

**MA Speech-Language Pathology
CLINICAL PRACTICUM
HANDBOOK -- CAMPUS**

**DEPARTMENT OF COMMUNICATION
SCIENCES AND DISORDERS**

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SECTION I

OVERALL PRACTICUM REQUIREMENTS

Clinical practicum is provided for graduate students in the University of Cincinnati Speech, Language, and Hearing Clinic as well as in cooperating outside agencies. Graduate students gain experience across the lifespan with a range of communication disorders in a variety of clinical settings.

Observation Hours

ASHA requires that students obtain 25 hours of observation with children and adults with disorders of speech, language, and/or hearing. This experience can either be observing diagnostic evaluations or treatment and must be supervised by a person holding the Certificate of Clinical Competence (CCC) in that area.

Clinical Clock Hours

Each student must obtain a minimum of 400 clock hours of evaluation/treatment experience (this includes 25 observation hours) by the time the Master's Degree is completed. This experience must be with a variety of disorders. ASHA requires that students meet basic skill competencies in evaluation and treatment with children and adults across the scope of practice. The Department of Communication Sciences and Disorders has set the following minimum requirements in assessment and treatment.

SPEECH-LANGUAGE PATHOLOGY:

Minimum ASHA requirements: 375 hours + 25 observation hours

Minimum UC requirements (specific competency areas):

EVALUATION: 40 hours

Language Disorders—20

Adults - 10

Children - 10

Speech Disorders/Dysphagia—20

Adults - 10

Children - 10

Speech Disorders include Voice, Articulation, and Fluency

TREATMENT: 80 hours

Language Disorders—40

Adults - 20

Children - 20

Speech Disorders/Dysphagia—40

Adults - 20

Children - 20

AUDIOLOGY: 10 hours hearing screening

The more clinical hours obtained with a variety of clients, the better prepared the student will be to meet the challenge of working in this professional field.

Students will need to achieve competency in all Big Nine Disorder areas: Articulation, Language, Hearing, Fluency, Voice, Swallowing, Cognition, Social, Communication Modalities, and professional requirements. *It is required that clock hours are entered and submitted to supervisor each semester.*

Practicum Commitment Form

Students assigned to clinical practicum must complete a practicum commitment form with their supervisor(s) within the first 2 weeks of the semester for each practicum setting, through the duration of their graduate program.

Practicum will be full-time and begin the first day of the semester and extend through finals week unless otherwise specified by practicum coordinator.

If continuing in a practicum setting across semesters, the same practicum commitment form can be honored if the dates/times reflect the commitment to that setting within that timeframe. If a student is assigned more than 1 supervisor per setting, 1 form may be filled out, as long as the schedules of both supervisors' match. If supervisors have different schedules but are sharing a student, it is the supervisors' prerogative if both supervisors will reflect the student's commitment on 1 form or if they will complete separate forms. Students upload a practicum commitment form for each setting to CALIPSO.

Clinical Clock Hours and Competencies Tracking System (CALIPSO)

(Clinical Assessment of Learning, Inventory of Performance, and Streamlined Office-Operations).

This is the electronic database system UC uses for tracking completion of your coursework, clinical hours and competencies for graduation. The supervisors on and off campus also use this system to complete an evaluation of you during your clinical affiliations and approve your clinical hours. This system is also used to house required documentation in the program. You will receive more information at the start of the program in the fall about how to create an account, use the system, which documents to upload and how to retrieve those documents. The cost for each student is a one-time fee of \$85.00 upon initial registration and further instructions will be provided shortly after fall semester begins.

CALIPSO Clinical Skill Evaluation and Scoring

At the end of every semester, the student's supervisor will complete an evaluation of the student's performance. Prior to this the student must fill in the hours accrued in various categories within CALIPSO, and the supervisor will complete the Performance Rubric ratings which indicate the level of competencies and skills the student has achieved. The student and preceptor should review and discuss this evaluation at the end of the semester before the supervisor finalizes it.

Each student is scored using the Performance Rating Scale below on various Clinical Standards. This scale is from 1-5 in various competency areas. As the student gains more clinical experience each year, the total score expectation will increase. The scale is as follows:

1. Not Evident: Requires constant supervisory modeling and intervention. Skill and progress are not present.
2. Emerging: Requires frequent supervisory instruction. Skill is emerging.
3. Developing: Requires frequent supervisory monitoring. Skill is present but needs further development.
4. Refining: Requires moderate supervisory monitoring. Skill is developed but needs refinement and/or consistency
5. Independent: Requires infrequent supervisory monitoring, guidance, or consultation only. Skill is well-developed and consistent.

Recorded hours within CALIPSO constitute the official record used to verify students' competencies and clinical hour accumulations toward fulfilling licensure, ASHA, ABA and degree requirements.

Supervision of Required Clinical Clock Hours

Persons holding CCC in Speech-Language Pathology may supervise:

- All speech-language pathology evaluation and treatment services;
- Non-diagnostic audiological screening (i.e., pure tone air-conduction screening and threshold testing, screening tympanometry, and acoustic reflex testing) for performing a speech and/or language evaluation or for initial identification of individuals with other communicative disorders;
- Aural habilitative and rehabilitative services.

Persons holding CCC in Audiology may supervise:

- Audiological evaluation;
- Amplification (hearing aid selection and management);
- Aural habilitative and rehabilitative services;
- Speech and/or language screening for initial identification of individuals with other communicative disorders.

Obtaining and Documenting Clinical Hours

- . Only direct client contact time may be counted as clinical practicum hours. Per ASHA, only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward the practicum requirement. Time spent in writing lesson plans, scoring tests, transcribing language samples, preparing activities, and writing reports may not be counted.
- . Hours to be counted in the "evaluation" category include the initial and formal diagnostic assessment re-evaluation (another formal assessment). Periodic assessments during treatment are to be considered "treatment." If periodic assessments include re/administering a standardized assessment, whether hours are counted as 'Evaluation' or 'Treatment' are at the site supervisor's discretion.
 - Time spent with either the client or a family member engaging in information seeking, information giving, counseling, training for a home program, Individual Education Program (IEP) meeting, Family Service Plan meeting, Family Care conference or Habilitation Plan meeting may be counted as clinical clock hours (provided the activity is directly related to patient care). The competency area of these hours is at the discretion of the site supervisor.
 - Time spent in a multi-disciplinary staffing, educational appraisal and review or in meetings with professional persons regarding diagnosis and treatment of a given client may not be counted if the

client or family member is not participating. Conference time with clinical supervisors may not be counted.

- 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 twenty hours of treatment and approximately 3/4 of each treatment session was spent on language and 1/4 was spent on articulation, the clinician should record credit for 15 hours of language treatment and 5 hours of articulation treatment.
- Students enrolled in practicum will need to achieve competency levels of 3.5/4.0 by the end of their second year of graduate study in the nine areas of disorder types reflected on the Student Performance Evaluation as well as areas of Professionalism. These are: Articulation, Language, Voice, Swallowing, Hearing, Social, Cognitive, Fluency and Communication Modalities,

Clinical Remediation/Action Plan

If a supervisor feels that, at any time during the clinical placement, a student is not moving toward independence in the clinical setting, with clinical skills and/or with professionalism/preparedness/interactions, he/she will contact the Director of Clinical Education/Practicum Coordinator/Program Director who will meet with the supervisor and student to develop an Action/Remedial plan. The plan will be created collaboratively and signed by all involved.

If a student has not met competency expectations at a practicum site, he/she will be placed on practicum probation for the following semester which requires successful fulfillment of the remediation/action plan. If a student receives an action plan at two sites and is not successful in gaining the needed competencies, practicum will be terminated. See policy below how academic and clinical procedures of Notice, Probation, Suspension, Dismissal and Appeals are aligned.

Policy for Alternative Clinical Education (ACE)

Background

ASHA is now recognizing Alternative Clinical Education (ACE) as a mechanism for academic/clinical teaching, achieving competencies and clinical hours (75 hours). ACE has been added and can be tracked in the CALIPSO documentation system.

Currently, SimuCase has developed additional cases with varying age and disorder representing both Speech Language Pathology and Audiology.

Instructors for academic courses are increasingly using SimuCase for practice purposes. Clinical instructors have been using SimuCase as well in a variety of ways including students working through a SimuCase if a client has cancelled. Students can achieve clinical competencies as well as clinical hours, which have been pre-established for time limits by SimuCase. SimuCase has also been used as a mechanism for remediation for students.

UC Policy

At this time, we are proposing/recommending that students can generally obtain up to 10 hours of ACE via SimuCase or other suitable ACE methodologies (e.g. case study, IPE review). ACE can be gathered for the following reasons:

- A. To supplement clinical hours
- B. To obtain missing clinical competencies
- C. As part of a remediation plan
- D. Additional targeted clinical practice

Requests to obtain ACE hours should be made to the Clinical Practicum Coordinator for the student's program OR the UC Director of Clinical Education. The Coordinator will work with the student and a faculty member (as needed) in the specific area of the case to meet the student's clinical needs. For example, there may be a difference in review of the case for a student seeking remediation vs. one for obtaining general clinical hours and competencies.

The following are required to earn clock hours and/or competency in any of the Big Nine Core Standard areas using SimuCase:

- Student must complete the SimuCase in ASSESSMENT mode if currently in the course or has already completed the course
- Student must complete the SimuCase in 7 or less attempts/log-ins

- Student must earn 90% competency level, as verified by competency certificate
- Student will complete debriefing/reflection questions for each SimuCase and submit to supervisor to approve hours and competency via CALIPSO tracking system
- Student may count the actual time spent completing the SimuCase and not over the maximum time allowable per SimuCase clinical clock hour guidelines.

SECTION II

POLICIES AND PROCEDURES

Essential Functions

Students will read and sign that they understand the Essential Requirements document that describes “essential qualities and abilities that are considered necessary for a student’s success in academic/practicum programs.” If a student feels that he/she does not meet these requirements, a discussion will ensue, with the goal to support the student to meet the standards of the program and may involve contacting the Office of Accessibility Resources and obtaining necessary documentation to define the level of support(s) needed. Students who need accommodations in clinic environments must have accommodations stated specifically for clinic in their documentation from the Office of Accessibility Resources.

Communication Self-Assessment

Each entering graduate student will complete a communication skills self-assessment. This self-assessment is specific to communication skills and is not comprehensive of all essential functions that are required of the student to meet the professional requirements of state and national licensing and credentialing agencies. This self-assessment is meant to provide awareness of potential communication challenges with the expectation the student will seek appropriate remediation and/or accommodation.

Physical Examination, Immunization and Training Requirements

Both the Graduate school and the Department of Communication Sciences and Disorders requires a physical examination and proof of immunizations. Required CSD immunizations and documentation include:

- Hepatitis B or HEPLISAV-B series AND negative quantitative HBSAB titer
- MMR series OR MMR negative titer
- Meningococcal (A) Quadrivalent (For students who are 16-21 years of age)
- Influenza, annually
- Initial 2-step TB or PDD OR negative IGRA Blood Test
 - Subsequent annual TB screening
- Tdap
- Varicella series OR negative VZV IgG titer

Students may not be placed in a clinical setting until all immunizations are completed according to program requirements. See form in Appendices. Official form should be retrieved via MedProctor website and should also be uploaded to MedProctor database per instructions.

