Full Name: \_\_\_\_\_ SS: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Sex: M F Race: \_\_\_\_\_ Medicaid: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Education: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Education: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/County/State/Zip: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date last seen by physician: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Brothers and Sisters (include names and ages) \_\_\_\_\_

Statement of Problem \_\_\_\_\_  
\_\_\_\_\_

Has child been evaluated for same service within the last 6 months? \_\_\_\_\_  
If yes, give name and location of provider: \_\_\_\_\_  
\_\_\_\_\_

Is child being seen at another location for concurrent services? \_\_\_\_\_  
If yes, give name and location of provider: \_\_\_\_\_  
\_\_\_\_\_

Describe any other speech, hearing or language problems in the family:

II. Prenatal and Birth History

Conditions during pregnancy: General health (include accidents or illnesses):

Length of Pregnancy: \_\_\_\_\_

Length of Labor: \_\_\_\_\_ Spontaneous \_\_\_\_\_ Induced \_\_\_\_\_

Birth weight: \_\_\_\_\_ lb. \_\_\_\_\_ oz.

Number of miscarriages: \_\_\_\_\_

Number of stillbirths: \_\_\_\_\_

Birth difficulties and/or injuries: \_\_\_\_\_

Was delivery: normal \_\_\_\_\_ abnormal \_\_\_\_\_ Caesarian Section \_\_\_\_\_

Feeding problems: \_\_\_\_\_

III. Medical History (fill in approximate age when condition occurred):

Tonsillitis \_\_\_\_\_ Meningitis \_\_\_\_\_ Chronic colds \_\_\_\_\_

Measles \_\_\_\_\_ Seizures \_\_\_\_\_ Allergies \_\_\_\_\_

Croup \_\_\_\_\_ Mumps \_\_\_\_\_ Paralysis \_\_\_\_\_

Ear Discharge \_\_\_\_\_ Hearing problem \_\_\_\_\_

Ear Infections \_\_\_\_\_ How many? \_\_\_\_\_

Accidents: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Present medications: \_\_\_\_\_

IV. Developmental History (fill in age when child began the following):

Crawling: \_\_\_\_\_ Standing: \_\_\_\_\_ Walking: \_\_\_\_\_

Self Help skills: dressing self \_\_\_\_\_ drinking from cup \_\_\_\_\_

Completely toilet trained: \_\_\_\_\_

Did child babble (coo): \_\_\_\_\_

Use single words: \_\_\_\_\_ Combine words: \_\_\_\_\_

Does he/she ever appear awkward or clumsy? \_\_\_\_\_

Prefers which hand: \_\_\_\_\_

V. Speech, Hearing and Language Behavior:

Does child understand gestures? \_\_\_\_\_ Speech? \_\_\_\_\_

Does child respond to quiet sounds? \_\_\_\_\_ Loud sounds? \_\_\_\_\_

How does child make wants and needs known: Words? \_\_\_\_\_ Gestures? \_\_\_\_\_

VI. General Behavior:

Does child eat well? \_\_\_\_\_ Sleep well? \_\_\_\_\_

Does child get along well with family? \_\_\_\_\_ Other people? \_\_\_\_\_

Other children? \_\_\_\_\_

Is child attentive? \_\_\_\_\_ Extremely active? \_\_\_\_\_  
Does child bang his/her head, rock or spin? \_\_\_\_\_  
Is there any problem with discipline or behavior? \_\_\_\_\_  
Does child prefer to play with others? \_\_\_\_\_ Alone? \_\_\_\_\_

VII. Additional Information:

**IMPORTANT:** Add here anything that you feel might be helpful in the evaluation of this child:

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Name of person completing form: \_\_\_\_\_

(Revised 07/04)

**Speech and Hearing Center  
Western Carolina University  
G30 McKee Building  
Cullowhee, NC 28723  
Phone: 828-227-7251  
Fax: 828-227-7457**

**Please complete & return to the address above.**

ADULT INFORMATION FORM

**I. General Information**

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

Birth date: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Education: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Legal Guardian (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Single: \_\_\_\_\_ Widowed: \_\_\_\_\_ Divorced: \_\_\_\_\_ Name of spouse: \_\_\_\_\_

Name and ages of children: \_\_\_\_\_

**II. Statement of the Problem:** (Describe your problem as clearly and in as much detail as possible) \_\_\_\_\_  
\_\_\_\_\_

What do you think caused the problem? \_\_\_\_\_

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When did you notice it and what made you aware of the problem? \_\_\_\_\_

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Describe any other speech, hearing, or language problems in the family: \_\_\_\_\_

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**III. Medical History** (fill in the approximate age at which you suffered the following illnesses):

Whooping cough _____	High fever _____	Seizures _____
Scarlet fever _____	Mumps _____	Nausea _____
Influenza _____	Polio _____	Otosclerosis _____
Typhoid fever _____	Meningitis _____	Hearing loss _____
Chronic colds _____	Pneumonia _____	Draining ear _____
Diphtheria _____	Encephalitis _____	Mastoiditis _____
Allergies _____	Concussion _____	Earache _____
Measles _____	Headache _____	Otitis media _____
Chicken pox _____	Dizziness _____	Tonsillectomy _____
Tonsillitis _____	Noise Exposure _____	Adenoidectomy _____

Operations: \_\_\_\_\_

**IV. Previous evaluations and clinical programs** (include the name of the person or agency who provided the services, the address, and the dates; use the back of the page if needed).

