



**SAN DIEGO STATE
UNIVERSITY**

***SDSU Speech-Language
Clinic Manual***

**Handbook for
Speech-Language Pathology**

SLHS 525/626/618

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THE CLINIC

Congratulations! You're about to embark on the reason why you've been studying so hard all these years-CLINIC! This manual has been designed to ease your passage from the classroom to the clinic. It will answer many of your questions, acquaint you with the rules and regulations of all the various entities that have an interest in what we do (i.e., the SDSU Speech-Language Division, the School of Speech, Language, and Hearing Sciences, the University, the American Speech-Language-Hearing Association [ASHA], the state licensing board [SLPAHADB], the Commission on Teacher Credentialing [CTC]) and most importantly, prepare you to provide intervention and diagnostic services to children and adults with communication disorders.

Your supervisors are committed to providing you with the best possible experience, so ask questions, take initiative, and most importantly, enjoy the experience!

CODE OF ETHICS

To start, review the ASHA Code of Ethics (<http://www.asha.org/Code-of-Ethics/>). This is the document that guides our practice and defines our standards of professionalism. As a student, you are required to adhere to the Code and abide by the rules, just as if you were a certified member of ASHA. Now is a good time to start developing your professionalism; it will serve you well later on. Please note that failing to report others committing ethical violations is itself a violation of the code. When in doubt, say something.

SCOPE OF PRACTICE AND PREFERRED PRACTICE PATTERNS

Two other cardinal documents of ASHA that guide our practice are the *Scope of Practice in Speech-Language Pathology* (<https://www.asha.org/policy/SP2016-00343/>) and the *Preferred Practice Patterns of Speech-Language Pathology*. (<http://www.asha.org/policy/PP2004-00191.htm>). These documents define the areas of professional practice provided by speech-language pathologists. It is very important that you know and understand what is within our scope and what falls outside of it. Failure to adhere to the Code of Ethics is cause for removal from the program. Exercise caution, and when in doubt, ask!

PERSONNEL

There are people in the Clinic and in the School who can make your life easier by answering questions and helping you with materials and equipment. They are:

The **Administrative Support Coordinator** works under the general supervision of the Clinic Directors and School Director. Her duties include scheduling clients in cooperation with the Clinic Directors; communicating with clients and their families regarding clinic policies and procedures; requesting information from outside agencies; giving the appropriate forms; maintaining files on active clinic clients and student clinicians; and providing bookkeeping, billing, and fee collection services.

The **Administrative Support Assistant** works under the general supervision of the Administrative Support Coordinator. This person's responsibilities include receiving visitors and callers; taking messages and giving routine information; scheduling audiology clients; ordering and maintaining supplies for the office and the clinic; and maintaining clinic files.

Graduate Assistants (GAs) are also frequently available to help you locate resources and/or answer any questions you may have.

You will find that these people are a fountain of information and more than willing to share information that you can't find on your own. However, please respect the fact that they are extremely busy and only ask for help from them when you truly need it (i.e., *after* you've asked your classmates or supervisor).

The **Equipment Technician** (SLHS 240) assists with the following: maintaining, calibrating and repairing electronic, audiometric, and audio-visual equipment; instructing students in the use of special equipment; and, assisting with computer hardware and software needs.

The **Clinic Supervisors** have the direct responsibility for the care of clients and the training of student clinicians assigned to them. The supervisors are responsible for:

1. approving diagnostic protocols, treatment programs, and case management recommendations formulated by student clinicians
2. directly observing no less than 25% of your total sessions with your clients
3. reading/approving reports of diagnostic evaluations and intervention case summaries
4. providing written feedback to clinicians after testing/treatment sessions weekly, mid-semester, and at the end of each semester
5. holding weekly group staffings and being available for individual conferences with clinicians weekly
6. attending staff meetings; communicating with academic faculty as needed; and scheduling clients, clinicians, and room assignments in conjunction with the Administrative Support Coordinator

The **Coordinator of Clinical Education** (SLHS 114) is responsible for:

1. coordinating off-campus medical placements and evaluations and maintaining communication with off-campus supervisors regarding their interns
2. maintaining the clinic's adherence to licensure and accreditation standards

The **Speech-Language Clinic Director** (SLHS 103) is responsible for:

1. counseling and problem-solving with clinicians who are having difficulty meeting performance requirements for clinical practica
2. channeling suggested changes in clinical procedures, the clinical training program, or the academic curriculum to the appropriate individuals or committees
3. coordinating off-campus school placements and evaluations and maintaining communication with off-campus supervisors regarding their interns
4. managing the finances of the Speech-Language Clinic
5. serving as the Clinic's representative in its relationship with other departments, agencies and organizations
6. overseeing supplies, equipment, forms, and reports

COMMITTEES

There are two committees within the School that may have special relevance to student clinicians and supervisors. If you have suggestions regarding the Clinic or our training program, you may wish to contact the faculty representatives to these committees. They are:

The **Executive Committee**, which includes the Program Directors of the two programs in the School (Speech-Language and Audiology) as well as the School Director. This committee considers all "business" aspects of clinical and practicum matters, including contracts, fees, space and equipment needs, and general School policy and procedures. The committee makes recommendations to the faculty.

The **Speech-Language Program Committee** consists of the full-time academic and clinical faculty. It considers course proposals, curricular changes, course sequences, prerequisites, credential and certificate requirements, and issues relating to the clinical training of students. Feedback from students is solicited through the class Graduate Representatives prior to the Committee meetings. The Speech-Language Program Director oversees this committee.

FACILITIES (See Floor Plans, Appendix 1)

The Speech and Language Clinic occupies part of the first floor in the Speech, Language, and Hearing Sciences building. There is parking for clients in Lot 5 at the corner of Campanile and Lindo Paseo. Clients are given a special permit parking pass at the beginning of the semester. There is NO student parking in Lot 5.

The **Clinic Office** is typically open from 8:00-5:00, Monday through Friday. However, due to the needs of the clients, these hours vary. The office contains authorization forms, application forms, client files, a fax machine, and some reference materials (e.g., medical dictionary, DSM-IV, local resource information). You will become familiar with the clinic office during the clinic tour offered at the beginning of your program here.

You will meet your clients for intervention and diagnostic sessions in the **Clinic Waiting Room**.

Diagnostic tests, test protocols, therapy materials, and equipment are located in the **Resource Room (SLHS 125)**.

Augmentative/alternative communication devices and information and therapy materials for non-speaking clients are located in SLHS 122, also known as the ADAP (Assistive Device Assessment Program) Room. **iPads** and **speech science equipment** (videostroboscopy, computer speech lab, SpeechViewer) are also located in SLHS 122.

The **Student Workroom** (SLHS 133) has computers where you can write lesson plans, evaluation summaries, case summaries, etc. Since most students use these computers, **scan your flash drives for viruses!** The Student Workroom also contains student file folders (2nd years)/mailboxes (1st years) that are used for communication between you, your supervisors, and other students. Forms that you will need (daily progress notes, hours forms, hearing screening forms, etc.) are located in the tall wooden file holder. The phone located in the Workroom **is for clinic-related phone calls only. Do not give the number in the Workroom to callers, as there is usually no one there to answer it (provide the front office number instead: 619-594-7747).**

SLHS 104 houses the copy machine (10 cents/copy) and the clinical faculty mailboxes where you may drop off reports and information for your supervisors. It also has a microwave and refrigerator/freezer. Feel free to bring food to the clinic and store it in the refrigerator. Please only store what you will use that day, and remember to bring utensils and napkins, as the Clinic does not provide these supplies. The refrigerator is emptied every Friday; be sure to remove anything you don't want thrown away.

The Director and your Supervisors assign students to rooms for your intervention and diagnostic sessions. **You may not change rooms without prior approval.** When not in use for therapy, the rooms may be used to meet with other students, study, prepare for clinic, etc., but do be aware that the rooms are not soundproof, and adjust your volume accordingly.

For **intervention**, clinicians will be assigned to a specific room for the semester for each client.

1. Sessions are typically 50 minutes long. Due to scheduling limitations, sessions need to begin and end on time. If for any reason the family finds it difficult to arrive on time, suggest meeting the client at the entrance to the clinic building while the parent parks.
2. Rooms must be vacated on time, **at least** 10 minutes before the next scheduled session begins, to allow the following clinician to prepare for their session. Please respect this time limit. Don't hesitate to remind a clinician who may be running overtime (e.g., gently knock on the door).
3. Supervisors will either observe their student clinicians from the observation hallway or via the SLHS video server from their offices.
4. **Clinicians are responsible for cleaning treatment rooms after each use.** Disinfecting wipes are located in every treatment room, and additional cleaning materials are located in the File Room.

CLINIC ELIGIBILITY AND ASSIGNMENTS

Student eligibility for a clinical practicum assignment is based on the following:

1. Classified graduate standing in the School of Speech, Language and Hearing Sciences.
2. Successful completion of "Boot Camp" (portions of SLHS 617 and 525).

Intervention Practica: Over the course of their on-campus experience, students will be scheduled to see both children and adults with a variety of communication disorders. It is our goal that before your off-campus practica, you will have had experience working with adults with neurogenic communication disorders and with children with a variety of speech/language disorders. However, the exact experience of each student will vary. Clinicians will enroll in **clinical practica** every semester during their graduate program beginning in the fall semester of their first year. The on-campus experience (1 unit =2 sections/clients) of SLHS 626 & 1 unit of either SLHS 618 (on-campus diagnostics) or 619 (Early Intervention diagnostics) will consist of up to 6 hours per week of intervention and diagnostic practica.

Supervisors hold weekly staffing meetings with their intervention and diagnostic students; attendance at these meetings is mandatory.

Diagnostic Practica: Every student will be assigned to a Speech-Language Diagnostic practicum each semester they are on campus. On-campus diagnostic practica (SLHS 618) is generally scheduled on Fridays between 9:00-1:00 or on Tuesday and/or Thursday afternoons (times subject to change). The other diagnostic practicum currently being offered is SLHS 619: speech and language evaluations of children under the age of 3 years. These evaluations are conducted to determine the children's eligibility for the California Early Start Program, and take place at the Regional Center for Developmental Disabilities on Wednesday mornings.