Some clinical placements may require additional vaccinations which will be communicated to the student directly from their assigned practicum site, such as drug screening, CPR training, additional vaccinations (influenza, Tdap/Dtap {tetanus, diphtheria, and pertussis, i.e. whooping cough}), or site-specific training.

MedProctor

General information:

MedProctor is the immunization tracking system implemented in fall 2017 at the University of Cincinnati. See website to read more specific information (<https://med.uc.edu/uhs/vaccination>). Students who are registered for 6 or more credit hours are required to comply with this policy. The University of Cincinnati has immunization and health screening requirements to protect the health of individual students and all students as part of the larger campus community. Infectious diseases are of particular concern to universities due to the large number of students living, studying and working together in close quarters. Recent outbreaks have occurred on campuses across the United States. The University Health Services [UHS] will implement and enforce this policy. Students will see a ~\$50 charge in university fees on fall 2018 tuition statement for the cost of MedProctor. For an additional OPTIONAL \$10 fee, the student can gain access to MedProctor immunization records. MedProctor

communicates directly with each student to notify when required immunizations are complete and what is missing. UC CSD does not have access to this system; therefore, questions for MedProctor must be directed to them or UHS.

CSD-specific information:

The CSD immunization form and the MedProctor form are one-in-the-same and is attached to this email. When you gain access to the MedProctor system, in the drop-down box you should see a choice for a specific immunization form for CSD. You can use the form attached to this email instead of filling that one out directly or printing it from the system. You should use the attached form to record the immunizations with physician signature(s) and upload it to the MedProctor system. The CSD department would not recommend paying the \$10 for access, as you will be loading this same form to CALIPSO, so you have access to it from there. The due date for this form in MedProctor is October 1st of first-year graduate school enrollment. Failure to comply with the deadline and requirements of this policy will prevent students from registering for classes spring semester.

Criminal Background Check Procedures

All graduate students in the Department of Communication Sciences and Disorders are required to obtain a criminal background check to participate in practicum. Students in the Cincinnati area can go to the Department of Parking, Keys, IDs, located on the west campus in the Edwards building to receive an FBI/BCI (state and federal) Web Fingerprinting check. This department is open Monday through Friday, 8a.m. – 5 p.m. A form will be provided to you at orientation and students should wait until further instruction at orientation before proceeding.

The cost for FBI fingerprinting is \$34.00. Students in speech-language pathology are required to receive and additional BCI (state of Ohio) background check, to participate in practicum in the school setting. This cost is \$32.00. You may pay with cash, credit card, or check made payable to The University of Cincinnati. Credit cards (VISA, MasterCard and Discover) are accepted. The results are usually available within 24 hours and can be picked up at that time.

Bloodborne Pathogen Training (BBP)

Students are required to complete mandatory yearly blood borne pathogens training. This must be complete at the beginning of their academic program and annually thereafter. Trainings may be accessed online through the following link (https://webcentral.uc.edu/cpd_online2/). Proof of completion through a certificate must be provided to the department each year of the program.

Health Insurance Portability and Accountability Act (HIPAA)

The Speech-Language-Hearing Clinic follows the privacy rules set by HIPAA (Health Insurance Portability and Accountability Act). All students will be required to take the University of Cincinnati on-line HIPAA training course and sign a confidentiality statement at the beginning of their academic program, and annually thereafter, to enforce this responsibility. There are consequences for violating confidentiality practices. Trainings may be accessed online through the following link (https://webcentral.uc.edu/cpd_online2/). Proof of completion through a certificate must be provided to the department each year of the program.

Confidentiality

Information regarding clients must be held in the strictest confidence. Cases may be discussed with the supervisor, faculty, other professionals, and other student clinicians in the clinic area; however, clients are not to be discussed with others outside these locations. Do not talk about clients in the waiting room, hallways, or anywhere else; individuals not entitled to the information might overhear your conversation. The Speech-Language-Hearing Clinic follows the privacy rules set by HIPAA (Health Insurance Portability and Accountability Act). All students will be required to take the University of Cincinnati on-line HIPAA training course and sign a confidentiality statement at the beginning of their academic program to enforce this responsibility. There are strict consequences for violating confidentiality practices.

ASHA Code of Ethics and Ethical Responsibility

All student clinicians are expected to perform according to the standards, practices, and guidelines established by ASHA as described in the Code of Ethics. A copy of the current ASHA Code of Ethics can be found in the Appendices of this handbook. Students are advised to become familiar with this document.

There may be opportunities for students to babysit or help families who have children and/or adults with disabilities.

These are recreational or vocational services that are separate from providing skilled speech language services. We value this experience; however, there may be activities that could place students in violation of the Code of Ethics and Ohio licensure laws, whereas students MUST be supervised on site by a licensed speech language pathologist to provide evaluative or intervention services. This may include providing speech/language/hearing diagnosis and therapy while babysitting, engaging as a tutor for providing speech/language/hearing services or implementing goals from a student's IEP (individualized educational plan). Some programs for children with disabilities, e.g., Autism, Downs Syndrome, Cerebral Palsy, Learning Disabilities, etc., may include speech and language intervention for which a student is not properly supervised by an ASHA supervised professional. If you will be helping a family with a child who has a communication disorder, and/or have any questions regarding a specific activity, please contact the Director of Clinical Education or CSD faculty. It is in your best interest for us to know and talk about these experiences with you.

Professional Dress Expectations

The Speech, Language and Hearing Clinic provides screening, diagnostic evaluations, and a full range of therapy services to people across the lifespan with communication disorders. In addition, hearing-related therapy and assistive listening devices may be obtained through the Clinic. Graduate students in Speech-Language Pathology and/or Audiology provide these services.

All students participating in clinical activities are expected to present a professional appearance. Style of dress should reflect the role of a professional. Low cut or cropped blouses, tank tops/spaghetti straps, any color jeans, shorts, and gym shoes are not considered appropriate clinical dress. Skin should not be showing when the student bends over. Jewelry worn in the clinic should be conservative in nature and fragrances kept to a minimum. Tattoos and other body art must be family and child appropriate. The clinic dress code remains the same for all seasons of the year.

Dress codes may further vary by clinical site. When off campus, each student must follow the specific dress code of the clinical placement which may be more stringent. It is the responsibility of the student to determine off campus clinic dress codes prior to their first day.

Professional Etiquette Expectations

All students participating in classroom and clinical activities are expected to act in a professional manner, which includes turning off cell phones upon entrance into the classroom and clinic (on-site and off-site). Texting and/or surfing the internet will not be tolerated. Use of Apple watches and other smart watches is becoming increasingly popular. All smart watches must be put in theater or sleep mode while in clinic.

Attendance and punctuality are mandatory during the practicum experience. Promptness is a professional courtesy that all student clinicians must extend to patients. Clinicians should arrive at the practicum site with enough time before their scheduled appointments to check equipment, set up work areas, speak with the preceptor, etc., to enable them to see their patients promptly at the scheduled time. Attendance is further discussed in the attendance policy section of this handbook.

Promptness is a professional courtesy all student clinicians must extend to clients. Clinicians should arrive in the clinic with enough time before their scheduled appointments to check equipment, set up therapy rooms, and speak with their supervisors, etc. to enable them to see their clients promptly at the scheduled time.

Social Media

Clients, parents/family members/care partners, potential supervisors and employers will likely search for you on social media platforms. Students should be cautious and discreet about content and photographs that are 'public' on social media and should adjust social media accounts upon acceptance to and enrollment in UC CSD programs at all levels. Client information or identifiers should never be posted on social media. Please refer to 18 HIPAA violations and information about social media posts [here](#).

Notice, Probation, Suspension, Dismissal, & Appeals

Students may be placed on probation or dismissed for academic, research, or clinical practicum deficiencies, academic misconduct, and/or issues related to professionalism. Problems may be identified by faculty, off-site practicum supervisors, the Clinic Director, Director of Clinical Education and/or the Practicum Coordinator(s) and shared with the Program Director. Further, the Program Director monitors the following activity for all students:

1. grade reports (including practicum grades),
2. practicum performance,
3. research performance (if applicable),
4. ethical/professional conduct, and if applicable
5. success in completing remediation plans regarding competency.

When a concern is identified, a meeting is subsequently scheduled between the student and appropriate faculty. These individuals may be the faculty directly involved with the student's training, off-site practicum supervisors, Clinic Director, Director of Clinical Education and/or the Practicum Coordinator(s) Program Director, and/or Department Chair. The purpose of this meeting is to address the concern, problem-solve a potential solution, and create a remediation plan. Written documentation of the problem, including criteria for probation and dismissal will be signed by all in attendance (including the student) and will be stored in the student's CALIPSO account, which is available to students.

Notice

Students will be placed on official notice if a grade of C is earned in either practicum or academic courses. This notice serves two purposes. First, it alerts the student of his/her status in the program and is a reminder of the probation and dismissal policy. Second, it provides a summary of the support available in the department to ensure continued success for the remainder of the program.

Probation

Students may be placed on academic probation for the following reasons:

1. overall GPA falls below a 3.0,
2. student earns a second C during their program,
3. failure to meet competencies in 2 courses by the agreed upon deadline in the signed remediation plan,
4. failure to successfully complete a practicum remediation plan,
5. professional misconduct that is not deemed illegal or in violation of the ASHA Code of Ethics or UC Student Code of Conduct. This may include (but is not limited to) regular, nonresponsive or untimely responsiveness to program/faculty communication; consistent negative interactions with faculty/supervisors/peers; inappropriate use of social media relating to the program, its content, or related professional activity as described in the MA SLP Handbook,
6. violation of classroom and clinic (onsite and offsite) attendance policies: multiple unexcused tardiness; multiple and/or prolonged unexcused absences. For details, please see the department policy below, the MA SLP Handbook, and the Graduate Student Handbook.

Probation Remediation Plans

When a student has met criteria for probation, as described above, the student will receive an email from the Program Director to schedule a meeting between the student and appropriate faculty. These individuals may be the faculty directly involved with the student's training, off-site practicum supervisor(s), practicum coordinator(s), Clinic Director, Director of Clinical Education and/or Department Chair. The purpose of this meeting is to identify and address the issues that led to being placed on probation. Written documentation of the problem, including criteria for dismissal will be signed by all in attendance (including the student) and will be stored in the student's CALIPSO account which is available to students. Students who fail to meet the requirements of the remediation plan will result in dismissal from the program.

Terms of Probation

1. Academic/Clinic/Research (items 1-4 above): Students will remain on probation so long as their cumulative GPA is below 3.0. However, students will be allowed to continue in the program as long as earned grades in subsequent graduate-level courses are a B- or higher and progress toward achieving remediation plan goals is documented. Students will not be allowed to move

forward in the program until grades have been verified by the Program Director for your cohort and/or the cumulative GPA moves above 3.0. Students should also bear in mind the expectations of professionalism if only on academic probation.

2. Professionalism/Other (items 5-6 above): Students placed on probation for professional misconduct and extended periods of absences, must successfully complete the remediation plan within the designated time frame and complete a full semester with no additional concerns before probation is lifted.