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**V. Additional information** (add here anything that you feel might be helpful in the evaluation; use the back of the page if needed).

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**Name of person completing form:** \_\_\_\_\_

(revised 07/04)

**Speech and Hearing Center  
Western Carolina University  
G30 McKee Building  
Cullowhee, NC 28723  
Phone: (828) 277-7251**

**Diagnostic Disposition Form**

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

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Speech/Language Diagnosis: \_\_\_\_\_

Recommendations:

\_\_\_\_\_ 1. Recommend re-evaluation in \_\_\_\_\_.  
# of months

\_\_\_\_\_ 2. Recommend treatment elsewhere.

\_\_\_\_\_ 3. No treatment recommend at this time.

\_\_\_\_\_ 4. Recommend treatment at the SHC.

Number of sessions per week: \_\_\_\_\_

Diagnostic Supervisor's Signature: \_\_\_\_\_

Student Clinician(s) Signature(s): \_\_\_\_\_

Copies to: SHC Director/Assigned supervisor/Client file

Supervisor assigned to: \_\_\_\_\_

Student clinician: \_\_\_\_\_

Session days/time: \_\_\_\_\_

Start date: \_\_\_\_\_

**Western Carolina University  
SPEECH AND HEARING CENTER**

**Speech-Language Diagnostic Evaluation**

Name:	Date of Evaluation:
Birthdate:	Date of Report:
Age:	Student Clinician(s):
Address:	Faculty Supervisor:
City/State:	
Phone:	
Parent's Name: (for child clients)	

**REFERRAL AND STATEMENT OF THE PROBLEM**

Provide the full name of the referring individual, his/her title and professional affiliation and/or other relationship to the client, and the date that the referral was made. The purpose of this section is to clearly and briefly report the type of communication problem as described by the referral person or informant. This information may be obtained from the Child or Adult Information form, a referral letter, or from interviews with informants prior to and/or at the time of the evaluation date. Use direct quotes whenever possible.

Example: The client was referred to our center on May 12, 1985, by Dr. John Doe, her pediatrician. Dr. Doe's referral form documented that, "The client's sentences are short and she uses poor English. Sometimes it's hard to understand her because her 'f' and 's' sounds are off."

**REPORT OF BACKGROUND INFORMATION**

The client's history can be reported in one of two ways:

- (1) as a summary of the case history information, i.e. an abstract (without divisions or headings) that includes only the most relevant background information; or,
- (2) as a complete case history using the following headings when most of the background information is relevant.

**Speech, Language and Hearing History:** Speech and language milestones in chronological order, when parents first became concerned, under what circumstances, attempts to correct the problem at home, success of these attempts, client's reaction to his/her difficulty, changes since the problem was first noticed, parent's evaluation of the client's hearing and recommendations from any professionals who have evaluated the client, etc.

**Developmental History:** Health of mother during pregnancy with client, pre-, peri-, or post-natal complications, birth weight, length of hospitalization after birth, early history of breathing, sucking, swallowing, and/or feeding problems, age of sitting, standing and walking independently, age toilet training was completed, handedness, parents' estimate of

client's gross and fine motor coordination, etc.

**Medical History:** Childhood illnesses, ages and severity of illnesses, other injuries, accidents, hospitalizations, and/or medications, history of seizures, etc.

**School History:** Grade or type of special education placement; previous nursery school/day care experience, name of school and teacher, grades repeated, grades (above average, average, below average), client's reaction to school (likes/dislikes), etc.

**Family History:** Age, occupation and educational level of parents, number and ages of siblings, general health of family members, family history of speech, language, hearing, and/or learning problems, etc.

**Other:** Information that does not fit elsewhere (e.g., a psychological evaluation done by someone in private practice).

**Comments on the Interview:** Information provided (e.g., questionable reliability/validity because the parents had difficulty agreeing on age of developmental milestones; mother requested advice on child rearing practices).

## **REPORT OF EXAMINATION**

### **Speech, Language, and Other Cognitive Skills**

**Comprehensive** diagnostic evaluations should cover all of the following areas:

- (1) Auditory processing, including acuity (screening only), speech discrimination and perception, and memory;
- (2) Verbal cognitive processing, including receptive vocabulary and ability to decode and process simple and complex verbal messages;
- (3) Vocal function;
- (4) Phonemic functions;
- (5) Oral mechanism functions;
- (6) Rhythm/fluency functions;
- (7) Language functions; and
- (8) Pragmatic language functions.

