



**SAN DIEGO STATE  
UNIVERSITY**

*The off-campus  
experience*

**Handbook for  
Speech-Language Pathology**

**SLHS 627/933**

## I. Introduction

You are about to enter the working world for your first experience of being a speech-language pathologist in an off-campus or public school setting. This is your chance to explore different environments and to determine areas that you are particularly interested in (not to mention getting those all-important ASHA hours done!). The goal for these placements is to be able to “do the job” by the end of your experience. Think of these externships as jobs and be prepared to accept all the job-related responsibilities as you would if you were being paid.

*Note: Throughout this manual, “627” will be used as shorthand for “medical” and “933” as shorthand for “schools.” In actuality, you will each be assigned registration codes for one semester of 627 and one semester of 933, regardless of whether you choose to complete two schools placements rather than one schools and one medical.*

## II. SLHS 627/933 Requirements

### Clinician Requirements

A. Students placed in any off-campus settings must agree to conform to the administrative policies, standards, and practices of the field experience site and to the ethical and legal standards of the profession. This includes getting TB tests and Hepatitis B vaccinations and obtaining CPR certification if required by your placement. For SLHS 933, you must have your Certificate of Clearance and have taken the CBEST.

B. You should plan on accruing a minimum of 120 hours in each of your off-campus settings. These hours may be treatment or diagnostic. You should be aware of the number and type of hours you need as you begin your off-campus experience. Note your hours daily and submit them weekly. *Even if your supervisor chooses to approve them less frequently, the expectation on your end remains the same.* Not only will this help you keep an accurate account of your hours but also it’s good practice for when you begin keeping billing and attendance data as a licensed and certified SLP. If your supervisor is not yet registered on Calipso, please let the Clinic Director know and provide your supervisor’s ASHA account number and e-mail address.

C. Students are expected to conform to the dress code of their placement. For hospitals and clinics, this usually means closed-toed shoes, covered shoulders, and no midribs showing. Hospitals may also require that your fingernails be natural, unpainted, and less than ¼ inch long. Depending on the district, school dress codes can vary widely; however, in general, off-campus dress requirements tend to be more formal than on-campus. If you don’t know the expected dress for your placement, ask your supervisor.

D. Attendance: Most off-campus placements are open to some negotiation in terms of scheduled days off for doctor’s appointments, etc. Do not ask for time off for school-related activities (e.g., to study for a test, or work on a group project). Also, do not wait until just before you need a day off to ask! Remember that (except for community colleges) your 627 placements will not observe breaks or holidays, so expect that your supervisor will want you there on those days. The placements have the right to ask you to make up any days missed.

E. ASHA requires a minimum of 25% supervision. This means that over the course of the semester you spend at each placement, you will have been supervised an average of 25-50%. In some settings, this will mean 100% supervision for the first few weeks, tapering off to your being able to conduct some sessions independently by the end of the semester. In other settings, you may be supervised for approximately 25% of each day throughout the semester. This is up to your supervisors’ discretion.

An ASHA-certified SLP must be on site while you are seeing clients. Your off-campus supervisors are made aware of these requirements when they are oriented to SDSU’s supervision standards. However, if you feel that

you are not receiving adequate supervision, first raise the issue with your supervisor. Then, if the problem persists, contact the Speech-Language Clinic Director. All of our current off-campus supervisors have ASHA certification.

F. The State of California requires that only hours that are supervised by a licensed SLP may count towards the required clock hours for licensure. However, there are two exceptions to this rule: 1) public schools, and 2) federal employees. If you are placed at Navy, the V.A. or Camp Pendleton, your supervisor may not be licensed, but you may still count those hours towards licensure. The same is true for hours accrued in the public school setting for your credential.

### **Off-Campus Supervisor Requirements**

A. Each off-campus site has entered into an affiliation agreement with SDSU. These agreements specify that the site will assign a qualified staff member to provide supervision, will provide students with “pertinent and meaningful” experiences, and will complete periodic evaluations of your performance. Additionally, the agreement specifies that students will be oriented “to the field experience site administrative policies, standards, and practices.” Please be sure that you receive this orientation! You need to know what is expected of you in your placement. Many placement sites are quite busy. If your supervisor forgets to orient you to the site on your first day, make a point of reminding them on day 2!