3. Multiple Probations: Students are allowed 1 probation period; students may be dismissed from the program if s/he meets the eligibility for probation a second time.

Dismissal

Students may be dismissed (with no probationary period) if:

1. grades for any semester, **while on probation**, fall below B-,
2. overall GPA for any specific grading period, **while on probation**, falls below a 3.0 (excluding Incompletes),
3. a third C is earned during the program,
4. a grade of "F" is received in any course,
5. proven academic dishonesty (see Graduate School Handbook),
6. two consecutive practicum placements are not successfully completed despite documented remediation attempts,
7. professional misconduct that is deemed illegal or in violation of the ASHA Code of Ethics or the University of Cincinnati Student Code of Conduct.

When a student meets the criteria for dismissal (with or without probation), a meeting is scheduled between the student and appropriate faculty, Clinic Director, Director of Clinical Education, Practicum Coordinator(s) and/or Department Chair as soon as possible but not more than 3 business days into the new term. The purpose of this meeting is to address the concerns and determine whether extenuating circumstances should be considered prior to dismissal. Written documentation of the problem, including criteria for probation and dismissal will be signed by all in attendance and will be stored in the student's CALIPSO account. The student has 3 business days to challenge the dismissal in writing to the Program Director and Department Head. Any subsequent meetings are similarly documented. If resolution of the problem cannot be reached, feedback from the faculty involved in the student's training will be sought and considered. The decision for dismissal is made by majority vote of the entire faculty. The Department Head and Program Director will then have a final meeting with the student, to inform the student about the decision. During this meeting the Chair and Director will provide information about options for further academic (including grievance options) or employment opportunities.

NOTE: Exceptions can be made to the Probation and Dismissal criteria only with a documented medical leave, formal leave of absence, or extenuating circumstances. It is important to note that it may be necessary to extend the program to develop a plan that accommodates the student's needs (see Graduate School handbook for details and forms).

- **Medical Leave.** The need for a medical leave and subsequent documentation must be provided as soon as reasonable given the situation. Students should contact their Program Director to develop a plan for informing instructors and practicum supervisors about the need for medical leave.
 - o Some medical leaves allow for planning (i.e., some surgeries, maternity, etc.), while others do not (i.e., life threatening illness, accidental injury, etc.). Students who have anticipated medical leaves need to alert the Program Director in advance of the leave. In all cases, the student is responsible for updating the Program Director of any changes to the plan (in writing), as soon as possible, to ensure good standing in the Program.

- **Leave of Absence and Extenuating Circumstances.** Under special circumstances, graduate students may apply for leave of absence from formal study at the university for a specific period up to one academic year. Assuming appropriate documentation is provided, the circumstances justifying a leave include but are not limited to personal or family medical conditions, call to active military duty, maternity leave, or death in immediate family. The rationale must be documented by the applicant. If a student has a verified medical leave or extenuating circumstance, a written plan to accommodate the student's needs will be developed and signed by the student, Program Director, and Department Chair. A copy of this will be kept in the student's CALIPSO file and provided to the student for reference.

Appeals

A student dismissed from the graduate program may file a written petition for readmission (within five business days) with the Program Director and Department Chair. In making a decision regarding readmission, the appeal will be brought to the full faculty for consideration; the decision will be made by majority vote of the entire SLP or AuD faculty. The faculty will consider extenuating circumstances and the probability that the student can successfully complete the academic program with at least the 3.1 GPA required to graduate and all clinical practicum experiences.

Graduate Student Grievance Procedures

It is the policy of the University to provide an opportunity for the resolution of disputes involving graduate students in a fair and collegial manner and within the department if possible. These procedures establish a formal process for graduate students to request review and redress of certain grievances arising out of their academic relationships with their departments, colleges, or the University of Cincinnati.

The department of Communication Sciences and Disorders abides by the Graduate School's Grievance Procedures. Further, students will be fully informed of all decisions affecting their status in the program and have the right to appeal under grievance procedures which can be viewed at the following link: <https://grad.uc.edu/student-life/policies.html>

Clinical Practicum Attendance Policy

Professionalism is required at all times and attendance is crucial for professionalism. Students are expected to demonstrate the highest level of commitment to clinical practicum and treat it as they would paid employment. The following list details our attendance expectations during clinical experiences.

- Regular attendance is expected without the expectation of any 'days off' across all practicum settings for the duration of the graduate program.
- A request for 'days off' is reserved for illness or extenuating circumstances ONLY. Extenuating circumstances are defined as illness or matters out of one's control, (i.e. death of immediate family member).
- A doctor's excuse must be provided for all illness-related absences.
- Your direct practicum supervisor (the supervisor who will approve your clinical hours and competencies in the setting) is the person to whom your request/notification should be addressed with additional notifications as specified below.
- In addition to contacting your clinical supervisor immediately for illness or in the event of extenuating circumstances, you are required to inform the practicum coordinator (see specifics below per program).
 - All notifications must be made via email and concurrent with notification of the clinical supervisor.
 - For **on campus** students:
 - you must notify the Director of Clinical Education (Krista Beyrer) of all absences, as well as for medical placements, including Children's Hospital.
 - if this is a school-based practicum or Head Start, you must also notify the School Coordinator (Lisa Williamson).
- Attendance should be followed as outlined in practicum commitment form with supervisor.
- Potential approved/excused days off from practicum might include: religious holidays, professional

conferences/conventions, and required department activities such as Fluency Friday (spring semester) and PRAISE (spring semester).

- Students may request a single excused absence (1 day) for personal reasons, over the course of the entire graduate program, under the following conditions:
 - Requests of potential 1-day off is made at start date of practicum to site supervisor and is documented in the Practicum Commitment Form
 - In addition, Practicum Coordinator of respective program is notified via email of the request and supervisor's response (and Director of Clinical Education for on-campus).
 - Program-specific requests (Fluency Friday, PRAISE, professional conferences, etc.) should also be included in Practicum Commitment Form during semester event is to take place.
 - The student is required to make up minutes/days they are absent from practicum, including illness, and make up dates should be determined with the supervisor in the practicum commitment at the beginning of the term or following an absence from illness.

Clinical practicum dates/times are subject to site, may vary site-to-site and may not correlate with course schedule or university breaks. Do not compare your clinical schedule with that of your peers, as they will likely be different. ALWAYS follow the clinic schedule of your practicum site.

Students are allowed a total one day of an anticipated absence (such as might occur for weddings, showers, reunions, etc.) over the course of the graduate program. Use of this one day will not affect your practicum grade. This date(s) should be approved by the Practicum Supervisor of that specific semester, by the 1st day of the semester in which the absence will occur and be included the clinical practicum contract. These days off will not be approved beyond the start of the new term.

- A second absence from practicum during the duration of the graduate program, regardless of the reason, will be considered an unexcused absence and will result in the reduction in that semester's practicum grade by **one full letter grade**. For example, if you have one unexcused absence in the fall semester and earn an A, you will still have an A for fall. If you have a second unexcused absence in the spring semester and earn an A for practicum spring semester, your final spring semester grade will be a B.
- A third instance of (unexcused) absence (same semester or across the duration of the program) will reduce your practicum grade for that semester by **2 full letter grades**. For example, if you earned an A for the semester, your practicum grade with the third absence will be a C). In addition to the lowered grade, you will automatically be placed on **probation** due to the violation of our professionalism standards.
- Again, excused absences are illness-related (with physician's note) and/or extenuating circumstances (death in the immediate family).

If you attempt to negotiate days off or change your practicum schedule (reducing number of days per week, for example) with your supervisor without discussing this with the Director of Graduate Education/Program Director/Schools Coordinator, this will be treated as an example of unprofessional behavior and the consequence will be a reduction in that semester's practicum grade by 2 full letter grades AND probation.

Attendance and professionalism issues will impact your grade and are at the discretion of supervisor/clinical coordinator/director of clinical education.

Students have the following breaks during their graduate program:

SLP year 1

Fall –

- Labor Day
- reading days (class only, clinic attendance is required)
- Veteran's Day (class only, off campus clinic attendance required)
- Thanksgiving Day and following day

- The period between when finals week ends and the first day of spring semester. Outside clinical practicum sites may extend beyond finals week – (NOTE that the schedule of the clinical setting may be different, and you are expected to ALWAYS follow the clinical setting schedule)

Spring –

- MLK, Jr. Day
- spring break week, only if not expected to be at clinical site (follow clinical setting schedule)
- Week between spring and summer semester (outside clinical practicum sites may extend beyond finals week – ALWAYS follow clinical schedule)

Summer –

- Memorial Day
- July 4th (Date the University observes- NOTE that this does NOT include the day surrounding the holiday)
- Weeks following finals in August, until Wednesday prior to classes beginning or when clinical setting schedule deems is the start date
 - All students are expected to attend the annual picnic which is always the Thursday before the start of classes in August.

SLP year 2

Fall –

- ALWAYS follow clinical setting schedule

Spring –

- ALWAYS follow clinical setting schedule

Summer –

- ALWAYS follow clinical setting schedule

Professional Liability Insurance

All students enrolled in the CSD program are covered under UC's Professional Liability Insurance Program during the time they are enrolled in the CSD program. Students are covered if they follow all program requirements, including annual trainings and immunizations.

Health Care Setting Experiences for SLP Students – on campus

(Please direct specific questions to Mrs. Krista Beyrer beyrerka@ucmail.uc.edu).

Eligibility:

1. Students must be in the second year of the Master's program
2. The following courses must have been successfully completed: *Dysphagia; Neurogenic Language Disorders; Neurogenic Speech Disorders; and Neurogenic Cognitive Disorders.*

Interview:

1. Students must make an appointment for an interview with their supervisor at the assigned health care setting prior to the start of the semester. Please understand that settings may have specific requirements; therefore, contact your future supervisor/practicum placement at least 2 months prior to start date.
2. Students must take the following materials to the interview: resume including education, previous practicum experiences and activities.

General Healthcare Practicum Requirements:

1. Students must complete a term of clinical experience in a health care setting.
2. During the healthcare practicum, students are expected to participate in the full range of experiences including patient care, report writing, case conferences, family conferences, interaction with other hospital personnel, etc.

School Practicum Experiences - on campus

(Please direct specific questions to Mrs. Lisa Williamson will3lo@ucmail.uc.edu)

Eligibility:

1. Students must be in the second year of the Master's program.

2. It is required that students have completed or be taking: *Seminar in School Issues*. See the ACinD appendix regarding your specific program.

SPEECH-LANGUAGE PATHOLOGY SCHOOL PRACTICUM EXPERIENCE

The faculty in the Department of Communication Sciences and Disorders considers the Speech-Language Pathology School Practicum Experience a most important one for graduate students. For many of the students, this will be their first opportunity to work full time with a skilled professional in a school setting. Graduate students have received extensive training in communication sciences and disorders, and they welcome the opportunity to utilize and further develop their knowledge and skills under the guidance of their site supervisor.