Students with Accents: According to ASHA's *Position Statement on Students and Professionals Who Speak English With Accents and Nonstandard Dialects*, students "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, at 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." <http://www.asha.org/policy/TR1998-00154.htm> If you have any concerns about your ability to model speech or language for your client, please talk with the Clinic Director.

Off-Campus Clinic placements offer a rich experience in various settings throughout the community. Our program is fortunate to have affiliation agreements with most hospitals, clinics, rehabilitation centers, community colleges, and public school districts in San Diego County. If you have a particular interest in an area of speech-language pathology, we will do our best to find a placement for you in that area. If you are interested

in learning more about the bilingual certificate program, please see the Coordinator of Bilingual Specialization and Bilingual Speech-Language Pathology Certificate Programs. Also refer to ASHA's information regarding bilingual service delivery at <http://www.asha.org/Practice-Portal/Professional-Issues/Bilingual-Service-Delivery/>.

Students will enroll in SLHS 627 (3 units) and SLHS 629 (1 unit) for their off-campus clinical practica in the medical setting and SLHS 933 (4 units) and SLHS 630 (1 unit) for their public school practica. These off-campus experiences will consist of up to 32 hours/week of internship experience.

There will be opportunities during the Clinical Methods Lab (SLHS 525, *spring semester*) to hear about the placements and what students should expect when they are placed at the various sites.

Eligibility for off-campus clinical placement includes successful completion of a minimum of three semesters of SLHS 626 and approval of the faculty. Students will request the types of placements they're interested in (acute care hospitals, outpatient clinics, elementary school, high school, etc.) and interview for the off-campus placements (as required by the site) the semester prior to going off-campus. Timelines for interviews will be posted well in advance of the interviews. The off-campus supervisors notify the Clinic Director of their preferences for student clinicians, and the Director assigns the placements based on supervisor preferences and the needs of the Program in general. **You may not contact off-campus clinical supervisors without the prior consent of the Clinic Director.**

GENERAL CLINIC POLICIES AND PROCEDURES

Background check: All students must pass a background check through the California Commission on Teacher Credentialing. The information regarding the process was provided to you shortly after your admission into the program. **The check must be completed and passed prior to your seeing clients.** You should also be aware that most off-campus placement sites (public schools, hospitals, etc) will also require a background check as well as drug testing. Please discuss any concerns that you may have with the Clinic Director as soon as possible.

Clinician Health and Safety: All students must complete the "Clinician Health Certification Form" prior to beginning clinic. For on-campus clinic, you may decline vaccinations. However, you should be aware that more off-campus sites are requiring the employees and volunteers to be vaccinated against tetanus, rubeola (red measles), mumps, rubella (German or three-day measles), and varicella (chicken pox) in order to provide services at their sites. If you choose not to be vaccinated, including against the flu, your options for off-campus placements will be affected. Hospitals and schools also require yearly testing for active tuberculosis. The hepatitis B vaccine is recommended but not required.

By the beginning of the fall semester, all students must complete the American Heart Association Basic Lifesaving Skills for Healthcare Professionals (CPR and AED). The certification is good for two years and is required by off-campus placements.

Dress Code: The goal of the Speech-Language Clinic Dress Code is to provide students with guidelines for appropriate professional dress and grooming. Clinicians are expected to dress professionally. As needed, clinical supervisors will assist students with maintaining a professional appearance in the clinic environment. SDSU-SLC polo shirts are available for purchase, and are acceptable clinic attire. Please note the following standards:

- Clothing must cover the chest and torso.
- Clothing must cover undergarments, and undergarments must not be visible through clothing.
- Clothing must be suitable for all scheduled activities (e.g., sitting on the floor, pushing a wheelchair, etc.)
- Facial jewelry must be removed for clinic, and tattoos must be covered.
- Perfumes and fragrances should be used sparingly, if at all. Some clients may have allergies or sensitivities.
- Hair longer than shoulder length should be pulled back into a single ponytail or other style that keeps the hair from falling into the clinician's face.
- Hair color must be natural or natural-looking (i.e., no purple, blue, green, etc.).
- Jewelry, makeup, and nail length and color must be neutral/understated.
- **Clinic Badges** must be worn during the provision of services. They are also your access to the Clinic through the card-coded doors.

Please see the Clinic Director if you have any questions.

Client Files: The client files are located in the Clinic Office. All the current intervention and diagnostic client folders are located in the filing cabinet near the Administrative Support Coordinator's desk. To check out a file:

1. Fill out an "Out Card" located on the front desk or in the filing cabinet.
2. Take the file you need.
3. Place the card in the spot where the file was.

When you're done with the file, place it on top of the file cabinet. The office staff will re-file it. If you can't find a file, ask the office staff where it might be and they'll be happy to assist you.

Rules Regarding Client Files

****Failure to follow these rules may result in your being removed from Clinic****

1. Any information in the file is confidential and must be treated as such.
2. No information is to be released to outside agencies (schools, doctors, etc.) without the appropriate written consent from the client or the family.
3. You **may not** photocopy any information from the client file. You may take notes, but do not write the client's last name, address, or any other information that might identify the client if you lose your notes.
4. Client information may not leave the clinic. This means client files, videos of clients, or audio recordings that might identify the client. This may also include diagnostic protocols with identifying information.

You may read the client files in the Workroom, Resource Room, or any treatment room that is unoccupied.

Format for the Client Files: Students are expected to maintain the organization of the material in the client files. For each section of the file, the most current information goes on top. They are organized as follows:

1. Case Status Record: located on the inside left cover of the file. Note any telephone conversations or direct contacts with parents, teachers, physicians, etc. directly related to or involved with the client. Be sure to write your name and the date and briefly describe the content of the contact (i.e., classroom change, new diagnosis, informal progress report from school, etc.). Also note when information is

placed in the file (i.e., current IEP, authorization forms, etc.). The clinic staff will also note when information is received. See Appendix 2 for an example.

2. Clinic File Checklist: faces the Case Status Record. Clinicians are responsible for keeping this up to date and supervisors review it at the end of the semester. It is your reminder of what needs to be done during the semester and what information needs to be maintained in the file. See Appendix 3.
3. SDSU Assessments: contains all the diagnostic information obtained while the client is in our clinic. This includes the Evaluation Summary, language sample, and assessment protocol forms if the client had a diagnostic at our clinic. It also includes the language samples, protocol forms, and audiograms obtained during the clients' intervention sessions at the Clinic.
4. SDSU Intervention: contains the Case Summaries from each semester the client has received therapy at SDSU. The most current summary should be at the top of this section.
5. Other Reports: contains any information we have received from outside agencies including IEPs, developmental evaluations, medical reports, audiograms, and speech-language evaluations performed by other facilities.
6. Miscellaneous: All authorization forms, letters, application forms, etc.
7. Progress Notes: per ASHA requirements, we must have brief daily treatment notes on each client. These must be written after each session and filed at mid-term and the end of each semester. Use the form provided in Rm. 133 (also Appendix 6).

Authorization Forms: There are several authorization forms that must be signed during the semester. Remember to **DATE ALL AUTHORIZATION FORMS!**

The forms must be filed in the Miscellaneous section of the client folder after they are signed.

Remember to note on the Client Case Record that they were filed (See examples, Appendix 3).

1. Authorization Form: This is our "consent to treat" form and it **MUST** be signed every semester by the client, parent, or spouse. **Until this form is signed, you may not move forward with treatment. Failure to do so is punishable by law.** Clients use this form to give us permission to assess/treat but also to video or audio record and use these materials for research. Clients may decline to participate in research by putting a "no" next to the initial line for those items; however, they must initial by the consent to treat option. Clients may also refuse to allow us to video record, but need to allow at least audio recording in order that we can obtain a language or speech sample.
2. Client Information and Agreement Form: This form describes our program to the clients, including expectations for attendance. It is on two-part paper so that one copy can be given to the client for future reference and one can be placed in the client file.
3. Release of Information Form: You may not give out any information, either written or verbal, regarding your client without the consent of the client, parent, or spouse. Use this form to send information, including Case Summaries, to the family, schools, etc. This form must be signed by the end of the semester in order to authorize the Clinic to release the Case Summary to the family.
4. Authorization to Secure Information From an Outside Agency: Use this form when you want to communicate with or obtain information from schools, hospitals, etc. You can also use this form to obtain permission for a school visit.
5. Authorization for Others to Pick up Child From Clinic: Use this form if someone other than the custodial parent is going to be picking the child up from clinic. This happens fairly frequently when grandparents, babysitters, aunts, etc. pick the child up when a parent is at work.

Be sure to get all consent forms signed during your first session with your client. If you need to obtain or send information, the office staff will be happy to assist you in faxing or mailing the correct forms and information.

Audio and Video Recording: *You must have written authorization prior to audio or video recording.* Each treatment room has a camera that is networked to record digitally. The camera angles can be adjusted remotely, but you should be aware of your and your client's position during the session to ensure you capture what you would like to see. Each session can be reviewed from any computer (hard-wired desktop) in the clinic and on some computers in the research labs upstairs. You will be given a user name and a password that will allow you access to the system. Sessions will be automatically programmed to record each time you are scheduled to see your client, including diagnostic sessions. However, if the schedule changes, please let the Administrative Support Coordinator know so she can make sure your sessions are recorded.

When viewing your treatment sessions (mandatory for self-reflection once per semester, recommended as frequently as possible), watch the session twice: once to focus on the client (details you might have missed during the session like what they were doing when your back was turned) and once to focus on yourself. Note your strengths; don't dwell on the weaknesses, but learn from them.

POLICIES AND PROCEDURES FOR SPEECH-LANGUAGE INTERVENTION

You may not start a session with your client unless your supervisor, or in rare instances, another supervisor who is covering for them, is in the building.