B. As stated previously, each off-campus placement is aware of ASHA and licensure supervision requirements and will assign supervisors appropriately. Occasionally, your regular supervisor may be absent and another staff member may supervise. If you aren’t sure of your supervisor’s ASHA or licensure status: ASK! You may not count hours that are supervised by a non-certified or non-licensed SLP. Occasionally, off-campus supervisors forget and assign students to an SLP who is in his/her Clinical Fellowship Year – If this happens, speak up! Hours observed by a CF will not count toward your total.

### **University Requirements**

A. The affiliation agreements state that the University will be responsible for ensuring that students are eligible for field experience, that placement will be based on an application review and/or personal interview process, that students will have the appropriate vaccinations, TB tests and CPR training, and that students will be provided information on Universal Precautionary Practices.

B. The Clinic Director (933) or the Coordinator of Clinical Education (627) will maintain communication with your off-campus supervisor. If there are any concerns regarding performance in that setting, you may be asked to schedule an appointment to discuss possible remedies.

### **III. Off-Campus Sites**

The School of Speech, Language and Hearing Sciences maintains affiliations with every type of setting where speech-language pathology services are provided. They include:

A. Outpatient Clinics (e.g., Kaiser, Sharp/Rees-Stealy): These tend to be freestanding speech and language clinics and/or may be associated with health maintenance organizations (HMOs). The types of clients seen at these clinics tend to cover a broad range of ages and disorders.

B. Community Colleges (e.g., The Acquired Brain Injury Programs at Mesa College and the Educational Cultural Complex): These are supported by local, state and federal funding. Services are usually provided through Disabled Students Services and include diagnostic, educational, and consultative services for students

and college staff. Additionally, special programs for acquired brain injury and high tech centers service students of all ages.

C. Private Practices provide diagnostic and intervention services in a variety of settings including professional offices and private schools. They are supported by private payments for service, payments from medical insurance, and funding from state and federal programs.

D. Acute care hospitals provide speech, language, cognitive, and dysphagia services to patients who have recent and/or sudden onset of illness (e.g., CVA, laryngectomy) or who have recurrent disorders requiring frequent hospitalizations (complications from diabetes, respiratory or cardiac disorders). Currently, patients tend to be seen for short periods prior to their being transferred to facilities or wards requiring a lower level of care. These wards are sometimes called transitional care units, transitional living centers, or step-down units. The majority of SLP services provided in acute care hospitals involve swallowing evaluation and treatment.

E. Rehabilitation centers are usually associated with a hospital (e.g., Sharp Rehab, Scripps Rehab, etc.) and patients are usually followed by SLPs from the acute care portion of the hospitalization through the step-down unit and then to rehab. However, funding for “acute” rehab has been limited by many HMOs and other third-party payers (see section on reimbursement issues). SLPs in rehabilitation settings function as part of a team with families, physicians, P.T., O.T., nursing, and other allied health professionals. Patients qualifying for rehab fall under rules set by the Centers for Medicare and Medicaid (CMS), which mandates three hours of therapy per day (a.k.a. “the Three Hour Rule”). As a result, most patients receive one hour of P.T., O.T., and speech-language therapy per day.

F. Skilled nursing facilities (SNF) provide long-term care for the chronically ill and/or patients who are unable to care for themselves in more independent settings. Skilled nursing facilities also provide rehabilitation services under contract with HMOs and other third-party payers. SLPs are also part of multi-disciplinary teams in the SNF setting.

G. Public Schools; There are affiliation agreements with almost every district within San Diego County. Within each district, there are opportunities to provide services to children of different ages:

1. Preschool: districts may provide services to children between 3-5 years on an appointment basis with the local school SLP or may have preschool classrooms at their site.
2. Elementary: this group represents the largest number of placements available for your student teaching experience. Within the elementary school, there may be special day classes (SDC) that serve children with mild-moderate or moderate-severe disabilities.
3. Middle/High School: If you choose not to do a placement at a hospital or other similar site, you may choose to do two semesters in the schools, one of which will be with the middle or high school population. There are several districts in the area that only have middle and high schools (e.g. Sweetwater, Grossmont, San Dieguito).

There are no public school districts that offer student teaching in Early Intervention programs on a regular basis. Depending on your placement, you may have an opportunity to observe these programs.

