PRACTICUM MANUAL

UNIVERSITY OF NEW HAMPSHIRE
DEPARTMENT OF COMMUNICATION SCIENCES & DISORDERS

UNH SPEECH-LANGUAGE-HEARING CENTER
OFF-CAMPUS CLINICAL SITES

Revised: June 2011
by the Clinical Faculty
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INTRODUCTION

We are pleased to welcome you as graduate clinicians to the University of New Hampshire Speech-Language-Hearing Center and the Off-Campus Practicum program. This handbook has been prepared by the clinical faculty to facilitate your transition into clinical practicum by providing information about policies of the on and off campus clinical rotations. We look forward to working with you in developing and refining your clinical skills as an integral part of your professional development. This manual will be a frequent reference for you during on-campus rotations as it explains the procedures and operations of the UNH Speech-Language-Hearing Center. Many sample forms are provided.

As graduate clinicians you are considered staff members and part of our professional service delivery team. We view the Clinical Education/Supervision Process as a team endeavor with you as an active, contributing member. As such, your professional behavior will be evaluated, not only in terms of adherence to the policies and procedures described herein, but also in terms of your attitude and conduct within this Center and all other practicum sites. You are a representative of the Department of Communication Sciences and Disorders, the University of New Hampshire and a profession that subscribes to the standards outlined in the ASHA Code of Ethics.

The primary goal of our graduate program is to develop professionally competent Speech-Language Pathologists, ready to begin the Clinical Fellowship experience. We set high standards. Satisfactory performance in all clinical rotations is essential to assure that all students completing our program will be respected, skilled professionals. Clinical practicum is an integral part of your graduate training and should not be viewed as separate from or secondary to classroom study.

We recognize that initial clinical interactions with clients may be intimidating for some students. Our clinical faculty is committed to making your practicum a positive and valuable experience for you and your clients. We envision the supervisory experience as a team effort as we work together to develop and help you manage appropriate and effective evaluation and treatment programs for the clients in our Center. We are a resource for you and will provide initial supports needed to develop your clinical skills. These supports will include weekly meetings with your supervisor, discussion about your clinical interactions, feedback regarding written clinical reports and could also include demonstration of particular treatment techniques and/or co-therapy for some sessions. Your supervisors are happy to discuss whatever initial levels of support you feel would be helpful to increase your comfort and success levels.

YOU ARE RESPONSIBLE FOR ALL INFORMATION CONTAINED IN THIS MANUAL. It is impossible to cover all aspects of your clinical education experiences in a handbook, but we have attempted to provide basic information you will need in your practicum endeavors. We encourage you to ask questions that may arise. Welcome!
CHAPTER I
REGULATORY AND CERTIFICATION INFORMATION
ASHA CERTIFICATION AND STATE LICENSURE

In the graduate handbook, you will find general information about licensure requirements in New Hampshire as well as information for contacting other state license boards. During the second year of the graduate program, we schedule a special meeting to explain license requirements and application procedures for NH and Maine. Successful completion of the academic and practicum requirements of our program, demonstrating the required “Knowledge and Skills” and passing the PRAXIS examination will allow you to meet the requirements for the ASHA Certification of Clinical Competence as well as for licensure in the states of Maine and New Hampshire. Students who anticipate they may wish to practice in other states should obtain license requirements from those states to determine if other provisions are needed. We will make every effort to help you meet those standards but it is your responsibility to obtain that information and bring it to your advisor and the Director of Clinical Programs.

The UNH Handbook for Graduate Students in Communication Sciences and Disorders contains copies or links to important documents of our profession.

ASHA Scope of Practice in Speech-Language Pathology (2007).
ASHA Code of Ethics (2010)

You should review these documents and be familiar with the content of each as many course discussions and clinical decisions will be made in light of the principles contained in these documents.

On the following pages you will find explanation of the Clinical Practicum requirements for ASHA Certification and a description of activities that may be counted for clinical clock hours.
UNH Practicum Requirements

In addition to the above ASHA requirements, the following are UNH program requirements specific to the 400 practicum hours:

- Students must complete at least 15 hours of observation prior to beginning practicum assignments. The remaining 10 hours may be completed during the graduate program.

- Students will complete at least 50 hours of speech/language/swallowing evaluation with clients across the life span. No more than 15 screening hours may be applied toward this 50 hour requirement.

- 10 clinical hours are required in Audiology with at least 5 of those 10 obtained in hearing screenings. It is permissible to accrue all 10 audiology hours in screenings.

GUIDELINES FOR APPROVED PRACTICUM ACTIVITIES

1. Only direct contact time with clients/families/caregivers and/or teachers may be counted as clinical practicum hours. Time spent in writing lesson plans, scoring tests, transcribing language samples, preparing activities, in-service training and writing reports may not be counted.

2. Time spent with clients, family member, care givers and/or teachers while engaging in information seeking, information giving, counseling, or training for a home or classroom program may be counted as clinical clock hours (provided the activity is directly related to evaluation and/or treatment).