For each assessment tool used, (1) state and underline the complete name of the formal test, which form (if more than one is available) and/or describe any informal tasks used; (2) briefly specify the purpose of the formal or informal test; (3) report the test results; and, (4) interpret results according to normative data (if available) and report qualitative/descriptive analysis of the client's performance. Phonological errors should be described with examples and the results of stimulability or trial therapy should be summarized. Rate the overall meaning of phonetic symbols with a KEY or with examples included parenthetically. Describe the parameters of voice and fluency. Extract pertinent information from the oral-peripheral examination and discuss deviations and their possible influence on the client's

speech problem.

### **Hearing**

Summarize audiological test results and refer the reader to the Audiology Report. If no formal evaluation was done, state this and your subjective perception of hearing ability.

### **Behavioral Observations**

Include a short paragraph describing your observations of the client's behavior during the diagnostic session. **Describe only those behaviors that you directly observed**, i.e. behaviors that you saw or heard (e.g., you can't see/hear feelings of frustration, motivation, or anxiety, but you can see/hear crying, pounding on the table, or other behaviors that may suggest those feelings). Suggested areas to observe include separation from parents/caregiver(s), level of cooperation, attending, appropriateness of interactions with individuals present, and unusual behaviors. Make a **subjective** statement about the reliability of test results based on behaviors that may have positively or negatively influenced performance.

### **SUMMARY AND IMPRESSIONS**

Make a brief statement about the nature and severity of the communication problem(s), possible related factors, and **prognosis for improvement with treatment**. This statement should reflect a synthesis of test results, behavioral observations and case history information.

### **RECOMMENDATIONS**

Clearly state the recommendations that may include one or more of the following: (1) enrollment for speech/language services, the suggested schedule (e.g., individual sessions no less than twice a week, group sessions four times a week), and a specific facility and duration of management as deemed appropriate; (2) initial focus of management (e.g., language goals might include correct usage of the pronouns he/she, subject-verb agreement and articles a/the); (3) further testing in the areas of language comprehension, articulation, etc.; (4) speech/language re-evaluation in six (6) months, one (1) year or whenever deemed appropriate; (5) referral for other services (e.g., psychological evaluation, ENT examination, etc.); and, (6) parent participation in a special group (e.g., parents of hearing impaired children). When further evaluation is recommended, specify where it should be conducted (e.g., our center, school system, pre-school, etc.) and whether it is contingent on other conditions (e.g., at the parents' request).

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Name, Degree  
Graduate Student Clinician

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Name, Degree, CCC-SLP  
Faculty Supervisor

**Copies to:** List the names of individuals to whom the report is sent.

**WESTERN CAROLINA UNIVERSITY  
COMMUNICATION SCIENCES & DISORDERS DEPARTMENT  
EVALUATION OF SLP STUDENT CLINICAN**

Student's Name: \_\_\_\_\_ Practicum Level: \_\_\_\_\_

Practicum Site: \_\_\_\_\_ Practicum Population (circle one): Adults Children

Disorder Types: \_\_\_\_\_

Service Types: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Cert: \_\_\_\_\_ ASHA#: \_\_\_\_\_

Total Clock Hours: \_\_\_\_\_ Semester: \_\_\_\_\_ 20\_\_\_\_\_

Midterm Avg. Points/Grade: \_\_\_\_\_ Final Avg. Points/Grade: \_\_\_\_\_

Midterm evaluation completed by \_\_\_\_\_ on \_\_\_\_\_  
(Supervisor's signature) (Date)

Midterm evaluation reviewed with \_\_\_\_\_ on \_\_\_\_\_  
(Student's signature) (Date)

Final evaluation completed by \_\_\_\_\_ on \_\_\_\_\_  
(Supervisor's signature) (Date)

Final evaluation reviewed by \_\_\_\_\_ on \_\_\_\_\_  
(Student's signature) (Date)

**Practicum and Rating Levels**

<b>I - 1<sup>st</sup> &amp; 2<sup>nd</sup> Semesters</b>	<b>II - Summer Semester</b>	<b>III - 4<sup>th</sup> &amp; 5<sup>th</sup> Semesters</b>	
5.2-6.0	5.4-6.0	5.6-6.0	A
4.8-5.1	4.9-5.3	5.1-5.5	A-
4.3-4.7	4.4-4.8	4.6-5.0	B+
3.7-4.2	3.8-4.3	4.0-4.5	B
3.0-3.6	3.1-3.7	3.5-3.9	B-
2.3-2.9	2.4-3.0	3.0-3.4	C+
1.5-2.2	1.7-2.3	2.5-2.9	C
1.4 and below	1.8 and below	2.4 and below	F

**Directions for determining midterm and final average points/grades:**

Circle a rating between 1 and 6 for each item on the following pages using the **Descriptors of Numerical Ratings**. Circle **NA** for items that are not applicable to clients and/or setting and **NO** for those items not observed. Average points are calculated by totaling the ratings of all items rated numerically and dividing that total by the number of items rated. The letter grade is assigned by comparing the average point rating to the student's practicum level.