Contact with Clients: After receiving your clinic assignment and talking to your supervisor, you should call your client or their family to confirm the day and time of your sessions. When you call the client to introduce yourself and verify the schedule, ask whether they need directions. If they do, the office staff will assist you in mailing a map to the family. It's also a good idea during the first phone call to ask the parents of your pediatric client what types of activities the child likes and if they have any food allergies or dietary restrictions if you're planning a snack. Remember that some speech-language impaired clients may have difficulty understanding or recalling what you've said. You may wish to have them repeat back important information. Be sure to give your name slowly and clearly. On the day of the first session, give the client/parent the blue card with the days and time of their regular appointment, as well as your name and the CLINIC PHONE NUMBER. DO NOT give your client your personal number- it's an unprofessional and unnecessary practice. The clinic office will take any messages and pass them to you as soon as possible. If your client or their family prefers to communicate via email, send all of your emails to your supervisor first, and do not send them to the family until your supervisor has approved them. Conduct all email communication from your SDSU account, cc'ing your supervisor on all correspondence.

Cancellation Policy: If YOU need to cancel or change a session for any reason, you must notify the client, the Office, and your supervisor as soon as possible. If for any reason you cannot reach your supervisor, send an email in addition to leaving a voicemail. In the event the CLIENT cancels, the Clinic staff will notify you. They will also contact your supervisor.

EXCEPT FOR ILLNESS OR A FAMILY EMERGENCY, YOU ARE EXPECTED TO BE IN CLINIC. If you cancel a session, you must make it up. To make up a cancellation, make arrangements with your supervisor or another supervisor (by checking with the Clinic staff for the master supervision schedule). You must be supervised during all sessions, but you do not need to be supervised by your regular supervisor for make-up sessions.

Students who cancel 2 or more sessions for reasons other than illness or a death in the family will be subject to a lowered grade. Three cancelled sessions (for reasons other than those stated above) will result in an "incomplete" grade assignment. If a clinician drops clinic after it starts for reasons other than those stated above, they will receive an "F."

Contact with Supervisors: Make an appointment with your supervisor as soon as you've received your semester assignment. Appointment times will be posted on their office doors. Be prepared to discuss your plans for the first session. Bring your client's file with you.

Make appointments as necessary. You are not expected to have all the answers, but you are expected to know when you need help. If you're not sure, ask your supervisor! You are also expected to have some ideas when you meet with your supervisor and not expect the supervisor to tell you what to do. If your supervisor asks you to research a topic, consult peer-reviewed journals, textbooks, or reliable online resources. Academic faculty are good resources after you do the initial research and talk to your supervisor.

You will have a mid-semester and final conference with your supervisor. A student evaluation form (see Appendix 10) should be discussed with you at those conferences. Some supervisors ask you to fill out the same form, evaluating yourself and your clinical performance. Students will also have the opportunity to complete anonymous online evaluations of each supervisor who directly supervised them at the conclusion of each semester. Please be aware that your feedback is thoroughly reviewed by both your supervisor and the Program Director and used to improve the supervisory experience for future semesters.

Contact with Parents/Families of Your Client: The parents and/or families of your client should be watching your sessions. We encourage family participation in the therapy process in order to facilitate carry-over of goals into the home. For this reason, you must also have a home program as part of your intervention plan for your client.

During your first session, you should discuss with the client and the family what types of goals they would like to target. You will also schedule a conference early in the semester when your goals have been approved by your supervisor and at the end of the semester to discuss progress towards those goals and recommendations for future intervention. Your supervisor will give you the dates for these conferences.

After each session, take some time to discuss briefly what you worked on and comment on the client's performance that day. Be very careful about discussing the client in front of them or in the presence of others. Confidentiality and discretion are vital. If you need to have a discreet discussion with the family, end the session a few minutes early and bring the parent/spouse into the treatment room. Make sure the client is well-attended elsewhere if appropriate (e.g., watched by someone in the waiting room, or with a fellow clinician in another therapy room).

Contact with Allied Professionals (teachers, school-based SLPs, psychologists, personnel from other agencies, physicians, etc.): You are to make **NO CONTACT** (other than written requests for copies of records via the standard clinic release forms) with allied professionals without first obtaining clearance from your supervisor. Your supervisor will determine whether it is most appropriate for you or them to make contact.

Whenever you make contact with an allied professional, you should report back to your supervisor with a summary of what was discussed. You may do this in person, or by making a notation in the Case Status Record of your client's file and sending your supervisor an email indicating that you have done so.

Even if you are given the responsibility of contacting the allied professional, you are to make **NO COMMITMENT** (unless approved by your supervisor) regarding change of educational placement, termination of intervention, issues regarding family/school differences of opinion, attendance at IEP meetings, or any other major decision. It is always acceptable (and safest) for you to say, "I'll discuss this with my supervisor, and we'll get back to you."

Your Client's File: As noted previously, you are to keep a running record of all contacts (correspondence, telephone conversations, etc.) on the Case Status Record; the Clinic Office and your Supervisor will do the same.

Read everything in your client's file. If your client seems to be overdue for a complete Speech and Language Evaluation (i.e., it's been over a year since the last evaluation), discuss this with your supervisor and determine if the client should be referred to the diagnostic practica. The sooner you make the referral (even before the semester begins, if possible), the sooner the testing can be completed, so you can benefit from the updated information in planning your intervention sessions.

Every client must receive a hearing screening every semester. If your client is 8 years old or younger or has a cleft palate or chronic or recurrent otitis media, tympanometry must also be performed every semester. See the Clinic Staff to schedule the tympanometry with Audiology.

Preparing for your Intervention Sessions: As mentioned previously, materials for your sessions are located in the Resource Room. It is your responsibility to put them back in their appropriate place. Keep the Resource Room neat and organized and everyone will be able to find the materials they need when they need them. There is some money in the budget to buy new materials as needed. Speak with the Clinic Director regarding the need for new materials. In addition, the Systematic Analysis of Language Transcripts (SALT) Software is installed on all computers in the student workroom.

PAPERWORK RELATED TO YOUR INTERVENTION SESSIONS

There are templates for each type of report (Lesson Plan, Progress Report, and Evaluation Summary) on the Blackboard Clinic Homeroom (Course Documents → Clinic Forms, Templates, and Administrative Information → Templates and Examples).

Daily Lesson Plans and Logs: The lesson plan and daily notes should be provided to your supervisor before each session, or at the frequency indicated in your supervisor's syllabus. Examples of the lesson plans are in Appendix 5. Your supervisor may use a slightly different version of the form.

Daily logs to document your client's progress are also called **Progress Notes** or **SOAP notes** and must be entered in the proper sub-section of your client's chart, using the appropriate form (located in the Student Workroom). The progress notes, like a brief hospital note, document that a client was seen on a particular day for a specified amount of time, and include a subjective description of how the client participated and an objective description of performance, including data that documents progress towards specific goals.

Progress Report (PR, Appendix 7): You will actually begin writing the progress report several weeks after the semester begins. It is intended to help you focus on the client's communication difficulties and exactly what you plan to do to help remediate those difficulties during the course of the current semester. The initial version of the PR is a "working document" in that your plan may well change by the end of the semester; you may devise new goals, modify or eliminate goals, or try new techniques. In any event, it is very important for you to have a plan in mind as soon as you know your client well enough to have a broad overview of their needs. Your supervisor will give you specific due dates and requirements (in addition to those noted below).

The initial version of the PR contains only the presenting concerns, pertinent background information, and long-term goals. Remember to use client initials when turning in rough drafts to your supervisor. **Always double-space printed rough drafts in order to give the supervisors space to write feedback and make corrections.**

DO NOT send any confidential information electronically or in written form on draft reports. Names, addresses, etc. should be added for the final copy; use abbreviations instead of full names in the initial drafts.

Submit the PR to your supervisor electronically or put it in their mailbox. If revisions are needed, your supervisor will return the report to you during an intervention session or place it in your clinician folder in the Student Workroom.

Because the initial version of the PR is a “working document” which will serve as the basis for your Progress Report at the end of the semester, it must be in good order. However, it may not need to be reformatted in “professional form” unless we receive a request for information on the client that would require our sending this document to another agency.

The final version of the Progress Report is the report that is filed in the client’s folder at the end of the semester. It contains all background information, goals, and methods, as well as information regarding progress toward goals and recommendations for future intervention.

The final draft that will be filed in your client’s folder will be single-spaced and will also include:

Attendance: # of sessions scheduled _____
 # of sessions attended _____

In the final version of the PR, include only those objectives you actually worked on. If an objective was formulated and then abandoned, and you believe that an explanation of the process would be helpful to the next clinician, include that information. Remember to write an evaluation of each long-term goal. Also, it is *very* helpful to the next clinician if you include in your PR any information about what worked, what was tried and didn’t work, the structure of your sessions, and what behavior management techniques were successful.

Submit your rough draft to your supervisor by the due date. Also re-submit the previous versions of the PR for the semester. Failure to submit the PR by the due date may result in a lowered clinic grade. Your supervisor will proofread and approve your PR. Add identifying information, print, sign, and obtain your supervisor’s signature; then, turn it in to the Clinic Office immediately, along with any authorizations, protocols, audiograms, etc. that have not already been filed. An “Incomplete” may be assigned if the PR is not completed by the end of the semester.

POLICIES AND PROCEDURES FOR SPEECH-LANGUAGE EVALUATION

You may not start an evaluation without your supervisor in the building and ready to supervise.

The following information applies to your on-campus diagnostic practicum. Other diagnostic practica, including the Early Intervention Assessments, will have their own procedures, which will be reviewed by your supervisor at the beginning of each semester.

Follow all guidelines provided during your initial orientation to Speech-Language Diagnostics. The following are reminders of things that must be accomplished before and after your sessions.

Initial Contact

When you are assigned your diagnostic client, all appointments will already have been scheduled by the Clinic Staff and your client will be aware of the appointment times.

Read the client information carefully. If there is information that is missing, or data that you need to complete your evaluation plan, you may want to obtain some of it by phone. You may also need to have the Clinic staff send our authorizations to secure information from outside agencies. Check with your supervisor first.

Contact the client to confirm the appointment the day before the evaluation.