This handbook contains information and suggestions which are intended to be useful for both students and site supervisors in planning an effective School Practicum Experience. Flexibility within each individual school setting is expected, and site supervisors and students are encouraged to work out a program which will best meet the needs of a particular setting within the framework of the overall SLP School Practicum Experience guidelines. The key to this experience is the opportunity for students to use and develop the skills they will need to be successful as a speech-language pathologist when they enter the profession after receiving their master's degree.

Conceptual Framework

Speech and language pathology is one of seventeen related programs to teacher preparation on the UC campus. Because we are all responsible for preparing educators, we support the core framework defined by its members.

The conceptual framework identified by the University of Cincinnati educator preparation community is to prepare *committed, caring and competent educators*:

- With foundation knowledge, including knowledge of how individuals learn and develop;
- With content knowledge, able to articulate the central concepts, tools of inquiry, and the structures of their discipline;
- Who successfully collaborate and who demonstrate leadership;
- Who are able to address issues of diversity with equity;
- Who are able to use technology to support their practice; and who use assessment to inform their efforts.

As committed, caring competent educators, we:

- Are concerned about all aspects of an individual's well-being, assets and need;
- Are dedicated to continuous learning, professional discourse and an enthusiasm for the discipline each of us teaches;
- Support other in our efforts to be resourceful, creative and ready to think on your feet;
- Respect the diverse talents of all learners and recognize developmental differences;
- Share responsibility for establishing and sustaining a positive climate
- Expect students to learn
- Delight in exploration, inquiry, reflection, and self-evaluation.

These are just some of the values and beliefs that guide our practice.

Student Orientation

In order to help the graduate student in speech-language pathology acclimate to the school setting, it would be important for the site supervisor to introduce the student to other staff members, including the school principal and the school secretary. In the first week of the experience, the following activities may be helpful to the student: a tour of the school building(s); providing copies of school handbooks or policies and procedures to read; making available academic content standards, curriculum maps and textbooks; providing copies of

faculty or department newsletters to read; discussing materials and equipment that are available to the student to use; discussing space that is available to the student for storage of his/her materials and personal things; and a general orientation to the speech- language pathology program as it is set-up in a particular school. In addition, the graduate student may also benefit from information concerning extracurricular events at the school(s) such as music programs or sports events so that they can be informed about the school as a whole.

Students should provide a copy of their background checks to the human resource department of your school district. They may need a picture identification badge and an approved password to access the computers. You may need to guide them in these activities.

The graduate students are responsible for informing their site supervisor about their background including areas of strengths and needs in the development of their speech-language pathology skills and their expectations for the School Practicum Experience. Students also have the responsibility to maintain the speech-language pathology program in the manner that the site supervisor directs, remembering that the site supervisor has spent a lot of time setting up and establishing the program and relationships with the faculty at that school. Appropriate and professional dress is expected of the students, using other faculty members' style of dress as a guideline.

Workload Considerations

Taking over the site supervisor's caseload should be a gradual process with increasing responsibility as the semester proceeds. At first, students are expected to observe their site supervisor conducting therapy sessions and performing assessments in order to become familiar with the students, therapy environment, methods, materials, etc. Naturally, involving the students in this process in some manner is helpful, and students should be able to be directly involved in some way by the end of the first week. Assessment and therapy provide the opportunity for students to develop their skills as do parent or staff meetings about students who are being evaluated or who are already on the site supervisor's caseload. Most students need evaluation hours as part of their school-based experience and should discuss the needs in this area with their site supervisor. Student involvement in the RTI, ETR and IEP process also provides valuable experience. The site supervisor and the student should discuss the timing of taking over the workload responsibilities at the beginning of the semester and should work toward having the student taking over full responsibility for the caseload during the last few weeks of the semester.

Phases	Timeline	Activities
Introduction Phase	Weeks 1-2	Observation, participation, Assisting, taking data while Co-Op does therapy. Participate in planning, performing lesson after it has been modeled by Co-Op. Get acquainted with materials and instructional resources. Begin to plan for initial teaching phase.
Initial Teaching Phase	Weeks 3-4	Assume responsibility for initial teaching of specific groups. Supervisor continues to plan for the majority of the caseload.
Full Teaching Phase	Weeks 5-14	Gradually assume as much of the full caseload as possible. Supervisor continues to model a few sessions per week.

Conclusion Phase	Week 15	Begin to phase out of instructional activities and complete observation of other aspects of the total school program.
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Students should be encouraged to develop their own style and techniques within the guidelines of the site supervisor, ensuring that a rationale is provided for their ideas. Written lesson plans are expected for each session, including the objectives being addressed and the materials being utilized. Students should also be responsible for taking data and integrating results onto future therapy sessions as appropriate. Students and site supervisors should work closely together to review the therapy plans and outcomes, and the expectations from the site supervisor should be clearly stated to the student. Weekly conferences to discuss ongoing work may be helpful in promoting positive communication where both the student and the site supervisor feel comfortable expressing questions and concerns as needed. Written feedback at the end of a session or the end of a day is very effective and appropriate for the student. Self-reflection on treatment and diagnostics is encouraged.

Students are responsible for keeping track of their clinical clock hours as outlined in the Handbook for Clinical Practicum guidelines. At the end of this semester, the site supervisor should review the clock hours and sign the form including their ASHA certification number. A copy of the tracking form is included in this handbook. ASHA requires a minimum of 25% direct supervision for diagnostic evaluations and therapy. The site supervisor should be on site 100% of the time (see “ABSENCES” section for additional information on this subject.)

University Supervisor Responsibilities

The university supervisor will make a 1 or more site visits to each student and their site supervisor. A schedule will be set by the university supervisor after receiving the input from each student and site supervisor, and the chosen dates will be confirmed with the student who will have the responsibility of informing their site supervisor. Changes will be made in the schedule if necessary, and additional site visits can be scheduled if the need arises. PLEASE CONTINUE TO CHECK YOUR UC EMAIL DAILY IN ORDER NOT TO MISS IMPORTANT COMMUNICATIONS!

Generally, the university will observe the student working in the school setting as scheduled, either doing therapy, performing diagnostic evaluation, meeting with staff or parents, etc. At the end of the observation period, some time for discussion of the observation and collaboration with the student and the site supervisor would be helpful. The university supervisor is interested in collaborating on a variety of subjects during these conferences, including questions the student or site supervisor may have, review of forms for evaluations during the semester, sharing comments on specific cases, materials, methods, upcoming in-service opportunities, strengths and challenges, feedback from observation, etc.

School Practicum Class

The School Practicum Class will meet as a seminar class approximately 5 times during the semester. Students will meet during the school day and meeting dates will be given at the beginning of the semester by the school practicum coordinator. Students may need to leave their school setting a little earlier on these days, and it is the student’s responsibility to inform their site supervisor about these seminar meeting times. In addition, students will be provided with a calendar to track number of days spent in the school by the school practicum coordinator during the class.

The practicum seminar is designed to allow time for students to exchange ideas, as well as to provide an opportunity for discussion of subjects pertinent to speech- language pathology practices in the school setting.

Materials

Graduate students coming into the school setting may or may not have many materials of their own which they can use for therapy sessions. It is always helpful to students if their site supervisor shares materials or resources

for materials with the student. Most students appreciate any ideas which site supervisors may have for materials development. Students are encouraged to ask specific questions about choosing materials and using commercially or personally developed materials which site supervisors have found to be effective in their therapy sessions. It is important for them to have access to classroom textbooks, assignments and classroom curriculum.

Absences

*SEE ATTENDANCE POLICY! Students are responsible for informing their site AND university supervisor if they are going to be absent that day. They are also responsible for texting or emailing the university supervisor Mrs. Williamson (513-218-5792) the day that is missed. Attendance at conferences, supervisor absences or inservices are not considered absences and are encouraged if the site supervisor and the student think the topics being addressed would be beneficial to the student's experience. Please understand that there is a required number of hours for school licensure, so you must attend!

If the site supervisor is absent, the student should still attend that day with arrangements being established ahead of time as to what the student should do that day. Site supervisors may wish to discuss the options for student work during any possible absences with their school principal. Possible ideas might be: having the student take over the caseload in the site supervisor's absence with the okay of the principal and the ability to reach the site supervisor by phone; having the student observe another SLP in the district for the day; having the student observe one or several teachers in the classroom(s) where students who have speech-language IEPs are placed; having the student develop materials for future therapy sessions, etc. A contingency plan for possible site supervisor absences should be discussed at the beginning of the semester during the general orientation time.

Final Comments

Working with SLP student teachers can be a very rewarding experience which sometimes results in continuing friendships and renewed interest in varying aspects of the field of speech-language pathology. The role of the site supervisor in a school-based setting cannot be overstated. Many students will go on to successful careers as school-based speech-language pathologists because of the experience they gained under the direction of a dedicated professional who took the time to encourage someone who was new to the profession.

The faculty in the Department of Communication Sciences and Disorders recognizes the value of the role that site supervisors play in the development of the graduate students in our program. The extra time that site supervisors spend in training graduate students makes a difference in the quality of work that students go on to perform in their jobs when they complete their graduate degree. The supervised practice that students get in their school based and other clinical speech-language pathology experiences brings their academic coursework to life. Without these supervised real-life experiences which are made possible by dedicated professionals in the field of speech-language pathology, students would not be as well prepared to enter our profession.

Professional Behaviors for all clinical practicum settings

In addition to developing clinical competencies, an important part of the fieldwork experience is the development of professional behaviors. The following qualities have been determined essential to the position of student therapist and reflect the expectations for acceptable performance.

1. **Responsibility** - demonstrates independent initiative and readily assumes responsibility; demonstrates consistent dependability and reliability in fulfilling responsibilities; is conscientious in meeting responsibilities, demonstrating attention to routine responsibilities.
 - a) Ask questions when in doubt.
 - b) Be punctual in attending meetings and conferences.
 - c) Recognize and act on personal responsibility for learning during the fieldwork experience (e.g., finding answers to questions, providing feedback to supervisor, utilizing opportunities for observational learning experiences, i.e., other therapists, disciplines).
 - d) Take initiative to utilize resources (physical resources, personnel, grand rounds).
 - e) Read student manual the first week so that you are familiar with the information that is in it.
2. **Organizational Skills** - is punctual in fulfilling responsibilities and requirements of the position, including adhering to schedules, meeting deadlines, etc. By mid-term is able to create functional structure in an unstructured environment; is able to establish realistic priorities and set appropriate limits. a) Plan and organize daily schedule for self and for patient treatment, for short- and long-term projects (e.g., preparation for lectures, note writing, preparation for staffing and rounds, discharge planning, and SIP).
3. **Flexibility** - effectively adjusts to changes in schedules, policies, and procedures, patient and student program; is able to adjust priorities according to needs of the program and department and others. a) Develop an attitude of flexibility - expect changes to occur (e.g., changes in lecture schedule, supervision meetings, increase or decrease in patient load, early discharges, or patient schedules). b) Utilize time effectively when a patient's treatment is canceled. c) Help out and fill in for other therapists. d) Offer assistance to others.
4. **Interpersonal Skills** - is able to establish effective interpersonal relationships with patients and their families, staff members, students, and members of other disciplines; is sensitive to a considerate of others; is able to work and relate effectively with a wide

range of diagnoses and disabilities (patients), socioeconomic, age, and ethnic groups (patients, their families, and other personnel).