The ratings levels described on page 1 are determined based on the following factors:

**Accuracy      Independence      Consistency      Appropriate use of supervisory guidance**

**I. Planning and Developing**

- A. Analysis of current file information and updating of data 6 5 4 3 2 1 NA NO  
(demonstrated familiarity with clients' background information, such as pertinent medical, birth, developmental, educational and vocational histories and prior services and/or recommendations)
- B. Application of theory and research 6 5 4 3 2 1 NA NO
  - 1. Applied academic information to the clinical process
  - 2. Researched problems and obtained pertinent information from supplemental reading, observing other clients with similar problems, etc.
- C. Establishment of appropriate semester goals/objectives 6 5 4 3 2 1 NA NO
  - 1. Selected appropriate diagnostic tools
  - 2. Demonstrated knowledge of rationales for treatment approaches, including factors that influence goal selection
- D. Development of daily clinical plans and logs 6 5 4 3 2 1 NA NO
  - 1. Developed treatment plans appropriate for clients' needs, i.e. formulated objectives based on long and short-term goals that reflected interpretation of current level of function and prior performance
  - 2. Selected materials appropriate for disorder, age, developmental level, etc.
- E. Consistent and appropriate graphing of treatment data 6 5 4 3 2 1 NA NO
  - 1. Determined appropriate procedures to measure initial level of functioning and achievement of goals
  - 2. Planned an effective means of recording clients' responses

**II. Implementing Diagnostic and Treatment Procedures**

- A. Materials 6 5 4 3 2 1 NA NO
  - 1. Resourceful in developing techniques/materials
  - 2. Proficient in managing/organizing equipment/materials
  - 3. Materials/activities were sufficient for available time
  - 4. Took responsibility for materials borrowed
- B. Appropriate client/clinician interaction 6 5 4 3 2 1 NA NO
  - 1. Adapted to clients' affect
  - 2. Accepted, empathized and showed genuine concern for clients as individuals
  - 3. Responded to clients' needs with sensitivity and respect

4. Perceived verbal/non-verbal cues that indicated misunderstanding of or inability to perform the task and/or that emotional stress interfered with performance of the task
- C. Implementation of teaching/learning strategies 6 5 4 3 2 1 NA NO
1. Carried out selected procedures as planned, but was flexible enough to make needed changes
  2. Demonstrated knowledge and use of effective techniques for eliciting target responses
  3. Consistently used appropriate correction techniques
  4. Provided specific feedback and appropriate positive reinforcement
  5. Established appropriate response ratio
  6. Developed understanding of treatment rationales, goals and progress with the client on a regular basis
  7. Showed independent performance
- D. Consistency of response recording during sessions 6 5 4 3 2 1 NA NO
1. Implemented consistent, effective and reliable means of recording clients' responses
  2. Documented therapy progress in the format required by the setting
  3. Demonstrated ability to discriminate between errors and target behaviors
- E. Effective use of time 6 5 4 3 2 1 NA NO
1. On time for each session
  2. Efficient within each session, i.e. was organized and prepared
  3. Ended each session on time
- F. Ability to enforce limits, maintain interest and control direction of therapy 6 5 4 3 2 1 NA NO
1. Manipulated environment to facilitate optimal behavior and maximize progress
  2. Dealt appropriately with clients' unacceptable behaviors
  3. Conveyed to clients in a non-threatening manner the standards of behavior and performance of treatment tasks
- G. Implementation of home/school program for carryover 6 5 4 3 2 1 NA NO

### III. Evaluation and Observation

- A. Acquired baseline data, i.e. accurately administered appropriate procedures that measured clients' initial levels of functioning 6 5 4 3 2 1 NA NO
- B. Use of formal and informal test procedures to establish/update client goals 6 5 4 3 2 1 NA NO
- C. Interpretation and implementation of findings 6 5 4 3 2 1 NA NO
- D. On-line sensitivity and responsiveness to client reactions 6 5 4 3 2 1 NA NO
1. Created an atmosphere based on honesty and trust
  2. Enabled clients to express their feelings and concerns
  3. Displayed appropriate affect with clients
  4. Attended to clients' behaviors, placing emphasis on interaction with the client, rather than on therapy procedures

### IV. Writing Skills

- A. Use of correct, professional terminology/style, grammar, punctuation and spelling 6 5 4 3 2 1 NA NO
1. Used formal language and professional terms
  2. Used Standard American English, appropriate sentence structure and verb tense and smooth sentence/paragraph transitions
  3. Carefully proofread reports prior to submission to ensure correct punctuation and spelling, accuracy of information and professional report appearance
- B. Writes in a concise, complete and well-organized manner 6 5 4 3 2 1 NA NO
1. Organized content to demonstrate complete, accurate relevant and appropriate interpretation of information
  2. Expressed ideas in an organized, coherent, concise and precise manner
  3. Differentiated facts from observations and opinions
- C. Follows clinic formats and guidelines 6 5 4 3 2 1 NA NO
- D. Timeliness of documentation 6 5 4 3 2 1 NA NO
- E. Quality of products 6 5 4 3 2 1 NA NO
1. Initial drafts reflected best efforts
  2. Final products reflected progression of skills