#### **IV. Reimbursement Issues**

A major part of your off-campus experience will include becoming aware of how speech-language pathologists are reimbursed for what we do. Funding for diagnostic and intervention services is always changing due to changes in health care, the economy, and laws affecting eligibility for services. In order to know how to get

reimbursement (i.e., how to get your patients the services they need), clinicians should be aware of the various funding sources and generally how each one works.

A. Health Maintenance Organizations (HMO) and Preferred Provider Organizations (PPO) are the fastest growing funding source for health care. However, services tend to be limited to a specific number of visits per year or condition, or to a specific money amount (called capitated plans). Also, some plans specifically omit speech-language and hearing services unless the disorder is acquired. For example, services for a child with a developmental language disorder would not be covered but services for a stroke would. If services are covered, the SLP usually must obtain prior authorization and provide a specified number of sessions within a limited time frame. For example, the authorization may specify 12 one-hour visits within 60 days.

B. Medicare is the national healthcare plan for persons over the age of 65 or adults who have been totally disabled for longer than two years and who were previously employed. There are two parts to Medicare. Part A covers hospitalization and Part B covers outpatient services, some medications, and durable medical equipment. Medicare guidelines are set by CMS, and fiscal intermediaries (Blue Cross, Aetna) process claims under contract to CMS. Claims are usually reviewed by nurses, not SLPs. As a result, it is extremely important that you are aware of guidelines for Medicare documentation, since your work may be reviewed by someone who is not as familiar with our scope or the details of the services we provide.

C. Medi-Cal is California's version/interpretation of the national Medicaid program. This program covers persons who would not otherwise have access to medical care. This includes adults with financially and/or medically-qualifying conditions, as well as mothers and their children. Depending on the site, services are either pre-authorized with a treatment authorization request (TAR) or patients can use their Medi-Cal card to obtain services. School-based SLPs bill Medi-Cal for services provided in the schools.

D. Regional Center for Developmental Disabilities is a California program that uses Department of Developmental Services funds and local tax dollars to fund services for children and adults with developmental disabilities. Qualifying diagnoses include intellectual disability, cerebral palsy, autism, epilepsy, and conditions that result in developmental delay (e.g., Down syndrome). The Regional Center is also the lead agency for California Early Start, which is California's interpretation of P.L. 99-457. Prior to the age of 3, Regional Center may fund speech and language evaluations, individual or group therapy, and/or infant programs. After the age of 3, children must have eligible diagnoses to continue to receive services. However, Regional Center does not provide speech and language *therapy* for children over the age of 3 since the schools are obligated to provide those services to qualifying children. Regional Center does provide speech and language consultation, medical/dental care, educational and vocational planning, and respite services. It is also the funding agency of last resort for augmentative/alternative communication devices.

E. California Children's Services (CCS) is another California interpretation of a federal program to provide medical and therapeutic services to children with qualifying diagnoses, which include cerebral palsy, orthopedic issues, and hearing loss. CCS does not cover speech therapy except for children under the age of 3 with hearing loss and/or cleft palates. There are some exceptions since CCS administers Medi-Cal funds for qualifying children. For example, CCS may pay for an augmentative/alternative communication device for children with cerebral palsy. They may also pay for rehab for a child under the age of 18 who has a traumatic brain injury.

## **INFORMATION FOR HOSPITALS/COMMUNITY-BASED ORGANIZATIONS**

*Schools friends: Don't skip this part!! The majority of this information applies to school settings as well.*

### **V. Documentation:**

A former instructor once said, "We're not paid for the therapy we do. We're paid for the documentation we provide about the therapy we do." What she meant was this: If you're not able to document what you do in therapy, the quality of that therapy is essentially irrelevant. If your documentation isn't appropriate, you will not be paid for your services. Therefore, pay attention to your off-campus supervisor when they orient you to the site's paperwork and documentation procedures. Here are some principles and procedures that will be universal to the various types of sites and funding sources for services:

A. Evaluations: Evaluations off-campus are very different from on-campus. You will not have the same amount of time to review, assess, and document your evaluation results. Therefore, talk to your supervisor about the format used for evaluations at your site and develop your own plan for quickly evaluating your patient. Some things to remember:

1. Evaluation results must specify type and level of functional impairment.
2. The write-up of your evaluation must be concise.
3. Your evaluation documentation should list *functional* goals (e.g., Patient will comprehend 2 or 3 units yes/no questions related to daily needs with 80% accuracy, NOT: Patient will demonstrate improved comprehension.).

