MISERICORDIA UNIVERSITY

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SPEECH-LANGUAGE PATHOLOGY

STUDENT HANDBOOK
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I. SPEECH-LANGUAGE PATHOLOGY OVERVIEW

Description of Program

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

Mission Statement

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

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

Program Philosophy

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

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

Speech-language pathologists should have the ability to articulate and exchange knowledge, and seek additional knowledge and skills. They should also have the ability and desire to remain open to input from and collaboration with other health care and education professionals. Speech-language pathologists value collaboration and communication in a spirit of mutual collegiality among health care and education providers as essential to meeting the health care needs of society.
A speech-language pathology professional education program prepares students to be practicing generalists but also provides graduates with the tools that enable them to develop specialty expertise through the application of critical thinking and problem solving skills and a wholistic approach to health care.

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

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

**Program Goals**

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

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

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

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

1. Provide prevention, screening, consultation, assessment and diagnosis, treatment, intervention, management, counseling, and follow-up services for disorders of:
   a. Speech (i.e., articulation, fluency, resonance, and voice including aeromechanical components of respiration).
   b. Language (i.e., phonology, morphology, syntax, semantics, and pragmatic/social aspects of communication) including comprehension and expression in oral, written, graphic, and manual modalities; language processing; preliteracy and language-based literacy skills, including phonological awareness.
   c. Swallowing or other upper aerodigestive functions such as infant feeding and aeromechanical events (evaluation of esophageal function is for the purpose of referral to medical professionals));
   d. Cognitive aspects of communication (e.g., attention, memory, problem solving, executive functions).
   e. Sensory awareness related to communication, swallowing, or other upper aerodigestive functions.

2. Establish augmentative and alternative communication (AAC) techniques and strategies including developing, selecting, and prescribing of such systems and devices (e.g., speech generating devices).

3. Provide services to individuals with hearing loss and their families/caregivers (e.g., auditory training; speech reading; speech and language intervention secondary to hearing loss).

4. Screen hearing of individuals who can participate in conventional pure-tone air conduction methods, as well as screening for middle ear pathology through screening tympanometry for the purpose of referral of individuals for further evaluation and management.

5. Use instrumentation (e.g., videofluoroscopy, EMG, nasendoscopy, stroboscopy, computer technology) to observe, collect data, and measure parameters of communication and swallowing, or other upper aerodigestive functions in accordance with the principles of evidence-based practice.

6. Select, fit, and establish effective use of prosthetic/adaptive devices for communication, swallowing, or other upper aerodigestive functions (e.g., tracheoesophageal prostheses, speaking valves, and electrolarynges). This does not include sensory devices used by individuals with hearing loss or other auditory perceptual deficits.

7. Collaborate in the assessment of central auditory processing disorders and providing intervention where there is evidence of speech, language, and/or other cognitive-communication disorders.

8. Educate and counsel individuals, families, co-workers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication, swallowing, or other upper aerodigestive concerns.

9. Advocate for individuals through community awareness, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal barriers.

10. Collaborate with and provide referrals and information to audiologists, educators, and other health professionals as individual needs dictate.
11. Address behaviors (e.g., perseverative or disruptive actions) and environments (e.g., seating, positioning for swallowing safety or attention, communication opportunities) that affect communication, swallowing, or other upper aerodigestive functions.

12. Provide services to modify or enhance communication performance (e.g., accent modification, transgendered voice, care and improvement of the professional voice, personal/professional communication effectiveness).

13. Recognize the need to provide and appropriately accommodate diagnostic and treatment services to individuals from diverse cultural backgrounds and adjust treatment and assessment services accordingly.

14. Be critical consumers of professional literature.

15. Accept responsibility for service to one's fellow human beings.

The academic curriculum, practicum experiences, research requirement, and service activity requirements that students must complete in this program have been designed and will be implemented in a way that will ensure that graduates meet or exceed these objectives. The net result of the student's educational experience in this program will be a well-prepared, service-oriented, competent professional who is fully prepared and eligible for ASHA certification as a speech-language pathologist.
II. FACULTY AND STAFF

Melissa A. Alunni, M.S., CCC-SLP
Clinical Supervisor

Melissa A. Alunni received a Bachelor of Arts degree in Communication Sciences and Disorders from West Chester University and a Master of Science degree in Speech-Language Pathology from Marywood University. She is a licensed and certified speech-language pathologist and holds a Certificate of Clinical Competence from the American Speech-Language-Hearing Association. Melissa has been a clinician for over eleven years and has always practiced in the skilled nursing and personal care home settings. She provides direct patient care to the geriatric population with overall impairments in cognitive-communication and swallowing function. She has a wide range of experience and a strong knowledge-base in providing skilled treatment to individuals with dementia and dysphagia. She has been certified in Vital Stim Therapy for dysphagia since 2008. She also has experience in treating individuals with aphasia and traumatic brain injury. Melissa has been an off-campus clinical instructor for graduate students in speech-language pathology programs since 2005.

Lori Cimino, M.S., CCC-SLP
Clinical Director & Assistant Professor
lcimino@misericordia.edu
Phone: 570-674-8050

Lori Cimino received her Bachelor of Science degree in Communication Disorders from Marywood University and Master of Science degree in Speech-Language Pathology from Bloomsburg University. She is a licensed, certified speech-language pathologist and holds a Certificate of Clinical Competence from the American Speech-Language-Hearing Association. Lori has been a practicing clinician since 1991 in outpatient and inpatient rehabilitation settings. She has provided direct patient care to pediatric, adolescent, and adult clients exhibiting a broad spectrum of communication and swallowing impairments. Lori specializes in child language disorders, developmental apraxia of speech, autism and pervasive developmental disorders, oral-motor dysfunction, and behavioral/sensory-motor based feeding disorders. Additional areas of clinical interest include: phonological awareness and central auditory processing disorders. Lori is currently an Assistant Professor and Clinical Director of the Speech-Language and Hearing Center at Misericordia University. She also serves as Co-Advisor of the Misericordia University Chapter of the National Student Speech-Language-Hearing Association and is responsible for organizing and executing Misericordia University’s annual Speech-Language Pathology Exploration Camp.
Mary Culkin, M.S., CCC-SLP  
Clinical Supervisor

Mary Culkin earned her graduate degree in Sociology from the University of Denver and Master of Science in Speech-Language Pathology from Bloomsburg University. She is certified and licensed in Speech Language Pathology in the state of Pennsylvania and holds a Certificate of Clinical Competence from the American Speech-Language and Hearing Association. Mary has over 30 years of experience providing direct patient care to pediatric, adolescent, and adult populations with a wide variety of communication and swallowing impairments. For five years, Mary worked in social services—providing counseling to children and families. Mary worked in numerous settings including inpatient and outpatient rehabilitation as well as child development programs. Over the years she has supervised numerous students and currently provides direct services to the pediatric population. She has worked with a broad spectrum of communication disorders and has a special interest in child language and apraxia of speech. Mary is a member of the Northeast Speech-Language and Hearing Association as well as the Pennsylvania Speech-Language and Hearing Association.

Michelle Donato  
Department Administrative Specialist  
mdonato@misericordia.edu  
Phone: 570-674-8255

Michelle Donato received a Certificate of Specialization in Medical Office Assistant Management from Luzerne County Community College. She worked in the Geisinger Health System for 12 years and as an Employer Service Representative for the Geisinger Health Plan. Michelle joined Misericordia University 22 years ago as a Human Resource Assistant. She also assisted in numerous departments on campus as a floating Support Staff. Michelle joined the Department of Speech-Language Pathology in 2006. Michelle is currently pursuing a Degree in Business Management Administration from Misericordia University. Michelle plans to graduate in December, 2014. Michelle reports to the Chair of the SLP Department and provides support to the speech-language pathology students, faculty, and adjuncts as the Department Administrative Specialist. She is the main Event Coordinator for the Misericordia University Speech-Language and Hearing Center’s Exceptional Art: Exceptional Artists event.

Christine Evans, M.S., CCC-SLP  
Clinical Supervisor/Adjunct Professor

Christine Evans received her Bachelor of Science degree in Speech-Language Pathology and Audiology from East Stroudsburg University and her Master of Science degree in Speech-Language Pathology from Misericordia University. She is a state licensed, school certified speech-language pathologist and holds a Certificate of Clinical Competence from the American Speech-Language Hearing Association. She has over 13 years of professional experience in both school-age and early intervention settings, and currently provides diagnostic and therapeutic speech and language services to students in Kindergarten through 12th grades at Elk Lake School District.
Theresa Jacopetti, M.S., CCC-SLP
Clinical Supervisor

Theresa Jacopetti received her Bachelor of Science and Master of Science degrees in Speech-Language Pathology from Bloomsburg University. She is a licensed Speech-Language Pathologist in Pennsylvania. She holds the Certification of Clinical Competence with the American Speech-Language-Hearing Association. Theresa holds her Pennsylvania Teaching Certification in Speech-Language Pathology and is a certified Reading Specialist working closely with language and literacy in the school. Theresa has 35 years of experience in inpatient and outpatient rehabilitation, skilled nursing facilities, home health, private practice, and school settings. She has worked with a broad spectrum of communication disorders with children and adults including aphasia, apraxia, dysarthria, dysphagia, dementia, closed head injury, autism, fluency, voice, central auditory processing, and child speech and language disorders. Theresa has supervised many student clinicians in rehabilitation and school settings. She served as an adjunct faculty member with Misericordia University’s Speech-Language Pathology Program teaching Phonetics. She is a member of the Pennsylvania Speech-Language-Hearing Association and the American Speech-Language-Hearing Association. She currently provides diagnostic and therapeutic speech and language services to children in grades 3 through 5 at the Greater Nanticoke Area School District with regular and special education students. She is a member of the Child Study Team and full inclusion team.

Hunter Manasco, Ph.D., CCC-SLP
Associate Professor

Dr. Hunter Manasco received a Bachelor of Science degree and a Master of Science degree in Communication Disorders at the University of Montevallo in Alabama. Dr. Manasco completed his doctorate in Speech-Language Pathology at the University of South Alabama. He is an Associate Professor in the Speech-Language Pathology Department at Misericordia University. Dr. Manasco’s areas of specialization include neuroanatomy, aphasia, motor speech disorders, dysphagia, traumatic brain injury, dementia, and autism. His primary research interests center on stroke and traumatic brain injury rehabilitation. He has published a textbook entitled *Introduction to Neurogenic Communication Disorders*. He has published two books for children with special needs: *An Exceptional Children’s Guide to Touch*, which teaches children with special needs to recognize and report physical and sexual abuse, and *The Way to A.*, which teaches children with autism to reduce tantrums and aggression. Dr. Manasco has worked as a Speech-Language Pathologist in acute care, long-term care, hospice, adult rehabilitation, and school and hospital based pediatrics. He has published and presented numerous research papers in his areas of specialty at state and national conferences.

Tracey O’Day
Clinical Administrative Assistant
today@misericordia.edu
(570) 674-6724

Tracey O’Day received her Associates in Applied Science from Luzerne County Community College and her Bachelors of Science in Business Administration from Misericordia University Expressway Program. She is a Notary Public and a member of the Pennsylvania Association of Notaries. She is currently pursuing her Master’s in Business Administration at Misericordia University. Tracey has previously worked at Bear Creek Camp and Mercy Hospital Wilkes-Barre.
Ann Roman, M.S., CCC-SLP  
Clinical Supervisor

Ann Roman received her Bachelor of Science and Master of Science Degrees in Speech-Language Pathology from The Pennsylvania State University. She is a licensed, certified speech-language pathologist and holds a Certificate of Clinical Competence from The American Speech-Language Hearing Association. Ann has 36 years of experience with elementary school age populations in regular and special education settings. She served as a permanent member of school-based teams and has worked in multiple service delivery models including pull out, in class, and team teaching in the schools. Ann specializes in child language, articulation, phonemic processing and the impact of speech-language impairments on curriculum. She has worked extensively with local universities as a cooperating supervisor for Speech-Language Pathology interns in elementary school settings.

Adina Rosenthal, M.S., CCC-SLP  
Clinical Supervisor & Assistant Professor

Adina Rosenthal graduated with a Bachelor of Science degree in Speech and Hearing Sciences and a minor in Psychology from Indiana University, Bloomington, Indiana and received a Master’s degree in Communication Disorders from Boston University. She is a state licensed, certified speech-language pathologist and holds a Certificate of Clinical Competence from the American Speech Language Hearing Association. Adina has been a practicing speech-language pathologist since 1998 in both inpatient and outpatient rehabilitation settings, acute and sub-acute hospitals, and home health and long term care facilities. Adina’s areas of specialty include adult neurological disorders, aphasia, dysarthria, dysphagia and dementia. She is a clinical supervisor at Misericordia University. She also assists with the planning of Misericordia University Speech-Language and Hearing Center’s Exceptional Art: Exceptional Artists event.

Amy Ruda, M.S., CCC-SLP  
Adjunct Professor

Amy Ruda received her Bachelors of Science and Masters of Science Degrees in Speech-Language Pathology from Misericordia University. She is a licensed, certified speech-language pathologist and holds the Certificate of Clinical Competence from The American Speech-Language Hearing Association. Amy has 6 years of pediatric experience in outpatient, inpatient, and early intervention settings. She currently works at Good Shepherd Rehabilitation in Allentown, Pennsylvania as an Outpatient Therapy Lead. Amy is certified in Vital Stimulation, Interactive Metronome and PECS (Basic Training). She is also a Certified Brain Injury Specialist and member of BrainSTEPS. She currently works with a broad spectrum of communication and feeding disorders including autism, PDD, neurological disorders, TBI, concussion, cerebral palsy, central auditory processing disorders, pragmatic language disorders, fluency, apraxia, aphasia, failure to thrive, and mechanical feeding disorders.
**Kathleen Scaler Scott, Ph.D., CCC-SLP**  
Assistant Professor

Dr. Kathleen Scaler Scott is an Assistant Professor in the Speech-Language Pathology Department at Misericordia University. Her areas of specialization include child language disorders, literacy, autism spectrum disorders, and fluency disorders. Her current research projects include examination of the linguistic, phonological, and fluency patterns in children on the autism spectrum, characteristics of cluttering, and clinician-researcher partnerships. Dr. Scaler Scott has authored and co-authored several articles and book chapters in the area of fluency disorders. She is co-author of the therapy manual “Managing Cluttering: A Comprehensive Guidebook of Activities” and is co-editor of the textbook, "Cluttering: A Handbook of Research, Intervention, Education." She has presented numerous papers nationally and internationally in the areas of social communication disorders, literacy, and fluency disorders. Dr. Scaler Scott has been a practicing clinician since 1993 in hospital, school, and private practice settings.

**Cari Tellis, Ph.D., CCC-SLP**  
Associate Professor

Cari Tellis, Ph.D. earned her undergraduate degree with Shreyer Honor's College distinction in Communication Sciences and Disorders with a minor in Philosophy from The Pennsylvania State University. She earned her Master of Science and Doctoral degrees in Speech-Language Pathology from the University of Pittsburgh. Dr. Tellis is an Associate Professor in the Speech-Language Pathology Department at Misericordia University. Her areas of specialization include voice, laryngeal physiology, laryngeal muscle anatomy and biochemistry, and voice and speech science. A singer herself, Dr. Tellis has devoted her life to the care, rehabilitation, and training of the voice. Dr. Tellis has authored and co-authored numerous presentations in voice at international, national, and state conferences, as well as presented at the American Laryngological Association’s national conference. She has published her research in the Annals of Otolaryngology, the Journal of Voice, and The Laryngoscope. She is the author of a bestselling book and instructional DVD entitled, Your Voice is Your Business (Plural Publishing, 2008). Dr. Tellis is a licensed and certified speech-language pathologist and has 18 years of clinical experience in voice therapy. She completed her training as a voice specialist at the University of Pittsburgh Medical Center Voice Center, and currently serves as a voice consultant for several professional voice groups including the Performing Arts Institute at Wyoming Seminary, and is the founder of the Performing Arts Training Academy. Dr. Tellis oversees all vocal rehabilitation services at the Misericordia University Speech-Language Hearing Center.
**Glen Tellis, Ph.D., CCC-SLP**
Professor & Chair

Dr. Glen Tellis, a Board-Certified Fluency Specialist completed his doctorate at The Pennsylvania State University and is Professor and Chair of the Speech-Language Pathology Department at Misericordia University in Dallas, Pennsylvania. His research interests include fluency disorders, multicultural issues, research designs, treatment efficacy research, advanced digital technology, and clinical outcomes. He frequently presents papers at national and international conferences and has published articles that pertain to stuttering and other fluency disorders as well as articles that pertain to culturally and linguistically diverse populations. He has received externally funded grants for his research and has conducted numerous workshops in multicultural issues in communication disorders as well as assessment and treatment of stuttering. He was past President of the Pennsylvania Speech-Language-Hearing Association and has served as editorial consultant and reviewer for the Journal of Speech-Language and Hearing Research, Journal of Communication Disorders, Journal of Fluency Disorders, and Journal of Multilingual Communication Disorders. He has served as an advisory board member of the Children’s Hospital of Pittsburgh, Stuttering Center of Western Pennsylvania, as a committee member of the National Stuttering Association’s Insurance Advocacy Board, and as a committee member of the American Board of Fluency and Fluency Disorders. He also serves as an expert witness for the Bureau of Professional and Occupational Affairs for Pennsylvania’s Department of State. He has served as a Steering Committee Member and Schools Task Force liaison for ASHA’s Special Interest Group 4 (Fluency Disorders), was co-Chair of the Division 4 Leadership Conference, was Fluency Topic Chair of ASHA’s 2010 Convention, and Chair of the Inaugural Stuttering Attitudes Research Conference in Morgantown, West Virginia. In 2014, he received the Honors of the Pennsylvania Speech-Language Hearing Association.

**Ruixia Yan, Ph.D.**
Associate Professor

Dr. Ruixia Yan earned her undergraduate degree in Foreign Languages (English and German) from Shanxi University, P. R. China. At the same institution she was awarded a Master of Arts in English Linguistics and Literature. She completed her doctorate in Applied Language and Speech Sciences from the University of Louisiana at Lafayette. Her areas of specialization include child language disorders, articulation and phonological disorders, language testing/assessment, normal speech and language acquisition and development, second language acquisition, multilingualism in communicative disorders, autism spectrum disorders, and research designs and methods in Speech-Language Pathology. Dr. Yan has published a book on reliability and validity of language assessment. She has authored and co-authored articles and book chapters in her areas of specialty. Dr. Yan has also presented numerous papers at national and international conferences.
Anne Zaborny, M. Ed., CCC-SLP/L
Clinical Supervisor

Anne Zaborny, a nationally certified and dual state licensed speech-language pathologist, received her Bachelor of Science and Master of Education degrees from Bloomsburg University and serves as Clinical Supervisor in the Speech-Language Pathology Department of Misericordia University. Her 38 years of extensive clinical experience includes direct patient care to individuals across the life span with her scope of practice including specialization in articulation disorders, voice disorders including laryngectomy, neurological disorders; myofunctional/tongue thrust remediation, fluency disorders, child language disorders, developmental apraxia of speech, autism, pervasive developmental disorders, central auditory processing disorders, and aural rehabilitation. As a co-owner, director, and administrator of a private practice, Anne was instrumental in introducing, establishing, and implementing the first local hospital based radiological swallowing studies and hospital wide dysphagia protocols. In the university setting, Anne previously served in the capacity of Associate Professor and Clinical Director. She has served local, regional, state professional associations on ethics and practices committees and regional Executive Committees. Anne has spoken at regional, state and national meetings, testified to the Pennsylvania House of Representatives on behalf of her profession, served on local cleft palate teams, and co-directed/served as an esophageal voice therapist at the International Association of Laryngectomee Voice Institute annual meetings.

James Zeigler Au.D.
Adjunct Professor

Dr. James Zeigler received his Bachelor of Science degree in Speech and Hearing from Indiana University of Pennsylvania in 1981 and the Master of Science degree in Audiology from The Pennsylvania State University in 1984. In 2006, he received his clinical doctorate in Audiology from Bloomsburg University. Dr. Zeigler is a Fellow of the American Academy of Audiology and the Academy of Doctors of Audiology. He holds the Certificate for Clinical Competence in Audiology through the American Speech-Language Hearing Association. He has served as an officer on the board of directors of the Pennsylvania Academy of Audiology (PAA) including President of PAA in 2008. He has served two terms on the PA Department of Health Newborn Hearing Screening Advisory Committee, including 3 years as Chair of the Committee. He also serves as a consulting audiologist, providing educational audiology services through Luzerne Intermediate Unit 18. Dr. Zeigler provides diagnostic audiology and hearing aid services in a variety of settings for infants, children, and adults through his private practice with offices in Kingston and Dallas.
III. ACCREDITATION STATUS

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

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

The Speech-Language Pathology graduate program at Misericordia University is Accredited by the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology.

If you have additional questions about Misericordia University's CAA accreditation status, please contact the Accreditation Department at (301) 296-5700.
IV. STUDENT ORGANIZATIONS (NSSLHA, PSHA)

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

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

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

V. THE SPEECH-LANGUAGE PATHOLOGY ACADEMIC CURRICULUM

Academic Advising

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

Suggested Sequencing of Courses

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

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

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

## SPEECH-LANGUAGE PATHOLOGY MAJOR with TEACHER CERTIFICATION

### FRESHMAN YEAR

<table>
<thead>
<tr>
<th></th>
<th>Fall Semester</th>
<th>Credits</th>
<th>Spring Semester</th>
<th>Credits</th>
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<tbody>
<tr>
<td>PSY 123 or Social Science Core (ASHA)</td>
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<td>PSY 123 or Social Science Core (ASHA)</td>
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<td></td>
</tr>
<tr>
<td>Natural Science Core (Physical Science 135/175) (ASHA)</td>
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<td>Natural Science Core (ASHA and PDE) (Bio 105)</td>
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<tr>
<td>ENG 151 (PDE) (Writing Seminar) Core</td>
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<td>ENG Core Course (Amer or Brit Lit) (PDE)</td>
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<tr>
<td>TED 232 (Ed Psychology) (PDE) Free Elective</td>
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<td>FA Core Course</td>
<td>3</td>
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<tr>
<td>SLP 210 Introduction to Com Dis</td>
<td>3</td>
<td>SLP 240 Norm Sp &amp; Lang Dev</td>
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<td><strong>Total</strong></td>
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<td><strong>Total</strong></td>
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### SOPHOMORE YEAR

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<tr>
<td>HIS or POL Core</td>
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<td>MTH 115 Statistics (PDE) (ASHA)</td>
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<tr>
<td>Math Bank I (PDE) 165</td>
<td>3</td>
<td>RLS 104 Core</td>
<td>3</td>
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<tr>
<td>PHL 100 Core</td>
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<td>FA Core Course</td>
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<tr>
<td>PSY 275 Child and Adolescent Psych (ASHA)</td>
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<td>SLP 250 Speech and Hearing Science</td>
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<td>SLP 220 A&amp;P of Speech and Hr Science</td>
<td>3</td>
<td>SLP 330 Intro to Audiology</td>
<td>3</td>
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<tr>
<td>SLP 260 Artic/Phon/Lang Dis (requires prereqs) (PDE)</td>
<td>3</td>
<td>SLP 305 Ob &amp; Clin Procedures I</td>
<td>2</td>
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<td><strong>Total</strong></td>
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<td><strong>Total</strong></td>
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### JUNIOR YEAR

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<tr>
<td>PHL Core Course</td>
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<td>RLS Core</td>
<td>3</td>
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<tr>
<td>SLP 300 SLP in Schools (PDE)</td>
<td>3</td>
<td>SLP 310/512 Research Methods</td>
<td>3</td>
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<tr>
<td>SLP 410 Aural Rehab</td>
<td>3</td>
<td>SLP 350 Adult Comm Dis (requires prereqs)</td>
<td>3</td>
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<tr>
<td>SLP 230 Phonetics (requires prereqs) (PDE)</td>
<td>3</td>
<td>SLP 450 Optional Clinic (requires prereqs)</td>
<td>3</td>
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<tr>
<td>SLP 325 Stutt/Voice/Cleft Palate (requires prereqs)</td>
<td>3</td>
<td><strong>Free Elective (TED 364) Methods in Special Education (PDE)</strong></td>
<td>3</td>
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<tr>
<td>SLP 340 Communication and Aging</td>
<td>2</td>
<td><strong>Free Elective</strong></td>
<td>3</td>
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<td>SLP 415 Ob &amp; Clinical Procedures II (requires prereqs)</td>
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<td><strong>15cr without optional clinic</strong></td>
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<td><strong>Total</strong></td>
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<td><strong>Total</strong></td>
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### GRADUATE YEAR I (Senior Year)

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<tr>
<td>SLP 500 Artic&amp;Phon Disorders (PDE)</td>
<td>3</td>
<td>SLP 510 Fluency Disorders</td>
<td>3</td>
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<tr>
<td>SLP 530 Voice Disorders</td>
<td>3</td>
<td>SLP 525 Child Language Dis</td>
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<td>SLP 575 Motor Speech Disorders</td>
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<td>SLP 545 Aphasia&amp;Cog Comm Dis</td>
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<td>SLP 560 Diag (3cr) with SLP 555 Diag Clin (1cr)</td>
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<td>SLP 585 SLP Seminar III</td>
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<tr>
<td>SLP 505 Clinic I (sec I-IV)</td>
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<td>SLP 560 Diag (3cr) with SLP 555 Diag Clin (1cr)</td>
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<td>SLP 565 SLP Seminar I</td>
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<td>SLP 605 Clinic II (sec I-IV)</td>
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<tr>
<td>SLP 515 Hearing Sem students split</td>
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<td>SLP 566 SLP Seminar II</td>
<td>1</td>
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<tr>
<td>SLP 535 Communication Disorders in Autism</td>
<td>1</td>
<td>SLP 515 Hearing Sem split</td>
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<td><strong>Total</strong></td>
<td><strong>18 cr with Diagnostics</strong></td>
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### SUMMER

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<tr>
<td>SLP 590 Dysphagia</td>
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<td>SLP 540 AAC</td>
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<td>SLP 560 Diag (3cr) with SLP 555 Diag Clin (1cr)</td>
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<td>SLP 602 Summer Clinic II (I-IV)</td>
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<tr>
<td>SLP 601 Sum Clin I (I-IV)</td>
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<td><strong>Total</strong></td>
<td><strong>6 with SLP 602</strong></td>
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**Note:** Students are only required to take SLP 560 Diagnostics (3cr) with SLP 555 Diagnostic Clinic (1cr) once and SLP 515 Hearing Seminar once.

**Note 1:** Students who pursue Teacher Certification (to work in PA schools) will need all PDE courses and a lab science course.

**Note 2:** Students may need to take SLP 630 – a third field placement until they have satisfied the department’s and ASHA’s certification requirements pertaining to clinical experiences.

**Note 3:** For prerequisites, please refer to the catalog or advising sheet.

### GRADUATE YEAR II (FIFTH YEAR)

<table>
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<tr>
<td>SLP 610 Fieldwork I <em>(PDE)</em></td>
<td>9</td>
<td>SLP 620 Fieldwork II <em>(PDE)</em></td>
<td>9</td>
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<tr>
<td>SLP 680 Thesis Option/SLP 660 Comps Class</td>
<td>3</td>
<td>SLP 650 Professional Issues</td>
<td>3</td>
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<td><strong>Total</strong></td>
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<td><strong>Total</strong></td>
<td><strong>9 cr without Thesis Option</strong></td>
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<td><strong>12</strong></td>
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**Note:**

- **Students are only required to take SLP 560 Diagnostics (3cr) with SLP 555 Diagnostic Clinic (1cr) once and SLP 515 Hearing Seminar once.**

- **Note 1:** Students who pursue Teacher Certification (to work in PA schools) will need all PDE courses and a lab science course.

- **Note 2:** Students may need to take SLP 630 – a third field placement until they have satisfied the department’s and ASHA’s certification requirements pertaining to clinical experiences.

- **Note 3:** For prerequisites, please refer to the catalog or advising sheet.
Transfer of Graduate Credits

Students accepted into the Speech-Language Pathology program for graduate study as a transfer from an accredited Speech-Language Pathology program at another institution of higher education will have their transcripts reviewed to determine which courses are transferable. The student must show evidence that the course(s) taken are similar in content to the corresponding courses offered at Misericordia University. Evidence may be provided in the form of a course syllabus and/or catalog description of the course. A plan of study will then be established accordingly.

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

English Proficiency Requirements

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

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

IMPORTANT:

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

Retention of Student Information and Files

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

SLP 210 Introduction to Communication Disorders (3 credits)
This course is designed to give the student an overview of the speech-language pathology profession by describing the types of disorders that are likely to be encountered in a typical caseload. Additionally, the student is given basic information about the profession: typical work settings, certification and licensure requirements, and the profession’s Code of Ethics.

SLP 220 Anatomy and Physiology of Speech and Hearing (3 credits)
This course covers anatomy and physiology of the speech and hearing mechanism, including nomenclature, respiration, phonation, articulation/resonance, the nervous system, and the auditory system. A laboratory is included to assist the student in learning the anatomy, utilizing models, charts, videotapes, and cadavers.

SLP 230 Phonetics (3 credits)
Principles of phonetics and their application to speech is covered in this course. Classification of speech sounds according to various systems including, but not limited to, manner and place, distinctive features, and phonological processes. Exercises in phonetic transcription utilizing the International Phonetic Alphabet will be provided. (Prerequisite SLP 210, SLP 230)

SLP 240 Normal Speech and Language Development (3 credits)
To understand what constitutes a delay or disorder of speech and/or language comprehension or production, the speech-language pathologist must understand the nature and sequence of normal speech and language development. This course is designed to address how humans typically develop speech and language abilities, both in terms of comprehension and production.

SLP 250 Speech and Hearing Science (3 credits)
The study of speech and hearing physiology, acoustic phonetics, and speech perception is covered in this course.

SLP 260 Articulation, Phonology, and Language Disorders (3 credits)
This course includes an exploration of the processes related to developmental articulation, phonology, and language disorders from birth through adolescence. Instruction in the principles underlying modification of these disorders is provided. (Prerequisite SLP 210, SLP 230)

SLP 300 SLP in the Schools (2 credits)
This course includes the establishment and maintenance of speech and hearing programs within various administrative organizations, particularly in public schools. Emphasis is placed on the Individual Educational Plan (IEP) process including referral, assessment, evaluation, identification, and development of a meaningful IEP. Techniques of scheduling, record keeping, material and equipment selection, counseling, and behavior management are discussed. In addition, the development of coordinated professional and interdisciplinary procedures and issues of ethical practice and cultural diversity are addressed.
SLP 305 Observation and Clinical Procedures I (2 credits)
This course includes clinical procedures for working in various practicum settings, using diagnostic and therapeutic techniques, writing behavioral objectives, procedures for report writing, and practical experience with clinician-made and commercial materials. This course also provides direct clinical observation of the evaluation and rehabilitation of individuals with speech, language, and hearing problems. A minimum of 20 clock hours of observation will be required.

SLP 310/512 Methods and Critical Consumerism in Research (3 credits)
A study of research design and statistical analysis as it pertains to communication disorders are covered in this course. Topics will include levels of measurement, single and group research designs, nonparametric and parametric statistics, and the organization and implementation of research from formulation of research questions through dissemination of results. The seminar will involve the critical review of representative samples of research in the speech-language pathology literature.