- a) Maintain professional relationship with supervisor and others.
- b) Regard feedback as a learning tool.
- c) Be aware of how your behavior affects others.
- d) Consider timing of questions (e.g., when approaching staff).
- e) Respect personal space and time of others.
- f) Explore situations before responding - make informed interpretations and decisions.

5. Communication Skills - shows effective, appropriate (timing content, and method) communication with intra- and extra-departmental personnel at all levels; oral and written professional communication should reflect the standards established for the department; communication at all levels should be appropriate in timing, open and direct; important for staff to independently initiate communication whenever the need and to maintain consistent feedback to appropriate personnel; discretion and confidentiality; open lines of communication should be maintained with the chief occupational therapist and supervisor at all times.

- a) Expect and respect differences in professional opinions. Open-mindedness allows opportunity to explore different theories and techniques of management (e.g. doctors' goal and plan may differ from your own). You are part of a team; consider the goals of other disciplines when planning your treatment program for the patient.
- b) Be aware of nonverbal behavior, tone of voice, etc., and the effect these can have upon your relationships with others.
- c) Take time to organize your thoughts and make notes before reporting in conferences or contacting other disciplines and doctors.
- d) Follow established guidelines and documentation standards for note writing.

7. Concern for Professional Development - is receptive to guidance and regards constructive feedback as a learning tool; actively assesses, recognizes, and expresses personal needs for further professional development; demonstrates interest and actively participates in continuing education activities; is willing to share professional knowledge and experience with others.

- a) Assume responsibility for learning.
- b) Be resourceful in finding answers to your questions.
- c) Actively seek learning experiences (e.g., versus only utilizing scheduled experiences rounds).
- d) Realize that as a student therapist you have valuable information and experiences to share with others. Be willing to share information, offer suggestions for SLP and student programs, procedures, equipment, etc.

Problem-Solving Abilities - demonstrates effective problem-solving skills in approach to patient treatment, and overall functioning within department; readily identifies and communicates problems impacting upon patient care and department functioning to appropriate individuals; maintains an open, objective attitude in assessing and confronting problem situations; appropriately acts upon decisions and maintains communication and effective follow-up and feedback.

- a) Be resourceful. Use common sense and think things through before asking someone else for the answer.
- b) Utilize resources to help find answers to questions and suggestions for patient treatment.
- c) Utilize student manual.
- d) Recognize and act on need to contact other disciplines.
- e) Make yourself aware of material resources available in the unit.

7. Sense of Humor.

8. Supervisory Skills - with experiences, demonstrates those skills essential to the guidance of aides, volunteers, and other ancillary staff (e.g., in patient treatment, group activities, clerical work requests). a) Interpersonal skills - respectful approach when working with secretaries, aides, transporters.

9. Demonstrates a commitment to the growth and development of the department's programs and the support of its staff and students. Offers constructive, diplomatic suggestions for change beneficial to the department in all areas of its functioning.

10. Remember that you are a representative of the department and the profession. Through personal demonstration of professional attitudes and appearance, support and contribute to the professional image of the department.

Suggestions for Students:

An important part of the fieldwork experience is the opportunity to actively pursue the development and practice of professional qualities and behaviors attributable to a mature therapist. Such qualities would include personal initiative, punctuality, responsibility and resourcefulness, dependability, the ability to relate openly and effectively on a professional level, etc. Although your supervisor and other staff members may provide guidance and direction in this area of professional development, you must assume the primary responsibility for professional behavior. Below are some "helpful hints" as to how this responsibility might be independently assumed and reflected early and throughout your affiliation.

1. Communication is the most critical essential. Initiate and maintain open, honest, communication with your supervisor:

- Provide feedback to your supervisor about the nature, quantity, quality, of supervision time. You must assess your needs and openly share them with your supervisor.
- Let your supervisor know your interests and goals/expectations. Clarify performance expectations with your supervisor - if you are unclear, ask.
- If you feel you are not getting enough feedback, let your supervisor know.
- If you feel you need to observe more or to be observed in patient treatment, let your supervisor know.

- If you have a question or doubt in your mind, try whenever possible to take the initiative to find the answer for yourself. However, never hesitate to utilize staff members as resources.

2. Independently take the initiative and time early in your affiliation to familiarize yourself with your unit's organization and available resources. It is important to take time to find out where things are kept during the first week. Schedule time to look through cabinets, file drawers, bookcases, etc., and see what is available. If you don't schedule specific time to do this, you may find that a "convenient" time will never come. Becoming familiar with the unit, its supplies, and equipment will prevent you from having to keep asking where equipment is kept. If you are uncertain about the use or purpose of any equipment, always ask and familiarize yourself with it.

3. Learn how to effectively plan and utilize your time.

- Make out a schedule for each day; include lectures, meetings, and supervision times in addition to patient treatment.
 - Know your work requirements and set target dates for timely completion. Don't wait until the last minute to get things done. You will not be continually reminded or prodded once deadline have been established.
 - Utilize your "spare" time appropriately, i.e., for reading, writing notes; developing patient's treatment programs; observing treatment.
- Feel free to help out in the unit – ask what you can do to help if you cannot readily identify what the need may be. Don't get behind in note-writing. The amount of paperwork and documentation requirements is great; now is the time to develop personal discipline in fulfilling responsibilities in this area on a timely basis.

4. Procedures for routine, day-to-day treatment and departmental responsibilities should be established as a habit as quickly as possible. If you are still confused after the first week, let your supervisor know. Use your school practicum manual and website resources - they are filled with information concerning performance expectations, departmental policies and procedures, and information regarding patient care. Use it as an ongoing reference as questions arise.

5. Suggestions for treatment planning:

- Observe other therapists and keep a list of media/techniques they can use. This can be helpful resource during treatment planning.
 - Write a list of treatment goals (brainstorm). When writing treatment plans refer to this list, it will help you to be comprehensive.
- In the beginning, prepare a list of treatment media or evaluations for each treatment session. Be sure to include alternatives in case equipment is not available. If you have any questions on specific technique or evaluation, ask your supervisor to go through the procedure with you before you treat the patient. Although this takes extra preparation time, it can greatly increase your self-confidence during treatment.

SECTION III PRACTICUM FORMS

Appendix A

The student is responsible for completing the following forms. Students should make copies of **ALL** practicum paperwork.

Essential Functions

CSD Immunization Record/MedProctor Form

Practicum Commitment Form

Student Teaching Licensure Required Form – Calendar 2018-19

Confidentiality Statement

Remediation/Action Plan

Record of Observation Experience (Observation Hours)

All observation clock hours accumulated by the student clinician are to be recorded with the ASHA supervisor signature on the clinical Observation Form.

Clinical Hours Tracking Sheet

CALIPSO – Performance Evaluation and Supervisor Feedback Form

Clinical education documentation is managed via a web-based program called CALIPSO. Students can access CALIPSO by going to www.calipso.com/uc. You will receive step-by-step instructions on how to register during student orientation at the beginning of your first year of graduate study.

In CALIPSO you will post your clinical hours throughout the semester and your supervisor will approve them. Your supervisor will complete a performance evaluation at the end of the semester. There is also the capacity for a midterm evaluation which helps determine your progress in practicum and whether or not there is a need for a remediation plan. The action plan form and outcome are included in this manual. You will also complete a supervisor feedback form at the end of the semester. The on-campus practicum coordinator will review this form and submit to your supervisor for his/her records.

In addition to tracking clinical hours through the CALIPSO system, students will be required to upload personal, required program documentation, such as immunization form. Program Coordinator will monitor for compliance.-

APPENDIX A



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CSD Essential Functions

revised on 3/28/18

Introduction

The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association (ASHA) accredits the University of Cincinnati's Master's program in SLP and the Clinical Doctoral program in Audiology. Graduate degrees in audiology (AuD) and speech language pathology (SLP) require that students acquire general knowledge and skills across a wide range of applicable domains in communication sciences and disorders. Essential functions in areas of communication, physical/motor, intellectual/cognitive, sensory/observational, and behavioral/social and professionalism are required to competently integrate clinical and academic skills. Through classroom and clinical experiences, students will assimilate their knowledge of assessment and treatment techniques in preparation to become critical thinkers and independent clinicians.

Policy

Admission and retention decisions are based not only on satisfactory prior and ongoing academic achievement but also on non-academic factors that ensure that the candidate can meet the essential functions of the clinical program required for graduation. It is important that persons admitted and retained in our graduate programs possess the intelligence, integrity, compassion, humanitarian concern, and physical and emotional capacity necessary to practice in the professions of speech-language pathology and/or audiology. Factors related to a student's ability to perform the essential job functions in speech-language pathology and audiology also play a critical role in the requirements for graduation.

Prior Disclosure

If the student is aware of an issue that would prevent meeting any of the essential functions, it is the student's personal responsibility to notify the Graduate program director prior to acceptance of the offer of admission into the program. This is to confirm that reasonable accommodations can be made to ensure academic and professional success in the field of Speech-Language Pathology or Audiology. Many skills can be learned and developed during the course of the graduate program through coursework and clinical experience. The starred (*) Essential Functions however, are skills that are most inherent and should be present when a student begins the program.

Essential Functions

Essential functions are the basic job duties that a student in training must be able to perform, with or without reasonable accommodations (Equal Employment Opportunity Commission, 2008). To provide quality services across a wide range of disorders and ages, students in our clinical graduate programs must have fundamental skills and characteristics in six areas: communication, motor, intellectual-cognitive, sensory-observational, behavioral-social, and professionalism. These essential skills allow a student to meet the professional requirements of state and national licensing and credentialing agencies. A number of these skills can be learned and developed through graduate coursework and clinical experiences, however, the items marked with a star (*) are intrinsic characteristics that should be present prior to a student beginning a CSD graduate program. Graduate students who do not maintain or meet the Essential Functions listed below may have limited or different practicum placements, protracted program duration, or will be unable to remain in the graduate program.

Accommodation Statement

The University of Cincinnati is committed to providing equal educational access for students with disabilities in accordance with Section 504 of

the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendment Act (ADAA) of 2008. Students with disabilities who need academic accommodations or other specialized services should contact Accessibility Resources. <http://www.uc.edu/aess/disability.html>. Documentation of disability is required as well as the completion of a Student Self-Report (SSR). Accessibility Resources will review both documentation and the SSR and engage in an interactive process with each student to determine reasonable accommodations to address their individual disability related needs as well as provide advocacy assistance on disability-related issues. In some cases, consultation and collaboration with CSD faculty and/or program staff may be required to determine the most appropriate and reasonable accommodation to meet the requirement of the program or within a clinical placement. Accommodations will be provided which allows for equal participation but do not fundamentally alter the educational or academic standards of the CSD program.