B. Daily chart notes must be short, objective descriptions of progress. They might be reviewed by physicians and nurses who determine if therapy is appropriate and warrants continuation. It is extremely important that the notes:

- document and quantify progress and
- relate to improved functional skills.

Depending on your placement, notes may be narrative or may be written in a SOAP format. They must be completed daily and co-signed by your supervisor.

C. Progress reports can be written every week for inpatient rehabilitation patients or once a month for patients being seen on an outpatient basis. Ask your supervisor for templates. These reports summarize progress made during the treatment authorization period and, based on progress, justify continued treatment with goals to be reached during the next week or month. Since your daily chart notes will quantify your patients' performance, using these notes to document progress will make writing your monthly progress reports easier.

### **VI. Emphasis on Function and Functional Skills**

No matter where you are placed, your supervisor will talk to you about writing *functional* goals related to *functional* skills. This is because third-party payers will not fund services unless we are able to document that our intervention actually resulted in our patients being able to communicate more successfully in their environment.

The concept of functional skills and goals relates to treatment of speech and language disorders in children also. Third-party payers use the same criteria for reimbursement whether you are serving children or adults.

However, functional activities for children would be related to peer interactions, play-based skills, and educational success.

## VII. Communication in the Professional Setting

A. Team Communication: The emphasis in rehabilitation (whether in acute rehab, SNFs, or other multidisciplinary team settings) is on setting cooperative goals that incorporate goals from multiple disciplines (e.g., PT, OT, Speech). For example, the team may set a goal that the patient will be able to sequence the activities required to get from the bed to the wheelchair. The goal would mean greater independence for the patient (functional goal) and each discipline would be expected to work towards its success. From a speech-language perspective, this goal could mean that the SLP would work on verbal and written sequencing skills specific to wheelchair transfers as well as more general sequencing skills.

Most placements that use a team-based approach schedule times to meet as a team, usually called team *rounds*. During rounds, each discipline reports on the current level of the patient and discusses problems that may be interfering with progress. Discharge planning is also discussed in this setting.

Because team members work so closely together, you will notice that other disciplines may comment on issues that are generally considered part of the SLP's scope of practice. Try not to become intimidated or defensive in these moments; other team members' observations can be quite valuable.

B. Communication with Families: *Patient care conferences* are scheduled either weekly or monthly while the patient is in rehab. Usually, the team, the physician, the patient, and the patient's family are all in attendance. The SLP reports current level of function and goals related to the patient's speech, language, and swallowing skills. During patient care conferences, practice the following skills:

- Do not use professional jargon. Families are under stress and may have difficulty processing the information you are providing. The use of jargon just makes it more difficult for them to understand and increases the opportunities for miscommunication.
- Do use examples to emphasize or demonstrate points.
- Talk to the families and patients. Even if the patient doesn't understand you, they deserve the respect of being talked to and not treated as though they're not in the room.

C. Communication with other professionals: In most settings, you will have the opportunity to communicate with a variety of professionals including physicians, nurses, other therapists, educators, etc. The one thing that everyone has in common is that **they are busy!** Keep communications brief and to the point. Do not be offended if people seem brusque.

Please keep the following in mind:

- If someone asks you something and you don't know the answer, say so. It is much easier to say, "I don't know, but I'll find out," than it is to give a wrong answer and have to "fix it" later.
- Remember to stay within your scope of practice. You may not work unsupervised and you may not perform services that you have not been trained to do. If you feel uncomfortable with any activities or requests for service, tell your supervisor. Some personnel at your placement may not be aware of your training status.
- You may not take verbal or telephone orders from physicians. Only licensed SLPs can do this. If a physician or nurse wants to give you an order, tell them that you are not licensed and refer them to your supervisor.

## VII. Medical Records

A. Confidentiality: See the section on HIPAA. You must maintain the same confidentiality regarding your patients in off-campus settings as you maintained on-campus. This refers to any written information as well as any verbal communication with anyone not directly involved in the patient's care. This also means that as much as you would like to, you cannot discuss the "interesting case" you saw at the hospital with family, friends, significant others, etc.