SLP 325 Stuttering, Voice, and Cleft Palate (3 credits)
An introduction to the developmental, psychogenic, and organic bases for stuttering, voice disorders, and cleft palate is covered in this course. Instruction in principles underlying treatment of these disorders with emphasis on anatomical deviations and laryngeal dysfunction is provided. (Prerequisite SLP 210, SLP 220)

SLP 330 Introduction to Audiology (3 credits)
This course provides an introduction to theories of hearing. Students will be exposed to basic audiometric principles used in hearing measurement. Auditory tests include pure tone audiometry, speech audiometry, and electrophysiological measures used to assess hearing sensitivity in clients across the lifespan.

SLP 340 Communication Disorders and Aging (2 credits)
This course will expose students to communication in the adult and aging population. The course will cover information related to normal age-related changes that occur throughout the body and their impact on speech, language, and hearing. Information also will be presented on the common communication disorders present in older adults.

SLP 350 Adult Communication Disorders (3 credits)
An overview of basic anatomy of those portions of the central nervous system that control swallowing and human communication will be provided. The course will prepare students for an advanced study of speech and language development and neurogenic communication disorders of children and adults. (Prerequisite SLP 210, SLP 220)

SLP 410 Aural Rehabilitation (3 credits)
Information and strategies for aural habilitation intervention with children and adults who have hearing loss will be covered. Models of audiological intervention will be presented. Topics to be addressed include hearing aids, assistive technology, speech reading, auditory training, communication strategies and counseling techniques.

SLP 415 Observation and Clinical Procedures II (2 credits)
This course prepares students for the first clinical experience. Student will plan, implement, and evaluate at least one (1) therapy session with a client based on the information learned in class. A minimum of 5 clock hours of observation will be required. (Prerequisite SLP 305)
SLP 450 Optional Clinic (3 credits)
This is an undergraduate in-house practicum assignment for exceptional students in the second semester of the junior year. This course includes writing lesson plans, reports, and case histories of a detailed nature for individuals or groups of persons who exhibit speech, language, or hearing problems. An experience in working with individuals or groups of persons who exhibit speech or hearing problems is included. (Prerequisite SLP 305, SLP 415)

SLP 500 Articulation and Phonological Disorders (3 credits)
An examination of normal and deviant articulatory acquisition and behavior will be covered. Presentation of major theoretical orientations and the therapeutic principles will be discussed.

SLP 505 Clinic I (sec I-IV) (3 credits)
This is an in-house or off-campus practicum assignment for students in the senior year of study. The student will receive hands-on clinical experience in the assessment and remediation of communication disorders in persons with a variety of speech, language, and hearing impairments. This practicum is intended to supplement what students are learning in the academic coursework and will be accomplished under the supervision of a faculty member, clinical staff, or a licensed Speech-Language Pathologist who holds the Certificate of Clinical Competence from the American Speech-Language-Hearing Association.

SLP 510 Fluency Disorders (3 credits)
Theories, assessment and treatment techniques for persons with fluency disorders across the lifespan will be covered.

SLP 515 Hearing Seminar (1 credit)
Students will receive hands-on experiences in audiometric testing and audiological intervention within the scope of practice for speech-language pathology students.

SLP 525 Child Language Disorders (3 credits)
This course provides an overview and evaluation of the language skills of preschool and school aged children including metalinguistic and discourse development. Contemporary theory and practice in language assessment and intervention for children from birth through high school will be reviewed.

SLP 530 Vocal and Velopharyngeal Disorders (3 credits)
The study of etiology, symptoms, and treatment strategies for a variety of vocal and velopharyngeal disorders will be covered.

SLP 535 Communication Disorders in Autism (1 credit)
This course provides students with a working knowledge regarding communication disorders in autism. Students will complete coursework focusing on diagnostic and treatment issues related to the specific diagnosis of autism.

SLP 540 Augmentative and Alternative Communication (3 credits)
Assessment and intervention strategies and technology for individuals with severe communication impairments will be covered.

SLP 545 Aphasia and Cognitive Communication Disorders (3 credits)
Neurological and psychological aspects of aphasia and other cognitive communication disorders will be covered. Assessment and intervention approaches will be discussed and evaluated.
SLP 555 Diagnostic Clinic in Communication Disorders (1 credit)
Supervised practicum experience in performing in-depth diagnostic evaluations with individuals exhibiting any type of speech, hearing, or language dysfunction will be included. Students will gain experience in obtaining case history information, administering diagnostic tests, conferring with parents or their responsible party, and writing reports. This course is taken concurrently with SLP 560.

SLP 560 Differential Diagnosis in Communication Disorders (3 credits)
This course covers an introduction to formal and informal procedures for evaluating and diagnosing speech and language disorders, selection of tests and techniques, validity and reliability of procedures, interview techniques appropriate to a case history, preparation of evaluation and case history reports, as well as preparation of management programs. This course is taken concurrently with SLP 555.

SLP 565 Speech Language Pathology Seminar I (1 credit)
This course will cover the American Speech-Language Pathology code of ethics, Licensure handbook of Pennsylvania, clinical policies and procedures, clinical documentation, and clinical issues regarding client care.

SLP 566 Speech Language Pathology Seminar II (1 credit)
This course will cover resume building, school and hospital issues in speech-language pathology, development of therapeutic intervention strategies and materials, and clinical issues regarding client care.

SLP 575 Motor Speech Disorders (3 credits)
A study of the medical, physical, occupational, speech, language and hearing problems of the neuro-motorically impaired client will be covered. Assessment and therapy techniques are reviewed and evaluated.

SLP 585 SLP Seminar III – (3 credits)
This course may change from year to year. At present, Interviewing and Counseling skills related to speech and language disorders across the lifespan is taught in this course.

SLP 590 Dysphagia (3 credits)
Information and training in the evaluation and treatment of swallowing disorders throughout the lifespan is covered in this course.

SLP 601 Summer Clinic I (sections I-IV) (3 credits)
This is an in-house or off-campus practicum assignment for students in the senior year of study. The course is offered in the summer semester. The student will receive hands-on clinical experience in the assessment and remediation of communication disorders in persons with a variety of speech, language, and hearing impairments. This practicum is intended to supplement what students learn in academic coursework and will be accomplished under the supervision of a faculty member, clinical staff, or a licensed Speech-Language Pathologist who holds the Certificate of Clinical Competence from the American Speech-Language-Hearing Association.
SLP 602 Summer Clinic II (sections I-IV) (3 credits)
This is an in-house or off-campus practicum assignment for students in the senior year of study. The course is offered in the summer semester and is typically taken after the student has completed SLP 505, SLP 605, or SLP 601. The student will receive hands-on clinical experience in the assessment and remediation of communication disorders in persons with a variety of speech, language, and hearing impairments. This practicum is intended to supplement what students learn in academic coursework and will be accomplished under the supervision of a faculty member, clinical staff, or a licensed Speech-Language Pathologist who holds the Certificate of Clinical Competence from the American Speech-Language-Hearing Association.

SLP 605 Clinic II (sec I-IV) (3 credits)
This is an in-house or off-campus practicum assignment for students in the senior year of study. The course is usually taken after a student has completed SLP 505. The student will receive hands-on clinical experience in the assessment and remediation of communication disorders in persons with a variety of speech, language, and hearing impairments. This practicum is intended to supplement what students learn in academic coursework and will be accomplished under the supervision of a faculty member, clinical staff, or a licensed Speech-Language Pathologist who holds the Certificate of Clinical Competence from the American Speech-Language-Hearing Association.

SLP 610 Fieldwork I (9 credits)
Students receive supervised clinical experience with persons presenting various speech and/or language disorders, fluency disorders, voice disorders, and dysphagia. This off-campus practicum experience is to be taken in the student’s fifth year of study.

SLP 620 Fieldwork II (9 credits)
Students receive supervised clinical experience with persons presenting various speech and/or language disorders, fluency disorders, voice disorders, and dysphagia. This off-campus practicum experience is to be taken in the student’s fifth year of study. This practicum experience is to be taken in the student's fifth year of study. This course is typically taken after the student has completed SLP 610.

SLP 630 Fieldwork III (6 credits)
Students receive supervised clinical experience with persons presenting various speech and/or language disorders, fluency disorders, voice disorders, and dysphagia. This practicum is to be taken during the summer term following the student's fifth year of study and/or if all practicum requirements have not been met.

SLP 650 Professional Issues (3 credits)
A seminar devoted to issues pertinent to the field of speech-language pathology, including but not limited to pre-professional academic and practicum requirements, accreditation standards, ASHA practice policies and guidelines, legislative and regulatory policies, business practices, reimbursement issues, certification requirements, specialty recognition, licensure requirements, and professional ethics.
SLP 660 Comprehensive Seminar in Communication Disorders (3 credits)
This graduate level course provides extensive study that covers all aspects of the Speech-Language Pathology Program from undergraduate coursework through graduate coursework. The course is designed to cover all nine ASHA areas of specialty, including articulation/phonological disorders, child language disorders, adult language/neurological disorders, voice disorders, fluency disorders, augmentative and alternative communication, dysphagia, research methods, and cultural aspects of communication disorders. The course also covers all 7 areas of the PRAXIS SLP, including, basic human communication, phonological and language disorders, speech disorders, neurogenic disorders, audiology/hearing, clinical management, professional issues, psychometrics, and research.

SLP 680 Thesis Option (3 credits)
Independent design and implementation of a research study under the supervision of a faculty member.
VI. ACADEMIC POLICIES AND PROCEDURES

University Requirements

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

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

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

**Grade Point Average**

*Advancement to the Undergraduate Speech-Language Pathology Program*

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

*Advancement to Graduate Study in Speech-language Pathology*

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

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

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

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

1. Have an overall GPA of at least 3.5 at the end of the spring semester of the sophomore year. This GPA must be maintained until completion of the spring semester of the junior year and throughout the graduate program.
2. Receive a grade of “B-“ or better in all graduate level professional courses (500 and 600 level). Any students who receive a “C+” or lower in any graduate level course (excluding clinic) have one opportunity to retake that course and receive a “B-“ or better. Failure to achieve a grade of “B-“ or better in that repeated course will result in dismissal from the program. Students who receive a C+ or lower in two or more 500 or 600 professional courses, will be dismissed from the program (students who receive two C+ grades or lower in one semester, will be dismissed from the program and will not have the opportunity to retake those courses).
3. Successfully master all course objectives for all speech-language pathology courses taken during the senior year and 5th year.

If a student receives a grade of less than 80% on academic courses in a test, quiz, or assignment, the Student Success Center will be notified by the instructor and the student will need to sign-up for tutoring and/or academic counseling. The student will also need to complete another assignment that the professor assigns (this could include but is not limited to an oral defense, redoing the assignment, completing a different assignment, etc.) to demonstrate competency in the area. The student will not receive extra credit for the new assignment. The new assignment does not replace the old grade on the test, quiz, assignment, etc.
If a student receives a B- grade or lower (less than 80%) in a clinical course at mid-term, the Student Success Center will be notified by the instructor and the student will need to sign-up for tutoring and/or clinical counseling. The student may also need to complete an additional assignment(s) that the clinical supervisor assigns (this could include but is not limited to observing therapy, viewing and critiquing past clinical sessions, researching speech disorders, etc.) to demonstrate competency. The student will not receive extra credit for the completion of additional assignments. Completion of additional assignments and interaction with the Student Success Center is designed to assist the student in improving skills; however, it will not necessarily result in a grade increase at the end of the semester.

**Comprehensive Examination Policy**

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

**Procedures:**

1. Students will be given 4-essay questions randomly assigned from the 8 areas listed below: Articulation/Phonology, Child Language/Literacy, Adult Language/Neurological Disorders, Voice, Fluency, AAC, Dysphagia, and Research Methods. Questions that relate to cultural diversity maybe included in these areas.

2. Each essay question will be developed and graded by the faculty/staff member who is currently teaching that specific area.

3. Students will be given 4 hours to complete the comprehensive examination.

4. Students MUST answer all four essay questions in the allotted 4 hour time period. If a student fails to answer a question, he/she WILL NOT be given an opportunity to answer that question in an oral defense and therefore; will fail both the oral and written components of the comprehensive examination and will need to retake the class that pertains to the question (e.g., stuttering, voice, etc.) when it is next offered.

5. To insure that all four questions are answered, students will be given one hour to answer each question. On the hour, the Proctor of the examination will announce that it is time to move on to the next question. Students MUST then begin to answer their next question. Once all four questions are completed, students may go back to review and revise any previous questions. If a student finishes answering a question in less than an hour, he/she will be permitted to move on to the next question; however, he/she will still only have that hour to complete the question and when time is called, MUST move on to the next question. Students, who finish their examinations early, will be permitted to go back and review and revise their responses. Once time is called, all students MUST immediately hand in their examination to the Proctor.

6. Responses to all essays must be written legibly and in ink.

7. The length of a response will vary according to the question posed. Students should include all the information they believe is necessary to appropriately answer the essay.

8. Students MUST use proper grammar and spelling. Points will be deducted for grammatical and spelling errors.

9. Each essay will be worth 25 points for a total of 100 points for all four essays.

10. The passing score for each essay is a minimum of 20/25 points.

11. Students MUST obtain a total score of 80 points (B-) or better to pass the comprehensive examination.

12. A student who fails the criteria (20/25 per question) and receives less than an overall score of 80 points MUST complete an oral defense of that question on a specified date. If a student fails
the written examination he/she will be notified within 1 week of the oral defense. Questions for the oral defense will comprise information the student failed to answer completely or accurately during the written portion and may also include additional questions within that subject matter.

13. Prior to the oral defense, the student may review, in person, his/her written essay(s) as well as the faculty members’ comments on the failed topic(s). Students will not be allowed to directly ask faculty questions about their comments or the questions prior to or on the day of the oral defense.

14. During the oral defense the faculty member who developed the question(s) and a minimum of one other faculty/staff member will be responsible for questioning and grading the student’s oral response. They will decide whether the student has sufficiently defended his/her response(s). The oral defense will be video/audio taped for documentation.

15. Should a student fail to obtain a passing score following the oral component of the comprehensive examination, the student will need to retake the course(s) and receive a passing grade for the course(s). If the student fails the course(s), he/she will be dismissed from the program.

Criteria for Graduation
The following criteria must be met to be awarded the masters degree in Speech-Language Pathology:

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

ASHA Requirements

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

Applicants must also have been assessed to ensure that they have achieved the knowledge and skills outlined in the 2014 Standards for Certification in Speech-Language Pathology in a graduate program holding accreditation by the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology. Achievement of the knowledge areas outlined in the standards is typically through completion of academic course work. Skill areas in the standards would typically be achieved through participation in clinical practicum (400 clock hours total, including 25 hours of clinical observation, 375 clock hours in direct client/patient contact of which 325 are at the graduate level); however, academic programs may assess compliance with the standards in any manner they wish.
Upon completion of the academic course work and clinical practicum requirements, individuals applying for certification in speech-language pathology must complete a Speech-Language Pathology Clinical Fellowship (SLPCF) experience under the mentorship of an individual holding ASHA certification. This experience must consist of the equivalent of 36 weeks of full-time clinical practice, with full-time defined as 35 hours per week.

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

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

Teacher Certification Requirements

The Speech-Language Pathology program at Misericordia University is approved for the certification of graduates for public school instruction in the Commonwealth of Pennsylvania.

Students who plan to work in the school system in Pennsylvania will need to complete TED 232 (Education Psychology) (3 credits) and TED 364 (Methods in Life Skills) (3 credits), SLP 300 (2 credits), SLP 260 (3 credits), SLP 230 (3 credits), PAPA & PRAXIS II tests (and/or SAT/ACT scores), a school fieldwork SLP 610 or SLP 620 (supervised by a SLP who has the CCC, school certification, and is licensed) with completed PDE 430 forms, and other PDE requirements (6 credits of Math; 6 credits of English - 3 American or British Literature and 3 English Composition; 3 credits of Lab science). Students will need a C or better in all classes. Before a student begins student teaching (Fieldwork), the student will successfully complete the PAPA & PRAXIS II tests and all other tests and courses required by PDE. The SLP department does not award Teacher Certification. It is awarded by the Special Education department on campus. The student will obtain any waivers of course work from the Special Education Department. To obtain Teacher Certification, the student must apply to the Special Education Department after completing the school fieldwork and a portfolio. Students from other states should check their state requirements to determine whether their states will accept Pennsylvania Teaching Certification.

Basic Skills Testing Requirements for Teacher Certification

The basic skills testing requirement, previously met by the PRAXIS I Reading, Writing and Mathematics, will now be met by the (PAPA) Reading, Writing and Mathematics modules. Information on signing up for the PAPA (along with other useful information on the PAPA and PECT) is at: http://www.pa.nesinc.com/

Please note:

- The basic skills tests are **not** required of program candidates who already have a bachelor’s degree.
All candidates for certification must meet the qualifying score for all applicable tests at the time their application for certification is received by the Bureau of School Leadership and Teacher Quality. The required tests and qualifying scores may change; current qualifying scores are published on the PDE website.

**State Licensure**

The academic and clinical curricula of the Speech-Language Pathology program at Misericordia University meet the pre-professional requirements for licensure in the Commonwealth of Pennsylvania and the surrounding states of Delaware, Maryland, New Jersey, and New York.
Speech-Language Pathology Academic and Clinical Ethics Policy

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

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

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

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

**AMERICAN SPEECH-LANGUAGE AND HEARING CODE OF ETHICS**

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

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

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

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.
Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

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

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

**Rules of Ethics**
1. Individuals shall provide all services competently.
2. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
3. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
4. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.
5. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
6. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.
7. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.
8. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.
9. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
10. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
11. Individuals shall not provide clinical services solely by correspondence.
12. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.
13. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.
14. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.

15. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.

16. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.

17. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

18. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

**Principle of Ethics II**

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

**Rules of Ethics**

1. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.

2. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.

3. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.

4. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

**Principle of Ethics III**

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.
Rules of Ethics
1. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.
2. Individuals shall not participate in professional activities that constitute a conflict of interest.
3. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.
4. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.
5. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.
6. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
7. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

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

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

13. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.

14. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.


Procedure:

1. Students are required to abide by the 2010 ASHA Code of Ethics as stated on the ASHA website (www.asha.org) and above. Students who breach any part of the principles of ethics stated in the ASHA Code of Ethics in either the classroom or clinical/fieldwork setting may be subject to delay in completion of the program or may face dismissal from the program.

2. Any breach of a professional ethics, will be recorded in writing by a faculty member and/or the clinical director and clinical supervisor, on a Academic/ Clinical Documentation Form and housed in the student’s academic or clinical binder.

3. The faculty member and/or clinical director/supervisor and student will review the incident and the repercussions. The student will be given the opportunity to write comments on the documentation form before signing and dating that the incident was reviewed with him/her.

4. The faculty member or clinical director will place the signed Academic/Clinical Documentation Form in the student’s corresponding file.

5. Repercussions may include, but are not limited to:
   - Referral for counseling evaluation
   - Remedial plan
   - Delay in completion of the program
   - One year probationary period
   - Dismissal from the program

6. Should a second ethical violation occur, the faculty member and/or clinical director/clinical supervisor and the student will review the second violation and a meeting will be established with the student and all the above parties. In most instances of unethical behavior a second violation will result in dismissal from the program.

7. Immediate dismissal from the program will occur in instances where a student engages in any of the following:
   - unlawful harassment, including sexual harassment or power abuse
   - nonsexual relationship or activities (dinner date, movie, etc.) with a recipient of service, while the recipient is receiving services or after the patient is discharged from services, in any on campus or off campus clinical site
   - sexual relationship or activities; whether consensual or nonconsensual, with a recipient of service, including family or significant others, while the recipient is receiving services or after the patient is discharged from services, in any on campus or off campus clinical site
   - sexual relationship or activities; whether consensual or nonconsensual, with students, or research participants over whom they exercise professional authority or power.
8. The final responsibility of all ethical behaviors rests with the students. Students are encouraged to dialogue with faculty and/or clinical instructors regarding issues of ethics should they have questions or concerns.

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

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

**Communication Skills**
- Articulate thoughtful contribution to discussion in an appropriate manner.
- Select a communication style (verbal and written) to meet the needs of different audiences.
- Present verbal and written messages with logical organization and sequencing.
- Maintain and provide an open and constructive communication.
- Communicate in a professional manner.
- Address questions/concerns in a timely manner.
- Listen to and hear others before responding to what is being said.
- Communicate with others in a respectful, confident manner.
- Recognize impact of non-verbal communication and respond accordingly.
- Talk about difficult issues with sensitivity and objectivity.
- Collaborate with others by approaching others to discuss differences in opinion.
- Clearly express own opinions and concerns.

**Use of Constructive Feedback**
- Acknowledge errors and/or assets.
- Demonstrate a positive attitude toward feedback.
- Ask for clarification and/or clarifying one’s position.
- Reconcile differences with sensitivity.
- Engage in non-judgmental, constructive problem-solving discussions.
- Use self-assessment for professional growth.
- Recognize that criticism is directed at a behavior, not a person.
Effective Use of Time
- Complete assignments and meet all deadlines as required.
- Use unscheduled time efficiently.
- Demonstrate flexibility.
- Plan ahead.
- Set priorities and reorganize as needed.
- Perform multiple tasks simultaneously.
- Demonstrate initiative.

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

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

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

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

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

**VIII. STUDENT OUTCOMES**

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

9 Principles of Good Practice for Assessing Student Learning:

1. **The assessment of student learning begins with educational values.** Assessment is not an end in itself but a vehicle for educational improvement. Its effective practice, then, begins with and enacts a vision of the kinds of learning we most value for students and strive to help them achieve. Educational values should drive not only what we choose to assess but also how we do so. Where questions about educational mission and values are skipped over, assessment threatens to be an exercise in measuring what’s easy, rather than a process of improving what we really care about.

2. **Assessment is most effective when it reflects an understanding of learning as multidimensional, integrated, and revealed in performance over time.** Learning is a complex process. It entails not only what students know but what they can do with what they know; it involves not only knowledge and abilities but values, attitudes, and habits of mind that affect both academic success and performance beyond the classroom. Assessment should reflect these understandings by employing a diverse array of methods, including those that call for actual performance, using them over time so as to reveal change, growth, and increasing degrees of integration. Such an approach aims for a more complete and accurate picture of learning, and therefore firmer bases for improving our students’ educational experience.
3. **Assessment works best when the programs it seeks to improve have clear, explicitly stated purposes.** Assessment is a goal-oriented process. It entails comparing educational performance with educational purposes and expectations—these derived from the institution’s mission, from faculty intentions in program and course design, and from knowledge of students’ own goals. Where program purposes lack specificity or agreement, assessment as a process pushes a campus toward clarity about where to aim and what standards to apply; assessment also prompts attention to where and how program goals will be taught and learned. Clear, shared, implementable goals are the cornerstone for assessment that is focused and useful.

4. **Assessment requires attention to outcomes but also and equally to the experiences that lead to those outcomes.** Information about outcomes is of high importance; where students “end up” matters greatly. But to improve outcomes, we need to know about student experience along the way—about the curricula, teaching, and kind of student effort that lead to particular outcomes. Assessment can help us understand which students learn best under what conditions; with such knowledge comes the capacity to improve the whole of their learning.

5. **Assessment works best when it is ongoing, not episodic.** Assessment is a process whose power is cumulative. Though isolated, “one-shot” assessment can be better than none, improvement over time is best fostered when assessment entails a linked series of cohorts of students; it may mean collecting the same examples of student performance or using the same instrument semester after semester. The point is to monitor progress toward intended goals in a spirit of continuous improvement. Along the way, the assessment process itself should be evaluated and refined in light of emerging insights.

6. **Assessment fosters wider improvement when representatives from across the educational community are involved.** Student learning is a campus-wide responsibility, and assessment is a way of enacting that responsibility. Thus, while assessment efforts may start small, the aim over time is to involve people from across the educational community. Faculty plays an especially important role, but assessment’s questions can’t be fully addressed without participation by student-affairs educators, librarians, administrators, and students. Assessment may also involve individuals from beyond the campus (alumni/ae, trustees, employers) whose experience can enrich the sense of appropriate aims and standards for learning. Thus understood, assessment is not a task for small groups of experts but a collaborative activity; its aim is wider, better-informed attention to student learning by all parties with a stake in its improvement.

7. **Assessment makes a difference when it begins with issues of use and illuminates questions that people really care about.** Assessment recognizes the value of information in the process of improvement. But to be useful, information must be connected to issues or questions that people really care about. This implies assessment approaches that produce evidence that relevant parties will find credible, suggestive, and applicable to decisions that need to be made. It means thinking in advance about how the information will be used, and by whom. The point of assessment is not to gather data and return “results”; it is a process that starts with the questions of decision-makers, that involves them in the gathering and interpreting of data, and that informs and helps guide continuous improvement.

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

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IX. ACADEMIC PROBATION AND DISMISSAL

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

Academic Integrity

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

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

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

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

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

Students need to maintain a cumulative GPA of 3.3 or above to remain in the major; however, students need to maintain a cumulative GPA of 3.5 or above by the end of the spring semester of the sophomore year to remain in the major. Students must maintain this 3.5 or above cumulative GPA until the completion of the master’s program. At the end of the fall semester of the junior year, if the student’s cumulative GPA is 3.5 or above the student will automatically be admitted into the master’s program (senior level courses). The student must maintain this 3.5 or above cumulative GPA until the completion of the spring semester of the junior year. If the student’s cumulative GPA is not 3.5 or above at the end of the spring semester of the sophomore year, the student will not be allowed to take any SLP courses and will be dismissed from the major.

If a student’s cumulative GPA (from the freshmen year to the end of the spring semester of the sophomore year) falls below 3.3, he/she will be placed on probation for a semester. If a student’s cumulative GPA (from the fall semester of the junior year to the end of the 5th year) falls below 3.5, the student will be placed on probation for a semester. After the semester on probation, if the student’s cumulative GPA (from freshmen year to the end of the spring semester of the sophomore year) is still below 3.3, the student will be dismissed from the program and cannot take any more SLP classes. After the semester on probation, if the student’s cumulative GPA (from the fall semester of the junior year to the end of the 5th year) is still below 3.5, the student will be dismissed from the program and cannot take any more SLP classes. A student can only be on probation once during his/her academic program.

A student must receive a grade of “B-” or better in all graduate level professional courses (500 and 600 level). If a student receives a “C+” or lower in any graduate level course (excluding clinic) the student has one opportunity to retake that course and receive a “B-“ or better. Failure to achieve a grade of “B-” or better in that repeated course will result in dismissal from the program. If a student receives a C+ or lower in two or more 500 or 600 professional courses, the student will be dismissed from the program (if a student gets 2 C+ grades or lower in one semester, the student will be dismissed from the program and will not have the opportunity to retake those courses).

If a student receives a grade B- or lower in any 500 and/or 600 level graduate clinical course the student will be placed on clinical probation for 1 year. The student will have one opportunity to retake the failed clinic or fieldwork and receive a “B” or better. If the student achieves a B or better in the repeated clinic or fieldwork the student will be removed from clinical probation; however, the previous failing grade (B- or lower) will remain on my transcript (a grade replacement will not be allowed). If the student passes the previously failed clinic and the GPA falls below 3.5 because of the failed clinic, the student will be placed on academic probation for 1 year. At the end of the year, if the GPA is not over 3.5, the student will be dismissed from the program. A student can only remain on probation once during the entire academic and clinical program. If the student fails to achieve a grade of “B” or better in a repeated 500 and/or 600 level graduate clinical course or if the student fails a subsequent clinic the student will be dismissed from the program. If the student fails any two clinical courses, he/she will be dismissed from the program. If a student receives a C+ grade or lower in a professional course and B- or lower in a 500 and/or 600 level graduate clinical course in one semester, I will be dismissed from the program.

A student must complete all 600 graduate level professional courses with the exception of SLP 660 Comprehensive Seminar in Speech Language Pathology and SLP 650 Professional Issues prior to beginning fieldwork.
If a student is dismissed by a Clinical Instructor or University Clinical Supervisor from any 500 and/or 600 graduate clinical course during a semester, the student will be placed on clinical probation for 1 year and be given a failing clinical grade of B- or lower. The student will not be reassigned to a clinic or placed at another site until the following semester. If the student is dismissed from a school placement during the semester the student will not be placed in another school setting until the following semester of that year. If the student is dismissed from a school placement during the spring semester the student will not be placed in another school setting until the fall semester of that year. If a student fails to achieve a grade of “B” or better in the repeated 500 and/or 600 level graduate clinical course or if the student fails a subsequent clinic the student will be dismissed from the program. If the student fails any two clinical courses the student will be dismissed from the program.

If a student drops enrollment in any 500 and/or 600 level graduate clinical course, the student will be placed on clinical probation for 1 year and receive an IP grade. The student will not be reassigned to a clinic or be placed at another site until the following semester. The IP grade will remain until the student successfully completes the clinical course. If the student fails to achieve a grade of “B” or better in the repeated 500 and/or 600 level graduate clinical course and if the student fails a subsequent clinic the student will be dismissed from the program. If the student fails any two clinical courses the student will be dismissed from the program. The same school policy as the above statement applies to this statement as well. Reasons deemed excusable for choosing to leave any fieldwork placement are dependent upon the discretion of the Clinical Director.

While enrolled in the Speech-Language Pathology program a student will not work in the schools under emergency certification and/or will not provide speech therapy services until the student receives a master’s degree from Misericordia University. Failure to comply with this requirement will result in immediate dismissal from the program.

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

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

Undergraduate Academic Grievance Procedures

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

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

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

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

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

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

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

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

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

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

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

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

**Graduate Grievance Procedures**

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

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

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

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

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

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

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

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

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

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

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

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

**Criteria for Complaints Against Graduate Education Programs**

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

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

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

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

**Determination of Jurisdiction**

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

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

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

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

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

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

- Dismissal of the complaint;
- Recommending changes in the program within a specified period of time and as they relate to standards (except for those areas that are solely within the purview of the institution);
- Continuing the investigation through an on site visit to the program;
- Placing the program on probation;
- Withholding/withdrawing accreditation.
If the CAA determines that a site visit is necessary, the program director and the institution's president or president's designee are notified, and a date for the site visit is expeditiously scheduled. The program is responsible for expenses of the site visit. The site visit team is selected from the current roster of CAA site visitors. During the site visit, emphasis is given only to those standards with which the program is allegedly not in compliance. The site visit team submits a written report to the CAA no later than 30 days following the site visit. As with all other site visits, only the observations of the site visitors are reported; site visitors do not make accreditation recommendations. The CAA forwards the report to the program director and the institution's president or president's designee within 15 days. The program or institution should provide a written response to the chair of the CAA within 30 days of the date on which the report is postmarked to the program director and the president or president's designee. The purpose of the response is to verify the accuracy of the site visit report.