Definition of Reasonable Accommodation

“Reasonable accommodations are made in order to level the playing field for qualified individuals with disabilities. As much as possible, accommodations are designed to minimize the functional limitations of an individual in a given task. These adjustments permit students with disabilities the opportunity to learn by removing barriers that do not compromise academic standards. Thus, wherever possible, the disability is minimized as a measure of performance in the academic environment. This is typically accomplished with services or strategies focused on the end result rather than the means by which that result is customarily achieved. The ADA assumes that people with disabilities have contributions to make and that they have every right to attend colleges and universities -- regardless of whether they have a disability. Thus, access means empowering students with disabilities to take better control of their academic environment, permitting them to demonstrate their skill and knowledge. It also expects, however, that they can meet the academic standards with appropriate accommodations.” - UC Accessibility Resources:

<http://www.uc.edu/content/dam/uc/aess/docs/disabilityservices/Parent%20Guide%20to%20DSO.pdf>

Standard Essential Functions

Communication

UC CSD is in agreement with ASHA’s 1998 position statement below:

“It is the position of the American Speech-Language-Hearing Association (ASHA) that students and professionals in communication sciences and disorders who speak with accents and/or dialects can effectively provide speech, language, and audiological services to persons with communication disorders as long as they have the expected level of knowledge in normal and disordered communication, the expected level of diagnostic and clinical case management skills, and if modeling is necessary, are able to model the target phoneme, grammatical feature, or other aspect of speech and language that characterizes the client's particular problem.”

With or without reasonable accommodations, prospective and current students must possess and demonstrate adequate communication skills to:

- Communicate proficiently in both oral and written English language. Students who speak English with accents and nonstandard dialects must be capable of modeling “the target phonemes, grammatical features or other aspects of speech and language that characterize the client’s particular problem.” (ASHA Technical Report, 1998).*
- Perceive and demonstrate appropriate verbal and nonverbal communication effectively and intelligibly in one-on-one and group settings in academic, community and clinical environments (e.g. telephone, email, etc.).*
- Modify communication style to meet the communication needs of clients, caregivers and other persons served with relevance, respect and cultural sensitivity.
- Communicate in writing professionally, effectively, legibly and on time in accordance with setting requirements on clinical documentation, reports, and scholarly papers required as a part of course work and professional practice. (e.g., medical records, standardized assessments, transcription, clinical reports, etc.).

Physical/Motor

With or without reasonable accommodations, prospective and current students must possess and demonstrate adequate physical and motor skills to:

- Access transportation to clinical and academic placements.*

- Sustain the necessary level of physical activity for participation in classroom and clinical activities. These activities may include transitioning between standing, chair and/or floor for the defined workday and possibly for long periods of time (up to 10-hour days in certain settings).*
- Negotiate patient/client care environments, and be able to move between settings such as the classroom, health care facility, educational, or community settings (access elevators, stairs, buildings).*
- Provide a safe environment for others in responding quickly to emergency situations (e.g., fire, choking, etc.) and in application of universal precautions (e.g., standardized approach to infection control). *
- Manipulate testing and treatment environment as well as evaluation and intervention materials, including completion of all academic and client-related forms and paperwork (e.g., lesson plans, data collection forms, SOAP notes, reports) without violation of testing protocol and with best therapeutic practice.
- Access technology for clinical management (e.g., billing, charting, therapy programs, etc.), diagnostic testing and treatment protocols.
- Manipulate patient-utilized equipment (e.g. not limited to durable medical equipment to include AAC devices, hearing aids, etc.) in a safe and effective manner. *

Intellectual/Cognitive

With or without reasonable accommodations, prospective and current students must possess and demonstrate adequate intellectual and cognitive skills to:

- Demonstrate the mental capacity to comprehend, retain, integrate, synthesize, and infer written and verbal professional literature and reports sufficiently to meet curricular and clinical demands. *
- Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.
- Analyze, synthesize, apply and interpret ideas and concepts, in academic and clinical settings, through verbal and written expression.
- Demonstrate the ability to attend, initiate, solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic and therapeutic plan and implementation. *
- Self-evaluate, identify, and communicate limits of one's own knowledge and skill to an appropriate professional level.
- Identify and utilize resources to increase knowledge.
- -Demonstrate adequate executive functions, such as organization, scheduling and prioritizing activities, and providing documentation in a timely manner.

Sensory/Observational

With or without reasonable accommodations, prospective and current students must possess and demonstrate adequate sensory skills of vision, hearing, touch and smell to:

- Visually and auditorily identify normal and disordered fluency, articulation and verbal intelligibility, voice, resonance, respiration characteristics, oral and written language in the areas of semantics, pragmatics, syntax, morphology and phonology, hearing and balance disorders, swallowing, cognition, and social interaction related to communication. *
- Identify the need for alternative modalities of communication.
- Visualize, identify and discriminate anatomic structures and function during real time/live examinations and imaging tests (e.g., MBSS, FEES, etc.).
- Demonstrate the ability to discriminate correct production of phonemes; speak and write using English vocabulary, grammatical forms, and prosodic patterns. *
- Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.
- Recognize when a patient's family does or does not understand the clinician's written and or verbal communication and modify communication style to meet the communication needs of clients, caregivers and other persons served with relevance, respect and cultural sensitivity.
- Accurately monitor and manipulate equipment displays and controls, including those of hearing instruments, used for assessment and treatment of clients.

Behavioral/Social

With or without reasonable accommodations, prospective and current students must possess and demonstrate adequate behavioral and social skills to:

- Demonstrate emotional stability and mental health necessary to promptly complete responsibilities and to develop appropriate relationships with faculty, supervisors, staff, peers, clients, parents or caregivers, and other professionals. *
- Maintain composure and emotional stability in demanding situations. *
- Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic backgrounds. *
- Conduct oneself in an ethical and legal manner, upholding the ASHA/American Academy of Audiology (AAA) Code of Ethics and University and federal privacy policies (e.g. HIPAA, ADA, FERPA). *
- Maintain general physical and mental health and self-care, including immunizations and medical documentation, to uphold the health and safety of self and others in the academic and clinical settings. *
- Maintain appropriate professional behavior including punctuality, regular attendance, maintaining client confidentiality, and completing all duties and assignments pursuant to one's academic plan. *
- Adapt to changing and demanding environments (which includes maintaining both professional demeanor and emotional health). *
- Understand and respect faculty, supervisor and co-worker authority. *
- Accept and act upon feedback and constructive criticism from faculty and supervisors by modifying behaviors.
- Dress appropriately and professionally according to written policy of university and all other clinical/educational settings. *
- Demonstrate a positive attitude and reflect positively upon SLP/AuD disciplines. *

Communication Self-Assessment

Each entering graduate student will complete a communication skills self-assessment. This self-assessment is specific to communication skills and is not comprehensive of all essential functions that are required of the student to meet the professional requirements of state and national licensing and credentialing agencies. This self-assessment is meant to provide awareness of potential communication challenges with the expectation the student will seek appropriate remediation and/or accommodation.

Essential Functions Remediation Plan Statement

If a faculty member or clinical supervisor observes concerns with a graduate student's professional demeanor or Essential Functions, he or she will first address the concern directly with the student. The student will be advised regarding appropriate ways to improve the concern(s) and be notified that a written record will be filed with his or her program director. If a student has repeated issues demonstrating the outlined essential functions, a formal remediation plan will be developed for the student. The remediation plan will include measurable goals to be achieved in a specified time. If the student does not meet the goals as detailed on the remediation plan in the time frame outlined, the student may be placed on formal probation with the possibility of dismissal from the program.

Initial the appropriate statement below:

_____ I am verifying that I have read the above Essential Functions document. I understand all the skills listed and to the best of my knowledge can perform the functions named. I understand that these essential functions are necessary to complete a clinical graduate degree in speech-language pathology or audiology and if not demonstrated may result in the need for academic/clinical assistance or even dismissal from the program.

_____ I am verifying that I have read the above Essential Functions document. However, at this time there are functions I do not understand, may not meet, and/or may require accommodations to meet. I understand that it is my responsibility, prior to enrollment, to contact the graduate program director of my program to further discuss my questions or concerns as an inability to demonstrate these skills may result in the need for academic/clinical assistance or even dismissal from the program.

Student Printed Name _____

Student Signature _____ Date _____

References

American Speech-Language-Hearing Association (2014). 2014 Standards and Implementation for the Certificate of Clinical Competence in

Speech-Language Pathology. Retrieved from <http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>

Equal Employment Opportunity Commission (2008). The ADA: Your Responsibility as an Employer. Retrieved from [Equal Employment Opportunity Commission Weblink \[https://www.eeoc.gov/facts/ada17.html\]](https://www.eeoc.gov/facts/ada17.html)

American Speech-Language-Hearing Association (1998). Students and Professionals Who Speak English with Accents and Nonstandard Dialects: Issues and Recommendations. Retrieved from the website [American Speech Language Hearing Association \[http://www.asha.org/policy/PS1998-00117\]](http://www.asha.org/policy/PS1998-00117).

Name

Student ID:

Birthdate:

To be completed by personal health care provider and then uploaded in full to secure.medproctor.com

	Required Vaccines for classes (MMDDYY)		Serological proof of immunity.
check one	<ul style="list-style-type: none"> ▪ Hepatitis B (3 required) OR ▪ HEPLISAV-B (2 required) 	AND	Quantitative HBSAB titer date and result If negative must repeat entire series
	1st <input type="text"/>		Quantitative HBSAB titer date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> result: <input type="radio"/> negative <i>if titer neg., repeat series</i> <input type="radio"/> positive Required: Upload lab report
	2nd <input type="text"/>		
3rd <input type="text"/>			
check one	<ul style="list-style-type: none"> ▪ Hepatitis B 2nd series (3 required if negative titer) OR ▪ HEPLISAV-B 2nd series (2 required if negative titer) 	AND	Quantitative HBSAB titer date and result
	1st <input type="text"/>		Quantitative HBSAB titer date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> result: <input type="radio"/> negative <input type="radio"/> positive Required: Upload lab report
	2nd <input type="text"/>		
3rd <input type="text"/>			
	MMR¹ (2 required)	OR	MMR titer and result <i>Required: Upload lab report</i>
1st <input type="text"/>			Measles titer date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> result: <input type="radio"/> negative <input type="radio"/> positive
2nd <input type="text"/>			Mumps titer date: result: <input type="radio"/> negative <input type="radio"/> positive
			Rubella titer date: result: <input type="radio"/> negative <input type="radio"/> positive
	Meningococcal (A) Quadrivalent required for students who are 16-21 years of age. (one required on/after 16th birthday)		
	<input type="text"/>		
	Influenza (flu) (*required each fall) <input type="text"/>		

* Flu vaccine due by October 22nd unless otherwise specified by your program
 1 MMR = Measles, Mumps, Rubella

2 Tdap = Adult dose, Tetanus, Diphtheria, Acellular Pertussis

To be completed by personal health care provider and then uploaded in full to secure.medproctor.com