B. Record-keeping: Most medically-based sites are using electronic record keeping and documentation. You should become familiar with the organization of the "chart" and know where to look for information. It is very helpful to read physician, nursing, and other therapists' notes to gather background information on your patient and to monitor progress. Some information that you might need from the medical chart includes:

- Physicians' orders: you cannot treat the patient without the order, so check first! The order will document if they're asking for a swallow evaluation, language evaluation, or both.
- Physicians' notes: usually contain something called a "History and Physical" that contains information about the patient's history and current medical issues. Also look for daily notes, which may include information about the medical intervention plan.
- Nurse's notes: include information about current medical status, how well and how much the patient is eating, orientation, and simple communication skills.
- Radiology reports: may tell you where the CVA or tumor is located (per CT or MRI scan) or where the aspiration is (per chest x-ray).
- Inter/Multidisciplinary notes: contain evaluations and daily notes from therapists and allied health professionals. You may need information about participation in other treatments, progress in therapy, etc.
- Social Work/discharge planning: contains information about where the patient may go after discharge, what level of independence they will need to achieve, who the caregivers may be, and what resources are available to the patient. This information will help you plan training and discharge goals.

## IX. Health Insurance Portability and Accountability Act (HIPAA)

HIPAA is a federal law, enacted in 1996 and implemented in phases beginning in October 2002. Its purpose is to protect health insurance coverage for workers and their families when they change or lose jobs. As part of this law, several rules were implemented that directly affect everyone working in healthcare settings. For students, the most important is the Privacy Rule. The components of the Rule that you must know and follow are:

- A patient's consent must be obtained to use and disclose protected health information (PHI), including any information that identifies the patient (name, address and social security number, etc.).

2. PHI cannot be disclosed in any communication that is computer-to-computer (as in billing information), person-to-person, faxed or written, without prior consent *for that specific transaction*.

3. The patient has the right to inspect and correct their medical records and to obtain a disclosure history (i.e., find out who the hospital has sent their information to).

You will all get an orientation to your placement's HIPAA compliance policies and procedures. Be aware that there are huge fines and prison time associated with violating HIPAA regulations. When in doubt, err on the side of caution.

## X. Universal Precautions and Infection Control

Review the information regarding general guidelines for infection control (<http://www.cdc.gov/mmwr/preview/mmwrhtml/00000039.htm>). When you are off-campus, the rules are basically the same: when you may come in contact with bodily fluids, take the appropriate level of precaution to avoid catching or transmitting an infection. Generally, this means wearing gloves if you're doing a swallowing evaluation or oral-motor exam. However, in hospitals and other healthcare settings, you are much more likely to come in contact with persons who have known infections. These patients will usually have some kind of notice posted in their medical chart or in their room saying that extra precautions are required. Ethically, you cannot refuse to treat someone based on the fact that they have an infection. If you may be pregnant or somehow at other risk, you can decline to treat a patient with a known infection as long as there is someone else available to treat.

### **INFORMATION FOR PUBLIC SCHOOL-BASED EXPERIENCES**

#### Certificate of Clearance Instructions

In order to begin your on-campus clinical practica and enroll in your student teaching experience, you must complete your Certificate of Clearance through the California Commission on Teacher Credentialing.

To apply for your Certificate of Clearance, you must use the CTC Online system and follow the steps below:

1. Print three copies of [Live Scan 41-LS form](#) [PDF]. Take these to a location offering Live Scan electronic fingerprint services for submission to the Live Scan operator. (Click here to view a listing of [Live Scan locations](#). You will be required to pay a processing fee to the Live Scan operator for your prints to be scanned. Retain a copy of the Live Scan form for your records.
2. Navigate to the [Commission's Online Services page](#)
3. Complete the [Direct Web Application](#)
4. Submit by credit card the transaction fee of \$37.50 (all online transactions are subject to a \$2.50 service fee in addition to the \$35.00 application fee). Immediately following the successful submission of the online application, an email will be sent containing a confirmation number.
5. To monitor your Certificate approval, go to the Online Services page and click on "Check your application status."
6. Once approved, print your Certificate and give a copy to Marla in the Clinic Office.

#### During your student teaching practicum

There are skills that need to be documented specifically for your speech-language pathology services credential in addition to the skills required for your ASHA certification. Complete the *Supplemental Record of Clinical Experience* (Blackboard → Clinic Homeroom → Course Information> → Off-Campus Information) to document that you have met these requirements.