## V. Interpersonal and Intrapersonal Skills

- A. Cooperation and communication 6 5 4 3 2 1 NA NO
1. Communication with the family
    - a. demonstrated sensitivity to, respect for, and awareness of socio-economic and cultural diversity
    - b. established an atmosphere of honesty and trust that enabled family members to express concerns and share feelings/ideas
    - c. demonstrated ability to ask pertinent questions of the family and respond to their questions
    - d. communicated teaching goals and procedures to the family in an organized and professional manner
    - e. presented appropriate affect with the family based on the situation
  2. Communication with other professionals
    - a. displayed respect towards other professionals
    - b. consulted with other disciplines as needed on a professional level
  3. Cooperation with fellow clinicians
    - a. displayed respect towards peers
    - b. interacted and shared responsibilities with co-clinicians appropriately and collaboratively for meetings, documentation and planning
- B. Professional conduct 6 5 4 3 2 1 NA NO
1. Dressed and conducted self professionally, i.e. appearance was neat and suitable
  2. Modeled professional oral communication (e.g., avoided overuse of verbal fillers, presenting requests in the form of questions, and distracting personal mannerisms)
  3. Did not allow personal concerns/problems and other commitments to interfere with clinical responsibilities
  4. Presented a confident, assertive, and professional manner
    - a. Displayed enthusiasm for improvement, enjoyment of therapy, and positive attitude
    - b. Expressed feelings and concerns regarding treatment and professional development
    - c. Respected confidentiality of all professional activities
    - d. Respected time schedule of others (e.g., brought required materials, was on time for supervisory conferences, called when necessary to cancel appointments)
- C. Progressed along self-supervision continuum 6 5 4 3 2 1 NA NO
1. Actively participated in supervisory conferences
  2. Demonstrated responsive and reflective learning
  3. Completed self-evaluation, i.e. self-evaluation abilities were evident for assessing performance in therapy sessions and overall case management
  4. Appeared to recognize own professional limitations and stayed within boundaries of training.

- D. Utilizes supervisory resources in a constructive manner 6 5 4 3 2 1 NA NO
1. Accepted supervisor feedback in a professional manner without defensiveness or excuses
  2. Requested clarification or expressed understanding of the feedback
  3. Participated in client related conferences (e.g., actively listened, asked questions, presented ideas for client management, discussed impressions, etc.)
  4. Requested assistance from supervisor when appropriate

**Midterm Evaluation Summary (areas to develop):**

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**Final Evaluation Summary/Recommendations (areas in need of attention):**

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**WCU CSD DEPARTMENT EVALUATION OF SLP STUDENT CLINICIAN  
DESCRIPTORS OF NUMERICAL RATINGS**

**I. Planning and Developing**

	<b>6 5</b>	<b>4 3</b>	<b>2 1</b>
<b>A. Analysis of current file information and updating of data</b>	Thoroughly reviewed client's file, noting significant information. Independently determined if further diagnostic work was indicated. Worked with client/family to update information and forms.	Reviewed portions of the file displaying a simple understanding of the client's needs. Did not consider updating information or using diagnostic tools. Supervisor's suggestion necessary to update information.	Unable to discuss the client's history and suggest goals with the supervisor. Any updating required prompting from the supervisor.
<b>B. Application of theory and research</b>	Goals and methods chosen reflected a clear understanding of applicable theory and research from coursework/independent study. Resulting plans defined efficacy.	Showed some understanding of applicable theory and research. Guidance required finding or applying information in planning of goals and methods.	Showed minimal understanding of theory and research. Unable to apply information relevant to clinical goals and methods.
<b>C. Establishment of appropriate semester goals/objectives</b>	Appropriately determined type, level within hierarchies, pace and amount of work that can be accomplished. Able to define goals and behavioral objectives in standard format.	Able to determine the general type and level of goals with refinement by the supervisor. Showed growth in predicting pace and amount of work.	Needed much guidance in setting appropriate goals and/or objectives. Unable to estimate the amount of work or pace of therapy for the semester.

## D. Development of daily clinical plans and logs

Clearly describes each session's activities and client responses. Insightfully determined efficacy of aspects of session and reflected this analysis in plans. Followed format consistently, but with appropriate flexibility.

Briefly described activities and materials for session, but lacked analysis and perception for future sessions. Consistently followed format; plans and logs were completed consistently.

Unclear description of goals and procedures. Did not consistently follow format or was inconsistent in documentation. Limited analysis of efficacy.

## E. Consistent and appropriate graphing of treatment and probe data

Clearly graphed treatment and probe data on weekly basis. Visual representation of performance was accurately presented for each goal.