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

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

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

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

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

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

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

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

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

Procedures for Complaints Against the Council on Academic Accreditation

Criteria for Complaints Against CAA

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

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

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

Evaluation of Complaint

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

1. The vice president informs the complainant within 30 days of the letter transmitting the complaint to the vice president that the evaluation will precede. Because it may be necessary to identify the complainant to the CAA, a review committee, or to other sources of relevant information, the complainant will be required to sign a waiver of confidentiality within 30 days of the letter indicating that the complaint will be evaluated. The complainant is given the opportunity to withdraw the complaint during that time. If the complainant does not wish to pursue the matter, the process is concluded. If the complainant wishes to proceed, the complainant is asked to keep the initiation of an investigation confidential.

2. Within 15 days of receipt of the complainant's waiver of confidentiality, the vice-president notifies the CAA that a complaint has been registered against the Council and that an evaluation is in process. Notification includes a redacted copy of the complaint without revealing the identity of the complainant. The CAA is requested to provide complete responsive information and supporting documentation that it considers relevant to the complaint within 45 days of the date of the notification letter.

3. Within 30 days of receipt of the complainant's waiver of confidentiality, the vice president shall appoint a Review Committee to review the complaint against the Council. To assure that the committee is thoroughly familiar with accreditation standards and Council policies and procedures, the Committee shall consist of three past members of the CAA who have served during the preceding 5 years, none of whom shall have any relationship or conflict of interest with the complainant. Within 15 days of receipt of the CAA's response to the complaint, the vice-president forwards the complaint and the CAA response to the complaint to the Review Committee.

4. After reviewing all relevant information, the Review Committee shall determine the course of action within 60 days from the date material related to the complaint is mailed to the Review Committee. Such recommendations may include, but are not limited to:
   1. Dismissal of the complaint;
   2. Recommended changes in Council policies and procedures within a specified time period;
   3. Other recommendations.
5. Within 15 days of the conclusion of its evaluation of the complaint, the Review Committee will forward its recommendations to the vice president. Such recommendations will be disseminated to the CAA for its review. A full discussion of the recommendations of the Review Committee shall be placed on the agenda for the next regularly scheduled meeting of the CAA and for consideration of appropriate Council action. In the event that more immediate action is required, the CAA may have a conference call for discussion and consideration of appropriate Council action.

6. The vice president will notify the complainant of Council action on the complaint within 15 days of the Council's decision in the matter. Decisions of the Council relative to complaints may not be appealed.

Summary of Time Lines

- Complaint is acknowledged and forwarded to vice president within 30 days of receipt
- If vice president determines that complaint does not meet criteria for complaints, complainant is informed within 30 days that complaint will not be evaluated
- If the vice president determines that complaint meets criteria, complainant is informed within 30 days that evaluation will proceed
- Complainant is given thirty (30) days to sign waiver of confidentiality or withdraw the complaint
- Within 15 days of receipt of waiver of confidentiality, the complaint is sent to the CAA for response within 45 days
- Within 30 days of receipt of waiver of confidentiality, the vice president appoints Review Committee to review complaint
- Within 15 days of receipt of CAA's response, the vice president forwards complaint and CAA response to Review Committee
- Within 60 days, Review Committee determines course of action
- Review Committee forwards recommendations to vice-president within 15 days of decision, and vice president disseminates recommendations to CAA
- CAA discusses Review Committee recommendations at its next regularly scheduled meeting (or by conference call if immediate action is required) and takes appropriate action
- Vice President notifies complainant of CAA action within 15 days of CAA decision
XI. SCHOLARSHIPS/ASSISTANTSHIPS

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

XII. ALUMNI SURVEY

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

XIII. CLINICAL PRACTICUM

Introduction

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

Principles of Speech-Language Pathology Ethics

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

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

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

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

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

Clinical Education Course Objectives

1. Students will integrate the relationship between theory and practice for a variety of speech, language, cognitive, social, and/or hearing disorders by working directly with persons exhibiting various communication disorders.
2. Students will demonstrate competence in developing, modifying, and implementing treatment for individuals exhibiting a variety of speech, language, cognitive, social, and/or hearing disorders.
3. Students will provide evidence of documented clock hours of practicum experience that can be used to meet the professional practicum standards mandated by the American Speech-Language-Hearing Association (ASHA).

Required Clinical Hours

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

ASHA requires completion of a minimum of 400 clock hours of supervised clinical experience. Each student must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact. Supervised practicum must include experience with client/patient populations across the lifespan and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities. Each student’s clinical clock hours accrue from clinical services (assessment/diagnosis/evaluation, screening, treatment, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech-Language Pathology; An ASHA – certified SLP may supervise screening audiology hours

At the end of each clinical and externship period, the Clinical Director/supervisor verifies the clinical clock hours the student has earned. The student has the responsibility for keeping an accurate daily record (see appendix). The student is responsible for having the hours verified with a signature and ASHA certification number of the supervisor, and turning a copy of this report into the Clinical
Director at Misericordia University. The hours will then be given to the Clinical Administrative Assistant and further verified with the student’s hours logged in the SharePoint data base at the end of each clinical experience.

**In-House Clinical Assignments**

Students assigned to the on-site clinic will receive their clinical assignments 4-5 days prior to the beginning of the semester. Students will generally have a schedule that includes individual clients and, where possible, group. Students will be assigned at least one but no more than five clients per semester for a total of two-six hours of hands on clinical experience per week. Students who have had some previous clinical experience may be asked to see an additional client if the clinical supervisor feels the student can handle it. It is advisable to have pediatric and adult experience before heading to your externship experience. Remember, current health care changes are increasing students’ difficulty in earning all hours in externship experiences. Students are advised to earn as many clinical hours as possible during their initial practicum experiences.

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

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

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

Students assigned to a clinical site off campus will need to follow the aforementioned regulations in addition to any policies set forth by that facility.
In our on-site clinic, the nature and amount of supervision is determined and adjusted to reflect the competence of each student. The Clinical Director, clinical supervisors, and faculty have similar supervisory philosophies and agree that students require varying degrees of supervision. Students who are strong clinically are provided with at least the minimum 25% of the student's total contact with each client/patient throughout the duration of the clinic. Feedback is generally provided in written and verbal form. Students who are on Clinical Probation or who have failed a clinic may be placed in a clinic with less than a total of four students for that clinical section and, may have additional supervisors to ensure that the student receives at least 25% supervision with each client/patient per session. In addition to providing written and verbal feedback the supervisor(s) may also assist these students in their treatment sessions to maximize the learning experience. The faculty and supervisors, therefore, are assured that the amount of supervision provided is in proportion to the student’s needs. The clinical grade of the student on probation will be an average of the total score of all those who supervise the student for that clinic.

**Externship Assignments**

Prior to being assigned to an externship site:

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

Upon Approval:

- Students must complete an externship application provided by the Clinical Director listing preferences for placement.
- Students must attend an externship orientation meeting at the beginning of the semester prior to first externship and a practicum meeting on-campus at Misericordia University at the end of the semester.
- Students must make an appointment with the Clinical Director to discuss individual needs and suitable placements.
- **Students are not allowed to contact an off-campus clinical site or supervisor to establish a fieldwork site or inquire about availability of a site without the permission of the Clinical Director.** This policy applies to family members or representatives of the student. Any attempt to contact a site will result in a reduction in a clinical grade and will jeopardize placement in a facility.
- The Clinical Director will give a list of established sites to the student; however, it is up to the discretion of the Clinical Director to determine which sites are suitable for a student based on the student’s clinical and academic ability. A student could request a site that is not on the list of established sites; however, there is no guarantee that this site can be established and it may take longer for the Clinical Director to set up the site.
- If a site cannot be established within 2 months of the start date for a fieldwork (from the list of established sites or the sites that a student provides), the Clinical Director will place the student at an available site that may not be in a location of the student’s choice. The approved site of the student’s choice may take longer to establish than the 2 month window of confirmation. If a student chooses to wait for the site of his/her choice, the student may not receive confirmation until a week prior to the start date of the fieldwork.
- Clinical Director will notify student when successful contact has been made. Student may call site supervisor to make appointment for personal interview.
- Student and site supervisor will finalize terms of externship and complete and sign the Terms of Externship Agreement form. The student will return this form to the Clinical Director

**Students Roles and Responsibilities for Fieldwork Placement**

1. Guidelines for professional conduct at each externship site are those established by the site coordinators and supervisors of the individual sites. The student is responsible for following all guidelines outlined in the Misericordia University Speech-Language Pathology Handbook, as well as the externship site’s policies and procedures manual to learn what is expected of him/her regarding such issues as dress code, schedules, attendance, report formats, confidentiality, conferences, and other matters.

2. Students should meet with the externship supervisor on site to discuss the externship and work schedule. The terms of the externship must be written down and signed by both the student and the supervisor at the beginning of the externship. This procedure will avoid any misunderstandings once the externship has commenced.

3. The work schedule at the externship site is to be followed by the student. For example, students should not plan to take off university holidays or days to study for exams or personal business. If attendance becomes a problem, the student’s grade may be affected. “Call in” procedures for absences should be arranged in advance with the supervisor and should follow facility policy. All missed time must be made up at the end of the externship.

4. Externships will last a full 15-week semester. **The semester long commitment must be fulfilled even if the clinical clock hour requirement (400 hours) is met within the first few weeks of the externship.** The site supervisor, in conjunction with the Clinical Director, has the discretionary authority to require the student to extend the externship if the expected skills have not been acquired.

5. Students will assume responsibility for their own housing, transportation, parking, meals, lab coats, name badges (if required), and physical exams and inoculations (if required).

6. Students and supervisors must abide by the ASHA Code of Ethics. **If the student has a question about ethical conduct, it is the student’s responsibility to contact the Clinical Director immediately.**

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

Clinical Observation

Purpose:
To outline the procedure for clinical observation.

Procedure:
1. Students are required to complete 25 hours of clinical observation of a certified speech-language pathologist.
2. 20 hours of the ASHA required clinical observation must be done as part of the requirements of SLP 305-Observation and Clinical Procedures I, which is taken by traditional students in the spring semester of their sophomore year. It is necessary that each student observe: 5 hours of pediatric/school-based therapy, 5 hours of adult therapy, and 10 additional hours in any combination of these two populations for the total of 20 hours.
3. Any non-traditional student who has had SLP 305-Observation and Clinical Procedures I waived must complete observation of: 5 hours of pediatric/school-based therapy, 5 hours of adult therapy, and 10 additional hours in any combination of these two populations for the total of 20 hours before commencing SLP 415-Observation and Clinical Procedures II.
4. Students will complete the final 5 of the ASHA required observation hours through the Misericordia University Speech, Language, and Hearing Center in conjunction with assignments for SLP 415-Observation and Clinical Methods II. These observation hours will be part of a student clinician shadowing experience and will culminate in each student’s first .25 hour clinical intervention experience (Please refer to SLP 415-Observation and Clinical Procedures Syllabus).
5. All 25 observation hours must be completed prior to participating in any active clinical intervention.
6. Documentation for each clinical observation must be completed on a Clinical Observation-Summary Report Form (see appendix).
7. All Clinical Observation-Summary Report Forms must be completed by the student and signed by the certified speech-language pathologist who has been observed. Each form must contain the certified speech-language pathologist’s ASHA certification number in order to be valid. For the final 5 observation hours completed as part of the SLP 415 shadowing experience, the signature and ASHA number of the clinical supervisor observing each session must be obtained.
8. The white copy of all documentation for clinical observations will be filed in the student’s clinical binder. The student should keep the yellow copy for their records.
Clinical Clearances for Purpose of Clinical Observation

Purpose:
To outline the procedure for obtaining the essential clinical clearances necessary to obtain the required 25 observation hours prior to beginning clinic.

Procedure:
1. All traditional students will need to obtain the following essential clinical clearances prior to obtaining observation hours:
   - PA Criminal Background Check
   - PA Child Abuse Clearance
   - FBI Clearance
2. Traditional students will obtain these clearances by July 31 (45 day Grace Period) between their freshmen and sophomore years.
3. If a student fails to submit any of the required clearances by July 31 (45 day Grace Period), that student may have difficulty obtaining observation hours. No faculty or staff member or the Clinical Director will be held accountable for any student who is unable to obtain his/her observation hours due to insufficient clearances, as it is the student’s responsibility to obtain the required clearances.
4. The Administrative Specialist will log all initial clearance information into the SharePoint database.
5. Students should keep copies of their clearances so they have proof when they begin setting up observations.
6. Non-traditional students will need to obtain these clearances on their own. The Clinical Director in conjunction with the Clinical Administrative Assistant will guide the student through the clinical clearance process prior to the start of clinic.

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

Confidentiality Statement

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

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

Procedure:
1. All students will be required to complete the HIPAA training online course prior to beginning their clinical experience.
2. Following successful completion of this course the student is responsible for obtaining their certificate of completion verifying adequate training of all HIPAA policies and guidelines.
3. The student will provide a copy of this certificate to the Clinical Administrative Assistant one week prior to the commencement of clinic.
4. The Clinical Administrative Assistant will record each students training on the SharePoint Network and then place a copy of the student’s certificate in their clinical binder.
5. The Clinical Director will verify a student’s training prior to the commencement of clinic using the SharePoint Network.
6. Any student who has not successfully completed the online HIPAA training course by the specified date will not be allowed to participate in clinic as scheduled during the fall semester of the upcoming year.
7. Any student who violates a HIPAA regulation will be subject to a letter grade reduction and/or dismissal from the Speech-Language Pathology program. Consequences for violation of any HIPAA regulation will be at the discretion of the faculty member, Clinical Director, or clinical supervisor, working with the student at the time the violation is identified.

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

Procedure:
1. Students will follow the Communicable Disease Policy relative to patients as subscribed to by the clinical education center to which they are assigned as well as those described by the Center for Disease Control (CDC).
2. Students will follow the Communicable Disease Policy of the clinical education center to which they are assigned relative to employment of infected employees in the event he/she identifies themselves or is identified as having a communicable disease.
3. In the event the clinical education center to which you are assigned does not have a policy regarding employment of employees with a communicable disease, the Department of Speech-Language Pathology supports and will follow the university policy which subscribes to the following philosophy: “Access to Academics: Where under the control of the University, persons with HIV infection (sic-communicable disease) will not be denied access to classes, field placement, internship programs, etc.” (Excerpt from Misericordia University’s policy on file in the Dean of Student’s office).
4. Because Universal precautions are required when dealing with any and all patients, this applies to all students experiencing their clinical portion of the program as well. In turn, reciprocity to protect patients should already be occurring.
5. As stated in the current, clinical education center agreement between Misericordia University and each facility, the facility will provide the same medical care as if afforded paid employees of the institution regarding emergency care relative to the communicable disease, e.g. HIV infection.

6. Any student who refuses or fails to work with a fellow student or hospital employee, or provide proper care for a patient in their charge known or perceived to have a communicable disease, will be required to undergo counseling with respect to communicable diseases and the care and treatment of such infected patients and/or coworkers.

7. In the event a student continues to refuse to perform their clinical duties as expected, they will be subject to the Program’s disciplinary process.

Essential Functions of Speech-Language Pathology

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

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

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

Students are responsible for completing the Essential Functions form (See appendix) prior to entering the program as a freshman. This form is initially housed in the student’s academic binder. Students are then required to have their family physician complete the Essential Functions form at the end of their sophomore year and at the end of each subsequent year through their senior year. This form is part of the student’s health clearance and is submitted to the Clinical Director with the student’s clinical clearances by July 31 prior to the commencement of each school year. This form is then filed in the student’s clinical binder.

If a student cannot demonstrate the skills and abilities listed above, it is the responsibility of the student to request accommodations by applying for the ALP program or by completing the Disability Declaration form provided by Admissions. Once it is determined those accommodations are appropriate then a plan of accommodation (POA) will be developed collaboratively by the ALP Specialist and designated health science representative.
If a student’s health status should change and the student is no longer able to participate in the classroom or clinical setting, it is the responsibility of the student to notify the Department Chair or Administrative Assistant. The person notified would ensure that the proper documentation is received from the student’s health care provider and that information would be shared with the Director of Health Services.

For more information regarding requesting reasonable accommodations refer to the current Misericordia University Undergraduate Catalog or contact the Assistant Dean of Students at (570) 674-6304.

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

Appropriate attire for female students includes:
- casual slacks/blouses/sweaters
- dresses
- skirts
- casual, dress shoes
- socks, nylons, or tights

Appropriate attire for male students includes:
- golf shirts/sweaters
- casual/dress pants
- dress shirt/tie
- casual/dress shoes
- socks

Students are not permitted to wear:
- jeans
- sweatpants, sweatshirts, jogging suits
- tank tops, halters, sleeveless tops, T-shirts
- shirts exposing the mid-drift area
- skirts/shorts above the knee
- dangling jewelry, tongue piercing or rings
- sandals/sneakers
With regard to personal hygiene:

- Hair should be worn in good taste, out of the face, and if necessary, tied back to prevent it from coming in contact with the patient/client.
- Deodorants and perfumes or colognes may be worn; however, the scent must be minimal and non-offensive.
- Reasonable jewelry may be worn. The following are not acceptable:
  - no hanging jewelry: i.e. long chains, bracelets, hoop or dangle earrings
  - no facial piercings; i.e. eyebrow, lip, nose, tongue, cheek, chin, etc…
  - no excessive ear piercings or large-gauge earrings or gauges
- Fingernail length should not be excessive for patient/client comfort and safety.
- Beards and/or mustaches must be neatly groomed. Those without beards or mustaches must be clean shaven daily.

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

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

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

4. In cases where the University Clinical Supervisor believes that a student is struggling (based on the CI reports and observations made by the University Clinical Supervisor) in the clinical setting, the supervisor may choose to complete a Clinical Education Performance Evaluation Form (mid-term and final) based on information documented in the CI evaluation report, telephone and/or personal supervisory conferences, information documented by the University Clinical Supervisor during the fieldwork site visit (s), and any additional information obtained and documented between the CI and the University Clinical Supervisor. This information in conjunction with the information provided by the CI will be used by the University Clinical Supervisor to determine the student’s grade (mid-term and final).

5. Graduate Students, completing externships for student teaching certification, will be evaluated by the University Clinical Supervisor using the Pennsylvania Statewide Evaluation Form for Student Professional Knowledge and Practice (see appendix) in addition to the aforementioned procedures.

6. University Clinical Supervisors do not issue a student greater than 89 points (see Appendix for Supervisor Evaluation Form) in any area at mid-term. A CI assigned to supervise students off campus will follow the same policy. If a student receives less than 83 points in any area at mid-term, detailed notes and documentation must accompany all evaluation reports (mid-term and final) so the student is aware of the reason for the points received. If a student receives less than 83 points in any area at mid-term, then weekly documentation and notes are necessary to provide the student with feedback about clinical performance. All students must sign all documents and feedback provided by the supervisor.
Clinical/Fieldwork Student Self-Evaluations and Clinical Journals Policy

Purpose:
The faculty and staff of Misericordia University’s Department of Speech-Language Pathology believe self-assessment is a vital skill for effective professional development. The following guidelines were established to outline the procedure for a student’s self-assessment of their own clinical competencies.

Procedure:

1. Students assigned to an on-site or off-campus clinic will complete a Student Self-Assessment of Clinical Competencies Form (see appendix) at mid-term and at the end of the semester. This form will be reviewed and signed by the University Clinical Supervisor at the time of the student’s performance evaluation. The form will then be placed in the student clinical binder.

2. Students assigned to a fieldwork site will complete and review their self-evaluations with their Clinical Instructor (CI). The CI will sign the form indicating that it has been reviewed. The student will then turn the form into the University Clinical Supervisor who will place the form in the student’s clinical binder.

3. Students assigned to an on-site or off-campus clinic will complete Weekly Clinical Journals (see appendix) to reflect on personal clinical experiences. Journals will be reviewed and signed by the University Clinical Supervisor during the student’s weekly clinical supervisory meeting. All journals will be returned to the student once reviewed.

4. Students assigned to a fieldwork site will complete and review their Weekly Clinical Journals with their CI. The CI will sign the journals indicating that they have been reviewed. The student will then turn the journals into the University Clinical Supervisor at mid-term and at the end of the semester. Clinical journals for fieldwork students will be discarded unless the student requests otherwise.

Clinical Probation/Dismissal Policy

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

Procedure:

1. Any student who receives a grade B- or lower in any 500 and/or 600 level graduate clinical course will be placed on clinical probation for 1 year. The student has one opportunity to retake the failed clinic or fieldwork and receive a “B” or better. If the student achieves a B or better in the repeated clinic or fieldwork he/she will be removed from clinical probation; however, the previous failing grade (B- or lower) will remain on the student’s transcript (a grade replacement will not be allowed). If a student passes the previously failed clinic and the student’s GPA falls below 3.5 because of the failed clinic, the student will be placed on academic probation for 1 year. At the end of the year, if the GPA is not over 3.5, the student will be dismissed from the program. Students may only remain on probation once during the entire academic and clinical program. If the student fails to achieve a grade of “B” or better in a repeated 500 and/or 600 level graduate clinical course or if the student fails a subsequent clinic he/she will be dismissed from the program. A student who fails any two clinical courses will be dismissed from the program.
2. If a student is dismissed by a CI or University Clinical Supervisor from any 500 and/or 600 graduate clinical course during a semester, the student will be placed on clinical probation for 1 year and be given a failing clinical grade of B-. The student will not be reassigned to a clinic or placed at another site until the following semester. If the student is dismissed from a school placement during the semester the student will not be placed in another school setting until the following semester of that year. If a student is dismissed from a school placement during the spring semester the student will not be placed in another school setting until the fall semester of that year. If the student fails to achieve a grade of “B” or better in the repeated 500 and/or 600 level graduate clinical course or if the student fails a subsequent clinic he/she will be dismissed from the program. A student who fails any two clinical courses will be dismissed from the program.

3. Students who drop their enrollment in any 500 and/or 600 level graduate clinical course will be placed on clinical probation for 1 year and receive an IP grade. The student will not be reassigned to a clinic or be placed at another site until the following semester. The IP grade will remain until the student successfully completes the clinical course. If the student fails to achieve a grade of “B” or better in the repeated 500 and/or 600 level graduate clinical course and if the student fails a subsequent clinic he/she will be dismissed from the program. A student who fails any two clinical courses will be dismissed from the program.

   a. Exceptions for dropping a clinic may be made for severe illness, family emergencies, etc. If a student drops a second clinical course he/she will be dismissed from the program.

4. First year (seniors) graduate students who are placed on clinical probation may be placed on or off-campus, at the discretion of the Clinical Director.

5. Second year graduate students who are placed on clinical probation must complete all their fieldwork placements within 30 miles of Misericordia University.

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

Procedure:
Student must:
1. demonstrate respect to clients, caregivers, peers, staff, and faculty in any clinical environment and classroom settings.

2. immediately contact the Clinical Director at Misericordia University and the Clinical Supervisor to cancel therapy in the event of an injury or illness. Once the Clinical Director and supervisor has been informed and approves the absence, the Administrative Assistant and client(s) should be notified if appropriate. Clinical practicum is not to be cancelled for any reason other than an illness or emergency situation.

3. notify the Clinical Supervisor and client, if appropriate, if they are going to be late for a therapy session.

4. have a lesson plan and equipment ready ahead of time for each clinical day. For diagnostics, have equipment, tests, and pertinent data on hand. Insure that the Clinical Supervisor is continually informed about each client through lesson plans, consultation, client evaluations, and semester reports. It is also the student’s duty to get needed information and complete follow-up procedures that have been discussed.
**Professional Behaviors and Incident Procedures**

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

**Procedure:**

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

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

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

Procedure:
1. Attendance is **mandatory** during all on and off-site clinical education experiences and fieldwork experiences.
2. Students will be allowed up to two absences per clinical and/or fieldwork rotation.
3. Should a student need to cancel clinic he/she must notify their clinical and/or fieldwork supervisor, **and** the Clinical Director and/or the Clinical Administrative Assistant at Misericordia University of any absence via email and by telephone at least one hour prior to the beginning of a clinic day.
4. The student **must** personally speak with his/her supervisor and the Clinical Administrative Assistant and/or Clinical Director in addition to sending an email.
5. Students working in the on campus clinic **must** maintain an updated copy of their clients’ phone numbers. Should the Clinical Administrative Assistant and/or the Clinical Director be unable to cancel the student’s clients, it will be the student’s responsibility to contact his/her clients to inform them of their cancelation. Students must document all phone calls made to family members using the client Telephone Log located in the client’s chart.
6. Sickness and emergencies are excused absences; however, written documentation may be required. A physician’s excuse is required by the Clinical Director or by the individual clinical education site if illness exceeds 3 days.
7. Rescheduling of missed clinical time is dependent on the discretion of the clinical or fieldwork supervisor and/or Clinical Director. These arrangements will be made at the convenience of the faculty and the affiliating agency.
8. If the student anticipates being late or needs to leave the clinical site early, the student **must** notify his/her clinical and/or fieldwork supervisor, and the Clinical Director and/or the Clinical Administrative Assistant at Misericordia University via email and telephone. Additionally, all fieldwork students must notify the Clinical Director at Misericordia University via email and telephone of any changes in their clinical schedule that relate to supervisor illness, scheduled in-services, etc.
9. Every effort must be made to avoid absences and tardiness during clinical education.
10. A student who accumulates more than two inexcusable absences and/or who fails to appropriately notify the clinical supervisor and/or externship supervisor and Clinical Director and/or Clinical Administrative Assistant at Misericordia University of any absence or tardiness will be subject to disciplinary action by the Clinical Director which will include a letter grade reduction for each unexcused absence or tardiness.
11. Consequences for failure to adequately follow this attendance policy will be at the discretion of the clinical/fieldwork supervisor and/or Clinical Director.
Make-up of Clinical Hours Policy

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

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

Illness and Injury during the Clinical Day

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

Procedure:
1. See the clinical education center’s handbook for specific school/clinic policies regarding illness or injury.
2. The student will incur expenses if such arise due to this illness or injury.
3. If the student refuses emergency room treatment, a release of responsibility form must be signed.
4. Individual situations will be left to the discretion of the Clinical Director.
5. If a student is injured at the clinical education center or at an offsite center, an incident report must be completed and signed by the student and Misericordia University Clinical Director. Forms may be secured through the Misericordia University Student Health Center. The original form will be maintained in the student’s file at the Misericordia University Student Health Center.
Clinical Incident Report
Purpose:
To outline the procedure for reporting incidents or unusual occurrences involving a Misericordia University Health Sciences student who is participating in a clinical education experience. An incident is defined as any occurrence out of the normal operation of the institution. The incident may result in an injury or a situation that could cause an injury to a patient, staff, or student. Any situation when an incident report is filed at a clinical education site, a Misericordia University Clinical Incident Report Form (see appendix) must be filed.

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

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

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

8. Students assigned to a clinic off campus may need to contact the Clinical Instructor at that site to set up a schedule. The Clinical Director will inform the student in such cases. Students assigned to a clinic off campus may be required to work one full day or two half days for a total of four-six hours per week.

9. Student clinicians will follow the assigned schedule for the entire semester.

10. Students assigned to a clinic on campus must contact their patients within two working days prior to the initial session to introduce themselves and to confirm the scheduled appointment. If contact cannot be made, it is the student clinician’s responsibility to inform the Clinical Director.

11. Students should use the telephones in the clinic to call their clients/patients and leave the Clinical Administrative Assistant’s office number (570) 674-6724, should they need to leave a message. Students who choose to use their personal cell phones to call clients/patients should still give the Clinical Administrative Assistant’s office number for all return calls.

12. Students should not contact their patient’s until they have met with their assigned supervisor and discussed the case first.

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

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

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

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

Procedure:
1. The Clinical Director will assign students to fieldwork sites.
2. At the beginning of each academic year, the Clinical Director will give each student who is planning to begin their fieldwork placement in the subsequent academic year a Fieldwork Request Form. This form will allow the student to select three possible sites for their fieldwork placements.
3. Students should refer to the SharePoint Network for a list of current clinical affiliations when selecting and ranking your fieldwork sites.
4. Students will have until mid-December to complete this form. Students who do not submit this form by the specified deadline will not be guaranteed a placement for the fall semester.
5. Students must select sites within a 200 mile radius of Misericordia University so it is possible for the Clinical Director or University Supervisor to make a site visit(s). A student can request a site that exceeds the allotted miles requirement; however, there is no guarantee that the student will be placed at that site. A student must present with exceptional clinical and academic skills to be considered for a placement located further than 200 miles from the University. All sites will be assigned at the discretion of the Clinical Director.
6. **Students are not allowed to contact an off-campus clinical site or supervisor to establish a fieldwork site or inquire about availability of a site without the permission of the Clinical Director.** This policy applies to family members or representatives of the student. Any attempt to contact a site will result in a reduction in a clinical grade and will jeopardize placement in a facility.
7. The Clinical Director will notify the student via e-mail or by phone when a site has been secured and/or changes in a site have occurred.
8. In the event that more than one student requests a particular site, the Clinical Director will determine which student will attend the site. Decisions will be made based on the student’s ability to work in that particular setting and be at the discretion of the Clinical Director.
Student Evaluation of Clinical Supervisor/Clinical Site Policy

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

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

Supervisor Observation Policy (off campus clinic/fieldwork assignments)

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

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

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

Clinical File Checkout Policy

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

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

Diagnostic Evaluation/ Re-evaluation Policy

Purpose:
To outline the procedure for completing diagnostic evaluations.

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

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

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

Diagnostic Report Writing Policy

Purpose:
To outline the procedure for writing diagnostic reports.

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

Hearing Screening Policy

Purpose:
To outline the procedure for performing hearing screenings.

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

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

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

Clinical Clock Hours Policy (Off Campus Clinic/Fieldwork)

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

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

**Treatment Documentation Guidelines**

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

**Procedures:**

*Treatment Plan of Care* (see appendix)

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

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

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

*Lesson Plans* (see appendix)

Students are required to complete individual/group lesson plans for each patient they will be treating. The following criteria apply:

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

*Soap Notes* (see appendix)

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

- All soap notes for the week are due as stated by each clinical supervisor in the treatment guidelines.
- Soap notes will be reviewed and revised by the clinical supervisor then returned to the student clinician’s mailbox.
- Final drafts of soap notes from the previous week are due as stated by each clinical supervisor and are to be placed in the clinical supervisor’s mailbox to be signed and filed in the client’s permanent folder. Students must destroy all working drafts using the shredder provided in the student work area once the final document has been approved.
Progress Summary Reports (see appendix)
Progress summary reports will be written during the last two weeks of clinic. The following criteria apply:

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

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

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

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

Clinical Documentation Policy (Onsite Clinic)

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

Procedure:
1. At the commencement of each semester students are provided private directories on Microsoft SharePoint to store their clinical documentation.
2. Outlines for all on-site clinical documentation are provided on Microsoft SharePoint for use by students assigned to clinic on campus.
3. Students are required to complete all clinical documents using the SharePoint server.
4. Students are **not permitted** to work on clinical documents outside the Speech-Language and Hearing Center or on their own personal computers. Students must complete all clinical documentation on terminals located in the Speech-Language Pathology Department.
5. All documents saved on SharePoint will be deleted from the student’s private directory by the Clinical Administrative Assistant following chart closeouts at the end of the semester.
6. Students must delete any client information saved to the desktop of a computer and from the trash bin immediately upon saving it in their personal file on SharePoint.
7. Any student who works on clinical documents outside the clinic or who leaves client information on a desktop will be subject to a letter grade reduction and/or dismissal from the Speech-Language Pathology program. Consequences for violation of this clinical documentation policy will be at the discretion of the clinical supervisor and/or the Clinical Director at the time the violation is identified.