Resources for IEP Information <http://www.cde.ca.gov/sp/se/sr/iepresources.asp>

Common Core State Content Standards: <http://www.cde.ca.gov/be/st/ss/index.asp>

#### Family Educational Rights and Privacy Act (FERPA)

In the same way HIPAA protects the privacy of persons using medical services, there is a law that covers privacy of students in the schools.

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

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

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
  - School officials with legitimate educational interest;
  - Other schools to which a student is transferring;
  - Specified officials for audit or evaluation purposes;
  - Appropriate parties in connection with financial aid to a student;
  - Organizations conducting certain studies for or on behalf of the school;
  - Accrediting organizations;
  - To comply with a judicial order or lawfully issued subpoena;
  - Appropriate officials in cases of health and safety emergencies; and
  - State and local authorities, within a juvenile justice system, pursuant to specific State law.

(retrieved and adapted from <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html> )

### Applying for your Credential

1. Complete the Credential Program Clearance Form (Blackboard → Clinic Homeroom → Course Information> → Off-Campus Information) and place in Charlotte's box by April 15<sup>th</sup>.
2. Also by April 15<sup>th</sup>, give Marla the following documents if you have not already done so:
  - a. Observation hours
  - b. CBEST results
  - c. Copy of WebPortal transcripts
  - d. Certificate of Clearance
  - e. Credential evaluation application plus the receipt for payment (\$25) from Student Account Services (can be completed on-line through WebPortal).
3. When you have all your documentation in and the Program Clearance is signed, you'll be notified by Marla to pick up your program clearance and bring it to the Credentials office (EBA 259).
4. Give Dr. Nip your Academic tracking form; he'll sign and return it to the clinic office. Once your hours are completed, clinic office staff will download and print the summary of your clinical hours from Calipso. Both of these documents will be sent to the Credential office.
5. Once the Credential office has all your documentation **and final grades are posted**, they will submit the recommendation to CTC and your credential will be approved.
6. Check the CTC website to see when your credential was issued. **Remember, this will not take place until the university posts final grades** (no sooner than May 31<sup>st</sup>, often several weeks later).

## Appendix 1: Counting hours in Calipso

### Counting Hours on Calipso

#### General guidelines:

1. If you have more than one supervisor, your supervisors may decide that only one of them will be responsible for approving hours and filling out the evaluation forms, or they may both/all register for Calipso and split this responsibility. If your supervisor is going on vacation or someone will be supervising you for a period of time this semester, they can decide whether they want you to submit the hours for your supervisor to approve when they return, or whether they would like to register for Calipso (in which case they would need to contact Charlotte or Carrie).
2. You may only log direct contact hours. That means only time spent with the client/patient/student can count. If you're doing part of the session with your supervisor, only count that part of the session that you actually did. You cannot count documentation time as direct contact. However, if you're keeping data while interacting with the clients/patients/students, you may count that time.
3. You may count as direct contact hours any time that was spent with the client/patient/student/family. So: patient care conferences in the hospitals will count, as long as family and/or patients were there. In the schools, IEP meetings will count when the family is present, but Student Study Team meetings when family is not present will not count. Simply divide the contact time among the disorder areas discussed (receptive/expressive language, artic, etc.). **Note:** you may only count the portion of patient care conferences/IEP meetings that represent the time *you* spent presenting information (i.e., not the entire 3-hour IEP meeting).
4. If you are in the BCP, you will have to turn in a separate sheet to Henrike that has the number of bilingual hours provided and your supervisor's signature. If you want to separate them in Calipso, the only way to do it is to submit two different hours logs for the week; one with just the bilingual hours (and you check the "hours for BCP" at the bottom) and another for the non-BCP hours. Talk with your supervisors about what makes the most sense at your site.
5. There are no set number of hours you need in any area (dx/tx, speech/language, etc) this semester.
6. When you're identifying the disorder areas for your hours submission, remember that you should try to get hours across all the 9 disorders. For example, if you're seeing someone with a motor speech disorder that affects prosody, count part of the hours as "fluency." If you're doing an evaluation and commenting on conversational interaction, that could be "social language." If you're commenting on someone's voice quality (maybe they just came off a ventilator), that's "voice." I
7. Count group therapy as the time you spent with the group, not how many students/patients were in the group (i.e., working with 6 students for one hour = one hour, not six hours).
8. You should plan on earning a minimum of 120 hours each semester.