Graphed data was not visually clear and/or accurate.

Unclear graphs, incorrect information. Not consistently turned in on a weekly basis.

## II. Implementing Diagnostic and Treatment Procedures

6 5

4 3

2 1

### A. Materials

Familiar with available materials/equipment; able to obtain others not available. Creative in developing materials appropriate for client's age, physical capabilities, interests, etc. Rotates materials for maximum effect. Skilled in using and integrating materials into the session efficiently. Materials are not the focus of the session.

Somewhat familiar with available equipment/materials. Little development of unique or creative materials. Changed materials often throughout the semester. Somewhat familiar with use/integration of materials into the session.

Minimal attempt to research equipment/materials when indicated. Repeatedly used the same materials beyond effectiveness. Materials were inappropriate or poorly integrated into therapy. Material often was the focus of the session.

## **B. Appropriate client/clinician interaction**

Interaction was appropriate for clients' levels of functioning. Clinician did not do most of the verbalizing and offered clients' opportunities to respond within their capabilities. Clinician independently adjusted his/her affect to meet clients' needs and create an optimal response environment.

Inconsistently allowed clients to participate within their capabilities. Few instances of unrelated verbalizing noted. Clinician generally adapted his/her affect to meet clients' needs after one or more supervisor prompts.

Clinician did an excessive amount of verbalizing relative to clients' capabilities. Time was spent relating personal stories and unrelated verbiage. Clinician demonstrated behavior that over- or under-stimulated clients and showed minimal awareness of the problem.

## **C. Implementation of teaching/learning strategies**

Applied appropriate principles of teaching and learning based on the client's learning style. Presented stimuli via appropriate channels; reinforcement was commensurate with maturity and motivation levels. Consistently demonstrated progress to clients in appropriate formats.

Some knowledge of teaching and learning principles displayed. Generally chose appropriate stimuli and reinforcement, but guidance was needed for desired effect. Inconsistently demonstrated progress to clients in generally appropriate formats.

Experienced difficulty with applying teaching and learning principles. Stimuli and reinforcement were often ineffective. Rarely demonstrated progress to clients; demonstrations usually were inappropriate.

## **D. Consistency of response recording during sessions**

Response recording within the session was consistent, relevant, efficient and accurate.

Inconsistent response recording. Results did not give reliable data for judging progress and supporting decisions.

Minimal response recording. Judgments regarding progress were primarily subjective.

## **E. Effective use of time**

Ready and waiting to meet client at designated time. No tardy sessions. Sessions structured for maximum work toward goals; optimal number of responses elicited in time allotted. Stopped session at 25 or 50 minutes for half- to one-hour sessions, respectively.

Not consistently ready and waiting for client at designated time (2-3 incidences of tardiness). Sessions focused on goals; moderate number of responses elicited. 2-3 instances of delayed start or early dismissal.

Habitually tardy at initiating sessions (more than 3 incidents); didn't arrive early to greet client. Spent substantial time on activities unrelated to goals; insufficient number of responses elicited. Consistently late starts or early dismissal.

**F. Ability to enforce limits, maintain interest and control direction of therapy**

Set age-appropriate boundaries for behavior. Discipline and redirection were non-threatening and as positive as possible. Clinician maintained rapport with clients and assumed leadership role in determining the pace and direction of sessions. Sessions have a recognizable plan that includes sufficient activities with appropriate transitions between them.

Exhibited some awareness of age-appropriate behavior. Unsuccessful at attempts to set limits. Client drifted off -task without redirection by the clinician. Session plans are not always recognizable; activities are sometimes too few or many and smooth transitions between them are not always observed.

Unaware of expected age-appropriate behavior. Does not set limits. Correction or redirection adversely affects therapy. No recognizable session plan, i.e. consistently too few or many activities and poor transitions between them.

**G. Implementation of home/school program for carryover**

Took the initiative to develop creative/effective home programs that were appropriate for parent/family administration. Carried out instruction of parent/family and client; monitored progress and adapted programs appropriately.

Programs were designed with supervisor guidance. Parent/family instruction was limited and programs were seldom monitored or updated.

Little effort was made to enhance therapy progress through use of home programs. Did not utilize parent/family or client interests to enhance progress.

**III. Evaluation and Observation**

6 5

4 3

2 1

**A. Acquisition of baseline data**

Clinician probed or formally tested skills to obtain baseline data during initial sessions. Analyzed data and independently recognized the need for further formal/informal testing to update the diagnostic information.

Clinician performed probes or formal tests with supervisor prompt.

Clinician did establish baseline performance in initial sessions.

**B. Use of formal/informal test procedures to establish/update update client goals**

Chose appropriate tests and showed evidence of thorough preparation. Accurate data were skillfully obtained and insightful analyses of results were reported.

Needed guidance to choose and administer tests. Tests were administered accurately; analysis and interpretation of results were attempted, but unsophisticated.