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

1. Students assigned to an off-campus clinic at an Early Intervention Center must complete their daily notes and treatment logs in MS Word format using the computers provided at the clinical site by Misericordia University. Once the documents have been approved by the clinical supervisor and printed they must be deleted from the computer.

2. All daily notes and treatment logs will be printed by the supervisor and given to the Clinical Assistant who will then make a copy for the client’s file. The Clinical Assistant will send the original daily notes directly to Early Intervention at the end of each month and the treatment logs are retained in the client’s file for state verification purposes.

3. Students must complete monthly progress notes using Leader Services for Access billing. IEP’s and quarterly progress reports are completed using Pelican. As passwords are necessary to gain access to these systems, students will only be able to complete this documentation in the presence of their clinical supervisor.

4. All progress notes and IEP’s will be printed by the supervisor and given to the Clinical Assistant who will then make a copy for the client’s file. The Clinical Assistant will send the original monthly progress reports and IEP’s to Early Intervention.

5. Students who are completing clinical assignments at off-campus sites will need to follow the documentation guidelines established by that particular site.

**Videotaping/Audio-taping Policy**

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

**Procedure:**

1. All patients are required to sign the *General Consent for Videotaping, Audio-taping and Observations Form* (see appendix) prior to receiving services in Misericordia University’s Speech-Language and Hearing Center. Patient’s who choose to waive this form will be assured that their sessions will not be taped and or viewed by students for teaching purposes.

2. Students must verify that all patients have signed the appropriate consent form prior to video and/or audio-taping any clinical sessions.

3. If a consent form is not present in a patient’s clinical chart it is the student’s responsibility to have the patient complete this form prior to audio and/or videotaping a session. Without consent a patient cannot be taped.

4. Should a family decline videotaping, it is the student’s responsibility to notify the clinical supervisor of this request.

5. Prior to taping or observing a clinical session, students must also verbally inform patients of their plans to do so.
**Photocopy Policy**

**Purpose:**

To outline the procedure for making photocopies within the SLP department.

**Procedure:**

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

**Cell Phone Policy**

To provide quality services to our clients and to be courteous to other students, the use of personal cell phones is prohibited in the Speech-Language and Hearing Clinic during hours of operation. Students are not permitted to use personal phones in the treatment rooms or when walking within the clinic. Students are permitted to use cell phones in the student work room; however, personal calls in the student area should be kept to a minimum so as not to distract other students who are trying to complete their paperwork. Students assigned to a fieldwork site must be courteous and limit their use of personal cell phones during scheduled working hours. Cell phones should only be used in emergency situations. At no time should a student take a personal call while working with a client or when engaged in work related activities. Failure to follow these guidelines will result in disciplinary action.

**Client/Patient/Student Safety Policy**

**Purpose:**

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

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

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

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

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

Weather Emergencies Policy

Purpose:
To outline the procedure to follow in the event of inclement weather on a clinical day.

Procedure:

1. In the event that the clinical education center (to which a student is assigned) or the University, declares a weather emergency, the student will NOT be required to attend and will NOT be required to make up any time lost.

2. In the event of poor weather conditions (in which a weather emergency has NOT been declared by either the Clinical Education Center or University), the student will be responsible for determining their ability to attend clinical duty. If the student deems it impossible to get to the clinic site, they must contact the clinical supervisor via the telephone and cancel any clients they were scheduled to see that day.

3. In the event of a delay in the start of classes, the student will report to the Speech-Language Clinic at the hour of the commencement of classes. If classes are then cancelled after the delay announcement, and the student is already on the way to or at the clinic, it is the student’s choice to either complete the day or return home. It is still the student’s responsibility to cancel any clients they were scheduled to see that day.

4. Compressed Schedule: In the event that Misericordia University calls a compressed schedule, clinic will begin at 10 AM. Clients scheduled before 10 AM must be cancelled by the student.

5. Delay or Cancellation of classes by University Administration: Announcements regarding delay of cancellation of classes will be made on radio and television stations. The Misericordia University “Cold Line” telephone number, which is updated in accordance with announcements by local radio and television stations, is as follows: 674-6311
Clinical Materials Checkout Policy

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

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

**Standard Precautions***

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

B. **Gloves**
Wear gloves (clean, non-sterile gloves are adequate) when touching blood, body fluids, secretions, excretions, and contaminated items. Put on clean gloves just before touching mucous membranes and non-intact skin. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another patient, and wash hands immediately to avoid transfer of microorganisms to other patients or environments.
C. Patient-Care Equipment
Handle used patient-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments. Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately. Ensure that items are discarded properly. All toys and therapy materials that have been contaminated with bodily fluids must be disinfected using Madacide FD Germicidal Spray or Citrace Germicide Spray immediately following the client’s session. The standard procedure for cleaning toys and equipment is as follows:

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

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

E. Occupational Health and Blood borne Pathogens
Mouthpieces, resuscitation bags, or other ventilation devices can be used as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is enhanced.

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

Electronic Equipment Checkout Policy

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

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

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

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

**Cardio Pulmonary Resuscitation (CPR) Certification Policy**

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

1. All students must obtain CPR certification prior to entering the clinical setting and maintain certification throughout their clinical experience while a student at Misericordia University.
2. Students will first obtain CPR certification (good for two years) in the fall semester of their sophomore year and then again in the fall semester of their senior (first year of graduate school).
3. Through a partnership with TransMed Ambulance Services’ Technical Training Institute, students will become certified in CPR through the American Safety and Health Institute (ASHI).
4. Students will need to register for HP999 in the fall semester of their sophomore and senior (first year of graduate school) years.
5. Two weeks prior to scheduled class students will receive an email from emstinepa@gmail.com with instructions on how to access the online portion of the program. Students must watch the classroom portion online, complete the online test and print their certification of completion. Students will then bring that certification to their designated class time and test their skills in front of the paramedics. Once all of the classes are completed the paramedics will print the CPR cards and deliver them to the Health & Wellness Center where students can come pick them up during our regularly scheduled hours.
6. The cost for certification is the sole responsibility of the student.
Students who wish to obtain certification on their own can go to a Red Cross facility of their choice or they can contact the TransMed Ambulance Services’ Technical Training Institute themselves via email emstinepa@gmail.com or by going directly to the website at www.emstraining.us. Students who choose to receive certification on their own are responsible for making sure that the course they take is a Health Care Provider CPR Course (one-two person, Infant-child-adult, Heimlich and AED) and is good for two years. Should a student receive certification that is only good for one year, they will need to be recertified the following year or they will not meet the clinical clearance requirements to participate in clinic or fieldwork.
Immunization Policy:

Purpose:

To outline the procedure for obtaining the essential immunizations necessary to participate in Misericordia University’s in-house clinic, off campus clinics, and fieldwork placements.

Procedure:

1. Prior to the onset of any clinical assignment, all students must undergo a physical examination by their family physician and have their family physician complete the Misericordia University Clearance form. These clearances are required as per our contractual agreements with clinical sites.

2. On the required form, all students must provide proof of the following immunizations:
   - Rubella Titer
   - 2 STEP TUBERCULIN SKIN TEST: **2-STEP PPD TEST VIA MANTOUX (fully documented) Chest x-ray report (only if PPD via MANTOUX is positive) Chest x-ray is necessary every three years following initial x-ray unless required by an off campus site
   - Tetanus Toxoid Booster within 10 years
   - MMR2 Vaccine or Titer
   - Poliomyelitis
   - Hepatitis B (must have two in series) or required waiver
   - Varicella Vaccine or Titer
   - Any other site specific requirements (ex: flu vaccine, etc…)

3. A student who chooses not to have any or all of the required immunizations will not be able to meet the standards to complete the speech-language pathology program at Misericordia University and therefore will not be able to successfully meet the clinical requirements set forth by our accrediting body, the American Speech-Language and Hearing Association (ASHA).
MISERICORDIA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SPEECH-LANGUAGE PATHOLOGY
INITIAL HEALTH CLEARANCE

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

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

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

Speech-Language Pathology Initial Health Clearance

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

STUDENT

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

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

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

STUDENT SIGNATURE ______________________________
Date ______________________
**STUDENTS ARE RESPONSIBLE FOR ATTACHING A PHOTOCOPY OF THEIR HEALTH INSURANCE CARD.**

Section I. TO BE COMPLETED BY THE STUDENT:

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

Social Security # ___________________________ Date of Birth __/__/____

_________________________________________ (____) ______________________ 
Home Address Phone Number

_________________________________________ (____) ______________________ 
School Address Phone Number

_________________________________________ (____) ______________________ 
Person to be notified in case of an emergency Phone Number
SECTION II. TO BE COMPLETED BY THE HEALTH CARE PROVIDER:
(physician, nurse practitioner, or physician’s assistant)

Height______inches    Weight_______pounds    Blood Pressure_____/______

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

List any prescribed medications currently being taken________________________
______________________________________________________________________________

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

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<td>b. Test site (i.e. right forearms, left forearm)</td>
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<td>c. Facility test provided (i.e. physician office, hospital)</td>
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If TB test positive, chest x-ray report must be attached.

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

2. Rubella Titer Level must be drawn regardless of MMR immunization. Results of a previous titer will be accepted.

3. Has this individual ever had chicken pox/shingles? Yes____Date______No____
   If no, Date of **Varicella** Vaccine _______ or Tither____________
**Immunization:**

<table>
<thead>
<tr>
<th>Required</th>
<th>Completed (yes or no)</th>
<th>Date of Most Recent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus Toxoid Booster within 10 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poliomyelitis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>a. education</th>
<th>yes_____</th>
<th>no_____</th>
<th>documentation_____</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. date of injections (photocopy required)</td>
<td>1________</td>
<td>2________</td>
<td>3________</td>
</tr>
</tbody>
</table>
SECTION III: ESSENTIAL FUNCTIONS OF SPEECH-LANGUAGE PATHOLOGY
TO BE COMPLETED BY THE HEALTH CARE PROVIDER

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

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

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

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

Cleared without accommodations       Yes_________ No_________
Cleared with accommodations          Yes_________ No_________

Please specify accommodations below:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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

Health Care Provider Name:_________________________________________________
Address:________________________________________________________________
Phone #: (____) ___________________ Fax #: (____) ________________________
Signature________________________________                     Date:____________________
TO BE COMPLETED BY THE STUDENT

STATEMENT OF RESPONSIBILITY

By signing this statement, I agree to the following:

1. that the information presented within this document is correct to the best of my knowledge.

2. if my health status should change, I understand that it is my responsibility to the Clinical Coordinator.

Student’s Signature_________________________________________________________

Date__________________________________________

MEDICAL RECORDS RELEASE FORM

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

Student’s Signature_________________________________________________________

Date__________________________________________

Clinical Clearance Release

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

Student’s Signature_________________________________________________________

Date__________________________________________

Revised 7/7/2014
Follow Up SLP Clearance

Speech-Language Pathology

Student Name ____________________________

MISERICORDIA UNIVERSITY
DIVISION OF HEALTH SCIENCES
SPEECH-LANGUAGE PATHOLOGY DEPARTMENT
FOLLOW-UP HEALTH CLEARANCE

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

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

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

Speech-Language Pathology Follow-up Health Clearance

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

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

2. **SECTION II.**
   ▶ a. Allergies or medications currently taken
   ▶ b. Tuberculin skin test: PPD via Mantoux (fully documented)
   ▶ c. Chest x-ray report (only if PPD via Mantoux is positive)

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

Student Name______________________________

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

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

Section I. TO BE COMPLETED BY THE STUDENT:

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

Social Security #_________________________________________ Date of Birth___/___/___

______________________________________________________(_____)_________________
Home Address Phone Number

______________________________________________________(_____)_________________
School Address Phone Number

______________________________________________________(_____)_________________
Person to be notified in case of an emergency Phone Number
Follow Up SLP Clearance

Speech-Language Pathology

Student Name____________________________

Section II

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

Height_______inches  Weight_______pounds  Blood Pressure_____/_____

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

List any prescribed medications currently being taken_________________________________

__________________________________________________________

REQUIRED TESTING:

1. Tuberculin (TB) Skin Test: PPD via Mantoux technique
   a. Date TB test administered: ________________________________
   b. TB test site (i.e. right forearm, left forearm)________________
   c. Facility TB test provided (i.e. physician office, hospital):_________
   d. Date TB test read:_________ By whom? (i.e. nurse, physician)_________
   e. Tuberculin Skin Test Results:
      Negative_______ mm induration _________ Date: __________
      Positive_______ mm induration _________ Date: __________
   f. If TB test positive, chest x-ray report must be attached.

2. Has this individual ever had chicken pox/shingles?  Yes_____Date_____  No____

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

__________________________________________________________________
Speech-Language Pathology

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

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

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

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

Is the individual capable of executing the Essential Functions of Speech-Language Pathology listed above?
Cleared without accommodations Yes__________ No__________
Cleared with accommodations Yes__________ No__________
Please specify accommodations below:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

Health Care Provider Name:_____________________________________________________

Address: ____________________________________________________________________

Phone #: (____) __________________ Fax #: (____) ____________________________

Signature:_________________________________________ Date:______________________
Follow Up SLP Clearance

Speech-Language Pathology

TO BE COMPLETED BY THE STUDENT

STATEMENT OF RESPONSIBILITY

By signing this statement, I agree to the following:

1. that the information presented within this document is correct to the best of my knowledge.

2. if my health status should change, I understand that it is my responsibility to the Clinical Coordinator.

Student’s Signature_________________________________________________________

Date_________________________

MEDICAL RECORDS RELEASE FORM

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

Student’s Signature_________________________________________________________

Date_________________________

CLINICAL CLEARANCE RELEASE

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

Student’s Signature_________________________________________________________

Date_________________________

Revised 7/7/2014
Student Clinician-Client/Caregiver Endowment Policy

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

1. Students who receive gifts, in any amount, must immediately make their clinical supervisor and the Clinical Director aware of the gift(s) received. The Clinical Director will decide if the gift is within reason and appropriate to accept.

2. Students may accept inexpensive, tangible gifts (up to $30.00) or monetary gifts (up to $30.00) from clients/patients and/or caregivers that are given as a token of appreciation for their clinical services in any on campus or off campus clinical/fieldwork placement. These inexpensive gifts may be kept by the recipient for personal use.

3. Tangible and monetary gifts in excess of $30.00 will need to be returned to the donor or, if the donor prefers, donate any amount over $30.00 to the Misericordia University Speech-Language and Hearing Center (the student will be allowed to keep a maximum $30.00 of the total donation). All tangible and monetary gifts donated to the Center will be used in the Center. If a tangible gift is not appropriate for use in the Center, the donor will be asked if he/she would like to donate the amount of the gift (minus $30.00) to the Center. All monetary gifts donated to the Center will be used to purchase materials/equipment for use in the Center.

4. It will be the responsibility of the gift recipient to ask the donor how he/she would like the gift to be used if the gift exceeds the allotted amount.

5. If the donor chooses to donate part of the gift to the Center, it will be the responsibility of the gift recipient to then notify the client, family member, and/or caregiver as to how the gift will be used in the Center.

6. For all gifts exceeding $30.00, the recipient of the gift, in conjunction with the Clinical Director, will be responsible for writing a note of thanks to the donor to show appreciation for the donation to the Center.
APPENDICIES
APPENDIX A

CODE OF ETHICS
Preamble

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

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

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

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

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

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

Principle of Ethics I

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

Rules of Ethics

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

G. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.

H. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.

I. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

J. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.

K. Individuals shall not provide clinical services solely by correspondence.

L. Individuals may practice by telecommunication (e.g., telehealth/telehealth), where not prohibited by law.

M. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.

N. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or the community or is otherwise required by law.

O. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.

P. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.

Q. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

R. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

Principle of Ethics II

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

A. [Deleted effective June 1, 2014] Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.

B. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.

C. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.

D. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.

E. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

Principle of Ethics

III

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

Rules of Ethics

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

B. Individuals shall not participate in professional activities that constitute a conflict of interest.

C. Individuals shall refer those served professionally solely on the basis of the interest of those being served and not on any personal interest, financial or otherwise.

D. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.

E. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.

F. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.

G. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

Principle of Ethics IV

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

A. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

B. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.

C. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.

D. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.

E. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

F. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.

G. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.

H. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.

I. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

J. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.

K. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.

L. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

M. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.

N. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.
APPENDIX B

CODE OF PROFESSIONAL PRACTICE AND CONDUCT FOR EDUCATORS
CHAPTER 235. CODE OF PROFESSIONAL PRACTICE AND CONDUCT FOR EDUCATORS

Sec.

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

Authority

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

Source

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


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

§ 235.2. Introduction

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

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

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

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

§ 235.4. Practices.

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

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

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

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

(3) Professional educators shall maintain high levels of competence throughout their careers.
(4) Professional educators shall exhibit consistent and equitable treatment of students, fellow educators and parents. They shall respect the civil rights of all and not discriminate on the basis of race, national or ethnic origin, culture, religion, sex or sexual orientation, marital status, age, political beliefs, socioeconomic status, disabling condition or vocational interest. This list of bases or discrimination is not all-inclusive.

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

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

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

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

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

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

§ 235.5. Conduct.

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

§ 235.6. Legal obligations.

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

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

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

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

**Cross References**

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

§ 235.7. Certification.

The professional educator may not:

(1) Accept employment, when not properly certificated, in a position for which certification is required.

(2) Assist entry into or continuance in the education profession of an unqualified person.

(3) Employ, or recommend for employment, a person who is not certificated appropriately for the position.

**Cross References**

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

§ 235.8. Civil rights.

The professional educator may not:

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

(2) Interfere with a student’s or colleague’s exercise of political and civil rights and responsibilities.

**Cross References**

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

§ 235.9. Improper personal or financial gain.

The professional educator may not:

(1) Accept gratuities, gifts or favors that might impair or appear to impair professional judgment.

(2) Exploit a professional relationship for personal gain or advantage.
Cross References

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

§ 235.10. Relationships with students.

The professional educator may not:

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

Cross References

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

§ 235.11. Professional relationships.

The professional educator may not:

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

Cross References

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

SCOPE OF PRACTICE IN SPEECH-LANGUAGE PATHOLOGY
Scope of Practice in Speech-Language Pathology

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


Index terms: scope of practice

DOI: 10.1044/policy.SP2007-00283

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About This Document

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

Introduction

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

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

Statement of Purpose

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

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

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

Speech-language pathology is a dynamic and continuously developing profession. As such, listing specific areas within this Scope of Practice does not exclude emerging areas of practice. Further, speech-language pathologists may provide additional professional services (e.g., interdisciplinary work in a health care setting, collaborative service delivery in schools, transdisciplinary practice in early intervention settings) that are necessary for the well-being of the individual(s) they
are serving but are not addressed in this Scope of Practice. In such instances, it is both ethically and legally incumbent upon professionals to determine whether they have the knowledge and skills necessary to perform such services.

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

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

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

The World Health Organization (WHO) has developed a multipurpose health classification system known as the International Classification of Functioning, Disability and Health (ICF; WHO, 2001). The purpose of this classification system is to provide a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the breadth of the role of
the speech-language pathologist in the prevention, assessment, and habilitation/ rehabilitation, enhancement, and scientific investigation of communication and swallowing. It consists of two components:

- **Health Conditions**
  - Body Functions and Structures: These involve the anatomy and physiology of the human body. Relevant examples in speech-language pathology include craniofacial anomaly, vocal fold paralysis, cerebral palsy, stuttering, and language impairment.
  - Activity and Participation: Activity refers to the execution of a task or action. Participation is the involvement in a life situation. Relevant examples in speech-language pathology include difficulties with swallowing safely for independent feeding, participating actively in class, understanding a medical prescription, and accessing the general education curriculum.

- **Contextual Factors**
  - Environmental Factors: These make up the physical, social, and attitudinal environments in which people live and conduct their lives. Relevant examples in speech-language pathology include the role of the communication partner in augmentative and alternative communication, the influence of classroom acoustics on communication, and the impact of institutional dining environments on individuals' ability to safely maintain nutrition and hydration.
  - Personal Factors: These are the internal influences on an individual's functioning and disability and are not part of the health condition. These factors may include, but are not limited to, age, gender, ethnicity, educational level, social background, and profession. Relevant examples in speech-language pathology might include a person's background or culture that influences his or her reaction to a communication or swallowing disorder.

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

**Qualifications**

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

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

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

Professional Roles and Activities

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

- speech sound production
  - articulation
  - apraxia of speech
  - dysarthria
  - stutter
  - dyskinesia
- resonance
  - hypernasality
  - hyponasality
  - cul-de-sac resonance
  - mixed resonance
- voice
  - phonation quality
  - pitch
  - loudness
  - respiration
- fluency
  - stuttering
  - cluttering
- language (comprehension and expression)
  - phonology
  - morphology
  - syntax
  - semantics
  - pragmatics (language use, social aspects of communication)
  - literacy (reading, writing, spelling)
  - prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)
  - paralinguistic communication
• cognition
  • attention
  • memory
  • sequencing
  • problem solving
  • executive functioning
• feeding and swallowing
  • oral, pharyngeal, laryngeal, esophageal
  • orofacial myology (including tongue thrust)
  • oral-motor functions

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

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

Clinical Services

Speech-language pathologists provide clinical services that include the following:
• prevention and pre-referral
• screening
• assessment/evaluation
• consultation
• diagnosis
• treatment, intervention, management
• counseling
• collaboration
• documentation
• referral

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

Prevention and
Advocacy

Speech-language pathologists engage in prevention and advocacy activities related
to human communication and swallowing. Example activities include
1. improving communication wellness by promoting healthy lifestyle practices
   that can help prevent communication and swallowing disorders (e.g., cessation
   of smoking, wearing helmets when bike riding);
2. presenting primary prevention information to individuals and groups known
to be at risk for communication disorders and other appropriate groups;
3. providing early identification and early intervention services for
   communication disorders;
4. advocating for individuals and families through community awareness, health
   literacy, education, and training programs to promote and facilitate access to
   full participation in communication, including the elimination of societal,
   cultural, and linguistic barriers;
5. advising regulatory and legislative agencies on emergency responsiveness to
   individuals who have communication and swallowing disorders or difficulties;
6. promoting and marketing professional services;
7. advocating at the local, state, and national levels for improved administrative
   and governmental policies affecting access to services for communication and
   swallowing;
8. advocating at the local, state, and national levels for funding for research;
9. recruiting potential speech-language pathologists into the profession;
10. participating actively in professional organizations to contribute to best
    practices in the profession.

Education,
Administration, and
Research

Speech-language pathologists also serve as educators, administrators, and
researchers. Example activities for these roles include
1. educating the public regarding communication and swallowing;
2. educating and providing in-service training to families, caregivers, and other
   professionals;
3. educating, supervising, and mentoring current and future speech-language
   pathologists;
4. educating, supervising, and managing speech-language pathology assistants
   and other support personnel;
5. fostering public awareness of communication and swallowing disorders and
   their treatment;
6. serving as expert witnesses;
7. administering and managing clinical and academic programs;
8. developing policies, operational procedures, and professional standards;
9. conducting basic and applied/translational research related to communication
   sciences and disorders, and swallowing.

Practice Settings

Speech-language pathologists provide services in a wide variety of settings, which
may include but are not exclusive to
1. public and private schools;
2. early intervention settings, preschools, and day care centers;
3. health care settings (e.g., hospitals, medical rehabilitation facilities, long-term care facilities, home health agencies, clinics, neonatal intensive care units, behavioral/mental health facilities);
4. private practice settings;
5. universities and university clinics;
6. individuals’ homes and community residences;
7. supported and competitive employment settings;
8. community, state, and federal agencies and institutions;
9. correctional institutions;
10. research facilities;
11. corporate and industrial settings.

References

Resources
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General Service Delivery Issues
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Cognitive Aspects of Communication


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APPENDIX D

PREFERRED PRACTICE PATTERNS FOR SPEECH-LANGUAGE PATHOLOGY
Preferred Practice Patterns for the Profession of Speech-Language Pathology

Approved by the ASHA Legislative Council, November 2004

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

Document type: Preferred Practice Patterns

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The 2004 edition of the Preferred Practice Patterns is different from the 1997 edition (i.e., some procedures have been added, others have been deleted.)
15. Speech Sound Assessment
16. Speech Sound Intervention
17. Spoken and Written Language Assessment—School-Age Children and Adolescents
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Preamble to the Preferred Practice Patterns for the Profession of Speech-Language Pathology

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

Preamble

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

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

These generic and universally applicable practice patterns were developed to be consistent with the World Health Organization’s International Classification of Functioning, Disability and Health (WHO, 2001) as well as the framework of the Scope of Practice for Speech-Language Pathology (ASHA, 2001). For each procedure, the Preferred Practice Patterns for the Profession of Speech-Language Pathology specify the professionals who perform the procedure, expected outcome(s), clinical indications for the procedure, clinical processes, setting and equipment specifications, safety and health precautions, and documentation. Adherence, however, to the Preferred Practice Patterns for the Profession of Speech-Language Pathology does not guarantee a desired outcome.
It is useful to regard these practice patterns within a conceptual framework of ASHA policy statements that range in scope and specificity. Figure 1 illustrates these categories of policy statements for professional practice from broad to narrow in scope, and general to detailed in content, within the context of the ASHA Code of Ethics (2003). These categories are defined as follows:

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

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

The original Preferred Practice Patterns (approved by the ASHA Legislative Council in 1992) addressed the professions of speech-language pathology and audiology and were the product of extensive peer review by all segments of the professions of speech-language pathology and audiology. In clinical areas of controversy, working groups were formed to reach consensus...
on accepted practice patterns. The 1997 version and the current version of the *Preferred Practice Patterns for the Profession of Speech-Language Pathology* address only the profession of speech-language pathology and were revised by an ad hoc committee of ASHA members in collaboration with expert members as individuals or groups. Each version was circulated for select and widespread peer review by speech-language pathologists and audiologists. As a result, the practice patterns represent the consensus of the members of the professions after they considered available scientific evidence, existing ASHA and related policies, current practice patterns, expert opinions, and the collective judgment and experience of practitioners in the field. Requirements of federal and state governments and accrediting and regulatory agencies also have been considered.

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

**ASHA Policy Documents and Selected References**


Fundamental Components and Guiding Principles

Individuals Who Provide the Service(s)

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

Expected Outcome(s)

- Comprehensive assessment, intervention, and support address the following components within the World Health Organization’s International Classification of Functioning, Disability, and Health (2001) framework.
  - Body structures and functions:
    - Identify and optimize underlying anatomic and physiologic strengths and weaknesses related to communication and swallowing effectiveness. This includes mental functions such as attention as well as components of communication such as articulatory proficiency, fluency, and syntax.
  - Activities and participation, including capacity (under ideal circumstances) and performance (in everyday environments):
    - Assess the communication and swallowing-related demands of activities in the individual’s life (contextually based assessment);
    - Identify and optimize the individual’s ability to perform relevant/desired social, academic, and vocational activities despite possible ongoing communication and related impairments;
    - Identify and optimize ways to facilitate social, academic, and vocational participation associated with the impairment.
  - Contextual factors, including personal factors (e.g., age, race, gender, education, lifestyle, and coping skills) and environmental factors (e.g., physical, technological, social, and attitudinal):
    - Identify and optimize personal and environmental factors that are barriers to or facilitators of successful communication (including the communication competencies and support behaviors of everyday people in the environment).
    - Services may result in a diagnosis of a communication disorder, identification of a communication difference, prognosis for change (in the individual or relevant contexts), intervention and support, evaluation of their effectiveness, and referral for other assessments or services as needed.
• Although the outcomes of speech, language, or hearing services may not be
guaranteed, a reasonable statement of prognosis is made to referral sources,
clients/patients, and families/caregivers.

• Outcomes of services are monitored and measured in order to ensure the
quality of services provided and to improve the quality of those services.

• Appropriate follow-up services are provided to determine functional
outcomes and the need for further services after discharge.

Clinical Indications

• Screening services are used to identify individuals with potential communication or
swallowing disorders.

• Assessment services are provided as needed, requested, or mandated or to rule in or
out a specific disabling condition.

• Intervention and consultation services are provided when there is a reasonable
expectation of benefit to the patient/client in body structure/function and/or activity/
participation.

Clinical Process

• Comprehensive assessment, intervention, and support address the components within
the World Health Organization’s International Classification of Functioning,
Disability and Health (2001) framework, as described previously.

• Services are consistent with the best available scientific and clinical evidence in
conjunction with individual considerations.

• Assessment may be static (i.e., using procedures designed to describe structures,
functions, and environmental demands and supports in relevant domains at a given
point in time) or dynamic (i.e., using hypothesis testing procedures to identify
potential for change and elements of successful interventions and supports).

• Services address patient/client and family preferences, goals, and special needs to
enhance participation and improve functioning in life activities that the patient/client,
family, and others deem important. Materials and approaches have ecological validity
in that they are appropriate to the patient/client’s chronological and developmental
ages; medical status; physical and sensory abilities; education; vocation; cognitive
status; and cultural, socioeconomic, and linguistic backgrounds.

• Counseling and consultation are essential components that address the nature and
impact of the disorder or difference and engage the patient/client, family/caregiver,
and others (e.g., teachers, employers, peers) in the clinical process, as appropriate.

• Services may include instruction of communication partners (e.g., family/caregivers,
peers, educators) in how to facilitate functioning, remove communication barriers,
and enhance participation.

• A variety of service delivery models and supports may be utilized, including direct
service (e.g., pullout, individual, small group, classroom, community settings); indirect
service through consultation and collaboration; service by support personnel
with appropriate supervision; service by transdisciplinary or interdisciplinary teams;
and service mediated by technology (e.g., telepractice).
Setting, Equipment Specifications, Safety and Health Precautions

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

Documentation

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

ASHA Policy Documents and Selected References


To review the entire Preferred Practice Pattern document for Speech-Language Pathology, please see:
http://www.asha.org/NR/rdonlyres/C589BA8F-5931-48AA-8E02-59CF989DC01F/0/v1PPSLP.pdf
APPENDIX E

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)
Family Educational Rights and Privacy Act (FERPA)

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

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

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

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

For additional information or technical assistance, you may call (202) 660-2807 (voice). Individuals who use TDD may call the Federal Information Relay Service at 1-800-877-8339.

Or you may contact us at the following address:

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

STANDARDS OF CERTIFICATE OF CLINICAL COMPETENCE
Standard I: Degree

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

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

Standard II: Education Program

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

Implementation: If the program of graduate study is initiated and completed in a CAA-accredited program and if the program director or official designee verifies that all knowledge and skills required at that time for application have been met, approval of the application is automatic. Individuals educated outside the United States or its territories must submit documentation that course work was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants outside the United States or its territories must meet each of the standards that follow.

Standard III: Program of Study

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

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

Standard IV-A

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

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

Standard IV-B

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

Standard IV-C

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

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

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

Standard IV-D

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

Standard IV-E

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

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

Standard IV-F

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

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

The applicant must have demonstrated knowledge of contemporary professional issues.

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

Standard IV-H

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

Standard V: Skills Outcomes

Standard V-A

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

Implementation: The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.