Introduce yourself and be sure that the client knows how to get to the Clinic. Make sure they know the time of their appointment and emphasize the importance of arriving promptly at the scheduled appointment time. Ask whether they have received a parking pass and campus map in the mail. If they haven't, inform your supervisor so that they can be in contact to provide this information.

If the client needs to contact you or needs to cancel, make sure they know the clinic number (619-594-7747). Make sure they also know that it is very difficult to reschedule missed appointments.

If your client is a child, arranging a school visit is a great way to determine what needs the child may have. Obtain the appropriate authorizations and schedule the visit (at the convenience of the school) as soon as possible once the case has been assigned.

Before contacting any allied professional, have the appropriate authorizations signed and discuss it with your supervisor. Note any contacts in the Case Status Record.

Preparation for the Evaluation

Prepare your interview and testing plan to present at Pre-Staffing. Feel free to contact your supervisor during their office hours when planning your sessions.

Check out the diagnostic materials and equipment (tests, test protocols, audiometers, etc.) from the Resource Room. **These may not be removed from the clinic.** Be prepared to share materials with your fellow clinicians on the day of an evaluation, and plan ahead.

Always provide an outline of your session for your supervisor. Include the client's initials and age on each outline. Your supervisor may also want a brief outline of the client's history to refer to during the evaluation. See your supervisor's 618 syllabus for more detailed information.

After the Assessment Session

Soon after testing, write the rough draft of your Evaluation Summary (see format, Appendix 8). The rough draft should be double-spaced with large margins if turned in as a hard copy; otherwise, single space. Turnaround time for rough drafts will be determined by your supervisor and noted in their syllabus. If you are sending your rough draft electronically, do NOT send any confidential information. Names, addresses, etc. should be added for the final copy; use abbreviations instead of full names in the initial drafts.

The final draft of your report should be single-spaced. Sign your name and then obtain your supervisor's signature.

Submit the report, protocol sheets, language samples, and audiograms to the Clinic Office.

DO NOT file this report yourself; each report is logged and filed by the clinic staff.

EVALUATION OF CLINIC PERFORMANCE

Feedback regarding your performance during all clinical practica is provided in several ways: oral and/or written feedback following sessions, notations made on lesson plans or observation forms, discussions during formal conferences at midterm and at the end of the semester, and additional conferences requested by you or your supervisor.

If you feel that you are not getting sufficient feedback about your performance, please take it upon yourself to consult with your supervisor during office hours.

The Student Evaluation Forms used for midterm and final grading are on Calipso. These forms will be accessible to you and your supervisors throughout your program and will be available to you for 8 years after graduation. See Appendix 9 for a discussion of grading procedures

All on-campus clinical practica will receive a letter grade. Off-campus practica are credit/no credit, but your supervisors will assign a grade on your evaluation form to quantify your performance at their site.

Inadequate clinical performance may be reflected not only in your clinic grade, but also in your supervisor's refusal to sign for ASHA/state licensure hours.

Note that clinical grades are given on the basis of performance, not effort. It is assumed that you will work your hardest towards the benefit of your client. You are being graded in terms of your clinical ability and competence at the end of the semester. Grades are also based on your previous experience in clinic. Refer to the discussion of the grading system in Appendix 9.

Should you experience difficulty meeting the performance requirements for clinical practica, procedures are in place to assist you with identifying and remediating problem areas. See "Intervention for Student Clinicians," Appendix 9.

CLINICAL HOURS

Clinical hours are accrued for direct contact with clients and their families in assessment, treatment, and/or counseling activities. There will be times during your diagnostic and intervention practica when you are working in groups of two or three clinicians. During these experiences, the hours are split amongst the student clinicians based on the percentage of time spent with the client. For example, during a one-hour intervention session, if two clinicians are equally splitting *activities* with the client, each clinician would receive 30 minutes of contact credit for that session. If, however, you are both clinically active during the entire session, you would each log 60 minutes. Examples of both clinicians being active during the entire session include: Two clinicians in the room -- one is working with the client while the other is providing suggestions to the parent; Group setting -- one clinician facilitates the whole-group discussion while the others provide support to their individual clients who are participating in the group. The actual division of the clock hours is at the discretion of the clinical supervisor.

NON-DISCRIMINATION OF SERVICES IN THE SPEECH-LANGUAGE CLINIC

The SDSU Speech-Language Clinic does not discriminate in the delivery of professional services on the basis of race or ethnicity, age, religion, national origin, sexual orientation, disability or ability to pay. Placement into our intervention program is based on student training needs, space availability, and supervisor recommendations.

POLICY AND PROCEDURES REGARDING CONFIDENTIALITY IN THE SPEECH-LANGUAGE CLINIC

Students enrolled in the Speech-Language Pathology program must follow ASHA's Code of Ethics in regards to client privacy. Additionally, federal law also protects the privacy of our clients. The Health Information Portability and Accountability Act (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, there were several rules that 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:

1. 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 obtain a disclosure history (i.e., find out who the hospital has sent their information to).

The Speech-Language Clinic is not considered a "covered entity" for the purposes of HIPAA. However, your off-campus placements must be HIPAA-compliant and it is good practice to be aware of and follow the HIPAA guidelines as a student in the Speech-Language Clinic. Therefore, we have enacted the following policies and procedures to protect the privacy of our clients and their families:

Policy

Students in the Speech-Language Pathology Program shall adhere to the ASHA's Code of Ethics in regards to confidentiality of client information. This policy applies to all clinical activities, both in the on-campus clinic and during off-campus activities and practica. Failure to comply will result in disciplinary action, up to and possibly including expulsion from the program. Refer to the M.A. Student Handbook for more information: <http://slhs.sdsu.edu/gradhandbook/academic-studentreview.php>

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

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

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

Procedures

A. For Reports:

1. Rough drafts of reports may be sent electronically between students and supervisors, however:
 - a. They cannot contain ANY identifying information regarding the client, including but not limited to names, birth date, addresses, phone numbers, or family member names
 - b. Students should use first and last initials for children or Mr./Mrs. plus last initial for adults.
2. Rough drafts of reports that are submitted in hard copy must still have all identifying information removed and should be double-spaced.
3. When the supervisor has approved the final rough draft of the report, the student will fill in the missing information and print the report for the supervisor signature.
4. The copy of the report with identifying information must not be saved in any form, including on a desktop, hard drive, or flash drive.
5. Any copy of a report that does contain identifying information must be:
 - a. Given to a supervisor
 - b. Filed in the client's file
 - c. Shredded immediately

B. Other:

1. No information may be shared with outside agencies/professionals, either orally or in written form, without the proper authorization/release of information.
2. Clients may not be discussed in any way that identifies them or their participation in our program outside of the School of Speech, Language, and Hearing Sciences.
3. No information from client files may be photocopied.
4. No information containing client information may leave the clinic, including client files, videotapes, audiotapes, and test protocols with client names.

POLICY AND PROCEDURES FOR THE USE OF AUDIO RECORDINGS

Policy

Student clinicians may not take audio recordings of clients from the clinic, as this is a violation of confidentiality.

Procedures

1. Students may use the clinic audio recorders or their personal recorders for clinical purposes
2. They may not use iPads, iPhones, or other similar types of personal electronics to record sessions. These devices may be used to record non-identifying information (e.g., a client's attempt at a certain speech sound, so they may listen back immediately), but these recordings must be erased at the end of each session.
3. Use of the clinic recorders:
 - a. Check one out from the front desk or your supervisor's office
 - b. Download digital file to audio file on the clinic computers in Rm. 133
 - c. Erase file from recorder
 - d. Erase file from computer when finished
 - e. Return recorder to its original location
4. Use of personal recorders:

- a. You may leave the recorder in the clinic (locker, student file) and not download files to a workroom computer.
 - b. If you plan to take your recorder home (or anywhere outside of the clinic), you must follow the same procedures as #3, b-d above. Once the digital file is erased from your recorder, you may remove the recorder from clinic.
5. Students may download files from recorders to computers for the express purpose of using acoustic analysis software (e.g., WaveSurfer, Praat, etc.). They should promptly delete the file from the computer (including emptying the Recycle Bin) after working with the file, even if they have to finish analyses on a separate day. When they come back to analyze that recording, they can copy it back over to the computer from their recorder.

MAINTAINING RECORDS FOR ASHA CERTIFICATION, LICENSURE AND SCHOOL CREDENTIALS

Calipso: Students will be required to use the academic and clinical tracking program, Calipso. Information regarding registration and use will be provided during Boot Camp. Your clinical supervisors and academic adviser will use this system to track your progress through the program. The information will also be available to you following graduation and will be useful as you fill out the paperwork required for ASHA certification, state licensure, and for your school credential. A sample of the hours form is located in Appendix 10.

ASHA Requirements

ASHA's Certificate of Clinical Competence requires that you acquire a minimum of 400 hours of direct, supervised clinical contact during your education. Twenty-five hours of observations may be counted towards the 400 and must be accrued before graduation, but do not need to be completed prior to starting clinic. A total of 325 of the hours must be accrued at the graduate level. **It is essential that you assume responsibility for keeping track of the hours you accumulate during each clinical practicum.**

For ASHA certification, you are required to demonstrate competency across nine different disorders, across the lifespan, and with culturally and linguistically diverse populations. There are no requirements to obtain a set number of hours with any particular type of disorder. The competencies used to evaluate your skills are in each of the syllabi used in your academic and clinical courses. **Competency may be demonstrated through direct client contact or successful completion of academic coursework through examinations, independent studies, and application of clinical information (case studies).**

ASHA requires that you receive practicum-hour credit only for the times when you are directly involved with a client. This includes client contact for intervention or assessment, client conferences, and school observations.