Needed detailed specific guidance in planning and testing. Beginning level administration skills. Reported raw data but made no attempt to analyze results.

**C. Interpretation and implementation of findings**

Accurately interpreted test results and observations to determine the nature and extent of the problems. Showed insight into the use of data to indicate severity and recommend treatment strategies and goals.

Needed guidance in interpreting test data and observations. Required explanation to utilize data.

Difficulty interpreting data and using results for designing therapy plans. Difficulty making decisions regarding severity and functional levels.

**D. On-line sensitivity and responsiveness to client reactions**

Highly perceptive in observation of client' 'verbal and behavioral cues (expressed or implied). Made adaptations to activities based on these perceptions.

Some perception of clients' verbal and behavioral cues, but limited response to them. Clinician appeared uncomfortable or did not seem to know how to respond to such cues.

Generally unaware of the clients' feelings or too concerned with other issues. Clinician did not adapt goals/activities based on client reactions.

**IV. Writing Skills**

6 5

4 3

2 1

**A. Use of correct professional terminology/style, grammar, punctuation and spelling**

Displayed a high level of professional terminology. Skillfully used precise English grammar, punctuation and spelling in all written products.

Generally communicated professionally, but often required supervisor correction of form. Produced adequate reports with minor errors in grammar, punctuation and spelling. Displayed careless proofreading, but showed ability to correct.

Did not appear to understand and/or did not use professional terminology (wrote in a casual style). Did not appear to understand English grammar, punctuation and spelling rules. Did not correct errors after supervisor feedback.

## **B. Writes in a concise, complete and well-organized manner**

Consistently wrote in a concise, complete and well-organized manner. Style was professionally impressive.

Required supervisor correction and prompting to arrive at an acceptable end product.

Writing style was wordy, difficult to follow or too casual for the professional reader.

## **C. Follows clinic formats and guidelines**

6 5

Consistently followed clinic formats/guidelines or supervisor variations without reminders. Made appropriate adaptations for intended readers and purposes.

4 3

Required correction or referral to the Clinic Handbook for appropriate formats/guidelines. Showed initiative for locating them.

2 1

Unfamiliar with clinic formats/guidelines. Required frequent prompts to complete acceptable reports.

## **D. Timeliness of documentation**

All documents were received within the limits of the due date.

Fewer than 2 incidents of tardy documentation. Supervisor was notified of the reason for delayed documentation prior to the due date.

More than 2 incidents of tardy documentation. No valid reason was offered prior to the due date.

## **E. Quality of products**

Initial drafts of documents reflected a strong effort in all areas. Skills improved with each draft until the final product was professionally impressive. Growth was observed across the semester.

Significant correction was required before the supervisor returned initial drafts. Some improvement of skill was observed on subsequent drafts, but the burden fell on the supervisor to achieve a superior report level. Some growth was observed across the semester.

Initial drafts reflected minimal effort and required excessive rewriting and correction. Supervisor rewrote at length on subsequent drafts; clinician was not responsive to correction cues/examples. Overall skills showed little independent growth.

## V. Interpersonal and Intrapersonal Skills

	6	5	4	3	2	1
<b>A. Cooperation and communication</b>						
<b>Communication</b>	<p>Developed effective interpersonal relationships with clients/families. Established trust in clinical plans and recommendations. Displayed problem solving through honest appraisal of concerns. Listened to family input; utilized their interest to enhance therapy. Provided appropriate, accurate information to families during conferences. Initiated communication with colleagues and other professionals to develop own skills, meet clients' needs and ensure carryover.</p>		<p>Relationships with clients/families were somewhat effective. Some indication of tentative trust in clinical plans and recommendations. Family input sought, but only partially utilized. Information presented to families was unclear. Communicated with colleagues and other professions, but did not initiate interactions.</p>		<p>Displayed difficulty relating to clients/families. Uncertain in relating information regarding techniques, goals, and recommendations. Did not seek family input and/or did not use input provided. Information presented to families was incorrect. Communication or interactions with colleagues and other professionals were infrequent and/or nonexistent. Unwilling to help beyond limits of assignment.</p>	
<b>Cooperation</b>	<p>Followed clinic policy regarding check-out/return of materials and files. Displayed consideration in sharing materials with other clinicians. Cleared treatment rooms quickly following sessions. Actively participated in peer conferences; asked thoughtful questions and provided insightful comments.</p>		<p>Inconsistently followed clinic policy regarding check-out/return of materials and files. Kept materials for an extensive period of time. Slow to clear treatment rooms; inconsiderate of other clinicians. Limited participation in peer conferences; occasionally asked questions or offered comments.</p>		<p>Showed little regard for clinic policy regarding check-out/return of materials and files. Treatment rooms were left late and/or cluttered. Passive involvement in peer conferences. Rarely asked questions or offered comments; comments reflected lack of understanding.</p>	

## **B. Professional conduct**

Knowledgeable about and adhered to professional codes for conduct and dress appropriate for the practicum site without supervisor comment. Oral speech/language provided appropriate models of Standard American English (SAE). Verbal instruction was clear and intelligible. Expression of ideas was clear during interactions with clients, families and supervisors.