	Required Vaccines for classes (MMDDYY)		Serological proof of immunity.
	Two Mantoux Tuberculin Skin Tests (2-step TB or PPD) placed 7 to 30 days apart (then annual tuberculosis screening)	OR	IGRA blood tests results (QuantIFERON or T-Spot) (then annual tuberculosis screen) Date of TB Blood Test <input type="radio"/> MM DD YY result: <input type="radio"/> negative <input type="radio"/> positive <i>Required: Upload lab report</i>
Placed	Step 1) 1st TB Skin Test (PPD) MM DD YY		CHEST X-RAY If IGRA is positive, enter Chest X-Ray results (within previous 12 months) below. Note: In lieu of PPD skin testing or IGRA blood testing, a normal chest x-ray (within the previous 12months) may meet the requirement. Date of Chest X-Ray MM DD YY result: <input type="radio"/> negative <input type="radio"/> positive <i>Required: Upload x-ray report</i>
Read	MM DD YY		
Induration	MM mm (record actual induration in millimeters)		
Placed	Step 2) 2nd TB Skin Test (PPD) MM DD YY		
Read	MM DD YY		
Induration	MM mm (record actual induration in millimeters)		
	Tdap (Adult dose, Tetanus, Diphtheria, Acellular Pertussis) One adult Tdap booster given after 2006. If Tdap adult booster was given > than 10 years ago then a current Td adult booster is also required.		
1st	MM DD YY (² Tdap) And		
2nd	MM DD YY (³ Td) (if Tdap > than 10 years ago)		
	Varicella (2 required)	OR	VZV IgG titer <i>Required: Upload lab report</i> VZV IgG titer date MM DD YY result: <input type="radio"/> negative <input type="radio"/> positive
1st	MM DD YY		
2nd	MM DD YY		

Licensed Professional's Name	Licensed Professional's Signature	Signature Date MM DD YY
Office Stamp Preferred/ Address and Provider NPI (Required If No Office Stamp)	Office email	Office Phone Number

PRACTICUM COMMITMENT FORM
University of Cincinnati
Communication Sciences and Disorders Department

Student Name: _____
 Semester/Year: _____
 Site: _____
 Supervisor: _____
 Site Address: _____
 Supervisor's Email: _____
 Supervisor's Phone: _____
 Student's Phone: _____

1. *The University of Cincinnati student, who has been assigned to a Communication Sciences and Disorders Practicum, has agreed to the following guidelines and expectations for beginning/end day/dates of practicum and hours of work each day:*

Start day/date:					
Days of week	Monday	Tuesday	Wednesday	Thursday	Friday
Practicum Site:					
Hours each day					
End day/date:					

*hours must be flexible based on daily needs of clinical placement

2. The student will maintain the days/hours specified above through finals week each semester of the graduate program and potentially longer, **per site/supervisor specifics**.

3. **Regular attendance is expected.** Read and initial below.

_____ I understand that attendance and professionalism will impact my grade and is at the discretion of supervisor/practicum coordinator/Director of Clinical Education.

_____ Potential days off from practicum might include: religious holidays, professional conferences/conventions, and required department activities such as Fluency Friday (spring semester), and PRAISE (spring semester).

_____ A request for 'days off' is reserved for illness or extenuating circumstances ONLY, such as a death in the student's immediate family.

_____ A doctor's excuse must be provided for all illness-related absences.

_____ Your direct practicum supervisor (the supervisor who will approve your clinical hours and competencies in the setting) is the person to whom your request/notification or extenuating event should be addressed with additional notifications to practicum coordinator of your program and Director of Clinical Education for on-campus programs.

_____ The student is required to make up minutes/days they are absent from practicum, including illness, and will be negotiated with supervisor in the practicum commitment at the beginning of the term or following an absence from illness.

_____ Clinical practicum dates/times are subject to site, may vary site-to-site and may not correlate with course schedule or university breaks.

_____ I have read the Essential Requirements document and the Code of Ethics and will be held accountable and will follow these guidelines and principles.

Please list known obligation or conflict with schedule designated above in #1 and #2.

4. The student will follow all rules of confidentiality as they pertain to clients and clients' families and facility rules and regulations.
5. Therapy plans, evaluations, and other reports must be submitted by deadlines specified by the site supervisor: _____
6. The student will participate in at least _____ of directed observation before he/she begins to provide clinical services (up to a maximum of _____).
7. The student will comply with all policies and procedures of the practicum site and in accordance with the clinical/school practicum manual(s) at the University of Cincinnati.

If at any time in the first 4 weeks of the term the supervisor feels that the student is not progressing toward independence at the practicum site, the practicum coordinator should be contacted to discuss a plan of action.

The on-site supervisor has agreed to the following guidelines:

1. The supervisor will have primary responsibility for coordination and supervision of the student's professional work at this site.
2. The supervisor recognizes and agrees to abide by the observation requirements set by ASHA; supervision of a minimum of 25% of client contact time for therapy and and diagnostic evaluations.
3. The supervisor and student will have conferences scheduled at least _____
4. The supervisor will share the evaluation of the student's performance with the student and Practicum Coordinator.

The Practicum Coordinator will make _____ visit(s) to the practicum site during the quarter.

Student

Site Supervisor

ASHA#

State License#

(Please attach a photocopy of your updated ASHA card)

U.C. Practicum Coordinator

(Form revised 7/30/2018)

SCHOOL PRACTICUM COMMITMENT FORM
University of Cincinnati
Communication Sciences and Disorders Department

Student Name: _____
 Student Cell Phone: _____
 Semester/Year: _____
 Site: _____
 School SLP Supervisor: _____
 School Address: _____
 Supervisor school Email: _____
 Supervisor Cell Phone: _____
 Supervisor ASHA number: _____ State license # _____

1. The University of Cincinnati student, who has been assigned to a Communication Sciences and Disorders Practicum, has agreed to the following guidelines and expectations for beginning/end day/dates of practicum and hours of work each day:

List **beginning and ending dates, name of school and school hours** for each day:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

2. The student will maintain the days/hours specified above through finals week each semester of the graduate program and potentially longer, **per site/supervisor specifics**.

3. **Regular attendance is expected.** Read and initial below.

_____ I understand that attendance and professionalism will impact my grade and is at the discretion of supervisor/clinical coordinator.

_____ Potential days off from practicum might include: religious holidays, professional conferences/conventions, and required department activities such as Fluency Friday (spring semester), and PRAISE (spring semester).

_____ Please be aware that student teachers are required to attend professional development, conferences, staff meetings and inservices UNLESS you feel that they would not be beneficial to their professional development (such as meetings to discuss the caseload for the following year).

____ Potential days off must be negotiated with supervisor at practicum start date and UC site coordinator(s) must be notified of day(s) off **for any reason.**

____ The student is required to make up minutes/days they are absent from practicum, including illness, and will be negotiated with supervisor in the practicum commitment at the beginning of the term or following an absence from illness.

____ Clinical practicum dates/times are subject to site, may vary site-to-site and may not correlate with course schedule or university breaks.

____ I have read the Essential Requirements document and the Code of Ethics and will be held accountable and will follow these guidelines and principles.

Please list known obligations or conflicts with schedule designated above in #1 and #2:

-
4. The student will follow all rules of confidentiality as they pertain to clients and clients' families.
 5. Therapy plans, evaluations, and other reports must be submitted by deadlines specified by the site supervisor. **ALL STUDENT TEACHERS MUST WRITE LESSON PLANS IN SOME FORM WHICH MUST INCLUDE AT LEAST: Objectives targeted and activity.**
 6. See suggested timeline at the end of this document for how to phase in your student teacher. Please give your student teacher **written feedback at least one time per week** through midterm to help them with their skills. We would appreciate that you continue to model some therapy sessions all through the semester. This helps our students learn best.
 7. The student will comply with all policies and procedures of the practicum site and in accordance with the clinical/school practicum manual(s) at the University of Cincinnati.

If at any time in the first five weeks of the term, the supervisor feels that the student is not progressing towards independence at the practicum site, the practicum coordinator should be contacted to discuss a plan of action. The on-site supervisor has agreed to the following guidelines:

1. The supervisor will have primary responsibility for coordination and supervision of the student's professional work at this site.
2. The supervisor recognizes and agrees to abide by the observation requirements set by ASHA; supervision at a minimum of 25% of client contact time for therapy and and diagnostic evaluations.
3. The supervisor and student will have conferences scheduled at least _____.
4. The supervisor will share the evaluation of the student's performance with the student and Practicum Coordinator.
5. The Practicum Coordinator will make 1 visit to the practicum site during the semester unless issues arise with placement. In this case additional visits will be made by the UC School Practicum Coordinator. If an issue arises with the student teacher, then an intervention action plan will be written for the student teacher to follow and the CSD Department Chair and Practicum Coordinator will be notified of this plan.
6. Please attach a copy of the district calendar which would specify school vacations and in-service days.
7. Also please attach a copy of the supervisor's ASHA card.

8. Please bring this completed form to your first school practicum class.

Student

Site Supervisor ASHA# State License#
(Please provide a photocopy of your updated ASHA card)

U.C. Practicum Coordinator



**Department of Communication
Sciences & Disorders
College of Allied Health Sciences**
University of Cincinnati
PO Box 670379
Cincinnati OH 45267-0379

French East Building 344
3202 Eden Ave
Phone: 513-558-8501
Fax: 513-558-8500
College of Allied Health Sciences

CONFIDENTIALITY STATEMENT

All information concerning past and present clients is strictly confidential and will be shared with no one unless agreed upon in writing by the client or client's family.

I understand the importance of confidentiality as it relates to the welfare of clients and their families whom we serve. I will not reveal any professional or personal information regarding these clients and I will maintain accurate information in the client's clinical files and will not divulge the contents of such files to anyone except upon written consent from the client or the family.

I understand and agree to abide by the confidentiality standards set by the Department of Communication Sciences and Disorders.

Signature of Student Clinician

Date

Printed Name of Student Clinician



University of Cincinnati - Department of Communication Sciences and Disorders
 Speech-Language Pathology
 Practicum Remediation/Action Plan

Student:	Date:
Supervisor:	Director of Clinical Education/Program Director/Practicum Coordinator:
1. Identify and reach agreement regarding competencies not being met during the practicum period (list/describe using verbiage from document of reference):	
2. Plan of Action (more specifically, what are the clinical skills, including assessment, intervention and/or interaction/personal qualities to be addressed)	
Target date for completion of proposed plan of action: _____	
Signatures for Plan of Action:	
Student _____	
Practicum Supervisor (s) _____	
Director of Clinical Education/Program Director/Practicum Coordinator (s)	

Date signed: _____	Page 1/2

3. Action Steps Addressed:

Decision based on action plans/outcome

- Extend time at current practicum site**
- Continue practicum at another site**
- Terminate practicum**
- Other _____**

Comments

Signatures for Plan of Action DECISION:

Student _____

Practicum Supervisor(s) _____

Director of Clinical Education/Program Director/Practicum Coordinator(s)

Date signed: _____

Clinical Practicum Remediation/Action Plan Guidelines

Students enrolled in practicum during their first or second year will need to achieve competency levels (of 3 and 4's respectively) in each disorder area and in professional codes of conduct.

Students enrolled in practicum during their second year must achieve competencies at a 3.5 – 4.0 level in the nine areas of disorder types reflected on the CALIPSO performance evaluation form. Competencies are achieved in the areas which reflect their current patient load. At the end of each semester, their competencies will be assessed, and competency needs reviewed to achieve all 3.5-4.0's by the time of graduation.