Licensure Requirements

In the State of California, you must be licensed to work in any setting, with the exception of the public schools and federal facilities (i.e., V.A. Hospital, Navy Hospital). However, many school districts require their speech-language pathologists to have licensure in order to bill Medi-Cal for services. Licensure requirements are basically the same as for ASHA in terms of coursework. However, the total number of hours required for licensure is 300, which must reflect a wide variety of communicative disorders, experience with children and adults, both in assessment and intervention. Because ASHA's standards are stricter than California's, you will automatically meet California's licensing standards by meeting ASHA's. If you are planning to practice in a different state, familiarize yourself with that state's requirements. <https://www.asha.org/advocacy/state/>

Credential Requirements

The credential required to work as a speech-language pathologist in the California public schools is the Speech-Language Pathology Credential. The current requirements for the SLP Credential are basically the same as for ASHA certification with some exceptions related to specific activities which must be completed during your student teaching experience (i.e., your off-campus schools placement). Note also that you must take the California Basic Educational Skills Test (CBEST) and obtain Criminal Clearance **prior** to starting your student teaching experience. Information regarding the Certificate of Criminal Clearance is available in the College of Education's Office of Advising and Recruitment, EBA-259. Information regarding the CBEST is available in the Testing, Assessment and Research Office, SSW-2549.

Remember that you will need to apply for EACH of these individually (ASHA, licensure, credential), since they are offered by different accrediting agencies. A workshop regarding applying for each of these will be held during your final semester in the program.

You should work closely with your adviser to plan your program so that you accumulate the appropriate practicum experiences to fulfill certification/licensure/credential requirements. There is additional information regarding these professional certifications in the Clinic and in your Graduate Handbook.

Graduate Handbook: <http://slhs.sdsu.edu/gradhandbook/>

OTHER USEFUL INFORMATION

Clinic Rules and Regulations

Appendix 11 contains information regarding rules and appropriate conduct in the Clinic. Please read it, as you will be held responsible for adherence to these rules.

Infection Control

Appendix 12 contains information about infection control, Universal Precautions (also known as Standard Precautions), and how they are practiced in the Clinic. **Make sure that you read it!** Universal Precautions means that you treat everyone as if they have a disease, as do you. Speech-language pathologists may not discriminate on the basis of disability, which includes a person's health status. You are not discriminating when you take the same level of precaution with every client you come in contact with. We take the appropriate level of precautions depending on what level of contact we have with the client. For example, always wear gloves when you might come in contact with saliva or other bodily fluids. Gloves are located in the Resource Room, as are tongue blades. These may be disposed of in regular trash cans unless it appears that the client is ill or you see blood. In that case, dispose of them in the red bag trash cans located in the ADAP room. The **only** trash that should be placed in these containers is infectious waste.

The best way to avoid becoming ill is to wash your hands! Wash your hands before and after each session with your client. You are also responsible for washing the toys, materials and tables that may have been exposed to the client's saliva or mucus during your session.

If you are sick, you must cancel clinic. You must be fever-free for 24 hours before returning. Encourage the client to cancel if they are sick. You don't need the hours so badly that you should risk becoming sick yourself, and your client will not be performing at their best while ill.

Safety and Disaster Preparedness

You are responsible for the safety of your clients while they are in the clinic. Therefore, do not let them do anything that might result in injury for either them or you. For example, do not let them rock back on two legs of their chair or climb on the tables. If you have an adult in a wheelchair, make sure the brakes are locked during your session. **Do not leave your client unattended in the clinic; if you need something, let your supervisor know.**

In case of fire, on order from your supervisor, take your client to the nearest exit. Evacuation routes are posted in each treatment room. When your client and room are assigned, take a look at the route to make sure you know how to evacuate the room should it become necessary. Fire extinguishers are located in each of the Clinic hallways and in the main waiting area.

In case of earthquake, move away from the two-way mirrors and get your client and yourself (in that order!) under a table. If you have an adult who is physically unable to get under the table, stand with them in the doorway until the shaking stops. On order of the supervisor, evacuate the building using the route posted in your room. Be careful of possible fallen power lines in the parking lots outside the building.

In case of power failure, emergency lights will guide the way out of the building. Flashlights are located in the observation hallway. You may not continue your session if there is no power in the building.

Child and Elder Abuse Reporting

Speech-Language Pathologists and Audiologists are legally mandated reporters in the State of California. That means that if you have a reasonable suspicion that the child or adult who is in your care is being abused, you must report it or face jail time and a fine. Abuse is defined as physical or sexual abuse, exploitation, neglect, willful cruelty, or unjustifiable punishment of a child or adult. Mental suffering is excepted but may be reported. A reporter needs a reasonable suspicion that abuse is occurring, not solid proof.

You are responsible for reporting any suspicions to your supervisor. They will call the Abuse Hotline and will follow up with a written report within 36 hours of learning of the possible abuse. Mandated reporters may not report anonymously, but we are not required to notify the family that we are making a report. Please read Appendix 13 for more information.

Bathrooming

We do need to be concerned about any appearance of impropriety with our clients. Therefore, make sure when you are taking your young clients to the bathroom that you can be observed at all times (i.e., stand in the doorway of the bathroom while your client is in it). Let your supervisor know when you and your client are going to the bathroom. If your client is not toilet-trained, a family member must stay in the Clinic to change a diaper should it become necessary. It is against clinic policy for clinicians to change diapers.

Links to Important Websites

<http://www.speechandhearing.ca.gov/> – California Speech-Language Pathology and Audiology Board

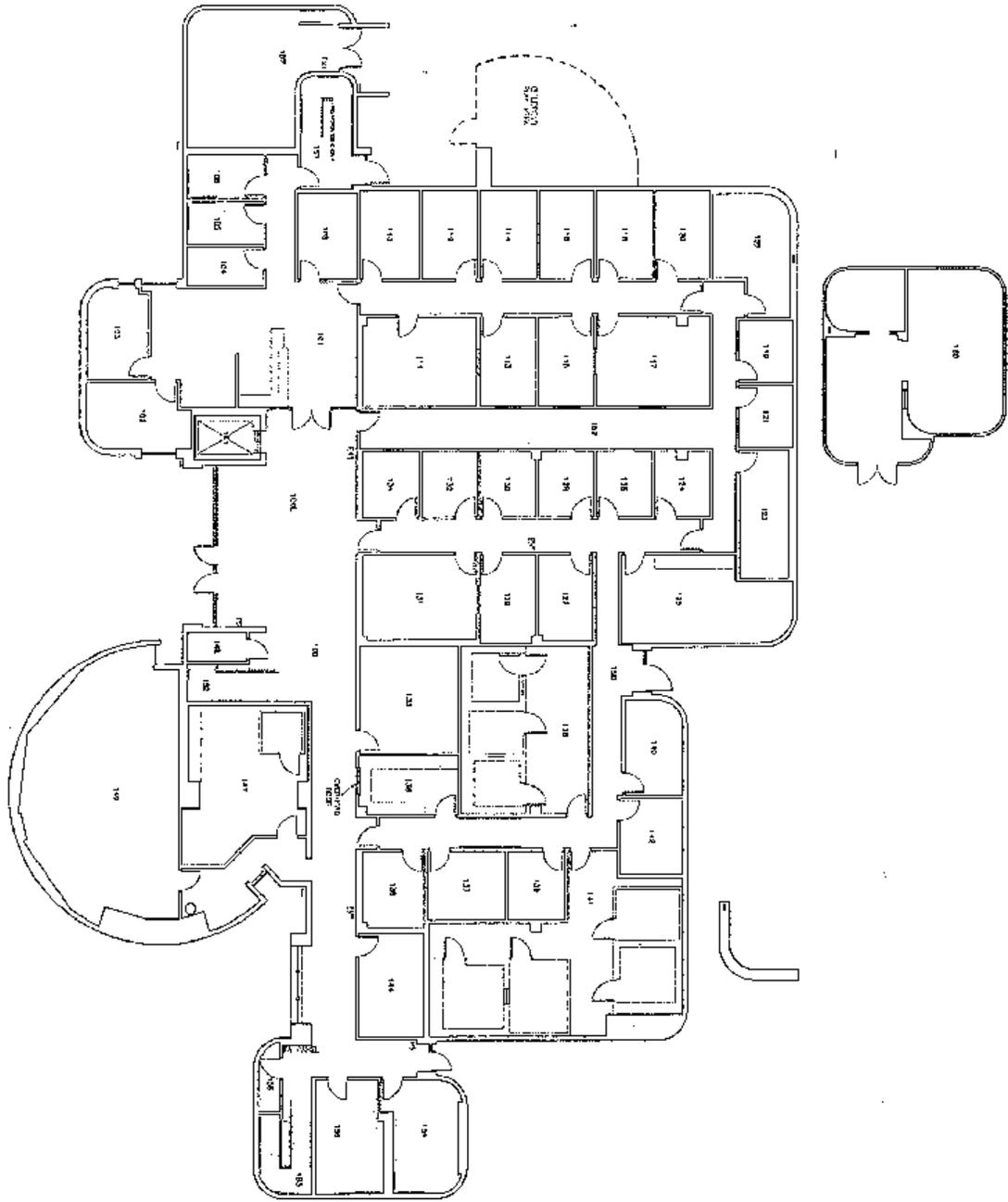
<http://www.csha.org> -California Speech Language and Hearing Association

<http://www.asha.org> -American Speech Language and Hearing Association

<http://www.cde.ca.gov/be/st/ss/> - CA Department of Education (Content Curriculum Standards)

<http://www.ctc.ca.gov/credentials/CREDS/speech-lang-path.html> -California Commission on Teacher Credentialing

APPENDIX 1: FLOOR PLAN



APPENDIX 3: CLINIC FILE CHECKLIST

**SDSU Speech-Language Clinic
Clinician and Supervisor Client File Checklist**

Client Name: _____

Semester: _____

	Date	Cln. initials	Date	Supvr. initials
1. Consent to Treat form signed, dated, and filed				
2. Client Information and Agreement form signed, dated, and filed				
3. Authorization to Secure Information from Outside Agency signed, dated, filed				
4. Release of Information (ROI) signed, dated, filed				
5. Records received from other agencies				
6. Prior intervention at SDSU – number of semesters:				
7. Tympanometry/hearing screening performed this semester				
8. Client disorder and severity indicated on report				
9. Contact between clinician, supervisor, family, and outside agencies documented on Case Status Record				
10. Frequency, attendance, duration, and intensity documented				
11. Recommendations and referrals documented				
12. Long-term and short-term goals specified and outcome indicated				
13. Oral motor exam documented				
14. SOAP notes filed				
15. Documentation of final Progress Report given to client/family at final conference on Case Status Record				
16. Discharge note included with reason, date, recommendations				
17. Green card completed for file/Clinic Office for future placement or discharge				