Initially required supervisor reminders that dress or conduct were unprofessional and/or inappropriate for the practicum site, but corrected the situation without further incidents. Oral speech/language provided adequate models for clients; however, verbal expression was inconsistent during interactions with families and/or other professionals.

Numerous violations of dress and conduct codes observed; clinician did not correct problems when brought to his/her attention. Oral speech/language reflected deviations from SAE and distracted from the clinician's credibility to and modeling for clients. Difficulty expressing him/herself during interactions with families and/or other professionals.

## **C. Progressed along self-supervision continuum**

Clinician shared responsibility for developing clinical skills through close personal observation and rigorous analysis of his/her own performance. Clinician sought advice and assistance for any perceived area of weakness.

Clinician demonstrated a passive attitude towards developing his/her clinical skills, i.e. shared some personal observation, but analysis fell to the supervisor. Clinician did not seek constructive criticism to improve clinical skills and increase personal growth.

Clinician was resistant to self-evaluation and defensive when evaluation/recommendations were offered. Clinician did not overtly work toward change of behavior to achieve personal and clinical growth.

## **D. Utilizes supervisory resources in a constructive manner**

Clinician welcomed suggestions and sought input for improvement of clinical skills in a constructive and non-defensive manner. Utilized the supervisor's clinical expertise; therapy suggestions were understood and appropriately implemented.

Clinician passively accepted constructive criticism, but did not demonstrate evidence of implementing suggestions for changes in therapy. Supervisor's expertise was not utilized maximally. Clinician made changes without understanding rationales.

Clinician was resistant to constructive criticism and did not utilize supervisor's experience and suggestions, i.e. requests for adjustments did not result in appropriate changes. Supervisor's rationales for requested adjustments did not appear to be clear to the clinician.



## CLINICAL PRACTICUM SUMMARY FORM

Student's **Full Name** (Print or Type)

**Note:** Supervisors' names should correspond to the specific clock hours they supervised.

### A. SPEECH-LANGUAGE PATHOLOGY

#### Evaluation: Children

**Record hours under the areas in which they were obtained.**

Supervisor's Name	ASHA Account Number	CCC Area	Practica Site	Completion Date (mo/yr)	Artic.	Voice	Fluency	Lang.	Swallowing	Cognitive Aspects	Social Aspects	Comm. Modalities	Staffing	Total Hours
<b>Total</b>														

#### Evaluation: Adults

**Record hours under the areas in which they were obtained.**

Supervisor's Name	ASHA Account Number	CCC Area	Practica Site	Completion Date (mo/yr)	Artic.	Voice	Fluency	Lang.	Swallowing	Cognitive Aspects	Social Aspects	Comm. Modalities	Staffing	Total Hours
<b>Total</b>														

#### Intervention: Children

**Record hours under the areas in which they were obtained.**

Supervisor's Name	ASHA Account Number	CCC Area	Practica Site	Completion Date (mo/yr)	Artic.	Voice	Fluency	Lang.	Swallowing	Cognitive Aspects	Social Aspects	Comm. Modalities	Staffing	Total Hours
<b>Total</b>														

#### Intervention: Adults

**Record hours under the areas in which they were obtained.**

Supervisor's Name	ASHA Account Number	CCC Area	Practica Site	Completion Date (mo/yr)	Artic.	Voice	Fluency	Lang.	Swallowing	Cognitive Aspects	Social Aspects	Comm. Modalities	Staffing	Total Hours
<b>Total</b>														

**B. AUDIOLOGY** (for majors in speech-language pathology)

**Record hours under the areas in which they were obtained.**

Supervisor's Name	ASHA Account Number	CCC Area	Practica Site	Completion Date (mo/yr)	Evaluation	Intervention	Total Hours
				<b>Total</b>			

**CUMMULATIVE SUMMARY**

<b>CATEGORY</b>	<b>Child Total</b>	<b>Adult Total</b>
<b>Evaluation</b>		
Articulation		
Voice & Resonance		
Fluency		
Language		
Swallowing		
Cognitive Aspects of Communication		
Social Aspects of Communication		
Communication Modalities		
<b>Intervention</b>		
Articulation		
Voice & Resonance		
Fluency		
Language		
Swallowing		
Cognitive Aspects of Communication		
Social Aspects of Communication		
Communication Modalities		
<b>Staffing Hours</b> (up to 25 allowed)		
<b>Combined Speech-Language Totals</b>		
<b>Hearing</b>		
Evaluation		
Intervention		
<b>Combined Hearing Total</b>		
<b>Grand Total (Speech-Language &amp; Hearing)</b>		

I verify that all practicum experiences listed on this form were completed at the Western Carolina University Communication Sciences and Disorders Program according to all ASHA practicum requirements.

\_\_\_\_\_  
Speech and Hearing Center Director