Standard V-B

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

1. **Evaluation**
   a. Conduct screening and prevention procedures (including prevention activities).
   b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
   c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
   d. Adapt evaluation procedures to meet client/patient needs.
   e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
   f. Complete administrative and reporting functions necessary to support evaluation.
   g. Refer clients/patients for appropriate services.
2. **Intervention**
   a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
   b. Implement intervention plans (involve clients/patients and relevant others in the intervention process).
   c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
   d. Measure and evaluate clients'/patients' performance and progress.
   e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
   f. Complete administrative and reporting functions necessary to support intervention.
   g. Identify and refer clients/patients for services as appropriate.

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

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

The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that he or she can demonstrate skills across the ASHA Scope of Practice in Speech-Language Pathology. Supervised clinical experience is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech-Language Pathology.
Supervisors of clinical experiences must hold a current ASHA Certificate of Clinical Competence in the appropriate area of practice during the time of supervision. The supervised activities must be within the ASHA Scope of Practice in Speech-Language Pathology to count toward certification.

**Standard V-C**

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

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

Applicants should be assigned practicum only after they have acquired sufficient knowledge bases to qualify for such experience. Only direct contact with the client or the client's family in assessment, intervention, and/or counseling can be counted toward practicum. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client at a time in order to count the practicum hours. In rare circumstances, it is possible for several students working as a team to receive credit for the same session, depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another interviews the parents, both students may receive credit for the time each spent in providing the service. However, if student A works with the client for 30 minutes and student B works with the client for the next 45 minutes, each student receives credit for only the time he/she actually provided services—that is, 30 minutes for student A and 45 minutes for student B. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.
Standard V-D

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

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

Standard V-E

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

Implementation: Direct supervision must be in real time. A supervisor must be available to consult with a student providing clinical services to the supervisor's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills. The 25% supervision standard is a minimum requirement and should be adjusted upward whenever the student's level of knowledge, skills, and experience warrants.

Standard V-F

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

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

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

Standard VII: Speech-Language Pathology Clinical Fellowship

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

Implementation: The Clinical Fellowship may be initiated only after completion of all academic course work and clinical experiences required to meet the knowledge and skills delineated in Standards IV and V. The CF must have been completed under the mentorship of an individual who held the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) throughout the duration of the fellowship.

Standard VII-A: Clinical Fellowship Experience

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

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

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

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

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

Standard VII-C: Clinical Fellowship Outcomes

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

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

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

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

Standard VIII: Maintenance of Certification

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

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

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

CLINICAL CERTIFICATION BOARD INTERPRETATIONS OF CLINICAL PRACTICUM
CLINICAL CERTIFICATION BOARD INTERPRETATIONS OF CLINICAL PRACTICUM

A. Interpretations

1. Individuals holding CCC in Speech-Language Pathology may supervise: • All speech-language pathology evaluation and treatment services • Non-diagnostic audiologic screenings for the purpose of performing a speech and/or language evaluation or for the purpose of initial identification of individuals with other communicative disorders • Aural habilitative and rehabilitative services

2. Individuals holding CCC in Audiology may supervise:
   • Audiologic evaluation
   • Amplification (hearing aid selection and management)
   • Speech and/or language screening for the purpose of initial identification of individuals with other communicative disorders
   • Aural habilitative and rehabilitative services

3. Only direct client contact time may be counted as clinical practicum hours. Time spent in writing lesson plans, scoring tests, transcribing language samples, preparing activities, receiving in-service training, writing reports and travel time between clients may not be counted.

4. Evaluation refers to those hours in screening, assessment, and diagnosis that are accomplished prior to the initiation of a treatment program. Hours to be counted in the evaluation category may also include reevaluation (another informal assessment). Periodic assessments during treatment are to be considered treatment.

5. Time spent with either the client of a family member engaging in information seeking, information giving, counseling, or training for a home program may be counted as clinical clock hours (provided the activity is directly related to evaluation or treatment).

6. Time spent in multidisciplinary staffing, educational appraisal and review or in meetings with professionals regarding diagnosis and treatment of a given client may not be counted. Conference time with clinical supervisors may not be counted.

7. If a client presents communication disorders in two or more of the disorder categories, accumulated clock hours should be distributed among these categories according to the amount of treatment time spent on each. For example, if a client with both language and articulation problems received 20 hours of treatment and approximately three quarters of each treatment session were spent on language and one quarter was spent on articulation, the clinician should record the credit for 15 hours of language treatment and five hours of articulation treatment.
APPENDIX H

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

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

A. Professionalism – Demonstrates A Professional Attitude And Work Ethic By:

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

B. Daily Planning Procedures:

1. Write lesson plans in advance
2. Read and interpret patient’s medical chart/records
3. Write progress notes
4. Plan therapy that addresses multiple goals in a session
5. Collaborate effectively with other rehabilitation personnel
6. Use information and evaluations from previous therapy sessions
7. Utilize a variety of materials appropriate to patient’s interests, abilities, and age level
8. Manipulate equipment and materials before therapy sessions
9. Keep daily billing and client care logs
10. Keep weekly clinical hours
C. Diagnosis:

1. Informally assess the need for further testing
2. Select appropriate diagnostic instruments and procedures
3. Effectively complete:
   a. An oral – facial examination
   b. Diagnostic tests for Aphasia
   c. Diagnostic tests for Motorspeech
   d. Diagnostic tests for cognitive impairment
   e. Diagnostic tests for articulation / phonology
   f. Diagnostic tests for language
   g. Spontaneous language sample analysis
   h. A diagnostic assessment for voice
   i. A diagnostic assessment for fluency
   j. Hearing screening / thresholds
4. Interpret and communicate diagnostic results:
   • Verbal
   • Written

D. Therapy:

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

E. Aphasia Therapy:

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

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

G. Cognitive Therapy:

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

H. Fluency Therapy:

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

I. Voice Therapy:

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

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

K. Language Therapy:

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

L. Augmentative/Alternative Communication Systems:

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

M. Feeding /Oral Motor Therapy:

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

N. Self-Evaluation:

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

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

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

A. Professionalism – Demonstrates A Professional Attitude And Work Ethic By:

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

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

C. Daily Planning Procedures:

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

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

E. Scheduling:

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

F. Therapy:

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

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

H. Language Therapy:

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

I. Fluency Therapy:

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

J. Voice Therapy:

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

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

L. Augmentative/Alternative Communication Systems:

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

M. Feeding/Oral Motor Therapy:

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

N. Observation:

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

EDUCATION/MEDICAL SETTINGS
A list of current educational and medical fieldwork sites can be found at https://slpsharepoint.misericordia.edu. This site is accessible via secure password to all Misericordia University Speech-Language Pathology students in the spring semester of their junior year. Students who wish to view current sites prior to their junior year can refer to the clinical site charts located outside the Clinical Assistant’s office or in the Clinical Site Binder located in the Student Room. This list is continuously updated with new sites.
STATEMENTS OF UNDERSTANDING
I understand that I need to maintain a cumulative GPA of 3.3 or above to remain in the major; however, I need to maintain a cumulative GPA of 3.5 or above by the end of the spring semester of the sophomore year to remain in the major. I must maintain this 3.5 or above cumulative GPA until the completion of the master’s program. If my cumulative GPA is not 3.5 or above at the end of the spring semester of the sophomore year, I will not be allowed to take any SLP courses and will be dismissed from the major. I agree and understand that if I complete the plan of study according to the semester schedule, I will graduate at the determined time. I have also read the SLP Student Handbook and the College of Health Sciences Clinical Policies on the Misericordia SLP website and thoroughly understand and agree to abide by all the academic and clinical policies outlined in these two documents and the SLP Student Handbook.

Student Signature and Date

If my cumulative GPA (from the freshmen year to the end of the spring semester of the sophomore year) falls below 3.3, I will be placed on probation for a semester. If my cumulative GPA (from the fall semester of the junior year to the end of the 5th year) falls below 3.5, I will be placed on probation for a semester.

Student Signature and Date

After the semester on probation, if my cumulative GPA (from freshmen year to the end of the spring semester of the sophomore year) is still below 3.3, I will be dismissed from the program and cannot take any more SLP classes. After the semester on probation, if my cumulative GPA (from the fall semester of the junior year to the end of the 5th year) is still below 3.5, I will be dismissed from the program and cannot take any more SLP classes. I can only be on probation once during my academic program.

Student Signature and Date

I agree that I must receive a grade of "B-" or better in all graduate level professional courses (500 and 600 level). If I receive a "C+" or lower in any graduate level course (excluding clinic) I have one opportunity to retake that course and receive a "B-" or better. Failure to achieve a grade of "B-" or better in that repeated course will result in my dismissal from the program. I understand that if I receive a C+ or lower in two or more 500 or 600 professional courses, I will be dismissed from the program. If I receive 2 C+ grades or lower in professional courses in one semester, I will be dismissed from the program and will not have the opportunity to retake those courses. If I receive a C+ grade or lower in a professional course and B- or lower in a 500 and/or 600 level graduate clinical course in the same semester, I will be dismissed from the program.

Student Signature and Date

I agree that if I receive a grade B- or lower in any 500 and/or 600 level graduate clinical course I will be placed on clinical probation for 1 year. I will have one opportunity to retake the failed clinic or fieldwork and receive a "B" or better. If I achieve a B or better in the repeated clinic or fieldwork I will be removed from clinical probation; however, the previous failing grade (B- or lower) will remain on my transcript (a grade replacement will not be allowed). If I pass the previously failed clinic and my GPA falls below 3.5 because of the failed clinic, I will be placed on academic probation for 1 year. At the end of the year, if my GPA is not over 3.5, I will be dismissed from the program. I can only remain on probation once during the entire academic and clinical program. If I fail to achieve a grade of "B" or better in a repeated 500 and/or 600 level graduate clinical course or if I fail a subsequent clinic I will be dismissed from the program. I understand that if I fail any two clinical courses I will be dismissed from the program.

Student Signature and Date
I agree that I must complete all 600 graduate level professional courses with the exception of SLP 660 Comprehensive Seminar in Speech Language Pathology and SLP 650 Professional Issues prior to beginning my fieldwork.

Student Signature and Date

I agree that if I am dismissed by a Clinical Instructor or University Clinical Supervisor from any 500 and/or 600 graduate clinical course during a semester, I will be placed on clinical probation for 1 year and be given a failing clinical grade of B- or lower. I will not be reassigned to a clinic or placed at another site until the following semester. If I am dismissed from a school placement during the semester I will not be placed in another school setting until the following semester of that year. If I am dismissed from a school placement during the spring semester I will not be placed in another school setting until the fall semester of that year. If I fail to achieve a grade of “B” or better in the repeated 500 and/or 600 level graduate clinical course or if I fail a subsequent clinic I will be dismissed from the program. I understand that if I fail any two clinical courses I will be dismissed from the program.

Student Signature and Date

I agree that if I drop my enrollment in any 500 and/or 600 level graduate clinical course, I will be placed on clinical probation for 1 year and receive an IP grade. I will not be reassigned to a clinic or be placed at another site until the following semester. The IP grade will remain until I successfully complete the clinical course. If I fail to achieve a grade of "B" or better in the repeated 500 and/or 600 level graduate clinical course and if I fail a subsequent clinic I will be dismissed from the program. I understand that if I fail any two clinical courses I will be dismissed from the program. The same school policy as the above statement applies to this statement as well. *Reasons deemed excusable for choosing to leave any fieldwork placement are dependent upon the discretion of the Clinical Director.

Student Signature and Date

I agree that while I am a student in the Speech-Language Pathology program I will not work in the schools under emergency certification and/or will not provide speech therapy services until I receive my master’s degree from Misericordia University. Failure to comply with this requirement will result in immediate dismissal from the program.

Student Signature and Date

I understand that a positive Criminal Record Check, (Federal and/or State), positive Child Abuse History and/or a positive drug screening may result in any of the following: inability to find a clinical placement, delay in clinical placement, dismissal from a clinical placement, inability to obtain professional licensure, legal ramifications, inability to matriculate or continue in the speech-language pathology program, and/or inability to meet requirements for graduation from the program. As a result, I may not be able to complete the requirements of the SLP program, may not be eligible for federal or state credentialing/licensing required for practice, and may be dismissed from the program. I also understand and agree that if I do not complete and submit all my required clinical clearances by July 31st of each year from the summer before my sophomore year to the 5th year in the program, I will not be allowed to participate in SLP 305 Observation and Clinical Procedures I, SLP 415 Observation and Clinical Procedures II, and/or my clinical and/or fieldwork placement scheduled for the upcoming semester of that academic year. I have reviewed and understand the Immunization Policy in the handbook.

Student Signature and Date 

Advisor Signature and Date
I understand and agree that I am not allowed to contact an off-campus clinical site or supervisor to establish a fieldwork site or inquire about availability of a site without the permission of the Clinical Director. This policy applies to my family members or my representatives. Any attempt to contact a site will result in a reduction in my clinical grade and will jeopardize my placement in the facility. I understand that the Clinical Director will give me a list of established sites that I can choose from; however, it is up to the discretion of the Clinical Director to determine which sites are suitable for me based on my clinical and academic ability. I also understand that I could request a site that is not on the list of established sites; however, there is no guarantee that this site can be established and it may take longer for the Clinical Director to set up the site. If a site cannot be established within 2 months of the start date for my fieldwork (from the list of established sites or the sites that I provide), the Clinical Director will place me at an available site that may not be in a location of my choice. I understand, however, that the approved site of my choice may take longer to establish than the 2 month window of confirmation. I agree that if I choose to wait for the site of my choice I may not receive confirmation until a week prior to my start date.

Student Signature and Date
Advisor Signature and Date

This section is only for students pursuing Teacher Certification
I will complete TED 232 (Education Psychology) (3 credits) and TED 364 (Methods in Life Skills) (3 credits), SLP 300 (2 credits), SLP 260 (3 credits), SLP 230 (3 credits), PAPA & PRAXIS II tests (and/or SAT/ACT scores), a school fieldwork SLP 610 or SLP 620 (supervised by a SLP who has the CCC, school certification, and is licensed) with completed PDE 430 forms, and other PDE requirements (6 credits of Math; 6 credits of English - 3 American or British Literature and 3 English Composition; 3 credits of Lab science). I will need a C or better in all classes. Before I begin student teaching (Fieldwork), I will successfully complete the PAPA & PRAXIS II tests and all other tests and courses required by PDE. I understand that SLP department does not award Teacher Certification. It is awarded by the Special Education department on campus. I will obtain any waivers of course work from the Special Education Department. To obtain Teacher Certification, I must apply to the Special Education Department after completing the school fieldwork and an electronic portfolio.

Core Curriculum

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<tr>
<th>Area</th>
<th>Courses</th>
<th>Credit</th>
<th>Semester Scheduled</th>
<th>Student Initial</th>
<th>Advisor Initial</th>
<th>Semester Completed</th>
<th>Student Initial</th>
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<th>Grade</th>
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<td>English Lit * (PDE)</td>
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<td>Fine Arts *</td>
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<td>History/Political Science*</td>
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<td>Religious studies *</td>
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<td>Natural Science** (ASHA)</td>
<td>Core (Bio)</td>
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**Writing Intensive**
*In addition to English 151, all students are required to complete 2 courses that are listed as writing intensive. These courses may be in any discipline and are indicated with a “W” at the end of the course number in the listing of the master schedule.

**Note: Take Physical Science in the freshmen year**

### II. SLP Undergraduate Requirements

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<tr>
<th>Area</th>
<th>Courses</th>
<th>Credit</th>
<th>Semester Scheduled</th>
<th>Student Initial</th>
<th>Advisor Initial</th>
<th>Semester Completed</th>
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<td>SLP 210</td>
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<td>SLP 220</td>
<td>Anatomy and Physiology of Speech and Hearing Science</td>
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<td>SLP 230</td>
<td>Phonetics <em>(Prereqs SLP 210) (PDE)</em></td>
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<td>SLP 240</td>
<td>Normal Speech Language Development <em>(PDE)</em></td>
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<td>SLP 250</td>
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<td>SLP 260</td>
<td>Artic, Phonology, Lang Disorders <em>(Prereqs SLP 210) (PDE)</em></td>
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<td>SLP 300</td>
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<td>SLP 305</td>
<td>Observation &amp; Clinical Procedures I</td>
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<td>SLP 310/512*</td>
<td>Research Methods (SLP 310 is Writing Intensive)</td>
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<td>SLP 325</td>
<td>Stuttering, Voice, and Cleft Palate <em>(Prereqs SLP 210, 220)</em></td>
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<td>SLP 350</td>
<td>Adult Communication Disorders <em>(Prereqs SLP 210, 220)</em></td>
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<td>SLP 450</td>
<td>Optional Clinic <em>(Prereqs SLP 305, 415)</em></td>
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<td>PSY 275 (ASHA)</td>
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*Note: Transfer students with BS degrees should register for SLP 512
### III. PDE Requirement

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<thead>
<tr>
<th>Area</th>
<th>Courses</th>
<th>Credit</th>
<th>Semester Scheduled</th>
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<th>Semester Completed</th>
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<td>TED 232* Free Elective</td>
<td>Education Psychology (PDE)</td>
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* All transfer and nontraditional students must take these courses if they have not taken equivalent courses elsewhere.

### IV. SLP Graduate Requirements

<table>
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<th>Area</th>
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<td>Articulation &amp; Phonological Disorders</td>
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<td>SLP 515**</td>
<td>Hearing Seminar (students split)</td>
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<td>SLP 535</td>
<td>Communication Disorders in Autism</td>
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<td>SLP 610</td>
<td>Fieldwork I (PDE)</td>
<td>9</td>
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<td>SLP 620</td>
<td>Fieldwork II (PDE)</td>
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<tr>
<td>SLP 650</td>
<td>Professional Issues</td>
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<tr>
<td>SLP 660</td>
<td>Comprehensive Seminar in Communication Disorders</td>
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<tr>
<td>SLP 680</td>
<td>Thesis</td>
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** Students will be split between the two semesters of SLP 515 Hearing Seminar (Fall/Spring Graduate I – Senior Year)
V. Culminating Requirement
Students have the choice between doing a thesis or a comprehensive exam. Students who choose to do a thesis will register for SLP 680 Thesis Option 3 credits. Students who choose to do a comprehensive exam will register for SLP 660 Comprehensive Seminar in Communication Disorders and complete the comprehensive exams (see handbook for details of comprehensive exam policy).

VI. GPA/Credit Requirement

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<thead>
<tr>
<th>Interval</th>
<th>Overall GPA</th>
<th>Credits</th>
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<tbody>
<tr>
<td>End of Freshman Year</td>
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<td>End of Sophomore Year</td>
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<td>End of Junior Year</td>
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<td>End of Senior Year</td>
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<td>End of Fifth Year</td>
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</tbody>
</table>

VII. Assessments

<table>
<thead>
<tr>
<th>Assessment (Test Code #)</th>
<th>Scheduled For</th>
<th>Date Taken</th>
<th>Passing Score</th>
<th>Min. Score</th>
<th>Score</th>
<th>Advisor sign</th>
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<tbody>
<tr>
<td>SAT (Reading, Writing, Math)</td>
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<tr>
<td>ACT (English/ Writing)</td>
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<tr>
<td>PAPA: Reading (Composite) #8001</td>
<td>End of sophomore year</td>
<td>220</td>
<td>193</td>
<td></td>
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<tr>
<td>PAPA: Writing (Composite) #8002</td>
<td>End of sophomore year</td>
<td>220</td>
<td>192</td>
<td></td>
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<tr>
<td>PAPA: Math (Composite) #8003</td>
<td>End of sophomore year</td>
<td>220</td>
<td>197</td>
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<tr>
<td>Praxis II - Fundamental Subjects:</td>
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<tr>
<td>Content Knowledge #5511</td>
<td>End of junior Year</td>
<td>150</td>
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<tr>
<td>Praxis SLP Exam for CCC and License</td>
<td>End of fall semester of 5th</td>
<td></td>
<td>162</td>
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<tr>
<td>License #5331</td>
<td>year after comprehensive exams</td>
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</table>

COMPOSITE Score Option for PAPA: Initiated to enable a candidate who may excel in one area such as mathematics, but who is not strong in another PAPA area, to receive a passing score on the PAPA series. In order to qualify, a candidate must meet a minimum score in each test area (Mathematics, Reading, and Writing) and then exceed the passing score by an amount equal to the Standard Error Of Measurement in one or two of the other test areas. The candidate’s test scores are added together, and if the scores total 686, the candidate has passed the PAPA series. The Minimum scores required for the Composite Scoring Option are noted below.

MINIMUM COMPOSITE SCORE TOTAL FOR PAPA (686): Sum of the 3 PAPA tests must total or exceed 686. This total does not represent the sum of the 3 minimum scores. Candidates must achieve the PAPA Qualifying Score (220) in at least 1 (one) area and also reach the Minimum Composite Score Total.

COMPOSITE SCORE OPTION FOR THOSE WHO TOOK/REGISTERED FOR PPST (Praxis I) tests prior to 9/1/2012: Instructional I candidates may use the PPST composite score method to meet the requirements for certification if they took or registered for the PPST (Praxis I) tests prior to 9/1/12. The composite score method may assist a candidate who may excel in one area such as mathematics, but is not strong in another area. Two conditions must be met to use the composite score method: (1) the Minimum Composite Score on each Pre-Professional Skills Test (PPST) is achieved or surpassed; and (2) the sum of the three test scores must be at least 521 to qualify for PA Certification. If any test is below the minimum shown below, the composite score may not be used.
### Assessment (Test Code #) Written or Computerized Tests

<table>
<thead>
<tr>
<th>Assessment (Test Code #) Written or Computerized Tests</th>
<th>Scheduled For</th>
<th>Date Taken</th>
<th>Qualify Score</th>
<th>Min. Score</th>
<th>Score</th>
<th>Advisor sign</th>
</tr>
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<tbody>
<tr>
<td>PPST: Reading #0710 or #5710</td>
<td>End of sophomore year</td>
<td></td>
<td>172</td>
<td>169</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPST: Writing #0720 or #5720</td>
<td>End of sophomore year</td>
<td></td>
<td>173</td>
<td>170</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPST: Math #0730 or #5730</td>
<td>End of sophomore year</td>
<td></td>
<td>173</td>
<td>170</td>
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</table>

#### MINIMUM COMPOSITE SCORE TOTAL FOR PPST SCORES (521):

Sum of the three PPST Scores must total or exceed 521. Total does not represent the sum of the 3 minimum scores. Candidates must achieve the Praxis Qualifying Score in at least 1 area and also reach the Minimum Composite Score Total.

As noted on the PDE website, Pennsylvania requires assessments of all candidates in basic skills, general knowledge, professional knowledge and subject area knowledge before a certificate may be issued to an applicant. Policies and useful resources related to testing are available at the following PDE webpage:

http://www.portal.state.pa.us/portal/server.pt/community/testing_requirements/8638

It has been a long-standing policy of PDE that any student seeking formal admission to a program leading to teacher certification MUST pass the basic competencies tests before being formally admitted. Up to this point, all of the tests required were part of the PRAXIS series and were available through ETS. Because of changes in teacher certification requirements and subsequent changes in testing requirements, some required tests will still be provided by ETS (the PRAXIS series) but others will be available through Pearson (Preservice Academic Performance Assessment (PAPA) and Pennsylvania Educator Certification Test (PECT)).

### BASIC SKILLS TESTING REQUIREMENTS:

The basic skills testing requirement, previously met by the PRAXIS I Reading, Writing and Mathematics, will now be met by the (PAPA) Reading, Writing and Mathematics modules. Information on signing up for the PAPA (along with other useful information on the PAPA and PECT) is at: http://www.pa.nesinc.com/

Please note:

- The basic skills tests are **NOT** required of program candidates who already have a bachelor’s degree.
- Beginning in Spring 2012, students (who have not yet taken any PRAXIS tests) MUST take the PAPA tests as the PRAXIS will no longer be accepted.

### IN ADDITION TO THE PAPA, EACH CANDIDATE MUST MEET THE FOLLOWING TESTING REQUIREMENTS:

- PRAXIS: Fundamental Subjects: Content Knowledge
- PRAXIS: Speech/Language Pathology

All candidates for certification must meet the qualifying score for all applicable tests at the time their application for certification is received by the Bureau of School Leadership and Teacher Quality. The required tests and qualifying scores may change; current qualifying scores are published on the PDE website.

### Division of Professional Education and Teacher Quality Update September, 2013:

Effective September 1, 2013 the Secretary of Education has established an alternative means for candidates seeking educator certification in Pennsylvania to meet the requirements set forth in 22 PA Code 49.18 Assessment. This requirement is currently satisfied when a student passes the “basic skills” assessment administered by Pearson, also referred to as the Pre-service Academic Performance Assessment (PAPA). Students may now meet the above-noted requirement of “basic skills” with either:
1. A score of no less than 1550 on the Scholastic Achievement Test (SAT).
   - The SAT score of 1550 will include no individual section (Critical Reading, Writing, and Mathematics) score of less than 500.
   - Students may not combine section scores from different test administrations, but they may use their best score earned from one test administration.
2. A composite score of 23 on the American College Test Plus Writing
   - The composite score of 23 shall be accompanied by a combined English/Writing score of 22 and a Math score of 21.

Students who meet either requirement at the time of college matriculation shall be exempt from taking the PAPA exam. Those who do not, must take and pass the PAPA examination. Benefits of this policy will include a cost savings to the student as evidence demonstrates that the SAT/ACT assessments are already administered to a large percentage of high school students and provide an accepted standardized metric of college readiness.

VIII. Final Review: Date of anticipated graduation __________ Graduation date ______________

Completion of ASHA CCC requirements
   Coursework completed: ______________________(advisor’s signature/date)
   25 observation hours completed: ______________(advisor’s signature/date)
   400 clinical clock hours completed: _____________ (clinical director’s signature/date)

Completion of Teacher Certification requirements (if applicable)
   Coursework completed: ______________________ (advisor’s signature/date)
   Fieldwork completed: ________________________ (clinical director’s signature/date)

Date of Final Review of KASA: ________________ (department chair’s signature/date)
Date of Final Portfolio: ________________________ (department chair’s signature/date)
# Patient’s Register

<table>
<thead>
<tr>
<th>Date</th>
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<tr>
<th>PATIENT NAME</th>
<th>THERAPIST</th>
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The Speech-Language and Hearing Center
MISERICORDIA UNIVERSITY
# Medical Record Check-out

<table>
<thead>
<tr>
<th>Date</th>
<th>Patient Name</th>
<th>Therapist</th>
<th>Time out</th>
<th>Time Returned</th>
<th>Initials</th>
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</table>
Registration Form

Patient’s Name

Parent(s)/Spouse’s name (if different then patient)

Patient’s Date of Birth

Address

City

Phone (including area code) Home

Reason for Referral

Referred by

Evaluation Date and Time

Assigned Clinician

Supervisor
<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
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Authorization for Release of Information

Patient’s Name ___________________________ Birth date ______________________

Address

______________________________________________________________________________

Phone (Include area code) Home Office

I hereby authorize The Speech-Language and Hearing Center at Misericordia University to release information from my/my child’s records to:

Name and Addresses of Agencies

1. ________________________________________________________________________________
   ________________________________________________________________________________

2. ________________________________________________________________________________
   ________________________________________________________________________________

I hereby authorize the Speech-Language and Hearing Center at Misericordia University to verbally discuss ______________ communication status and treatment goals with the following professionals:

Professional’s name (s)

To ensure continuity of treatment.

All information released will be handled confidentially, in compliance with the Federal Privacy Act (P.L. 93-579).

I understand I am not obligated to disclose any information if I do not wish to do so. I certify that I have had this form read and explained to me and I understand its contents.

Signature of patient or parent/guardian ___________________________ Date ______________

By my signature, I certify that I have read and explained the contents of this Authorization to Furnish information and witness by the above client’s signature.

Signature and title __________________________________________________________________

**Verbal Consent** Applicable only to persons physically unable to sign: We, the undersigned, certify that the above named patient understands the nature of this authorization and has freely given his or her verbal consent.

Signature and relationship ___________________________ Date ______________
Authorization for Receipt of Information

Patient’s Name ___________________ Birth date ___________________

Address ____________________________
____________________________________________________________________
____________________________________________________________________

Phone (Include area code) ___________________________ Home ______ Office ______

I hereby authorize The Speech-Language and Hearing Center at Misericordia University to receive information from my/my child’s records to:

Name and Addresses of Agencies

1. ________________________________________________________________
   ____________________________
   ____________________________

2. ________________________________________________________________
   ____________________________
   ____________________________

3. ________________________________________________________________
   ____________________________
   ____________________________

____________________________________________________________________

Signature of patient or parent/guardian ___________________________ Date ____________
Consent for Assessment and Treatment

The Misericordia University Department of Speech-Language Pathology (the school), Speech-Language and Hearing Center (the center) at my request, has offered its facilities and personnel to conduct evaluations to determine my/my child’s family’s communication difficulties and to decide what, if any, treatment is indicated.

The center, acting through its personnel, may desire to administer such assessment/treatment, it deems necessary or appropriate in its efforts to assist me/my child/my family.

The undersigned hereby gives consent and authorizes The Center and its staff of employed Speech-Language pathologists to perform such assessment and treatment procedures as may be necessary or appropriate in the care and treatment of the patient named below for unless and until such consent is revoked in writing.

I acknowledge that said patient has been voluntarily presented for treatment; that a satisfactory disclosure of information has been made and that all of my questions asked about the procedure(s) have been answered in a satisfactory manner by the speech-language pathologists.

Should care be discontinued at my request, contrary to the advice of the speech language pathologist, I relieve The Center and staff of all responsibilities for any untoward results which may follow.

Understanding of Training and Purpose

I understand that all such procedures will be conducted to students in training and under the supervision of individuals holding appropriate professional certification and/or licensure in the State of Pennsylvania and deemed competent by Misericordia University. I further understand that the information obtained by the school in performing those procedures may be important or significant from an educational and professional standpoint. I hereby consent to the utilization of any information obtained from the diagnosis or treatment of my own/my child’s/my family’s symptoms by the school and its personnel for research and/or educational purpose.

Students in training may at times review the center’s records and observe assessment and/or treatment as part of their educational experience. I hereby give permission for the instructors and students to observe me/my child/my family in The Center.

I understand that evaluation and treatment sessions may be recorded as part of the education and training process. I hereby consent to the recording of evaluation and treatment sessions by the university as well as Misericordia University’s use of the same. I further understand that any videotapes or audiotapes are for the sole purpose of education and training, and I consent to their use for that purpose. I also understand that the audiotapes and videotapes are the property of the school. I hereby waive any claim of right to such recordings. I further understand that such recordings are not kept as part of the Center’s treatment record.

The qualifications of the instructor and student, and the expectations for treatment, will be discussed prior to initiation of any therapy. I understand that the school offers no guarantees about a cure of my/my child’s/my family’s condition or any other results or benefits of the recommended therapy. I understand that I have the right to refuse the recommended course of treatment, as well as the right to withdraw from the program at any time.