APPENDIX 4: AUTHORIZATION FORMS

**AUTHORIZATION TO SECURE INFORMATION
FROM OUTSIDE AGENCY**

I AUTHORIZE: Name: _____
 Address: _____

_____Speech Pathologist _____School _____Hospital _____Physician

TO RELEASE INFORMATION TO: **THE SAN DIEGO STATE UNIVERSITY SPEECH-LANGUAGE CLINIC**
REGARDING:

_____ (Name of Client) _____ (Date of Birth)

THE INFORMATION IS REQUESTED FOR:

_____	Speech-Language Diagnostic Evaluation	_____	Education of the Deaf
_____	Speech/Language Intervention	_____	Research Purposes
_____	Audiological Evaluation	_____	School Visit

SPECIFIC TYPE OF INFORMATION TO BE RELEASED: _____

- The information requested above will be held in strict confidence and utilized only for the specific reason stated above. The authorization for release of the above information to the San Diego State University Speech-Language Clinic will expire on: _____.
- I understand that this authorization is voluntary.
- I have the right to revoke this authorization by sending a notice stopping this authorization to the Speech-Language Clinic at the address listed below. The authorization will stop on the date my request is received.
- I understand that the San Diego State University Speech-Language Clinic is not a health plan or health care provider and the released information may no longer be protected by federal regulations.
- I understand that I have the right to receive a copy of this authorization.

Patient/Parent or Guardian Date

Witnessed Date

Please send information to: Speech-Language Clinic
 San Diego State University
 5500 Campanile Dr.
 San Diego, California 92182-1518

**SAN DIEGO STATE UNIVERSITY
SPEECH-LANGUAGE CLINIC**

RELEASE OF INFORMATION FORM

Name of Client **Date of Birth**

I authorize the San Diego State University Speech-Language Clinic to release information regarding the above client to:

1. _____ Information to be sent:
(Name) _____

(Address) _____

=====
2. _____ Information to be sent:
(Name) _____

(Address) _____

=====
3. _____ Information to be sent:
(Name) _____

(Address) _____

=====
No other information will be released without prior authorization.

Signature **Relationship to Client**

Witness Date

(_____ / _____)

AUTHORIZATION FORM
CONSENT TO TREAT

___ I give permission for an evaluation, and if indicated, therapy, to be undertaken at the Speech-Language clinic at SDSU. I understand that the evaluation and therapy will be performed by advanced graduate students under the direct supervision of SDSU's professional staff. Since the purposes of the Speech-Language Clinic include service, training, and research, I realize that the evaluation and/or therapy will be observed by students in the training program for educational purposes. Professional confidentiality will be maintained at all times.

___ I give permission for video and/or audio tape recordings to be made at the Speech-Language Clinic of San Diego State University. Videotapes will be shown only through closed circuit television, to students in the Training Program of the School of Speech, Language, and Hearing Sciences at San Diego State University.

___ I am willing for the information gathered in the evaluation and therapy to be used for research purposes, knowing that all names will remain confidential.

___ I am willing to be called regarding future research projects conducted in the School of Speech, Language, and Hearing Sciences. However, my family is under no obligation to participate in research projects and will not be penalized for non-participation.

(Signature)

(Relationship to the Client)

(Client's Name)

(Date)

SDSU SPEECH-LANGUAGE CLINIC
Graduate Training Facility
School of Speech, Language and Hearing Sciences Building
5500 Campanile Drive, MC-1518
San Diego CA 92122-1518 619/594-7747
CLIENT INFORMATION AND AGREEMENT FORM

The Clinic is operated as a service to the community and functions as a training program for graduate students in speech-language pathology and audiology. Services are provided by graduate students under the direct supervision of University faculty certified by the American Speech-Language and Hearing Association (ASHA) and licensed by the State of California.

All contacts with our programs are held in strict confidence, except where disclosure is required by law. Reports and other information regarding clients will not be released to any individuals or outside agencies without written requests to do so. If we have reason to believe you are abusing a child/elder, or that you are a child/elder who is being abused, we are required by law to notify the Child/Adult Protective Agency.

Our program depends on you prompt and consistent attendance. Our graduate students are required to obtain a minimum amount of contact hours with clients in order to receive credit for their work each semester. They are available only when scheduled to be here, so we ask clients to give at least **24 hours notice**, or as much notice as possible, to cancel any appointments. The Clinic phone answering system operates 24 hours, so all calls are received.

If you have a problem or complaint, leave a message or note with the Clinic office personnel. It will be directed to the appropriate program director.

We ask your cooperation with our efforts to evaluate our services at the end of each semester by completing and returning the questionnaire mailed to you. This will help us to improve our services.

If you or a member of you family wish to participate in our services, please sign below to indicate that you have read, understand and accept these policies concerning the relationship between yourself and this Clinic. Please keep the bottom copy for you records.

I have read all of the above, understand it fully, and request services from the SDSU Speech-Language Clinic under the conditions set forth.

Signed: _____ Date: _____

Client Name: _____

APPENDIX 5: LESSON PLAN: This is an example format. Your supervisor may have a variation of this format. Also, you may need to print this in landscape format to have enough room to write each section.

Client: _____ Age: _____ Diagnosis: _____
 Clinician: _____

Long-Term Goal 1:				
Rationale/Evidence:				
	Begun	Achieved	Facilitation Strategies	Methods/Materials
STG 1: Cueing hierarchy			placement cues, visual cues, etc.	
STG 2: Cueing hierarchy				
STG3: Cueing hierarchy				
Long-Term Goal 2:				
Rationale/Evidence:				
STG 1: Cueing Hierarchy				
STG:2 Cueing Hierarchy				
STG3: Cueing hierarchy				
Long-Term Goal 3:				
Rationale/Evidence:				
STG 1: Cueing Hierarchy				
STG:2 Cueing Hierarchy				
STG3: Cueing hierarchy				

APPENDIX 6: PROGRESS NOTES

**SAN DIEGO STATE UNIVERSITY
SPEECH-LANGUAGE CLINIC
S.O.A.P
PROGRESS NOTES**

CLIENT _____ CLINICIAN _____

D.O.B. _____ AGE _____ SUPERVISOR _____

DISORDER _____ SEVERITY _____

DATE _____ SESSION # _____ TIME _____

APPENDIX 7: PROGRESS REPORT FORMAT

SAN DIEGO STATE UNIVERSITY SPEECH-LANGUAGE CLINIC

PROGRESS REPORT

NAME:	FILE #:
D.O.B.:	DISORDER:
AGE:	SEVERITY:
GENDER:	
PARENT:	CLINICIAN:
ADDRESS:	SUPERVISOR:
HOME PHONE:	EMAIL:
CELL PHONE:	LANGUAGE STATUS:
SCHOOL:	DATE OF REPORT:
GRADE:	
REFERRAL SOURCE:	NUMBER OF SESSIONS SCHEDULED:
ALLIED PROFESSIONALS:	NUMBER OF SESSIONS ATTENDED:

The following is the structure of the PR. It is meant to serve as an example of possible phrasing and is NOT meant as a "fill-in the blanks" activity.

- I. Statement of the Problem: CLIENT'S NAME, a (boy/girl)(male/female), age X years, X months of age, was referred to the San Diego State University Speech-Language Clinic (SDSU-SLC) by X. The referring concerns were X (include "secondary to X" if appropriate). Intervention began at SDSU-SLC on (date). At the beginning of this treatment period, the client presented with X.
- II. Pertinent History: Summary of background information and previous therapy: Write a brief SUMMARY of pertinent history.
 - A. For a child: Pregnancy and birth history were (unremarkable/ significant for X). Developmental milestones were (reached within normal timeframes/delayed). Medical history is significant for X. Hearing acuity has been tested and been found to be wnl/describe the loss. The client live with X and attends X school where he/she is in the X grade. He/she receives X services in school. Current IEP goals include..... Services received outside of school include.....
 - B. For an adult: Make a statement of functional status prior to onset of disorder. Previous medical history is significant for.... On date, the client experienced a _____ resulting in X deficits. Make a statement about previous assessments and intervention received. The client lives with X. Hearing has been assessed and has been found to be wnl/describe the loss.
- III. Current Status: Baseline information, summarize information obtained during pre-therapy data collection

- IV. Treatment goals: Long-term goals only
- V. Progress/Home program: Describe progress made towards goals throughout the semester. Also include pertinent information regarding methods that were particularly effective.
- VI. Recommendations: CLIENT'S NAME, age, has received speech-language intervention for one hour, one/two times per week. Currently, the client presents with X, characterized by X. Progress has been demonstrated in the following areas... Methods and procedures that were effective for this client included.... Prognosis for further progress with continued intervention is X.
It is recommended that the client continue therapy with the following goals: Be specific. The next clinician should be able to pick-up right where you left off. OR Based on X, further intervention is not warranted at this time.
- VII. Disposition /Client Conference: Parent/family conferences were held on dates. Goals and recommendations were discussed. Based on the information shared, the parent/spouse indicated that X

SIGNATURES

Graduate Intern

Speech-Language Pathologist

APPENDIX 8: DIAGNOSTIC REPORT FORMAT

SAN DIEGO STATE UNIVERSITY SPEECH-LANGUAGE CLINIC SPEECH AND LANGUAGE DIAGNOSTIC REPORT

INTRODUCTION

First name (of child), Mr./Mrs./Ms. (for adult) and age of client
Referral source; relation or affiliation to client
Statement of problem and presenting concern
Dates of client and parent/family interviews

HISTORY: indicate how and where information was obtained. Note what subsequent abbreviations stand for (e.g., IAF, MIF, etc.).

Developmental History: as appropriate to the client and diagnostically significant.

Medical History: general health; accidents, illnesses, hospitalizations, allergies.