If a supervisor feels that, at any time, a student is not moving toward independence in his/her practicum setting, she or he will contact the University practicum coordinator(s) who will meet with the supervisor and student to develop an Action/Remedial plan. All will agree to the plan and its consequences and sign the form. This form plus any additional documentation regarding outcome will be placed in the student's CALIPSO account under Clinical Placement. If the student is unable to achieve the action steps at the end of the semester, they will not pass competencies for that practicum site. Specific clinical hours may be earned depending on the circumstances and agreed upon by the supervisor/university practicum coordinator. Students may be required to extend their practicum to meet competency levels or perform practicum at another site. Another plan or course of action may need to be developed depending on specific circumstances.

If a student has not met competencies at a site, they will be placed on practicum probation for the following semester which requires successful fulfillment of the remediation/action plan. If a student receives an action plan at two sites and is not successful in gaining the needed competencies, practicum will be terminated. The supervisor and student will meet throughout the action plan process and the student will be notified when all steps have been completed satisfactorily. See academic/probation/dismissal policy of Clinical Practicum Handbook for specifics.



Enterprise Risk Management

University of Cincinnati
PO Box 210785
Cincinnati, OH 45221-0785

(513) 558-5042
(513) 558-1046 Fax

August 22, 2019

RE: University of Cincinnati Medical Professional Liability Insurance Program

To Whom It May Concern:

The University of Cincinnati, through its Office of Risk Management and Insurance, maintains a comprehensive program of self-insurance and commercially purchased insurance, covering property, casualty and liability exposures to the University and its employees, agents, and volunteers, while acting on the University's behalf. Students are covered under this program for Professional (patient care) liability only, while engaged in clinical rotations at the request or direction of the University through a health care education program.

The primary level of insurance for general and professional (patient care) liability is provided through a self-insurance program, consisting of trust funds maintained by an independent trustee and actuarially supported to liability limits of \$100,000 per occurrence for general liability and \$4 Million per occurrence for professional liability. The funds financial soundness is reviewed and certified annually by an outside actuarial firm.

We also participate in a self-insurance program among several state universities in Ohio for automobile liability and general liability insurance coverage's. In addition, commercially purchased excess insurance is provided above the primary liability insurance coverages with limits of \$15 Million and higher depending on the type of claim. However, because the primary level of coverage is through self-insurance, there is no "Certificate of Insurance" for this coverage, and additional insured parties cannot be named.

Worker's Compensation insurance for University employees is provided through the state fund. We have been assigned a "Worker's Compensation Risk Number", however, there is not a "certificate" for that coverage.

If there are any further questions, please feel free to contact the University of Cincinnati Department of Enterprise Risk Management at 513-558-5042.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anita Ingram'.

Anita Ingram, ARM, MBA, MTS
Assistant VP/Chief Risk Officer

Performance Evaluation

Supervisor: Test Supervisor,

*Student:

*Site:

*Evaluation Type:

*Semester:

*Course number:

*Patient population:

- Young Child (0-5)
- Child (6-17)
- Adult (18-64)
- Older adult (65+)

% the student was observed while providing: Evaluation: (minimum of 25% of the total contact with each client/patient)
Treatment: (minimum of 25% of the total contact with each client/patient)

Save

PERFORMANCE RATING SCALE

[Click to see Rating Scale](#)

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

- 1 - Not evident 4 - Refining
- 2 - Emerging 5 - Independent
- 3 - Developing

* If n/a, please leave space blank

Evaluation skills	Articulation?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognition?	Social Aspects?	Communication Modalities?
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								
1. Conducts screening and prevention procedures (std III-D, std IV-G, 1a).									
2. Performs chart review and/or collects case history from interviewing patient and/or relevant others (std IV-G, 1b).									
3. Selects appropriate evaluation instruments/procedures (std IV-G, 1c).									
4. Administers and scores diagnostic tests correctly (std IV-G, 1c).									
5. Adapts evaluation procedures to meet patient needs (std IV-G, 1d).									
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std III-C).									
7. Interprets and formulates diagnosis from test results, history, and other behavioral observations (std IV-G, 1e).									
8. Makes appropriate recommendations for intervention (std IV-G, 1e).									
9. Completes administrative functions including reporting and documentation necessary to support evaluation (std IV-G, 1f).									
10. Makes appropriate recommendations for patient referrals (std IV-G, 1g). ?									
Score totals:	0	0	0	0	0	0	0	0	0
Total number of items scored: 0 Total number of points: 0 Section Average: 0									

Save Treatment skills	Articulation?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognition?	Social Aspects?	Communication Modalities?
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								
1. Develops appropriate treatment plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process. (std IV-G, 2a)									
2. Implements treatment plans (std IV-G, 2b).									
3. Selects and uses appropriate materials/instrumentation (std IV-G, 2c).									
4. Sequences task to meet objectives.									
5. Provides appropriate introduction/explanation of tasks.									
6. Measures and evaluates patients' performance and progress (std IV-G, 2d).									
7. Uses appropriate models, prompts, or cues. Allows time for patient response.									
8. Adapts treatment session to meet individual patient needs (std IV-G, 2e).									
9. Completes administrative functions including reporting and documentation necessary to support treatment (std IV-G, 2f).									
10. Identifies and refers patients for services as appropriate (std IV-G, 2g). ?									
Score totals:	0	0	0	0	0	0	0	0	0
Total number of items scored: 0 Total number of points: 0 Section Average: 0									
Comments:									

Save Preparedness, Interaction, and Personal Qualities	Score
1. Possesses foundation for basic human communication and swallowing processes (std III-B).	
2. Integrates research principles into evidence-based clinical practice (std III-F).	
3. Possesses knowledge of contemporary professional issues, including trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures, and advocacy (std III-G).	
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std IV-G, 3a).	
5. Establishes rapport and shows sensitivity to the needs of the patient.	
6. Uses appropriate rate, pitch, and volume when interacting with patients or others.	
7. Provides counseling and supportive guidance regarding communication and swallowing disorders to patients, family, caregivers, and relevant others (std IV-G, 3c).	
8. Collaborates with other professionals in case management (std IV-G, 3b).	
9. Displays effective oral communication with patient, family or other professionals (std IV-B)	

10. Displays effective written communication for professional correspondence (std IV-B).		
11. Adheres to the ASHA Code of Ethics and conducts him or herself in a professional, ethical manner (std III-E, IV-G, 3d).		
12. Assumes a professional level of responsibility and initiative in completing all requirements.		
13. Demonstrates openness and responsiveness to clinical supervision and suggestions.		
14. Possesses the ability to self-reflect and self-evaluate.		
15. Personal appearance is professional and appropriate for the clinical setting.		
16. Displays organization and preparedness for all clinical sessions.		
Total number of items scored: 0 Total number of points: 0 Section Average: 0		

Save

Improvements Since Last Evaluation:

Strengths/Challenges:

Recommendations for Improving Clinical Skills:

Total points (all sections included): 0 Adjustment: 0.0
 divided by total number of items 0
 Evaluation score: 0
 Letter grade: Fail
 Quality points: N/A

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

Student name: _____ Date reviewed: _____

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

*Supervisor name: _____ *Date completed: _____

Final submission (if this box is checked, no more changes will be allowed!)

Save

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

Supervisor Feedback Form

* Supervisor:

* Site:

* Semester:

1. Provided an orientation to the facility and caseload.

- N/A No orientation provided. Student oriented him/herself. Informal orientation provided. Formal orientation provided with supplemental documentation.

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

- N/A Comments were vague; and therefore, difficult to apply. Comments were useful but lacked specifics or concrete examples. Comments were useful, specific, and constructive.

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

- N/A Comments were vague; and therefore, difficult to apply. Comments were useful but lacked specifics or concrete examples. Comments were useful, specific, and constructive.

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

- N/A Comments were vague; and therefore, difficult to apply. Comments were useful but lacked specifics or concrete examples. Comments were useful, specific, and constructive.

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

- N/A Comments were vague; and therefore, difficult to apply. Comments were useful but lacked specifics or concrete examples. Comments were useful, specific, and constructive.

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

- N/A Comments were vague; and therefore, difficult to apply. Comments were useful but lacked specifics or concrete examples. Comments were useful, specific, and constructive.

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

- N/A Comments were vague; and therefore, difficult to apply. Comments were useful but lacked specifics or concrete examples. Comments were useful, specific, and constructive.

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

- N/A Provided minimal explanations and/or demonstrations. Provided adequate explanations and/or demonstrations when requested. Provided thorough explanations and/or demonstrations for all clinical procedures.

9. Utilized evidence-based practice.

N/A

Rarely referenced current literature.

Occasionally referenced current literature.

Frequently referenced current literature

10. Encouraged student independence and creativity.
- NA
 - Receptive to new ideas
 - Occasionally commented on
 - Frequently commented on
 - Somewhat receptive to new ideas and differing techniques but did not encourage them successes and efforts.
 - Very receptive to new ideas and encouraged use of own techniques successes and efforts.
11. Provided positive reinforcement of student's successes and efforts.
- NA
 - Rarely commented on successes and efforts
 - Occasionally commented on successes and efforts
 - Frequently commented on successes and efforts
12. Provided student with written and/or verbal recommendations for improvement.
- N/A
 - Rarely provided written and/or verbal recommendations except on midterm and final evaluations.
 - Occasionally provided written and/or verbal recommendations in addition to the midterm and final evaluations.
 - Systematically provided written and/or verbal recommendations in addition to the midterm and final evaluations.
13. Demonstrated enthusiasm and interest in the profession and in providing clinical services.
- N/A
 - Enthusiasm and interest rarely observed; frequent negative comments.
 - Enthusiasm and interest occasionally observed; occasional negative comments.
 - Enthusiasm and interest regularly observed; frequent positive and optimistic comments.
14. Demonstrated effective interpersonal communication with student.
- N/A
 - Seemed uninterested and/or unwilling to listen or respond to student's needs.
 - Some interest in student's needs shown, but communication lacked sensitivity.
 - Aware of and sensitive to student's needs; open and effective communication.
15. Receptive to questions.
- N/A
 - Unwilling to take time to answer questions.
 - Answered questions inconsistently.
 - Answered questions with helpful information or additional resources which encouraged me to think for myself.
16. Available to me when I requested assistance.
- N/A
 - Supervisor was rarely available.
 - Supervisor was occasionally available.
 - Supervisor was always available.
17. Utilized effective organizational and management skills.
- N/A
 - Rarely organized; showed difficulty balancing supervisory and clinical responsibilities.
 - Somewhat organized; balanced supervisory and clinical responsibilities with little difficulty.
 - Always organized; balanced supervisory and clinical responsibilities with ease.
18. Referred me to or provided me with additional resources (materials, articles, video tapes, etc.)
- N/A
 - Provided minimal or no additional resources.
 - Provided helpful resources upon student request.
 - Provided helpful resources without student request.

19. Realistically demanding of me as a student intern.

- N/A
- Expectations were either too high or too low for level of experience with no attempts to adjust.
- Expectations were generally appropriate for my level of experience.
- Expectations were individualized and adjusted according to my strengths and weaknesses.

Overall, how would you rate this clinical experience?

Additional comments?

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



CALIPSO INSTRUCTIONS FOR STUDENTS click [here](#)

APPENDIX B: CODE OF ETHICS

ASHA Code of Ethics Effective March 1, 2016

To view the ASHA Code of Ethics, click [here](#).