______________________________________________________________________________________
Patient’s name
Date

______________________________________________________________________________________
Responsible person
Date

______________________________________________________________________________________
Witness
Date
General Consent for Videotaping, Audiotaping, and Observations

Patient’s Name  Birth date

Parents/guardian

Address  Number  Street

City  State  Zip

Phone (including area code)  Home  Office

In consideration of the educational function of Misericordia University and The Speech-Language and Hearing Center at Misericordia University, I give consent that I and/or my child may be observed for education, training, or research purposes while receiving services at The Speech-Language and Hearing Center. It is understood that the staff, observers, and students will consider any information revealed during such examinations or demonstrations as privileged communications and will hold such information in confidence.

I also consent that audio and video recordings and photographs may be made for patient records and/or use in education, training, research, and media. It is understood that in such cases tapes will not be identified by name.

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

Patient/parent or guardian signature  Date

Witness Signature  Date
Notice of Privacy Practices
Patient Acknowledgement

I gave received and understand this practice’s Notice of Privacy Practice written in plain language. This notice explains in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights, and the practice’s legal duties with respect to my protected health information. This includes, but is not limited to:

- A statement that this practice is required by law to maintain the privacy of protected health information
- A statement that this practice by law is required to treat clients equitably - that is, without regard to gender, sexual orientation, age, race, creed, national origin, or disability. The institution and program comply with all applicable laws, regulations, and executive orders pertaining thereto.
- A statement that this practice is required to abide by the terms of the Notice currently in effect.
- Types of uses and disclosures that this practice is permitted to make for each of the following purposes: treatment, payment, and health care operations.
- A description of each of the other purposes for which the practice is permitted or required to use or disclose protected health information without my written consent or authorization.
- A description of uses and disclosures that are prohibited or materially limited by law.
- A description of other uses and disclosures that will be made only with my written authorization and that I may revoke such authorization.
- My individual rights with respect to protected health information and a brief description of how I may exercise these rights in relation to:
  - The rights to complain to this practice and to the Secretary of HHS if I believe my privacy rights have been violated and that not retaliatory actions will be used against me in the event of such a complaint.
  - The right to request restrictions on certain uses and disclosures of my protected health information, and that this practice is not required to agree to a requested restriction.
  - The right to receive confidential communications of protected health information.
  - The right to amend protected health information
  - The right to receive an accounting of disclosures of protected health information.
  - The right to obtain a paper copy of the Notice of Privacy Practices from this practice upon request.

This practice reserves the right to change the terms of this Notice to Privacy Practices and to make new provisions effective or all protected health information that it maintains. If changes occur, this practice will provide me a revised Notice of Privacy Practices upon request.

____________________________________________
Signature
___ ______________________________
Date

Relationship to patient if signed by a personal representative
Patient Policy Summary

The following policies have been established by the Speech-Language and Hearing Center at Misericordia University.

1. Patients and/or parents agree to permit the Speech-Language and Hearing Center at Misericordia University, its faculty, students, and all other persons caring from them to give services which are judged to be appropriate including tests, evaluations, and/or treatment.

2. Patients and/or parents are expected to call the Center at 674-6724 on any occasion when they are unable to meet a regularly scheduled appointment.

3. Therapy will be terminated after three unexplained, consecutive absences. Regular attendance is expected so that optimal progress will be made.

4. Patients are expected to be on time for all appointments. If patients are late for an appointment, clinicians are required to only see them for the remainder of the scheduled time period.

5. All patients must be picked up promptly after each session.

6. Information request and release forms must be signed by the patient or parent at the time of the initial evaluation or the beginning of therapy so that additional information from other professionals may be obtained. All information is handled confidentially.

7. Patients and/or parents are expected to allow other professional persons and students in the training program to observe and discuss, confidentially, the testing and/or clinical procedures administered to the patient.

8. Family participation is encouraged; therefore, family members may observe treatment and diagnostic sessions.

9. The Speech-Language and Hearing Center at Misericordia University is released from all responsibility in cases of illness or injury of any kind to the patient during therapy.

10. The Speech-Language and Hearing Center at Misericordia University has my permission to audiotape, videotape, or take pictures of patients and/or their caregivers for use in the training of speech language pathology clinicians.

We hope that the above information will be helpful to you. Any member of our professional staff will be happy to discuss any of our policies with you in more detail at your request.

My signature below indicated that I have read this written notice of the Speech-Language and Hearing Center at Misericordia University and agree to abide by the above stated policies.

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Relationship to the patient</th>
<th>Date</th>
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</thead>
</table>
Student Confidentiality Statement

I understand that I will have access to confidential information regarding clients of the Speech-Language and Hearing Center at Misericordia University and other facilities. Confidentiality involves the protection of clients and families in conversations, written information, and electronic communication.

I agree not to violate the privacy of any client by abiding by the following:

1. Conversations regarding any clients should not involve the name of the client particularly the last name of the client.
2. Conversations regarding any clients should not occur with any person other than clinical staff, supervising faculty, and/or student clinicians.
3. Written work including lesson plans, SOAP notes, progress reports, diagnostic reports, other professionals’ reports, and progress charts, should never be left in any place where others may have access to the information.
4. All creation and revisions to lesson plans, SOAP notes, progress reports, re-evaluations, diagnostic reports, and tracking of clinical hours must be completed on the SharePoint network system within the Speech-Language and Hearing Center at Misericordia University.
5. Clinical students are not permitted to access the Sharepoint Network outside of the Misericordia University Speech-Language and Hearing Center environment for any reason.
6. Fieldwork students are allowed to access the SharePoint network to document clinical hours and to access fieldwork forms.
7. Electronic communication including faxes and electronic mail must be read, filed appropriately, or deleted/destroyed with consideration of the client and his/her family.

I understand that the Sharepoint Network is monitored consistently by the IT staff at Misericordia University to ensure that there is no access to any clinical files or documentation from any IP address that is not associated with the on-site clinic. If a non-registered IP address is the source of access to my personal site at any time, I will be immediately reported to the faculty at Misericordia University.

I understand that a breach of confidentiality will result in serious penalties and possibly dismissal from the Speech-Language Pathology program as determined by the faculty and administration of the program or sponsoring institution.

My signature below indicates that I have read this statement carefully.

____________________________  __________________________
Student Signature                Date

____________________________
Student Name

____________________________  __________________________
Witness Signature              Date

____________________________
Witness Name/Title
Student Observation Confidentiality Statement

I understand that as a related part of my coursework and supervised observation, I will have access to confidential information regarding clients of the Speech-Language and Hearing Center at Misericordia University.

I promise not to violate the privacy of any client by abiding by the following:

1. Conversations regarding any clients should not involve the name of the client particularly the last name of the client.
2. Conversations regarding any clients should not occur with any person other than clinical staff, supervising faculty, and/or student clinicians.
3. Written documentation that I am required to complete regarding my observations should not include the name of the client particularly the last name of the client.

I understand that a breach of confidentiality will result in serious penalties as determined by the faculty and administration of the program or sponsoring institution. Penalties could include dismissal from the Speech-Language and Hearing Center without further opportunity to observe in the future.

My signature below indicates that I have read this statement carefully. In addition, the statement and its ramifications have been explained by a faculty member in the context of either practicum meetings or classes.

____________________________  _______________________
Signature                     Date

____________________________
Witness
COLLEGE OF HEALTH SCIENCES: HIPPA POLICIES AND PROCEDURES

As a student of Misericordia University and as a condition of my clinical assignment, I agree to the following:

- I understand that I am responsible for complying with the privacy and confidentiality policies and procedures.
- I agree to treat all patient information that I have access to during my clinical assignment as confidential and privileged information.
- I will only access patient information that is necessary in order to perform my clinical obligations.
- I will seek approval from the designated clinical supervisor prior to removing any patient information from the clinical education site and I will not take patient information from the clinical education site without properly removing any identifiable patient information.
- Upon completion of my clinical education at the clinical education site, I agree to continue to maintain the confidentiality of any patient information I learned while a student at the clinical education site.

HIPAA PRIVACY RULE TRAINING

I have completed the HIPAA online training series entitled HIPAA: A Guide for Healthcare Workers, and understand my responsibilities related to confidentiality as a health care provider.

__________________________________________
PRINT NAME

__________________________________________
SIGNATURE

__________________________________________
DATE
EQUITABLE TREATMENT STATEMENT

Misericordia University does not discriminate on the basis of race, age, color, disability, religion, gender, nationality, marital status, sexual orientation or ethnic origin. Faculty, staff, students and clients are treated equitably – that is, without regard to gender, sexual orientation, age, race, creed, national origin, or disability. The institution and program comply with all applicable laws, regulations, and executive orders pertaining thereto.
Child Speech-Language and Hearing Case History

IDENTIFYING INFORMATION

Name of patient: ______________________________________ Date of Birth: ______________________

Patient’s Address: __________________________________________________________________________

Phone Number: _____________________________ Cell Phone Number: _______________________________

Race (optional): _____________________________________ Today’s Date: _____________________________

Name of person completing form: ________________________________________________________________

Relationship to Patient: ______________________________________________________________________

Caregivers Address (if different from above):___________________________________________________________________________

Caregivers Phone Number: _____________________________ Cell Phone: _______________________________

Name of Additional Caregivers & Relationships to patient: ____________________________________________________________________

Caregivers Occupation: __________________________________________________________________________

With whom does the child reside? ______________________________________________________________________

What language is spoken to the child? ______________________________________________________________________

What language(s) is/are spoken at home? ______________________________________________________________________

What language does the child speak? ______________________________________________________________________

If the child is bilingual, which language is dominant? ______________________________________________________________________

Who referred you to the Speech Language and Hearing Center at Misericordia University? ______________

What is the nature of the problem? ______________________________________________________________________

______________________________________________________________________________________________
What do you hope to accomplish by coming to the Speech and Hearing Center? ___________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
Number of siblings the child has: ________________________________________________________
Do any of the siblings have a history of speaking/language problems? _________________________
If so please explain: ___________________________________________________________________
___________________________________________________________________________________
How does the child communicate? (Circle all that apply)

- Gestures
- Sign Language
- Sounds/Vocalizations
- Words
- Phrases
- Sentences

How well can the patient be understood? (Circle all that apply)

- Not At All
- By Familiar People
- By All Others

Your child is able to understand: (Circle all that apply)

- Single Words
- Name
- Short Directions
- Multiple Step Directions

Has the patient received any other services? ________________________________________________
If so, please explain: __________________________________________________________________
Has the child been seen by other specialists? ______________________________________________
If so, who did the child see, and what were the conclusions or recommendations: ______________
___________________________________________________________________________________

MEDICAL HISTORY

Describe the patient’s health (please circle):  Good  Fair  Poor

Please describe any treatment or medication: ________________________________________________
___________________________________________________________________________________

Does your child have a history of ear infections: ____________________________________________
How many occurrences? ________________________ At what ages? ____________________________
Describe the treatment: __________________________________________

Has the patient had a full audiological examination in the past year? _____________________________

If so, what were the results? ______________________________________________________________

**INSURANCE INFORMATION** - If patient is covered by private health insurance please complete:

Company Name: ________________________________________________________

Policy Number: ______________________________________________________________________

Name on Policy: _________________________________________________________________

**EDUCATIONAL INFORMATION**

Patient’s School: ___________________________________________________________________

School Address: ______________________________________________________________________

School Phone: __________________ Teacher’s name: ________________________________

Placement/Grade: ___________________________________________________________________

Describe the patient’s performance and behavior with school: __________________________

____________________________________________________________________________________

Does the child have an aide with him/her in school? Yes_______No_______

How long is the aide with the child each day? ______________________________

Does the patient have a current IFSP/ IEP? _______________________________________________

**DEVELOPMENTAL INFORMATION**

Check which is applicable: This is our biological ______foster_______adopted_______child.

How many pregnancies has the mother had? _________ Which was this child? ______________

Has the mother had miscarriages? _______________ Which pregnancy? _______________________

Stillbirths? _______________________________ Which pregnancy? _________________________

Mother’s age at the time of this pregnancy? ______________________________________________

Any medical problems before this pregnancy?______________________________________________
Did the mother have any of the following during pregnancy? (Circle all that apply)

German Measles  Toxemia  Anemia  Kidney Infection  Accidents  Injuries

Describe Accidents/Injuries: __________________________________________________________
______________________________________________________________________________

Did the mother take any prescription and/or nonprescription medications during this pregnancy? _____
If yes, what kinds? __________________________________________________________________

Was the pregnancy normal?  Yes_______  No_______
If not please describe: _________________________________________________________________

Child’s birth weight? ___________  Any birth injuries? _________________________________

Was the child an RH baby? ___________  Did the child require oxygen? ___________________

What special medication or treatment did the child receive at birth if any? __________________
__________________________________________________________________________________

Breast or bottle fed? ______________ If breast fed, for how long? ________________________

Did the infant have feeding problems? _____________________________________________
If “yes” explain_____________________________________________________________________
__________________________________________________________________________________

Swallowing or choking difficulty? Yes _______  No ______ if “yes” explain___________________
__________________________________________________________________________________

Sat alone _______months. Fed self _______months. Walked alone__________________________

Determined handedness ____________ (age)

Physical development has been: (Circle)

Rapid  Normal  Slow

Please describe any difficulties: _______________________________________________________
__________________________________________________________________________________

Coordination is: (Circle)  Good  Clumsy
Does the patient require assistance with seating or mobility? (Please describe) _______________________

____________________________________________________________________________________

Feeding difficulty: Yes _____ No _____ if “yes” explain: _____________________________________

____________________________________________________________________________________

Check these as they apply to the child: Ages if possible.

<table>
<thead>
<tr>
<th>Sleeping problems</th>
<th>DESCRIBE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toilet training problems</td>
<td></td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td></td>
</tr>
<tr>
<td>Needs a lot of discipline</td>
<td></td>
</tr>
<tr>
<td>Interactive</td>
<td></td>
</tr>
<tr>
<td>Excitable</td>
<td></td>
</tr>
<tr>
<td>Laughs easily</td>
<td></td>
</tr>
<tr>
<td>Cries a lot</td>
<td></td>
</tr>
<tr>
<td>Difficult to manage</td>
<td></td>
</tr>
<tr>
<td>Overactive</td>
<td></td>
</tr>
<tr>
<td>Sensitive</td>
<td></td>
</tr>
<tr>
<td>Personality problems</td>
<td></td>
</tr>
<tr>
<td>Gets along with adults</td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td></td>
</tr>
<tr>
<td>Stays with an activity</td>
<td></td>
</tr>
<tr>
<td>Happy</td>
<td></td>
</tr>
<tr>
<td>Irritable</td>
<td></td>
</tr>
<tr>
<td>Makes friends easily</td>
<td></td>
</tr>
<tr>
<td>Plays normally with toys</td>
<td></td>
</tr>
</tbody>
</table>

What are your primary concerns about your child? _________________________________________

____________________________________________________________________________________
SPEECH AND LANGUAGE HISTORY

Was the child responsive as an infant? (Smile or laugh appropriately) Yes ______ No ______

If “No” explain: ________________________________________________________________

When did the child first make sounds? ______ months. Examples of early sounds _________________

Did the child begin to babble and then stop? Yes ______ No ______

When did the child say his/her first words? _________________ Examples of words________________

When did the child first use phrases? __________________________________________________________

Examples of phrases ______________________________________________________________

When did the child first use sentences? _______________________________________________________

Examples ________________________________________________________________________________

When were you first concerned about the child’s speech or language? ___________________________

What caused the concern? _________________________________________________________________

How does the child communicate at this time? Provide examples of his present communication:

_____________________________________________________________________________________

_____________________________________________________________________________________

DAILY BEHAVIOR

Please list some of the patient’s likes:

Foods: ________________________________________________________________________________

People: ________________________________________________________________________________

Toys: _________________________________________________________________________________

Places: _______________________________________________________________________________

Activities: _____________________________________________________________________________

Other: ________________________________________________________________________________

Please list any of the patient’s dislikes: _____________________________________________________

____________________________________________________________________________________
Please list any of his/her achievements that are especially important to him/her or you.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Please list any additional information you feel might be helpful in the evaluation or in the therapy of the patient

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
CASE HISTORY: ADULT

Date (of completion): ____________________

NAME OF PERSON COMPETING CASE HISTORY: ____________________________

IDENTIFYING INFORMATION

Name: _____________________________ Sex _____ Age _____ Date of Birth: _________

Address: _____________________________________ Telephone:_____________

_______________________________________ Work Telephone: ________________

Referred by: ____________________________________________________________

Address:_______________________________________________________________

EDUCATIONAL & VOCATIONAL INFORMATION

Education level: __________________________________________________________

(If university, indicate area of specialization)

Occupation: _____________________________ Employer:_____________________

Last Date of Employment: ________________________________

FAMILY INFORMATION

Marital status: single _____ married _____ separated _____ divorced _____ remarried _____

Name of spouse __________________________ # of years married__________________

Occupation___________________________ Educational level__________________

Work Phone __________________________
Children:

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>SEX</th>
<th>SPEECH PROBLEM?</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

List other people living in your home and their relationship to you
______________________________________________________________
______________________________________________________________
______________________________________________________________

Native Language

Other languages spoken in your home

Other languages that you speak, write, etc.

**PRESENT COMMUNICATION/COGNITION/SWALLOWING PROBLEMS**

Describe your present communication/cognition/swallowing status
______________________________________________________________
______________________________________________________________

Date of onset of your problem(s) (date, age) ___________________________

Have you recently lost weight? ____ If yes, how much weight have you lost? _________

Has your present problem(s) caused any family, work or social problems for you?
If so, please describe__________________________________________________________

______________________________________________________________

Do you have hearing loss? ___________ Describe______________________________

Do you wear a hearing aid? _______ Ear_________ Type of aid__________

Who prescribed aid?_____________________ Cause of loss________________________
MEDICAL INFORMATION

Is there a medical reason for your communication/ cognition/ swallowing problem(s)?
If “yes” describe ________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Were you unconscious? ______ if so, for how long? ______ Paralyzed? ______

Did you experience: Disorientation _______ Concentration Problems _______
Loss of Memory ________________________ Slurred Speech ____________________
Difficulty finding words when talking____________

How soon were you seen by a physician? _________________________________________

Were you hospitalized? ___________ Attending Physician ______________

Did you have a CAT scan? ____ MRI Scan____ Videofluoroscopy____

Date(s), location, and results ______________________________________________________

Are you now under a physician’s care? ______ if “yes” for what reason? __________

Physician’s name __________________________ Address __________________________
____________________________________________________________________________

Before this illness or accident, your health was:
Excellent _______ Average _________ Fair _______ Poor ________

Before this illness or accident, have you ever had: Fainting spells? __________
A heart condition? _____ High Blood Pressure? ______ Strokes?____ Seizures?_____
Describe any other illnesses, accidents or operations you have had:

Are you taking any medications (Yes/ No)? What medications are you currently taking?
____________________________________________________________________________

Allergies?______________________________________________________________________
### PRIOR THERAPY OR EVALUATIONS

<table>
<thead>
<tr>
<th>PLACE</th>
<th>TYPE OF HELP RECEIVED</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Describe any visual problems you have
..............................................................................................................................
..............................................................................................................................

Do you wear glasses? ..................................................................................................................

### GENERAL INFORMATION

Please check your hobbies and interests.

- Hunting ______
- Music ______
- Gardening ______
- Fishing ______
- Cooking ______
- Stamps ______
- Photography ______
- Carpentry ______
- Painting ______
- Mechanics ______
- Camping ______
- Crafts ______
- Sewing ______
- Knitting ______
- Reading ______
- Other

Add any additional information/comments you feel might be pertinent to the evaluation:
AUGMENTATIVE COMMUNICATION
CASE-HISTORY PEDIATRIC FORM

IDENTIFYING INFORMATION

Name of patient: ______________________________ Date of Birth: ________________

Name of person completing form: _________________ Today’s Date: ________________

Relationship to Patient: ________________________

Patient’s Address: ____________________________________________________________
____________________________________________________________________________

Patient’s Phone Number: _____________________________________________________

Name by which patient is called: ______________________________________________

What language (s) is/are spoken at home? ______________________________________

Who referred you to the Speech-Language and Hearing Center at Misericordia University?
____________________________________________________________________________

What is the nature of the problem: ______________________________________________
____________________________________________________________________________
____________________________________________________________________________

What do you hope to accomplish by coming to the Speech-Language and Hearing Center?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Name of Father: _________________________ Languages Spoken: _________________

Address: __________________________________________________________________

Occupation: ___________________________ Educational Level: __________________

Work Phone: __________________________ Home Phone: ______________________

Name of Mother: ________________________ Languages Spoken: _________________

Address: __________________________________________________________________

Occupation: ___________________________ Educational Level: __________________

Work Phone: __________________________ Home Phone: ______________________

With whom does the patient live? __________________________________________

List other children living in household:

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>SEX</th>
<th>SPEECH PROBLEM?</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

How would you describe the patient’s current communication ability (check all that apply)

- Almost never communicates
- Sometimes communicates
- Communicated frequently
- Is very easy for me to understand when I know the topic of conversation
- Is fairly easy for me to understand when I know the topic of conversation
- Is difficult for me to understand when I know the topic of conversation
- Is very easy for me to understand if I don’t know the topic of conversation
- Is fairly easy for me to understand if I don’t know the topic of conversation
- Is difficult for me to understand if I don’t know the topic of conversation
- Is usually understood by other people who don’t know him/her well
- Is usually not understood by other people who don’t know him/her well
In your own words, please describe how the patient communicates:

Generally speaking he/she…________________________________________________

He/She communicates what he/she wants or needs by:____________________________

He/she communicates things that happened in the past or will happen in the future by:___

____________________________________________________________________________

What other things does he/she do to communicate (e.g. cry, whine, look at something he/she wants)?___________________________________________________________

What other services does the patient have now? What has he/she had in the past?

<table>
<thead>
<tr>
<th>SERVICES NOW</th>
<th>PAST SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical therapy</td>
<td></td>
</tr>
<tr>
<td>Occupational therapy</td>
<td></td>
</tr>
<tr>
<td>Speech-language therapy</td>
<td></td>
</tr>
<tr>
<td>Psychological Counseling</td>
<td></td>
</tr>
<tr>
<td>Nutritional services</td>
<td></td>
</tr>
<tr>
<td>Vocational counseling</td>
<td></td>
</tr>
<tr>
<td>Behavior counseling</td>
<td></td>
</tr>
<tr>
<td>Other (describe):</td>
<td></td>
</tr>
</tbody>
</table>

INSURANCE INFORMATION

Insurance if yes, Company Name:____________________________________________

Policy Number:___________________________________________________________

Does insurance cover speech-language evaluation?____________________________

Does insurance cover speech-language therapy?______________________________

Who is responsible for child?______________________________ Relationship?________

Patients Doctor:__________________________________________________________

Address:________________________________________________________ Telephone:____________

City:________________________________ State________ Zip:____________
VERBAL/NON VERBAL COMMUNICATION INFORMATION

He/she gives or asks for information by:__________________________________________

He/she communicates in social situations by:______________________________________

What sounds does the patient make? (e.g. “b”, “duh”, “ee as in eat” etc…)
_____________________________________________________________________________
_____________________________________________________________________________
What words does this patient say or write?________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
When does he/she say or write these words?______________________________________
_____________________________________________________________________________
_____________________________________________________________________________
What gestures does this patient make (e.g. pointing, motioning, to “come here”, tugging
for attention)?______________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
When does he/she use these gestures?___________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
What manual signs (or sign language) does the patient use?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
When does he/she use these signs?______________________________________________
_____________________________________________________________________________
EDUCATIONAL INFORMATION

Patient’s School:__________________________________________________________

School Address:__________________________________________________________

__________________________________________Teacher’s name:________________

School phone:_______________________________Placement/Grade:_______________

Does the child have an aide with him/her in school?                    Yes_______No_______

If yes, is the aide with the child:

<table>
<thead>
<tr>
<th>All day</th>
</tr>
</thead>
<tbody>
<tr>
<td>About half of the day</td>
</tr>
<tr>
<td>Less than half of the day</td>
</tr>
</tbody>
</table>

Does this aide work with

<table>
<thead>
<tr>
<th>Just this one child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Several Children</td>
</tr>
<tr>
<td>The whole class</td>
</tr>
</tbody>
</table>

DEVELOPMENTAL INFORMATION

Check which is applicable: This is our biological _______foster_____adopted_____child.

How many pregnancies has the mother had?_____Which was this child?_______________

Has the mother had miscarriages?__________Which pregnancy?_________________

Stillbirths?__________________________Which pregnancy?_________________

Mother’s age at the time of this pregnancy?____________________________________

Any medical problems before this pregnancy?____________________________________
Did the mother have any of the following during pregnancy?

<table>
<thead>
<tr>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>German measles</td>
</tr>
<tr>
<td>Toxemia</td>
</tr>
<tr>
<td>Anemia</td>
</tr>
<tr>
<td>Kidney infection</td>
</tr>
<tr>
<td>Accidents, injuries (describe)</td>
</tr>
</tbody>
</table>

Medical attention:________________________________________________________
________________________________________________________________________

Did the mother take any prescription and/or nonprescription medications during this pregnancy?
No________

If yes, what kinds?__________________________________________________________

Was the pregnancy:

<table>
<thead>
<tr>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Term</td>
</tr>
<tr>
<td>Premature</td>
</tr>
<tr>
<td>Number of Months</td>
</tr>
<tr>
<td>Delivery normal</td>
</tr>
<tr>
<td>Length of hard labor</td>
</tr>
<tr>
<td>Were forceps used</td>
</tr>
<tr>
<td>Caesarian/Breech</td>
</tr>
</tbody>
</table>

Comments:____________________________________________________________________

Give the name of physician and hospital:_____________________________________
__________________________________________________________________________

Child’s birth weight?__________Any birth injuries?__________Jaundiced_________

Was the child an RH baby?_________did the child require oxygen?_________________

What special medication or treatment did the child receive at birth if any?_________
____________________________________________________________________________

Breast or bottle fed?_______________If breast fed, for how long?_______________
Did the infant have feeding problems? ____________________________________________

If “yes” explain ________________________________________________________________

____________________________________________________________________________

Swallowing or choking difficulty? Yes _____ No ____ if “yes” explain______________

____________________________________________________________________________

Sat alone _____ months. Fed self _____ months. Walked alone________________________

Determined handedness _____________(age)

Toilet trained during the day _______(age) Toilet trained during the night ________(age)

Physical development has been:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Rapid</td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>Slow</td>
<td></td>
</tr>
</tbody>
</table>

**Coordination**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Clumsy</td>
<td></td>
</tr>
</tbody>
</table>

Does the child use any of the following? Check all that apply.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheelchair</td>
<td></td>
</tr>
<tr>
<td>Walker</td>
<td></td>
</tr>
<tr>
<td>Special Chair</td>
<td></td>
</tr>
<tr>
<td>Other special equipment (describe)</td>
<td></td>
</tr>
</tbody>
</table>

Feeding difficulty: Yes _____ No ____ if “yes” explain: ______________________________

____________________________________________________________________________
Check these as they apply to the child: Ages if possible.

<table>
<thead>
<tr>
<th>Eating problems</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleeping problems</td>
<td></td>
</tr>
<tr>
<td>Toilet training problems</td>
<td></td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td></td>
</tr>
<tr>
<td>Needs a lot of discipline</td>
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<tr>
<td>Interactive</td>
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<tr>
<td>Excitable</td>
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</tr>
<tr>
<td>Laughs easily</td>
<td></td>
</tr>
<tr>
<td>Cries a lot</td>
<td></td>
</tr>
<tr>
<td>Difficult to manage</td>
<td></td>
</tr>
<tr>
<td>Overactive</td>
<td></td>
</tr>
<tr>
<td>Sensitive</td>
<td></td>
</tr>
<tr>
<td>Personality problems</td>
<td></td>
</tr>
<tr>
<td>Gets along with adults</td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td></td>
</tr>
<tr>
<td>Stays with an activity</td>
<td></td>
</tr>
<tr>
<td>Happy</td>
<td></td>
</tr>
<tr>
<td>Irritable</td>
<td></td>
</tr>
<tr>
<td>Makes friends easily</td>
<td></td>
</tr>
</tbody>
</table>

Would the child separate easily for therapy? Yes______________ No _______________

What are your primary concerns about your child? _______________________________
________________________________________________________________________

**SPEECH AND LANGUAGE HISTORY**

Was the child responsive as an infant? (Smile or laugh appropriately) Yes ____ No ____

If “No” explain: ____________________________________________________________
________________________________________________________________________

When did the child first make sounds? _____months. Examples of early sounds ______
________________________________________________________________________

Did the child begin to babble and then stop? Yes ______ No ______

When did the child say his/her first words? _______________ Examples of words_____

When did the child first use phrases? _________________________________________

Examples of phrases_______________________________________________________
When did the child first use sentences? 

Examples 

When were you first concerned about the child’s speech or language? 

What caused the concern? 

How does the child communicate at this time? Provide examples of his present communication:

Can child be understood by?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
</tr>
<tr>
<td>Relatives</td>
<td></td>
</tr>
<tr>
<td>Other children</td>
<td></td>
</tr>
<tr>
<td>Strangers</td>
<td></td>
</tr>
</tbody>
</table>

Is child having difficulties in any area other than speech? Yes ______ No ______

If “Yes” explain: 

________________________________________________________________________
### MEDICAL HISTORY

<table>
<thead>
<tr>
<th>Condition</th>
<th>AGE</th>
<th>MILD</th>
<th>MODERATE</th>
<th>SEVERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adenoidectomy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Blood Disease</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Cataracts</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Chicken pox</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convulsions/seizures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cross-eyed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Croup</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encephalitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headaches</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head injuries</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High fevers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Mastoidectomy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscles disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nerve disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontia</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Rheumatic Fever</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scarlet Fever</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Tonsillectomy</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Whooping Cough</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision Problems</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Describe any other illnesses, accidents, injuries, operations, and hospitalization of the child. Include the age of the child and length of hospitalization:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Is the child’s health: Good _________ Fair _________ Poor _________
Please describe any treatment or medication:_____________________________________

_________________________________________________________________________

**HEARING HISTORY**
Does the patient have a history of ear infection or otitis media? ____________________

How many occurrences or ear problems? ___________ At what ages? ___________

Age of onset of ear problems ________ How long did each ear problem last? ______

What treatments (medications) were prescribed? _________________________________

Has the patient ever been treated by an Ear, Nose, Throat doctor? _________________

Who _______________________________ When _________________________________

Says “huh” or “what?” at least five or more times a day? Yes _______ No ___________

Do you ever question the patient’s ability to hear normally? ______________________

Why? ______________________________________________________________________

Has the patient ever complained of noises in his ear? ____________________________

Is hearing the same from day to day? __________ When does it change? ___________

Does the patient become confused with direction or sound? ________________________

Does the patient seem to hear less well in noise? ________________________________

Does the patient seem annoyed by a noisy environment or loud sounds? ___________

Does the patient favor one ear? ______ Which one: Left ______ Right_________________

Does the patient watch the speaker’s face? ______________________________________

Does the patient respond to vibration? _________________________________________

Has the patient ever worn a hearing aid? __________ Is the patient easily distracted? ______

Does the patient localize to environmental sounds? ______________________________

Does the patient have difficulty following auditory directions? ____________________
Please list any special interests or hobbies the child has.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

How does the child get along with other children? ________________ with adults________

Does the child prefer to play _____________ alone? _________________ with other children?