For children, note the number and severity of ear infections

Speech, Language, and Hearing History and Development:

As appropriate, note early milestones

Note current status of speech, language, hearing skills

Family/Social/Environmental History:

Family members who live with client

Peer interactions, interactions with friends, significant others

Pertinent social activities; preferences and dislikes

Educational/Vocational History

Academic history; current school placement if appropriate

Report of school observation (if accomplished)

Note family/teacher opinion of school performance and behavior

For adults, discuss current employment situation, including communication demands

Prior Evaluations and Therapies

Where, when; what type; done by whom

Brief summary of findings, progress, techniques

Also include if there have been no prior assessments/treatments

ASSESSMENT

Behavioral Observations: as appropriate, note:

1. Pertinent and noteworthy aspects of appearance, gait, etc.
2. General behavior, level of attention, cooperation, frustration level, etc.
3. Performance during informal and non-directive activities
4. Strategies/examples of problem-solving, coping with frustration, etc.

Language and Conversational Skills

1. Results of formal assessment of comprehension and production skills (grouped by type of language skills assessed; however, multiple subtests from one tool may be discussed together). Tables may be used for ease of reporting
2. Use standardized scores whenever possible (not age/grade equivalence)
3. You must interpret all test scores. This can be done in terms of the normal curve or, if necessary, in relation to current chronological age.
4. Discuss informal assessments and observations
5. Every client must have a language sample analysis: overview and pertinent findings; provide examples of the client's spontaneous utterances.

6. Discourse/pragmatic skills: general appropriateness of interactions, as well as specifics such as eye gaze, turn-taking, conversation repair strategies, politeness forms, variety of styles and communicative functions, nonverbal communication
7. Narrative abilities: written vs. oral; discuss content, form, structure
8. Metalinguistic/Phonological Awareness abilities: grammaticality judgments, rhyming, segmentation, humor, use/comprehension of metaphors, idiom, proverbs.

Articulation/Phonology

1. Test name and results; production examples; phonetic inventory (if appropriate)
2. Stimulability
3. Estimate of overall intelligibility in known vs. unfamiliar contexts

Oral-Motor Assessment

1. Report pertinent positive and/or negative findings
2. Note all areas assessed.
3. Indicate possible contribution of positive findings to speech development/production

Voice and Fluency

1. Report formal and informal assessments
2. Subject assessment of adequacy
3. Discuss and specify any positive findings, and any modifications in production that you could stimulate

Perceptual/Motor Skills; Cognitive Skills; Academic Skills: assess these areas as appropriate

1. Include any non-language assessments administered
2. Screen reading and writing abilities, if appropriate
3. Report and interpret pertinent findings, and relate to other test performance

Auditory Acuity:

1. Audiometric screening during diagnostic session; screening tympanometry, if performed
2. Other hearing test not part of history (when; where; results)

SUMMARY

1. State your clinical judgment of the Disorder(s) and Severity Rating
2. Summarize relevant background and contributing factors related to the current problem.
3. Synthesize your results and succinctly state your clinical findings and impressions, in terms of strengths and weaknesses (no test results; just a summary of what will related directly to and determine your recommendations).
4. Briefly discuss prognosis as suggested by maintaining factors, stimulability, motivation, family involvement, etc.

RECOMMENDATIONS

1. Put in list form; be specific and succinct.
2. If you are referring to a physician, or for other assessment, be specific about the type of evaluation, the type of evaluation required, the type of facility best consulted, and the type of information desired as a result of the assessment.
3. If intervention is recommended, specify nature, goals and recommended procedures. Any clinician should be able to pick up your report and know what to do with your client.

DISPOSITION

1. Results of final client/parent conference.
2. Present a brief summary, without reiterating all information presented, unless it is pertinent; more important is the response by the parent/client/family to the results and recommendations, and their plans for acting on recommendations.
3. Family requests for scheduling at the Clinic
4. Indicate any new information or recommendations arrived at, on the basis of the final conference.

Graduate Intern

Supervisor

Date

APPENDIX 9: GRADES AND INTERVENTION FOR STUDENT CLINICIANS

It is assumed that supervisors will encourage student participation and interaction in planning and implementing speech/language intervention with their clients. Grading for the intervention experience will be based on the amount of growth and independence the student achieves by the end of the semester. A mid-semester evaluation will be held with each student to inform them of their progress to date and goals for successful completion of the intervention experience. Evaluations will be completed using the grading rubric on Calipso (our on-line clinical documentation system)

Fall Year 1			Spring Year 1		Summer Year 1	
1.0-1.59	F		1.0-1.59	F	1.00-2.59	F
1.6-2.0	D		1.6-2.0	D	2.6-3.29	D
2.01-3.00	C		2.01-3.00	C	3.3-3.69	C
3.01-3.59	C+		3.01-3.59	C+	3.7-4.0	C+
3.6-4.0	B-		3.6-4.0	B-	4.01-4.29	B-
4.01-4.39	B		4.01-4.39	B	4.3-4.69	B
4.4-4.79	B+		4.4-4.79	B+	4.7-5.0	B+
4.8-5.19	A-		4.8-5.19	A-	5.01-5.49	A-
5.2-6.0	A		5.2-6.0	A	5.5-6.0	A

**Below is a description of the hierarchy of support from the supervisors' perspective:
Supervisory Levels**

S1: The "Telling" phase.

- The supervisor is high task/low relationship with the supervisee.
- The supervisor may be present in the clinic room with the clinician and client and/or remains active throughout the session.
- The supervisor analyzes the session with little input from the supervisee.
- The supervisor provides specific direction regarding objectives, materials, and procedures for next sessions.
- Written feedback is provided following the session and is reviewed verbally during the conferences.
- The topics for the conference are outlined by the supervisor and given to the supervisee in advance.

S2: The "Selling" phase.

- The supervisor is high task/high relationship with the supervisee.
- The supervisor observes directly during the sessions via two-way mirror and/or A/V equipment.
- The supervisor and the supervisee analyze the sessions jointly with the supervisor initiating the discussion.
- The supervisor identifies specific objectives.
- Procedures and materials for next sessions are jointly discussed.
- Written feedback may be provided at the conference.
- The conference agenda is jointly planned by the supervisor and supervisee.
- Long range goals are written jointly.

S3: The "Participating" phase.

- The supervisor is low task/high relationship with the supervisee.
- The supervisor and the supervisee analyze the sessions jointly with the supervisee initiating the discussion.
- The objectives, materials, and procedures for next sessions are discussed jointly.
- Feedback is provided verbally and the supervisee is required to provide written suggestions accordingly.
- The conference agenda is jointly planned by the supervisor and supervisee.
- Long range goals are written jointly.

S4: The “Delegating” phase.

- The supervisor is low task/low relationship with the supervisee.
- The supervisor uses indirect forms of supervision for excess of 25% minimum supervision (ASHA).
- The supervisee self-analyzes the sessions.
- The supervisee independently plans the next sessions without assistance from the supervisor.
- Feedback is provided verbally and the supervisee is not required to provide any written suggestions from this feedback.
- The conference is outlined by the supervisee and is submitted to the supervisor.
- Long range goals are written by the supervisee.

[Reference within text: Mawdsley, B. L. & Scudder, R. R. (1989). “The Integrative Task-Maturity Model of Supervision.” *Language, Speech and Hearing Services in Schools*, 20, 305-319.]

No speech-language pathologist, no matter his/her level of expertise or experience, works completely independently. One of the benefits of this profession is that we always are (or should always be) learning something new from each other. In using the term “independently” to determine grades, the clinical supervisors mean that student clinicians should use good clinical judgment based on their academic knowledge and previous clinical experiences to determine appropriate treatment goals and strategies for their clients. They should be coming to their supervisors with treatment plans and activities and with solid rationale for their use. At that time, the supervisor may choose to provide the student with more information and different treatment approaches and/or activities. This does not mean the student is not acting independently. It means that the supervisor is doing his/her job of continuing the students’ clinical education.

A supervisor will think that students are not acting independently when they request information that should already be known; clearly have limited ideas regarding goals, activities and strategies; request assistance that has already been given; and/or do not incorporate supervisor’s suggestions despite repeated requests.

Grading criteria for clinic

Evaluation skills

1. Conducts screening and prevention procedures
2. Performs chart review and collects case history from interviewing patient and/or relevant others
3. Selects appropriate evaluation instruments/procedures
4. Administers and scores diagnostic tests correctly
5. Adapts evaluation procedures to meet patient needs
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder
7. Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses
8. Makes appropriate recommendations for intervention
9. Completes administrative functions (manages paperwork, phone calls, etc.) necessary to support evaluation
10. Refers clients/patients for appropriate services

Treatment skills

1. Develops setting-appropriate intervention plans with measurable and achievable goals
2. Collaborates with clients/patients and relevant others in the planning process
3. Implements intervention plans (involves clients/patients and relevant others in the intervention process)
4. Selects and uses appropriate materials/instrumentation
5. Sequences tasks to meet objectives
6. Provides appropriate introduction/explanation of tasks
7. Measures and evaluates clients' performance and progress
8. Uses appropriate models, prompts or cues. Allows time for client response

9. Modifies treatment plans, strategies, materials, or instrumentation to meet individual client/patient needs
10. Structures intervention session to maximize learning
11. Uses feedback/reinforcement which is consistent, discriminating, and meaningful
12. Completes administrative functions (manages paperwork, phone calls, etc.) necessary to support treatment
13. Identifies and refers patients for services as appropriate

Professional Practice, Interaction, and Personal Qualities Score

1. Demonstrates knowledge of and interdependence of communication and swallowing processes
2. Uses clinical reasoning and demonstrates knowledge of and ability to integrate research principles into evidence-based clinical practice
3. Adheres to federal, state, and institutional regulations and demonstrates knowledge of contemporary professional issues and advocacy (includes trends in best professional practices, privacy policies, models of delivery, and reimbursement procedures/fiduciary responsibilities)
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others
5. Establishes rapport and shows care, compassion, and appropriate empathy during interactions with clients/patients and relevant others
6. Uses appropriate rate, pitch, and volume when interacting with clients or others
7. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others
8. Collaborates with other professionals in case management
9. Displays effective oral communication with patient, family, or other professionals
10. Displays effective written communication for all professional correspondence
11. Adheres to the ASHA Code of Ethics and Scope of Practice documents and conducts him or herself in a professional, ethical manner
12. Demonstrates professionalism
13. Demonstrates openness and responsiveness to clinical supervision and suggestions
14. Implements supervisor feedback in a timely manner
15. Personal appearance is professional and appropriate for the clinical setting
16. Displays organization and preparedness for all clinical sessions

Student Review Procedure/Intervention Procedures

Students in the M.A. program in speech-language pathology as well as doctoral students working toward clinical certification will be reviewed every fall & spring semester by the faculty of the Speech and Language Sciences Division. Each student's academic and clinical progress will be addressed; intervention recommendations, if any, will be determined.