How long is the child’s attention span? _________________________________

How many hours each day does the child watch television? _________________

Which program (s) does the child watch the most? _________________________________

Please list any of his/her achievements that are especially important to him/her or you.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Updated Child Speech-Language and Hearing Case History

Identifying Information:

<table>
<thead>
<tr>
<th>Today’s Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient’s Name</th>
<th>Sex</th>
<th>Birthdate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Number</th>
<th>Street</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
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<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone (including area code)</th>
<th>Home</th>
<th>Business/ Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

UPDATED MEDICAL HISTORY: (Anything new?)

UPDATED EDUCATIONAL HISTORY: (Anything new? List present educational program sites, other therapy programs, etc.)

UPDATED SPEECH AND LANGUAGE HISTORY: (Any improvement/regression in talking, listening, reading, and/or writing?)
# Diagnostic Work-Up Plan

<table>
<thead>
<tr>
<th>Test to Be Administered</th>
<th>Area</th>
<th>Procedure</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Approved____________________________ Not Approved___________________

Clinical Supervisor_________________________ Date_____________________

---

The Speech-Language and Hearing Center

MISERICORDIA UNIVERSITY

---

CLINICIAN________________________ PATIENT________________________ DATE_____________
List any research you did that is relevant to this case and state your source.

State significant information from previous reports/evaluations etc.

Questions to ask during client interview/review of medical history.
**Hearing Screening**

Client: _______________________________ Date: _______________________________

Audiometer Used: _______________________

**Instructions:**

Screen Children (Under 18 Yrs.) at 20 db in both ears at 500 Hz, 1000 Hz, 2000 Hz, and 4000 Hz.

Screen Adults (18 Yrs and Older) at 25 db in both ears at 500 Hz, 1000 Hz, 2000 Hz, and 4000 Hz.

---

<table>
<thead>
<tr>
<th>HZ</th>
<th>PASS</th>
<th>FAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HZ</th>
<th>PASS</th>
<th>FAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4000</td>
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</tr>
</tbody>
</table>

**Criteria For Passing Hearing Screening:** Client Must Pass All Frequencies In Both Ears.

Results: (Circle)  
Right Ear  
Pass  
Fail  
Left Ear  
Pass  
Fail  

Reliability of Testing?  
Good  
Fair  
Poor  

Referral For Full Audiological Testing?  
Yes  
No  

Comments:  

_________________________________________  
Student Clinician  

_________________________________________  
Clinical Supervisor
<table>
<thead>
<tr>
<th>Oral/Pharyngeal Cavity</th>
<th>Pass</th>
<th>Slight</th>
<th>Marked</th>
<th>Not Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tongue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can stick out tongue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can move tongue upward (try to touch nose with tip of tongue)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can move tongue downward (try to touch chin with top of tongue)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can move the top of the tongue from left to the right corner of the mouth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can move the top of the tongue from right to left corner of the mouth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can move the tongue smoothly around the vermilion of lips (lick around lips)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>clockwise and counterclockwise</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can move tongue from left to right on the outside/inside of the upper teeth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can move the tongue from right to left on the outside/inside of the upper teeth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can say “pa-pa-pa” quickly, smoothly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can say “ta-ta-ta” quickly, smoothly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can say “ka-ka-ka” quickly, smoothly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can alternate between quick repetitions of “pa-ta-ka”, “ka-ta-pa”, “ta-pa-ka”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Velopharyngeal function</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During short, repeated “ah” phonation adequate velar movement is noted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can puff up cheeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can maintain intraoral air (puffed cheeks) when slight pressure is applied to cheeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absence of nasal emission</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Breathing**

<table>
<thead>
<tr>
<th></th>
<th>Pass</th>
<th>Slight</th>
<th>Marked</th>
<th>Not Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breathing during speaking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can sustain “ah” for 5 seconds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Oral/Pharyngeal Cavity**

The head should be bent back slightly for inspection of the palatal areas. A few reminders:

Missing frontal teeth might have a direct effect on sibilant production.

**Dentition:**
- Class I (normal) occlusion: lower molars (or canine for children without molars) half a tooth ahead of upper molars.
- Class II malocclusion (overbite): Maxilla protruded in relation to mandible, measured by the position of the first (maxillary and mandibular) molars.
- Class III malocclusion: Mandibular molar more than half a tooth ahead of maxillary molar.

Cross bite: Misalignment of the teeth characterized by a crossing of the rows of teeth.

Macroglossia= tongue appears too large

Microglossia= tongue appears too small

Shrinkage, i.e., a “shriveled” tongue area, might indicate a paralytic condition.

The midline of the hard and soft palates appear normally pink and white; a blue tint suggests a submucous cleft.

Redness of fauces and pharynx might indicate inflammation.

**Deviant**

<table>
<thead>
<tr>
<th></th>
<th>Pass</th>
<th>Slight</th>
<th>Marked</th>
<th>Not Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Front teeth present</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spacing of teeth adequate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Axial orientation of teeth is adequate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class I normal occlusion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If malocclusion is noted, indicate the type:
<table>
<thead>
<tr>
<th>Oral/Pharyngeal Cavity</th>
<th>Deviant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pass</td>
</tr>
<tr>
<td></td>
<td>Slight</td>
</tr>
<tr>
<td></td>
<td>Marked</td>
</tr>
<tr>
<td></td>
<td>Not</td>
</tr>
<tr>
<td></td>
<td>Passing</td>
</tr>
<tr>
<td>Tongue</td>
<td></td>
</tr>
<tr>
<td>Normal size in relationship to oral cavity</td>
<td></td>
</tr>
<tr>
<td>Normal color</td>
<td></td>
</tr>
<tr>
<td>No shrinkage</td>
<td></td>
</tr>
<tr>
<td>Absence of fissures, lesions, fasciculations</td>
<td></td>
</tr>
<tr>
<td>Normal resting position</td>
<td></td>
</tr>
<tr>
<td>Palate (hard and soft)</td>
<td></td>
</tr>
<tr>
<td>Normal color</td>
<td></td>
</tr>
<tr>
<td>Normal width of vault</td>
<td></td>
</tr>
<tr>
<td>Absence of fistulas, fissures</td>
<td></td>
</tr>
<tr>
<td>Absence of clefts</td>
<td></td>
</tr>
<tr>
<td>If cleft, circle one: Repaired</td>
<td></td>
</tr>
<tr>
<td>Unrepaired</td>
<td></td>
</tr>
<tr>
<td>Normal uvula</td>
<td></td>
</tr>
<tr>
<td>If abnormal, circle one:</td>
<td></td>
</tr>
<tr>
<td>Bifid</td>
<td></td>
</tr>
<tr>
<td>Other Deviations</td>
<td></td>
</tr>
<tr>
<td>Normal length of uvula</td>
<td></td>
</tr>
<tr>
<td>Appearances of fauces, pharynx</td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
</tr>
</tbody>
</table>

**FUNCTION**

For older children and adults, these tasks can be elicited by asking the client to complete the task. For younger children (preschool age and below) imitation may be required.

<table>
<thead>
<tr>
<th>Head/Face</th>
<th>Deviant</th>
<th>Not</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Slight</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Marked</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Passing</td>
<td></td>
</tr>
<tr>
<td>Eyes/facial appearance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can smile, frown on command</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smiling, frowning symmetrical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lips</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can protrude lips with mouth closed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can protrude lips with mouth slightly open</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can protrude lips to left/right side</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can lower mandible on command</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can move mandible to left/right side</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Report Writing

The report-writing skills of the clinician will be evaluated in the following areas:

I. Professionalism
   II. Identifying information
   III. Factual investigative information

The following rating scale will be utilized to score individual items in each major category with an average provided to the far right of the category heading:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Exceptional/Superior</td>
</tr>
<tr>
<td>4</td>
<td>Above Average</td>
</tr>
<tr>
<td>3</td>
<td>Average/Satisfactory</td>
</tr>
<tr>
<td>2</td>
<td>Below Average/Marginal</td>
</tr>
<tr>
<td>1</td>
<td>Unacceptable/Poor</td>
</tr>
<tr>
<td>N/A</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

I. Professionalism

_____ Report was submitted within designated time period
_____ Appropriate format was used: headings, indentations, spacing
_____ Sentences are grammatically correct
_____ Information is presented in a logical, systematic order, categorized appropriately
_____ Terminology is appropriate for the reader
_____ Appearance of the report is neat and professional
_____ Report is clear, concise, and to the point

II. Identifying Information

_____ Patient’s name, age, birthdate, address, and telephone number are present/correct
_____ Patient’s parent/guardian information is present and correct: name(s), ages, employer, work telephone number(s)
_____ Source of referral is stated
_____ Reason for referral is stated
_____ An accurate summary of the concerns expressed by the referral is present
_____ The date of the evaluation is present and correct
III. Factual Investigative Information

- Medical history is complete and well summarized
- Developmental information is complete and well summarized
- Social/personal information is complete and well summarized
- Educational information is complete and well summarized

Test Reporting

- Name, date, and scores of diagnostic tests are reported accurately
- Standardized test results are reported accurately
- Nonstandardized test/procedure results are reported accurately
- Patient’s performance during the diagnostic evaluation is reported accurately
- Diagnostic interpretations are relevant for remediation
- Assessments are written objectively and systematically

Clinical Impressions

- Clinical impressions are clear and precise
- Clinical impressions (based on test and observed information) are relevant in establishing appropriate recommendations for therapy

Recommendations

- Recommendations are specific and complete
- Recommendations are appropriate for the patient’s present level of functioning
- Referrals are stated
- Recommended therapy procedures are stated
- Follow-up information is stated

Revisions

- The clinician discusses problem areas of the report with the supervisor prior to the due date.
- The clinician can accept constructive criticism referring to report-writing skills
- Supervisor’s suggested revisions are made appropriately and constructively

Information to Outside Agencies/Private Individuals

- Clinician summarized appropriately and professionally
- Clinician uses terminology which is appropriate for the intended reader
- Information is accurate and complete and presented in an organized and professional manner
Diagnostic Report Guidelines - Child

Name: 
Date Of Birth: 
Age: 
Address: 
Supervisor: 

Date: 
Parent’s Name: 
Phone Number: 
Student Clinicians: 

Reason for Referral: 

History: 
- Medical History 
- Developmental History 
- Familiar/social History 
- Educational/Employment History 

Evaluation: 
- List components of the evaluation 

Behavior: 

Oral Peripheral Examination: 
Hearing: 
Language: 
- Receptive 
- Expressive 

Phonology/Articulation: 
Voice: 
Fluency: 

Summary and Conclusions: 
- Diagnosis 
- Prognosis 

Recommendations: 
- Frequency/Duration 

Plan: 
Long Term Goals: (Time frame to be achieved) 
Short Term Objectives: (Time frame to be achieved)
Diagnostic Report Guidelines - Adult

Name: Date:
Date of Birth: Age:
Spouse/Caregiver Address:
Phone Number: Supervisor:
Student Clinicians:

Reason for Referral:

History:
  - Medical History
  - Family, Social, Occupational History

Evaluation:
  - List components of the evaluation

Subjective Findings: (Statement of Mental Status, Orientation, Cooperation, Motivation, Attention)

Oral Peripheral Examination:
Hearing:
Visual Acuity:
Speech Intelligibility:
Voice:
Fluency:

Language:
  - Receptive Language
    Yes/No Questions
    Commands
    Recognition Skills
    Understanding a Paragraph
    WH- Questions
  - Expressive Language
    Repetition Skills
    Naming Skills
    Automatic Speech
    Sentence Completion
    Defining Words/Expressive Speech
    Spontaneous Speech
Reading Comprehension:
- Letter Recognition
- Word Recognition
- Phrase Comprehension
- Sentence Comprehension
- Paragraph Comprehension

Writing:
- Copying
- Dictation
- Spontaneous

Mathematics:
- Basic Operations
- Complex Operations

Cognition:
- Short Term Memory
- Remote Memory
- Long Term Memory

Summary and Conclusions:
- Diagnosis
- Prognosis

Recommendations:
- Frequency/Duration

Plan:

Long Term Goals: (Time frame to be achieved)

Short Term Objectives: (Time frame to be achieved)
TREATMENT PLAN
(Semester Dates e.g., 1/07 to 05/07)

PATIENT’S NAME:
DATE OF INITIAL EVALUATION:
SPEECH-LANGUAGE DIAGNOSIS:
PATIENT’S DATE OF BIRTH:
PATIENT’S AGE:

FUNCTIONAL OUTCOME GOAL(S):

SEMESTER OBJECTIVES: (# your objectives)

TREATMENT RATIONALE: (start your narrative at the margin. Do not indent.)
(List)

PATIENT/CAREGIVER EDUCATION PLAN:

________________________________________  ______________________________________
Student Clinician’s Signature            Clinical Supervisor’s Signature

________________________________________  ______________________________________
Date                                      Date
Individual/Group Therapy Lesson Plan

Student

Patient

Date

Time

Room

Supervisor

Short-term Objective(s)

Procedures/Methods to Be Used - include rationale

Materials include rationale

Approved

Supervisor’s initials

Not approved

Supervisor’s initials
Sample SOAP Note (Adult)

S: Mr. Smith was alert and oriented during today’s session. Mr. Smith’s wife was present during the last half of therapy and reported that he was frustrated the night before at his inability to “find the right words.”

O: Mr. Smith pointed to pictures of familiar household items with 75% accuracy when named by the clinician and with 80% accuracy by function. He named 20% of the same pictures with maximum cueing from the clinician. Severe dysarthria persisted, negatively impacting speech intelligibility. Imitation of lingual movements (tongue tip elevation, lateralization, and tongue retraction) was slow and labored.

A: Mr. Smith continues to demonstrate severe word finding problems, negatively impacting functional communication, as well as limited speech intelligibility secondary to oral motor weakness. An increase in word recognition and overall alertness and orientation to communication partners was noted since the last treatment session.

P: Continue speech therapy 30 minutes per day, targeting increased word finding and speech intelligibility. Provide picture board of common objects to facilitate work finding when conversing with wife and nurses. Counsel wife regarding strategies to improve word finding and repair communication breakdowns.
Sample SOAP Note (Child)

S: Justin had difficulty separating from his mother. Mrs. Capri accompanied Justin into the session. Once Justin’s behavior improved the mother was able to leave the room. Justin remained cooperative for the remainder of his treatment session.

O: During natural play activities Justin consistently followed simple, one step directions. He identified 5/5 farm animals and 3/5 foods from a visual field of two. Justin independently labeled, “cow” and “horse” and imitated 5, noun-verb phrases with good intelligibility. Justin achieved 80% accuracy for imitated productions of CVCV combinations and 50% accuracy for imitated productions of CVC words.

A: Justin’s expressive one-word vocabulary is steadily increasing. He is also beginning to readily imitate more single words and 2-word phrases.

P: Continue with individual therapy 2x/week for 60-minutes. Therapy will focus on increasing ability to follow more complex one step directions as well as on increasing expressive and receptive vocabulary and imitated and spontaneous productions of two-word phrases. Animal and food worksheets were provided to increase carryover within the home.
## End of Semester Progress Summary Report

### Identifying Information

<table>
<thead>
<tr>
<th>Patient’s name</th>
<th>Date of report</th>
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<tbody>
<tr>
<td>Date of birth</td>
<td>Age</td>
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<tr>
<td>Parent’s/Caregiver’s name</td>
<td>Date of report</td>
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<td>Address</td>
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<td>Phone (include area code)</td>
<td>Home</td>
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<tr>
<td>Initial Speech-Language evaluation date</td>
<td>Last interim report due</td>
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<td>Number of sessions scheduled</td>
<td>Number of sessions attended</td>
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<tr>
<td>Current Diagnosis</td>
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**Graduate student clinician**

### Medical History
Summary pertinent medical, developmental, social, and educational history.

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**Present Goals/Objectives** please list

Long-term goals

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Short-term objectives

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Progress Summary/Treatment Outcomes**

Discuss for each short-term objective.
Example: Discuss objective 1, Include data, Pre-test information. Discuss methods used and results.

________________________________________________________________________
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**Overall Assessment** strengths and weaknesses

________________________________________________________________________
________________________________________________________________________

**Plan**
1. Recommendation for intervention
2. Frequency and duration
3. Prognosis

**Updated Short-term Objectives** (please list)

________________________________________________________________________
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Graduate Student Clinician

Date

______________________________

Clinical Director/ Supervisor

Date
Clinical Observation Summary Report

<table>
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<tr>
<th>Student</th>
<th>Date of observation</th>
<th>Clock hours earned</th>
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<tr>
<th>Location of observation</th>
<th>Name of clinician observed</th>
</tr>
</thead>
</table>

Speech diagnosis

- [ ] Child (birth to 16 years)
- [ ] Adult (17 years and older)
- [ ] Evaluation
- [ ] Treatment

Age of patient observed | Type of observation

Summary of Session

___________________________________________________________________________________
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Materials Used

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Overall Impressions/Comments

___________________________________________________________________________________
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ASHA license number | Certified clinician signature

Assistant | Clinical Administrative

White copy to SLP Clinical Administrative

Yellow copy for your records
Discharge Summary Guidelines

Identifying Information

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<tr>
<td>Phone (include area code)</td>
<td>Home</td>
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<tr>
<td>Initial Speech-Language evaluation date</td>
<td>Number of sessions scheduled</td>
</tr>
</tbody>
</table>

Current diagnosis

Graduate student clinician

Medical History
Summary pertinent medical, developmental, social, and educational history.
Treatment Outcomes
Summarize progress on all goals and objectives of treatment program.

________________________________________________________________________
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Plan
Recommendation for discharge. Include reason for discharge.

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______________________________________________  _______________________
Graduate Student Clinician  Date

______________________________________________  _______________________
Clinical Director/ Supervisor  Date
# CLINICAL SUPERVISOR’S OBSERVATION REPORT OF THERAPY SESSION

<table>
<thead>
<tr>
<th>Client’s Initials</th>
<th>Diagnosis</th>
<th>Time Observed</th>
<th>Total Time of Session</th>
<th>Exceeds Expectations</th>
<th>Meets Expectation</th>
<th>Inconsistently Meets Expectation</th>
<th>Requires Specific</th>
<th>Skill Not evident</th>
<th>NA Not Applicable</th>
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</table>

- Generates appropriate lesson plans
- Adjusts therapy plan according to client response
- Uses session time effectively
- Provides appropriate instructions
- Demonstrates proficient use of materials
- Collects data appropriately
- Provides appropriate feedback
- Scores and interprets data appropriately

**To Be Commended:**

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**To Be Discussed:**

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Clinical Supervisor Signature

Student Signature

Original to department Secretary
Copy for student’s record
FIELDWORK SITE VISIT

CLINICAL SUPERVISOR’S OBSERVATION REPORT

Course: _____________________  Fieldwork Site: _______________________________

Clinician: ___________________________Site Supervisor:________________________

Date of Session: __________________ Clinical Supervisor: ______________________

Therapy followed lesson plan 1 2 3 4 5 NA

Proficiency in Using Materials 1 2 3 4 5 NA

Clinician kept accurate records 1 2 3 4 5 NA

Effectively reinforced the client 1 2 3 4 5 NA

Session time was used effectively 1 2 3 4 5 NA

Clinician was in control of session 1 2 3 4 5 NA

Rate/pitch/volume were appropriate 1 2 3 4 5 NA

Handled discipline appropriately 1 2 3 4 5 NA

Used appropriate language levels 1 2 3 4 5 NA

Identified errors from target behaviors 1 2 3 4 5 NA

Used appropriate correction techniques 1 2 3 4 5 NA

Encouraged client to self-evaluate 1 2 3 4 5 NA

Provided appropriate instructions 1 2 3 4 5 NA

Perceived client’s tolerance level 1 2 3 4 5 NA

Additional Comments:_______________________________________________________

__________________________________________________________________________

__________________________________________________________________________

___________________________________________________________

5 competent    4 adequate    3 developing    2 inadequate   1 skill not evident   NA not applicable

Student Signature ___________________________ Clinical Supervisor’s Signature ___________________________
GRAND ROUNDS/PEER REVIEW

CLIENT: ____________________  STUDENT CLINICIAN: ____________________
DIAGNOSIS: _________________________________________________________
DATE OF REVIEW: ____________________
AGE: _______  PROGRAM FREQUENCY: ____________________

LENGTH CLIENT HAS BEEN RECEIVING SERVICES: _______

DESCRIPTION OF CLIENT'S STATUS, GOALS, PROGRESS, AND CONCERNS:
_____________________________________________________________________________________
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TEAM RECOMMENDATIONS:
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**STUDENT CLINICIAN’S VIDEO CRITIQUE**

Clinician: ___________________________ Client’s Initials/Diagnosis: ___________________________

Date of Session: ____________________ Clinical Supervisor: ____________________________

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<th>Rating</th>
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<th>3</th>
<th>4</th>
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<td>Clinician kept accurate records</td>
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<td>Effectively reinforced the client</td>
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<td>Session time was used effectively</td>
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<td>Clinician was in control of session</td>
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<td>Rate/pitch/volume were appropriate</td>
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<td>Handled discipline appropriately</td>
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<td>Provided appropriate instructions</td>
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<td>Perceived client’s tolerance level</td>
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**Strengths/ Areas of Improvement:**

____________________________________________________________________________________

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5 competent  4 adequate  3 developing  2 inadequate  1 skill not evident  NA not applicable

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Student Signature        Clinical Supervisor’s Signature
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**TOTAL HOURS THIS WEEK**

**TOTAL HOURS LAST WEEK**

**TOTAL HOURS TO DATE**

Date

---

Clinic Supervisor
ASHA Number

---


date
CLINICAL EDUCATION JOURNAL

Student’s Name: ___________________________ Date: ______________
Week:_____________

CHECKLIST: The following documentation has been handed in to your supervisor.

- Diagnostic Reports 
- Lesson Plans
- SOAP Notes
- Verbal/Telephone Log
- Weekly Clinical Hours
- Interim Report
- Diagnostics/Material Returned
- Discharge Summaries

CLINICAL JOURNAL:

This was a: ______good week ______so so week ______challenging week

Identify two positive and one not so positive experience you had this week.

What might you have done differently to change the not so positive experience?

List two clinical skills on which you got a better handle on this week.

List two clinical skills on which you need to work on.

In what ways were your communication/interpersonal skills used effectively this week?

On the back: Write an objective for yourself to be accomplished next week in each of the following areas:

1. Professional-Technical Skills
2. Interpersonal Relationships
3. Professional Behavior

Student’s Signature: ___________________________
Supervisor’s Signature: ________________________
FIELDWORK JOURNAL

Student’s Name: __________________________ Site: ________________________
Date: ____________________________ Week: _______________________

CHECKLIST: The following documentation has been competed this week:

_____ Documented clinical hours on SharePoint
_____ Semester to Date Hours Form (Completed and Signed)

1. Summarize your week.

2. Identify 1-2 positive experiences you encountered this week.

3. List 1-2 new clinical skills you learned this week/got a better handle on.

4. List 1-2 challenges you encountered this week. How were the handled?

5. List at least 2 goals you have for yourself for the upcoming week?

Student’s Signature: __________________________

Supervisor’s Signature: __________________________
STUDENT SELF-ASSESSMENT OF CLINICAL COMPETENCIES

STUDENT’S NAME: ___________________________ DATE: ________________
COURSE NO: ___________________________ SEMESTER: ________________
CLINICAL INSTRUCTOR: ___________________________

Instructions:
Self-assessment is a vital skill for effective professional development. The purpose of this assessment is to assist clinical and academic faculty to better evaluate the student’s needs in his/her development of clinical competence. You are asked to rate your competency and your exposure for evaluation and treatment using the following rating scales:

A. EVALUATION AND INTERVENTION COMPETENCY

<table>
<thead>
<tr>
<th>Competency Level</th>
<th>Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 - Able to apply self directed research and theoretical knowledge with complete independence to provide intervention that exceeds expectations of the Clinical Instructor (CI) within the therapeutic setting.</td>
<td>4- clinical, classroom, and lab</td>
</tr>
<tr>
<td>4 - Able to independently provide intervention, requiring only minimal guidance from the CI within the therapeutic setting.</td>
<td>3- clinical only</td>
</tr>
<tr>
<td>3- Able to integrate general direction and specific instruction from the CI within the therapeutic setting.</td>
<td>2- classroom and lab</td>
</tr>
<tr>
<td>2- Requires assistance to complete skill with CI physically present; needs specific direction and demonstration to perform effectively within the therapeutic setting.</td>
<td>1- classroom only</td>
</tr>
<tr>
<td>1- Unable to complete skill competently with CI physically present even when given specific direction and demonstration within the therapeutic setting.</td>
<td>0- no exposure</td>
</tr>
</tbody>
</table>

Communication Areas

<table>
<thead>
<tr>
<th>Articulation</th>
<th>Fluency</th>
<th>Voice and Resonance</th>
<th>Receptive and Expressive Language</th>
<th>Hearing</th>
<th>Swallowing</th>
<th>Cognition</th>
<th>Social Aspects</th>
<th>Augmentative and Alternative Communication</th>
<th>Cultural/Linguistic Diversity</th>
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### Service Delivery Models

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<td>Small Group Pullout</td>
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<td>Collaborative/Consultative</td>
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**Student Self-Assessment 2**

### B. DOCUMENTATION SKILLS

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<th>Documentation</th>
<th>Competency</th>
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<td>Daily notes/logs</td>
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<td>Discharge Summaries</td>
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<td>Insurance Forms</td>
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### C. INTERPERSONAL AND AFFECTIVE SKILLS

You are asked to rate your confidence level for interpersonal and affective skills using the following scale:

- 4= very confident
- 3= confident
- 2= minimally confident
- 1= not confident at all
- 0= no exposure

#### SKILL

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<thead>
<tr>
<th>SKILL</th>
<th>CONFIDENCE LEVEL</th>
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<tbody>
<tr>
<td>1. Giving instructions to clients.</td>
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<td>2. Discussing evaluation findings with client/family.</td>
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<tr>
<td>3. Discussing treatment plan with client/family.</td>
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<td>4. Communicating/collaborating effectively with other professionals.</td>
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<td>5. Requesting more/less help from supervisor.</td>
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<td>6. Providing feedback to supervisor.</td>
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<td>7. Discussing own strengths and weaknesses.</td>
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<td>8. Confronting and resolving conflict with others.</td>
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<tr>
<td>10. Perceiving client’s verbal/nonverbal behaviors</td>
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<tr>
<td>Relating to attention and motivation</td>
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<tr>
<td>11. Selecting and using appropriate cueing/prompting/reinforcement.</td>
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<tr>
<td>12. Modifying treatment session according to client response.</td>
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__________________________  __________________________
STUDENT SIGNATURE          CLINICAL INSTRUCTOR

Revised: 3/3/2013
CLINICAL EDUCATION EVALUATION FORM
SPEECH-LANGUAGE PATHOLOGY STUDENTS

Optional Clinic______ Clinic I _______ Clinic II _______ Diagnostic Clinic _____
Fieldwork I ______ Fieldwork II ______ Fieldwork III _______
____ MIDTERM  ____FINAL

STUDENT INFORMATION

Student’s Name: ________________________________________________________

Dates of Clinical Experience: _______________  Semester: ________________

Course Number: __________________________

CLINICAL EDUCATION SITE INFORMATION

Name of Clinical Affiliation Facility: ________________________________

Address: _____________________________________________________________

City_________________________ State________________ Zip_________________

Phone: ___________________________ Email: _____________________________

Clinical Instructor/University Clinical Supervisor’s Name:

_____________________________________________________________________

ASHA Certification Number: ____________________________________________
INTRODUCTION: INSTRUCTIONS FOR USE

This student performance assessment appraises the competency levels for the evaluation, intervention, and interaction and personal quality skills necessary for graduate students of speech-language pathology to ensure readiness for entry-level practice. These competencies are based on standards developed by the Council for Accreditation on Audiology and Speech-Language Pathology (CAA) from the American Speech-Language-Hearing Association (ASHA). The 2014 Standards were created in response to: (a) changes in the scope of practice, (b) the need to protect consumers, and (c) the need to promote quality service. The performance criteria used in this instrument are imperative to the judgment of overall clinical competence.

DIRECTIONS FOR RATING EVALUATION AND INTERVENTION COMPETENCIES IN SECTION I AND II.

Competency means to consistently perform the activity accurately, skillfully, and in the appropriate time and place. Indicate the student’s current level of development in Sections I and II using the following rating scale:

- **5** = Able to apply self directed research and theoretical knowledge with complete independence to provide intervention that exceeds expectations of the Clinical Instructor (CI) within the therapeutic setting.
- **4** = Able to independently provide intervention, requiring only minimal guidance from the CI within the therapeutic setting.
- **3** = Able to integrate general direction and specific instruction from the CI within the therapeutic setting.
- **2** = Requires assistance to complete skill with CI physically present; needs specific direction and demonstration to perform effectively within the therapeutic setting.
- **1** = Unable to complete skill competently with CI physically present even when given specific direction and demonstration within the therapeutic setting.
- **0** = Not applicable/no exposure.

DIRECTIONS FOR RATING INTERACTION AND PERSONAL QUALITIES IN SECTION III

- **5** = Independent; exemplary
- **4** = Exceeds
- **3** = Meets
- **2** = Improvement Needed
- **1** = Unacceptable
INSTRUCTIONS FOR SCORING

Each of the three sections is scored separately. There are a maximum number of 10 competencies that can be scored. Score only those applicable to your practicum setting. If the competency item is not applicable, circle “0”. DO NOT include this competency item when arriving at the total score.

Competency Score
To obtain the total score, use the conversion chart below. Add up the total number of points. Divide this by the maximum number that could have been achieved. This will give you the competency score. For example, if all 10 items were scored, at a competency level of 5, the maximum score possible would be 190 (10 X 19). If the total of all the competencies was 180 (10 X 18), the student would obtain a competency score of 94 (180/190). If only 9 items were scored at a competency level of 19, the maximum score possible would be 171 (9 X 19). If the total of all the competencies was 144 (9 X 16), the student’s competency score would be 84 (144/171).

CONVERSION CHART: 0= No points 3=15 points
1= 13 points 4=17 points
2= 14 points 5=19 points

• University Clinical Supervisors do not issue a student greater than 89 points (see Appendix for Supervisor Evaluation Form) in any area at mid-term. A CI assigned to supervise students off campus will follow the same policy. If a student receives less than 83 points in any area at mid-term, detailed notes and documentation must accompany all evaluation reports (mid-term and final) so that students are aware of the reason for the points they have received. If a student receives less than 83 points in any area at mid-term, then weekly documentation and notes are necessary to provide the student with feedback about clinical performance. All students must sign all documents and feedback provided by the supervisor.

• Clinical Instructors are only responsible for assigning a student a specific number of points in any competency area. It is the responsibility of the Clinical Supervisor at Misericordia University to assign a student’s final clinical grade based on total number of points received for each competency and information documented in this report, information documented by the University Clinical Supervisor during the fieldwork site visit (if applicable), and any additional information obtained and documented between the Clinical Instructor and the University Clinical Supervisor (if applicable).
SECTION I: EVALUATION COMPETENCIES

Following completion of this clinical experience, the student demonstrates the ability to:

<table>
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<tr>
<th>EVALUATION COMPETENCIES</th>
<th>COMPETENCY LEVEL</th>
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<tbody>
<tr>
<td>1. Conduct screening and prevention procedures (including prevention activities).</td>
<td>5 4 3 2 1 0 n/a</td>
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<tr>
<td>2. Collect case history information and integrate information from clients/patients, family, caregivers, teachers and relevant others, including other professionals.</td>
<td>5 4 3 2 1 0 n/a</td>
</tr>
<tr>
<td>3. Select and administer appropriate evaluation procedures, such as behavioral observations, non standard and standardized tests and instrumental procedures.</td>
<td>5 4 3 2 1 0 n/a</td>
</tr>
<tr>
<td>4. Adapt evaluation procedures to meet client/patient needs.</td>
<td>5 4 3 2 1 0 n/a</td>
</tr>
<tr>
<td>5. Accurately score and interpret formal diagnostic tests to establish a diagnosis.</td>
<td>5 4 3 2 1 0 n/a</td>
</tr>
<tr>
<td>6. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.</td>
<td>5 4 3 2 1 0 n/a</td>
</tr>
<tr>
<td>7. Complete administrative and reporting functions necessary to support evaluation.</td>
<td>5 4 3 2 1 0 n/a</td>
</tr>
<tr>
<td>8. Collaborate with peers and clinical supervisor(s) to plan and carryout diagnostic evaluations.</td>
<td>5 4 3 2 1 0 n/a</td>
</tr>
<tr>
<td>9. Provide complete and accurate diagnostic findings (e.g., normative data, observations, etc.) that follow practicum guidelines.</td>
<td>5 4 3 2 1 0 n/a</td>
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<tr>
<td>10. Identify and refer clients/patients for appropriate services</td>
<td>5 4 3 2 1 0 n/a</td>
</tr>
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**Total Competency Score Student Achieved:**

**Maximum competency scored based on applicable items**

**Overall Competency Score for Evaluation:**

**Areas Assessed: (Check all that apply)**

- Articulation
- Fluency
- Voice and Resonance
- Receptive and Expressive Language
- Hearing
- Swallowing
- Cognition
- Social Aspects of Language
- Augmentative and Alternative Communication
- Culturally Diverse

**COMMENTS:** *Necessary for University Clinical Supervisor to determine mid-term and final grade. Please use the back of this page if you require additional room.*
SECTION II: INTERVENTION COMPETENCIES

INTERVENTION COMPETENCIES

1. Establishes appropriate long term goals for client. 5 4 3 2 1 0 n/a
2. Establishes behavioral objectives that include condition, performance, and termination criteria. 5 4 3 2 1 0 n/a
3. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients’/patients’ needs. 5 4 3 2 1 0 n/a
4. Demonstrate ability to evaluate and/or establish appropriate plan of care for varying diagnoses. 5 4 3 2 1 0 n/a
5. Implement intervention plans (involve clients/patients and relevant others in the intervention process). 5 4 3 2 1 0 n/a
6. Select or develop and use appropriate materials or instrumentation for prevention and intervention. 5 4 3 2 1 0 n/a
7. Measure and evaluate clients’/patients’ performance and progress. 5 4 3 2 1 0 n/a
8. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of the clients/patients. 5 4 3 2 1 0 n/a
9. Complete administration and reporting functions necessary to support intervention. 5 4 3 2 1 0 n/a
10. Identify and refer clients/patients for services as appropriate. 5 4 3 2 1 0 n/a

Total Competency Score Student Achieved: ______________________

Maximum competency score based on applicable items: ______________________

Overall Competency Score for Intervention: ______________________

Areas Assessed: (Check all that apply)

Articulation    Fluency    Voice and Resonance    Receptive and Expressive Language    Hearing    Swallowing    Cognition    Social Aspects of Language    Augmentative and Alternative Communication    Culturally Diverse

COMMENTS: *Necessary for University Clinical Supervisor to determine mid-term and final grade. Please use the back of this page if you require additional room.

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
**SECTION III: INTERACTION AND PERSONAL QUALITY COMPETENCIES**

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<thead>
<tr>
<th>INTERACTION COMPETENCY</th>
<th>COMPETENCY LEVEL</th>
</tr>
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<tbody>
<tr>
<td>1. Attendance is reliable and punctual.</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>2. Develop and demonstrate the ability to work with clients of various diagnoses, ages, gender, socioeconomic, and ethnic backgrounds.</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>3. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural and linguistic background of the client/patient, family caregivers, and relevant others.</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>4. Collaborate with other professionals in case management.</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>5. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>6. Demonstrates effective use of time to complete verbal and written tasks involving case management.</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>7. Abide by the policies and procedures in the practicum setting.</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>8. Implement clinical instructor’s suggestions in an open and non-defensive manner, and follows through on recommendations for clients.</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>9. Demonstrate initiative in planning and implementing evaluation and/or treatment procedures.</td>
<td>5 4 3 2 1</td>
</tr>
<tr>
<td>10. Adhere to the ASHA code of ethics and behave professionally.</td>
<td>5 4 3 2 1</td>
</tr>
</tbody>
</table>

Total Competency Score Student Achieved: __________________________

Maximum competency score based on applicable items: __________________________

Overall Competency Score for Interaction and personal qualities: __________________________

**COMMENTS:** *Necessary for University Clinical Supervisor to determine mid-term and final grade. Please use the back of this page if you require additional room.*

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Total # of Days Absent at time of Midterm: __________________________

Total # of Days Absent at time of Final: __________________________

Total # of Days Absent: __________________________
SUMMARY:

<table>
<thead>
<tr>
<th>COMPETENCY AREAS</th>
<th>COMPETENCY SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation</td>
<td></td>
</tr>
<tr>
<td>Intervention</td>
<td></td>
</tr>
<tr>
<td>Interaction and Personal Qualities</td>
<td></td>
</tr>
</tbody>
</table>

* Please provide your input on this student’s ability to effectively and ethically perform clinical services with a variety of clients. Use the back of this page if you need additional room.

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CLINICAL INSTRUCTOR’S/UNIVERSITY SUPERVISOR’S SIGNATURE

ASHA CERTIFICATION NUMBER

STUDENT’S SIGNATURE                  DATE

STUDENT’S FINAL GRADE AS DETERMINED BY THE UNIVERSITY SUPERVISOR:________________
STUDENT’S STRENGTHS:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
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AREAS REQUIRING IMPROVEMENT:

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SUMMATIVE CLINICAL COMPETENCY EVALUATION FOR GRADUATE SPEECH-LANGUAGE PATHOLOGY STUDENTS

Student’s Name: __________________________     Date of Assessment________________

SUMMARY OF CLINICAL EDUCATION SETTING

<table>
<thead>
<tr>
<th>Clinical Education Experience Setting</th>
<th>Course Number</th>
<th>Semester/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1._______________________________</td>
<td>_____________</td>
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<tr>
<td>2._______________________________</td>
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<td>3._______________________________</td>
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<td>5._______________________________</td>
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<tr>
<td>6._______________________________</td>
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</tbody>
</table>

*Clinical education must include a variety of clinical settings, populations, and age groups across the breadth of the scope of practice. All students must complete at least two clinical practicum assignments and one diagnostic clinic prior to beginning fieldwork experience. The initial clinical practicum must occur in the Misericordia University Speech-Language and Hearing Center. Upon successful completion of the required practicum assignments, students must complete two full time fieldwork placements. Students must gain adult and pediatric clinical experience in one or both of these settings. Students pursuing teacher’s certification must complete one fieldwork assignment in the school setting. In an effort to insure that students gain experience with culturally and linguistic diverse populations, students are allowed to select an externship out of the immediate area provided that the site is approved by the clinical director.

Total Clinical Hours: ________     Observation Hours: ________
**DIRECTIONS FOR RATING EVALUATION AND INTERVENTION COMPETENCIES**

Competency means to consistently perform the activity accurately, skillfully, and in the appropriate time and place. Circle the student’s current level of development in the Evaluation and Intervention Competencies sections using the following rating scale:

5: **Competency in skill area well developed**: demonstrates adequate theoretical knowledge and independence in clinical application; requires only confirmation from the Clinical Instructor (CI) to perform effectively in the clinical setting.

4: **Competency in skill area developed but needs refinement**: demonstrates adequate theoretical knowledge; requires general guidance from the CI to perform effectively in the clinical setting.

3: **Competency in skill area present but requires further development**: demonstrates general theoretical knowledge; requires specific guidance from the CI to perform effectively in the clinical setting.

2: **Competency in skill area emerging**: demonstrates limited theoretical knowledge; requires frequent guidance from the CI to perform effectively in the clinical setting.

1: **Competency in skill area not present**: lacks both theoretical knowledge and clinical application; unable to complete skill competently with CI physically present even when given specific, frequent direction and demonstration.

0: Not applicable/no exposure

**DIRECTIONS FOR RATING INTERACTION AND PERSONAL QUALITIES**

5: Independent, exemplary
4: Exceeds
3: Meets
2: Improvement Needed
1: Unacceptable

**SCORING**

To meet the criterion for competency, a level of 4 or 5 must be obtained. All competencies judged below 4 will **not** meet the criterion for competency. To meet graduation requirements imposed by the American-Speech-Language-Hearing Association (ASHA), students must meet competencies for all evaluation, intervention, and interaction and personal qualities standards.

*Students who fail to achieve a competency rating of 4 or better in any one skill area will be required to complete an additional clinical rotation to gain the skills and knowledge necessary to become competent in that area. If competency is not demonstrated following an additional clinical rotation, the student will be dismissed from the program.*

Completion of an additional clinical rotation does not guarantee successful completion of the program.
<table>
<thead>
<tr>
<th>Evaluation Competencies</th>
<th>Articulation</th>
<th>Fluency</th>
<th>Voice</th>
<th>Language</th>
<th>Hearing</th>
<th>Social aspects of language</th>
<th>Cognition</th>
<th>Swallowing</th>
<th>AAC</th>
</tr>
</thead>
</table>

**Level of Competency**

1. Conducts screening and preventive procedures (Includes prevention activities)

2. Collects case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.

3. Selects and administers appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures.

4. Adapts evaluation procedures to meet client/patient needs.

5. Interprets, integrates, and synthesizes all information to develop diagnoses and make appropriate recommendations for intervention.

6. Completes administrative and reporting functions necessary to support evaluation.

7. Refers clients/patients for appropriate services.

*As documented in Standard IV-G of the certification standards in speech-language pathology, students must show acquisition of each of the seven aforementioned skill outcomes for each of the nine disordered areas listed above. Clinical skills may be developed and demonstrated by means other than direct client/patient contact in clinical practicum experiences, such as academic course work, labs, simulations, examinations, and completion of independent projects.*
<table>
<thead>
<tr>
<th>Intervention Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level of Competency</strong></td>
</tr>
<tr>
<td>1. Develops setting-appropriate intervention plans with measurable and achievable goals that meet clients’/patients’ needs. Collaborates with clients/patients and relevant others in the planning process.</td>
</tr>
<tr>
<td>2. Implements intervention plans (involve clients/patients and relevant others in the intervention process).</td>
</tr>
<tr>
<td>3. Selects or develops and use appropriate materials and instrumentation for prevention and intervention.</td>
</tr>
<tr>
<td>4. Measures and evaluates clients’/patients’ performance and progress.</td>
</tr>
<tr>
<td>5. Modifies intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.</td>
</tr>
<tr>
<td>6. Completes administrative and reporting functions necessary to support intervention.</td>
</tr>
<tr>
<td>7. Identifies and refers clients/patients for services as appropriate.</td>
</tr>
</tbody>
</table>

*As documented in Standard IV-G of the certification standards in speech-language pathology students must show acquisition of each of the seven aforementioned skill outcomes for each of the nine disordered areas listed above. Clinical skills may be developed and demonstrated by means other than direct client/patient contact in clinical practicum experiences, such as academic course work, labs, simulations, examinations, and completion of independent projects.*
### Interaction and Personal Qualities

<table>
<thead>
<tr>
<th>Level of Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>1. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.</td>
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<td>2. Collaborates with other professionals in case management</td>
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</tr>
<tr>
<td>4. Adheres to ASHA Code of Ethics and behaves professionally</td>
</tr>
</tbody>
</table>

**SUMMARY:**

**Strengths:**

- Evaluation
  - 1. Articulation
  - 2. Fluency
  - 3. Voice
  - 4. Receptive and Expressive Language
  - 5. Hearing
  - 6. Social Aspects of Language
  - 7. Cognition
  - 8. Swallowing
  - 9. AAC

- Intervention
  - 1. Articulation
  - 2. Fluency
  - 3. Voice
  - 4. Receptive and Expressive Language
  - 5. Hearing
  - 6. Social Aspects of Language
  - 7. Cognition
  - 8. Swallowing
  - 9. AAC

**Weaknesses:**

- Interaction and Personal Qualities

---

Revised: 3/3/2013
Professional Behaviors Incident Form

The **Speech-Language**
and **Hearing Center**
at Misericordia University

Professional Behavior(s) Violated (please check all that apply)

**Interpersonal Skills**

- □ Demonstrates interest in patients as individuals
- □ Respects cultural and personal differences of others (non-judgmental about patient’s lifestyle)
- □ Respects personal space of patients and others
- □ Respects role of other healthcare professionals and support staff
- □ Establishes trust
- □ Demonstrates the ability to work with persons of various ages, ethnic, gender, socioeconomic, racial backgrounds, and lifestyles in an appropriate and professional manner
- □ Accepts the role of a team player

**Communication Skills**

- □ Articulates thoughtful contribution to discussion in an appropriate manner
- □ Selects a communication style (verbal and written) to meet the needs of different audiences
- □ Presents verbal and written message with logical organization and sequencing
- □ Maintains and provides an open and constructive communication
- □ Communicates in a professional manner
- □ Addresses questions/concerns in a timely manner
- □ Listens to and hears others before responding to what is being said
- □ Communicates with others in a respectful, confident manner
- □ Recognizes impact of non-verbal communication and responds accordingly
- □ Talks about difficult issues with sensitivity and objectivity
- □ Collaborates with others by approaching others to discuss differences in opinion
- □ Clearly expresses own opinions and concerns

Comments

____________________________________________________________________________________
Use of Constructive Feedback

- Acknowledges errors and/or assets
- Demonstrates a positive attitude toward feedback
- Asks for clarification and/or clarifying one’s position
- Reconciles differences with sensitivity
- Engages in non-judgmental, constructive, problem-solving discussions
- Uses self-assessment for professional growth
- Recognizes that criticism is directed at behavior and not at a person

Comments

Effective Use of Time

- Completes assignments and meet all deadlines as required
- Uses unscheduled time efficiently
- Demonstrates flexibility
- Plans ahead
- Sets priorities and reorganizes as needed
- Performs multiple tasks simultaneously
- Demonstrates initiative

Comments

Responsibilities

- Is dependable, reliable, and accountable with all assigned tasks
- Follows through with commitments
- Recognizes one’s limitations and work towards improving them
- Accepts responsibilities for own actions and outcomes
- Offers and accepts helps when appropriate
- Follows appropriate chain of command and represent own concerns/ issues during conflict resolution
- Follows all HIPPA guidelines to maintain confidentiality

Comments
Commitment to Learning

- Seeks assistance when appropriate
- Identifies and locate appropriate resources, both internal and external
- Identifies needs for further information
- Seeks out alternative professional literature
- Sets personal and professional goals
- Elicits input, opinions, and participation from others
- Welcomes and seeks new learning opportunities
- Accept that there is more than one right answer
- Demonstrates willingness in sharing knowledge
- Consults other professionals

Comments

Stress Management

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

Comments
Adheres to Ethics

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

---

**Comments**

---

Students Signature Date

Instructor’s signature Date

Clinical Director’s signature Date

Student’s response

---

**Plan of Action** (check one)

- Written reprimand
- With remedial plan
- Without remedial plan
- Probation for 1 year
- Dismissal from Speech-Language Pathology Program
- Forward to department chair *required*
- Forward to college dean
- Forward to vice president of academic affairs
- Forward to clinical director *required*
- Copy to student *required*
Agreement for Off-Campus Practicum Placement

__________________________________________________________ Agrees to accept

(Off-Campus Facility)

__________________________________________________________ For placement as part of his/her

practicum training in the Department of Speech Language Pathology. During this

placement ___________________________________ agrees to the following

(Off-Campus Facility)

responsibilities:

1. Provide the student with a coordinated program of clinical orientation, observation and
practicum that is as consistent as possible with the student’s clinical interests, needs
and capabilities, and with the faculty’s caseload, space, equipment, staff and client
management and policies and procedures.

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

3. Assume responsibility for having a supervisor on site at all times when the student is
performing practicum at the facility. Discuss major goals and expectations for the
practicum placement with the student and encourage the student to express his/her
own goals and expectations.

4. Provide continual feedback to students throughout the practicum placement, as well as,
complete formal midterm and end of semester evaluations for submission to the
University training program.

5. Sign weekly therapy logs verifying student practicum hours.

6. Provide the training program a copy of the supervisor’s current ASHA membership
card for verification of certification status.
The student, ________________________________, agrees to the following responsibilities:

1. To abide by the policies and procedures established by the off-campus facility.

2. To abide by the assignment schedule as agreed upon by the off-campus facility and the university training program. Tardiness and absences (except in the case of illness or family death) are unacceptable and reason for expulsion from the training program.

3. To submit weekly therapy logs for verification of practicum hours to the off-campus supervisor for his/her signature.

4. To maintain strictest confidentiality on any issues or information relating to the off-campus facility and its patients and abide by all HIPPA standards and procedures.

5. To complete an evaluation of the off-campus supervisor at the end of the semester for submission to the University training program.

6. Graduate students will provide proof of malpractice insurance coverage.

7. No remuneration will be provided to students for any work performed at the off-campus facility.

A university training program faculty member will act as a liaison with the off-campus facility. A mutually agreed upon schedule of site visits or, if more appropriate, telephone contact will be established to ensure an ongoing joint review of the student’s performance and progress.

____________________________________________________  ________________________
Student  Date

____________________________________________________  ________________________
University Liaison  Date  ASHA #

____________________________________________________  ________________________
Off-Campus Facility Supervisor  Date  ASHA #
CLINICAL INCIDENT REPORT

Purpose: This form is used to report incidents or unusual occurrences involving a Misericordia University student who is engaged in a scheduled clinical activity. The entire form must be completed and signed by both the student and the clinical faculty/supervisor. The original report will be forwarded to the department chairperson. Copies will be distributed as follows: Gold- student; Pink- controller’s office; Yellow-department student file.

PLEASE PRINT OR TYPE INFORMATION ON FORM AND ATTACHED SHEETS.

I. Student Name:__________________________ SS#:__________________________

Program/Level: (Circle one)

Medical Imaging:  Sophomore  Junior  Senior  Sonography
Nursing:  BSN (Junior)  BSN (Senior)  RN to BSN  RN to MSN  Graduate
Occupational Therapy:  Level I  Int. I  Int. II  Int. III  Level II
Physical Therapy:  MSPT I  MSPT II  MSPT III
SLP  Junior  Senior  Graduate

Clinical Faculty/Supervisor Name:__________________________ Title:__________________________

Date of Report:______________ Date of Incident:______________ Time of Incident:______ a.m.   p.m.

Name of clinical agency where incident occurred: _____________________________________________________________

Address:_______________________________________________________________________________________________

Place where incident occurred:_________________________________________________________

II. What was the student doing when the incident occurred? (Be specific. If the student was using equipment or handling material, etc. please identify and tell what was being done.)

III. How did the incident occur? (Describe fully the events that resulted in the incident. Tell what happened, how it happened, whether an injury occurred as a result, and name any equipment, personnel, or other factors involved in the incident. Attach additional pages to this form if necessary.)

IV. If an injury resulted, explain who was injured and the nature and location of the injury. (Describe fully, including parts of the body affected.)
V.  
**Was medical attention received?**  (Describe by whom, where and when.)

*Signature is required in the appropriate space below only if student sustained an injury.*

Treatment received (student’s signature)______________________________________________

Treatment refused (student’s signature)______________________________________________

VI.  
**Who was notified of the incident?**  (Provide the names of each person in the order that they were notified of the incident.  Be sure to include Misericordia University personnel.  Include the dates when notified and by whom.  If a student sustained an injury, the Director of the Student Health Center must be notified.)

VII.  
**Provide a plan to keep other such incidents from occurring in the future.**  (This section is completed by the clinical faculty/supervisor in consultation with the student.  List mutually agreed upon strategies.)

VIII.  
**Additional Comments:**  (Attach additional sheets as needed.)

Student Signature:_________________________________________  Date: ________________

Faculty/Supervisor Signature:________________________________  Date:______________
SNOW POLICY

1. Check the local T.V. or radio stations or call the Misericordia University (MU) Hotline to see if the University is closed. If MU is closed, the MU Speech-Language and Hearing Center will also be closed.

2. If MU has a compressed schedule with classes beginning at 10:00 AM, The Center will open at 10:00 AM.

3. If MU opens at 12:00 PM (noon), the Center will open at noon. The morning sessions will be cancelled.

4. If MU has an early dismissal, The Center will close at that time and all day and evening sessions will be cancelled.

5. If MU cancels evening classes The Center will close at 4:30 PM.

MISERICORDIA UNIVERSITY
INFORMATION HOTLINE NUMBER: 674-6311
<table>
<thead>
<tr>
<th>DATE OUT</th>
<th>ITEM</th>
<th>NAME</th>
<th>DATE RETURNED</th>
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</tbody>
</table>
# CLINIC CHECKOUT

**Student Clinician Name:**

**DATE:** _______________  **SEMESTER:** _______________

## INFORMATION

<table>
<thead>
<tr>
<th>PATIENT FOLDERS</th>
<th>PRESENT</th>
<th>ABSENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Registration Forms (if applicable)</td>
<td>_______</td>
<td>_______</td>
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<tr>
<td>□ Hippa Forms (if applicable)</td>
<td>_______</td>
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<tr>
<td>□ Informed Consent (if applicable)</td>
<td>_______</td>
<td>_______</td>
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<tr>
<td>□ Case History (if applicable)</td>
<td>_______</td>
<td>_______</td>
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<tr>
<td>□ Medical Records from other Facilities (if applicable)</td>
<td>_______</td>
<td>_______</td>
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<tr>
<td>□ Initial Evaluation Report/IEP</td>
<td>_______</td>
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<tr>
<td>□ All original test forms with identifying information completed (if applicable)</td>
<td>_______</td>
<td>_______</td>
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<tr>
<td>□ Re-evaluation Report (if applicable)</td>
<td>_______</td>
<td>_______</td>
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<tr>
<td>□ Treatment Plans (if applicable)</td>
<td>_______</td>
<td>_______</td>
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<tr>
<td>□ Quarterly Progress Reports (if applicable)</td>
<td>_______</td>
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<tr>
<td>□ End of Semester Progress Reports (if applicable)</td>
<td>_______</td>
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<tr>
<td>□ IEP Updates (if applicable)</td>
<td>_______</td>
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<tr>
<td>□ Discharge Summary (if applicable)</td>
<td>_______</td>
<td>_______</td>
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<tr>
<td>□ Attendance Record (on top of Daily Notes)</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>□ All SOAP/Daily Notes (most current on top)</td>
<td>_______</td>
<td>_______</td>
</tr>
</tbody>
</table>

## CLINICAL HOURS

□ Weekly Clinical Hours Log | _______ | _______ |

## STUDENT PORTFOLIO

□ A minimum of one piece of academic or clinical documentation for Articulation/Phonology | _______ | _______ |

□ A minimum of one piece of academic or clinical documentation for Language | _______ | _______ |

□ A minimum of one piece of academic or clinical documentation for Voice | _______ | _______ |

□ A minimum of one piece of academic or clinical documentation for Diagnostic | _______ | _______ |

□ A minimum of one piece of academic or clinical documentation for Fluency | _______ | _______ |

______________________________  _______________________
Student Clinician Signature       Supervisor Signature
Academic, Clinical, and Safety Policy Understanding Agreement

I have read, thoroughly understand, and agree to abide by the academic and clinical policies, procedures, and requirements outlined in the Speech-Language Pathology Student Handbook located online on the Misericordia Website. I further agree that I have read, understand and will abide by the policies and procedures outlined in the Misericordia University Safety Handbook located on the Misericordia website.

Name_________________________________________________  
(Please Print)

______________________________________________________  
(Signature)

Date:__________________________________________________

Lori Cimino M.S., CCC-SLP  
Given By:
PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED TREATMENT INFORMATION

Client’s Name: ____________________________

Caregiver’s Name: ____________________________

With my consent, the Misericordia University Speech-Language and Hearing Center may use and disclose protected treatment information (PTI) about _______ Patient’s Name to carryout treatment. Please refer to the Misericordia University Notice of Privacy Practices for a more complete description of such uses and disclosures. With my consent the Misericordia University Speech-Language and Hearing Center may contact me in the following manner:

Home Phone: ____________________________ Leave a message Yes ___ No ___

Work Phone: ____________________________ Leave a message Yes ___ No ___

Cell Phone: ____________________________ Leave a message Yes ___ No ___

E-mail: ____________________________

May we discuss any test results, performance, or appointment reminders with your spouse or significant other? Yes____ No_____ 

I have the right to request that the Misericordia University Speech-Language and Hearing Center restrict how to use and disclose my PTI to carry out treatment. However, the center is not required to agree to my required restrictions, but if they do, they are bound by this agreement. I may revoke my consent in writing to the extent that the Center has already made disclosures in reliance upon my prior consent.

Client/caregiver Signature: ____________________________

Date: ____________________________

Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of the Notice of Privacy Practices from the Misericordia University Speech-Language and Hearing Center.

Client/caregiver Signature: ____________________________

Date: ____________________________
Thank you for agreeing to allow one of our students to observe you in your clinical setting. Your efforts assist our students in developing the skills necessary to become conscientious, courteous professionals in the field of Speech-Language Pathology.

To ensure that our undergraduate students act professionally in the clinical setting, your feedback is important to us. We stress to our students that they must:

- Be courteous when scheduling observations
- Arrive on time for scheduled observations
- Dress professionally
- Ask appropriate questions and demonstrate an interest in the clients they observe
- Act in a professional manner

Should you have any comments regarding the behavior of your student observer, please contact me via email lcimino@misericordia.edu or by phone: 570-674-8050.

Sincerely,

Lori Cimino, M.S., CCC-SLP
Assistant Professor and Clinical Director

*Please detach the bottom portion of this form and return it to your student observer.

__________________________
Student Observer’s Name

I certify that I received the Student Observer Critique form.

Speech-Language Pathologist’s Name

Speech-Language Pathologist’s Signature

Date: _________________________
Student Evaluation of Clinical Supervisor/Clinical Site

Send to Supervisor (FW Students Only): yes: ____ No: ____ Date:________________________

Student’s Name: ______________________________

Supervisor’s Name: ____________________________ Site: ______________________________

Field Work I: _____ Field Work II: _____ Fieldwork III: _____

Please use the following 5-point scale to rate your clinical supervisor on the items below:

4= excellent  3= good  2= fair  1= poor N/A= not applicable

1. The supervisor explained the clinical goals and expectations to me at the beginning of the semester.

   1  2  3  4  N/A

Comments: _______________________________________

2. The supervisor provided constructive, realistic, and adequate criticism of my sessions.

   1  2  3  4  N/A

Comments: _______________________________________

3. The supervisor advised me about my progress throughout the semester.

   1  2  3  4  N/A

Comments: _______________________________________

4. The supervisor provided assistance and direction for planning therapy goals and procedures.

   1  2  3  4  N/A

Comments: _______________________________________
5. The supervisor exhibited competence in the therapy and/or diagnostics he/she supervised.

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Comments: ______________________________________

6. The supervisor provided adequate written and/or oral feedback following most sessions.

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Comments: _________________________________

7. The supervisor provided adequate supervision (i.e., 25% of total contact with each client/patient, and took place throughout the practicum).

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Comments: _________________________________

8. The supervisor reviewed and returned my clinical paperwork in accordance with the guidelines specified in the paperwork timelines.

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Comments: _________________________________

9. The supervisor was available for consultation prior to the start and end of each clinical day.

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Comments: _________________________________

10. The supervisor maintained ethical standards in compliance with the ASHA Code of Ethics.

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Comments: _________________________________

11. The supervisor maintained student/client confidentiality at all times.

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Comments: _________________________________
12. On a scale of 1-4 with 4 being excellent and 1 being poor, I would rate my supervisor.

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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/A</th>
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<tr>
<td>Comments:</td>
<td>__________________________</td>
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Please write any further comments regarding this clinical supervisor below:

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### Student Evaluation of Clinical Site

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<tr>
<th>Stmt</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Agree (2)</th>
<th>Strongly Agree (4)</th>
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<tbody>
<tr>
<td>Site was conducive to learning</td>
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<tr>
<td>Staff were professional, courteous</td>
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<tr>
<td>Obtained sufficient clinical hours</td>
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<td>I would recommend this site to other students</td>
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Please write any further comments regarding this clinical supervisor below:

________________________________________________________________________
________________________________________________________________________
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Revised 1/19/14
Student Evaluation of Clinical Supervisor (on-campus/off-campus)

Name of Supervisor: ______________________________________________________

Site: ___________________________________________________________________

Semester: ________________________________________________________________

Optional Clinic: _____ Clinic I: _____ Clinical II: _____ Diagnostic Clinic ______

Please use the following 5-point scale to rate your clinical supervisor on the items below:

4= excellent  3= good   2=fair   1= poor   N/A= not applicable

1. The supervisor explained the clinical goals and expectations to me at the beginning of the semester.

   1 2 3 4  N/A

   Comments: ______________________________________________________________

2. The supervisor provided constructive, realistic, and adequate criticism of my sessions.

   1 2 3 4  N/A

   Comments: ______________________________________________________________

3. The supervisor advised me about my progress throughout the semester.

   1 2 3 4  N/A

   Comments: ______________________________________________________________

4. The supervisor provided assistance and direction for planning therapy goals and procedures.

   1 2 3 4  N/A

   Comments: ______________________________________________________________
5. The supervisor exhibited competence in the therapy and/or diagnostics he/she supervised.
   1 2 3 4 N/A
   Comments: ________________________________________

6. The supervisor provided adequate written and/or oral feedback following most sessions.
   1 2 3 4 N/A
   Comments: ________________________________________

7. The supervisor provided adequate supervision (i.e., 25% of total contact with each client/patient, and took place throughout the practicum).
   1 2 3 4 N/A
   Comments: ________________________________________

8. The supervisor reviewed and returned my clinical paperwork in accordance with the guidelines specified in the paperwork timelines.
   1 2 3 4 N/A
   Comments: ________________________________________

9. The supervisor was available for consultation prior to the start and end of each clinical day.
   1 2 3 4 N/A
   Comments: ________________________________________

10. The supervisor maintained ethical standards in compliance with the ASHA Code of Ethics.
    1 2 3 4 N/A
    Comments: ________________________________________

11. The supervisor maintained student/client confidentiality at all times.
    1 2 3 4 N/A
    Comments: ________________________________________
12. On a scale of 1-4 with 4 being excellent and 1 being poor, I would rate my supervisor.

|   |   |   |   | N/A |

Comments: ______________________________________

Please write any further comments regarding this clinical supervisor below:

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Revised: 7/9/14