Intervention recommendations will be at the discretion of the Program. Remediation can include any number of possibilities for any class, competency, or clinical requirement, such as a take-home examination, oral examination, a paper, clinical exercises, etc. It may also mean repeating the clinical experience.

When appropriate, an intervention contract with the student will be prepared by the Instructor/Program. The contract should be signed by the student, Instructor (if relevant), Division Head, and Director of the SLHS.

Outcome of remediation – based on the contract – will be determined by the Division. Student grades in any course will not be changed by intervention; that is, final course grades are based solely on class performance and are independent from intervention outcome.

Appendix 10



College of Health & Human Services

CALIPSO

Experience Record Doe, Jane

Observation Hours				5:15
Dx				
	Child	Adult	Audiology	
Speech	12:42	0:00		
Language	10:20	0:00		
Total	23:02	0:00	0:00	
Total Dx Hours:				23:02
Tx				
	Child	Adult	Audiology	
Speech	6:25	0:00		
Language	2:00	0:00		
Total	8:25	0:00	0:00	
Total Tx Hours:				8:25
Total				
	31:27	0:00	0:00	

	Child	Adult	Total	
Observation - Evaluation				
Speech	3:00	0:00	3:00	
Language	1:45	0:00	1:45	
Hearing	0:30	0:00	0:30	
Observation - Treatment				
Speech	0:00	0:00	0:00	
Language	0:00	0:00	0:00	
Hearing	0:00	0:00	0:00	
Total Observation Hours:		5:15		
Evaluation				
Articulation	12:00	0:00	12:00	
Fluency	0:12	0:00	0:12	
Voice and resonance	0:00	0:00	0:00	
Expressive/Receptive language	10:20	0:00	10:20	
Hearing	0:00	0:00	0:00	

Swallowing	0:30	0:00	0:30	
Cognitive aspects of communication	0:00	0:00	0:00	
Social aspects of communication	0:00	0:00	0:00	
Communication Modalities	0:00	0:00	0:00	
Treatment				
Articulation	5:00	0:00	5:00	
Fluency	1:25	0:00	1:25	
Voice and resonance	0:00	0:00	0:00	
Expressive/Receptive language	2:00	0:00	2:00	
Hearing	0:00	0:00	0:00	
Swallowing	0:00	0:00	0:00	
Cognitive aspects of communication	0:00	0:00	0:00	
Social aspects of communication	0:00	0:00	0:00	
Communication Modalities	0:00	0:00	0:00	
Total Hours	31:27	0:00	31:27	
Clock hours needed	343:33			

APPENDIX 11: CLINIC RULES

SPEECH-LANGUAGE RULES

For the benefit and comfort of everyone using the Speech-Language Clinic, the following rules must be followed:

1. You may not move furniture. Most rooms have two large chairs, two small chairs and a large and small table. The room numbers are on the tables and chairs. If you find that the furniture in your room is not sufficient, see the office staff.
2. You are also responsible for returning equipment and toys to their appropriate places. You must sign-out of equipment, toys and tests with the Resource Room monitor and return it within 15 minutes of the end of your session. There is no “hoarding” of toys in lockers or offices.
3. You are responsible for cleaning any messes you make. Cleaning materials are located under the kitchen sink (including a hand-held vacuum cleaner). Dirty dishes may not be left in the sink. They will be thrown out. Do not leave anything on the kitchen counter that you want to keep. It is not for clinician storage. Do not use any materials which may stain the carpets or walls.
4. You are welcome to use the refrigerator/freezer for clinic and your lunch or dinner. However, it will be emptied at the end of each week. Do not store food or drink in the refrigerator. Also, do not use large size containers since everyone uses the refrigerator and space is at a premium during the semester.
5. Copies are 10 cents each. There is a copy code and you are on your honor for the copies you make.
6. You may not use thumb tacks, masking tape or Scotch tape on the walls. Removable adhesive (available in the Resource Room) can be used to attach papers to the walls. Whatever you put on the walls must be removed at the end of your session (this means you remove all of the adhesive). Do not use adhesive on the mirrors.
7. Client files may not leave the clinic. This includes Speech-Language, and Audiology. Also, you may not Xerox any information from the client files. This is a breach of confidentiality and may result in your being removed from clinic. Client files may be reviewed in the Student Workroom, Resource Room or any unused treatment room.
8. Make sure that current release forms (including name of client and date of authorization) are on file in the client files. Failure to obtain consent to treat is a misdemeanor in California.
9. If you want to take your client outside to play, you must have the approval of your supervisor, and another clinician must accompany and remain with you outside.
10. Every client should have a hearing screening each semester. All clients who are school-aged with a history of ear infections are encouraged to have a tympanogram.

Supervisors will be held responsible for the conduct of their clinicians.

APPENDIX 12: INFECTION CONTROL

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00000039.htm>

The best way to avoid spreading germs and becoming ill is to wash your hands for 15 seconds under running water.

APPENDIX 13: ABUSE REPORTING PROCEDURES

<http://www.sandiego.gov/police/services/units/elderabuse/index.shtml>

<https://www.sandiego.gov/sites/default/files/legacy/police/pdf/policy1dviqv.pdf>

APPENDIX 14: CLINICAL WRITING GUIDELINES

The following are conventions and guidelines used when writing reports at SDSU:

1. Start your reports with a statement of the problem and who referred the client and when. For example:
The client, age 2:10, was referred to the San Diego State University Speech-Language Clinic (SDSU-SLC) by the San Diego Regional Center on 3/26/02. The referring concern was delayed language production skills.
2. age 5:0 or 5:0 years; additional information is redundant.
3. Time frames: fall 2001, spring 2002 (lower case letters and no commas)
March 2002 (no comma)
4. Keep names, dates and titles on the same line.
5. Use simple present tense for current information, simple past tense for remaining information and avoid the use of auxiliaries and passive tenses.
6. Use plain English; minimize use of technical terms (or explain what you mean if you do use them) but don't be too casual. Slang, subjective statements, poetic license and contractions are only acceptable in quotes.
7. Use person-first terminology and avoid the use of terms such as "suffers" or "victim."
Also, do not use sexist or culturally biased statements.
8. Give examples to highlight important information. Quotes are excellent, especially when reporting sensitive information.
9. Use correct margins, font size and line spacing. Double-space all rough drafts.
10. Use complete sentences.
11. Avoid the indefinite "this," exclamation points and underlining for emphasis.
12. Only use an abbreviation after you've spelled it out the first time.
13. Try to include positive statements of the client's abilities.
14. Do not overstep your professional bounds. You cannot diagnose medical or psychological problems but you can describe what you see.
15. Avoid the use of personal pronouns.

APPENDIX 15: USE OF PERSON-FIRST TERMINOLOGY

https://www.cdc.gov/ncbddd/disabilityandhealth/pdf/disabilityposter_photos.pdf

APPENDIX 16: ASHA'S DEFINITIONS OF COMMUNICATION DISORDERS AND VARIATIONS

<http://www.asha.org/policy/RP1993-00208.htm>

- speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification;
- fluency and fluency disorders;
- voice and resonance, including respiration and phonation
- receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing;
- hearing, including the impact on speech and language;
- swallowing/feeding, including structure and function of orofacial myology, oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span;
- cognitive aspects of communication, including attention, memory, sequencing, problem solving, and executive functioning;
- social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities; and
- augmentative and alternative communication modalities

APPENDIX 17: REQUIREMENTS FOR SPEECH-LANGUAGE CERTIFICATION AND THE CALIFORNIA SPEECH-LANGUAGE PATHOLOGY CREDENTIAL.

ASHA REQUIREMENTS FOR SPEECH/LANGUAGE CERTIFICATION

Total of 400 hours; 375 hours direct client contact

325 hours at the graduate level

Clinical competency with evaluation and treatment must be demonstrated in each of the nine areas within the scope of practice:

- speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification;
- fluency and fluency disorders;
- voice and resonance, including respiration and phonation
- receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing;
- hearing, including the impact on speech and language;
- swallowing/feeding, including structure and function of orofacial myology, oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span;
- cognitive aspects of communication, including attention, memory, sequencing, problem solving, and executive functioning;
- social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities; and
- augmentative and alternative communication modalities

Clinical competency must be demonstrated across the age span and with culturally and linguistically diverse populations

REQUIREMENTS FOR THE CALIFORNIA SPEECH-LANGUAGE PATHOLOGY CREDENTIAL

Master's Degree and same clinical requirements as for ASHA certification

Pass the California Basic Educational Skills Test (CBEST)

Obtain the Certificate of Clearance

Complete a School Field Experience (SLHS 933)

Demonstrate specific skills in assessment:

Use least biased teaching techniques

Work with Culturally and Linguistically diverse populations

Use language samples to determine appropriate programs

Able to assess for and select appropriate augmentative and alternative communication (AAC) systems

Demonstrate specific skills in management of speech and language disorders

Provide family/caregiver and teacher in-service, consultation, and collaboration

Use a variety of delivery models (pull-out, push-in, group, classroom consultation/collaboration, co-teaching)

Demonstrate proficiency in training students/families/caregivers/teachers/others in the use of AAC systems

Knowledge of auditory rehabilitation, including use of assistive listening devices.

APPENDIX 18: ASHA CODE OF ETHICS

<https://www.asha.org/Code-of-Ethics/>