3. Conference time with clinical supervisors may not be counted.

4. Clinicians involved in co-treating or co-evaluating clients with another graduate clinician may both count the time spent as practicum hours provided both have an active role in the activity, i.e., data collection, both providing cues/feedback, etc. Practicum hours may not be accrued if the clinician’s role is limited to observation only. The same interpretation applies if co-treating or evaluating with a supervisor.
Student Mailboxes

Student mailboxes are located in the Center Preparation Room. You should check your mailbox on a daily basis for written messages, therapy session feedback, returned lesson plans/S.O.A.P. Notes, new clinical assignments, etc. General information and news of interest will be posted on the Graduate Student bulletin board located in the hall outside the therapy rooms. Information specific to on-campus practicum is conveyed via e-mail and/or postings to the practicum course Blackboard site.

Computers

We have computers available for graduate student use in the Center Preparation room and Hewitt Hall 194. Hewitt 194 is also a treatment room so that computer is available only when there is no treatment or evaluation scheduled in that room.

Copy Machine

The department copier located in the office adjacent to the waiting area is available to students. Graduate clinicians may purchase a copier account through the department at a rate of $20.00 for 500 copies. Students should make copies when the machine is not needed by department staff and faculty.

Telephone

Telephones in the Center Preparation Room and the office adjacent to the waiting room may be used to contact clients. Use of the department office telephones is for clinic related business only. Please do not use the office phone for personal calls.

The Preparation Room phone (862-2517) may be used for personal calls if you have a calling card for long distance use.

Client Files

Client files are locked in Hewitt Hall, room 148. The key for this room is stored in a cabinet in our Department work room, Hewitt, 144. Client files must be signed out prior to removal from the filing cabinet. Sign out cards are located in the front of the file drawer. Enter the appropriate information and place card in the space where you remove the client’s file. Neither files, nor any material contained within, may leave the Center area, nor may items contained within be copied. Do not leave files unattended. When returning the file, place back in the appropriate alphabetical order and remove the sign-out card. Files are available during the operating hours of the Center, Monday through Friday, 8:30-5:00.
UNH SPEECH-LANGUAGE-HEARING CENTER - GENERAL POLICIES

Food and Beverages during Therapy

When appropriate and integrated into evaluation and/or treatment goals, consumption of food and beverages during therapy is permitted. Clinicians should not independently drink coffee or soda when conducting sessions. Gum chewing during sessions is not permitted. When food is used in one of the treatment rooms, please do not leave plates or cans with food residue in the therapy room waste cans (this attracts ants!).

Client Safety

No client should ever be left unattended in a therapy room, even for a brief period. If you discover that you need additional materials for the session, take your client with you when you leave the room, or possibly a supervisor or parent in the observation room could come in while you are away. It only takes a few seconds for a youngster to climb on a table or chair and perhaps fall while you are away. Should a client sustain any injury while at the UNH Speech-Language-Hearing Center, attend to the client as needed. Once the immediate needs are resolved, please complete the Client Injury Report (see appendix) and submit to your supervisor.

Clinician Safety

Clinician safety is also a primary concern. If there is any indication that your client may exhibit behavioral outburst, discuss preventative measures with your supervisor and other appropriate individuals. In the event that an incident resulting in physical injury occurs, following resolution, please complete UNH Report of Injury/Occupational Illness (see appendix) and submit to your supervisor.

Client/Clinician Relationships

As a student clinician, we expect you to maintain a professional client/clinician relationship. Although clinicians must show an appropriate personal interest in their client, inappropriate personal involvement often renders the clinician unable to maintain a professional role and could compromise the client’s welfare and your effectiveness. Should you desire to pursue more personal involvement with the client, ask that a new clinician be assigned to the case. Some clients present gifts to their clinicians at the end of the semester or for a holiday. While token gifts (candy, new therapy materials) may be accepted, more substantial gifts or money should be returned with tact. One could state that “Center rules don’t permit......”.

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Dress Code

You are expected to dress neatly and appropriately when working in the Center. Jeans, overalls, sneakers, athletic clothing and shorts are not acceptable attire when working in our on-campus program. "City shorts" or dress shorts may be allowable for summer practicum at the Center if approved by your supervisor. If you have questions about the appropriateness of any attire, please check with your supervisor. Be aware that as a clinician you will be moving, reaching, bending and frequently playing on the floor with some of the younger clients. Please use discretion in choosing necklines, shirt and skirt lengths.

Facial or body piercings that are visible and may distract a client from the speech/language models you are providing should be removed during therapy sessions.

Clinician Attendance/Tardiness

If you need to cancel a therapy session please call your client directly to inform them. You also need to inform the Communication Disorders Administrative Assistant’s office @ 862-0144. The cancellation information will be forwarded to the appropriate supervisor/s. Regular attendance is expected of all graduate clinicians. You have an obligation to your client to be present for all scheduled sessions. Cancellations of scheduled clinic sessions by clinicians are permitted only in the case of illness or family emergency. Any justifiable absence from therapy should be reported as soon as possible. Prior to changing any therapy schedule, your supervisor must be consulted and approve the change before plans are finalized.

Please post any cancellations/schedule changes (including sessions that will be conducted out of the therapy room) on the master schedule located on the bulletin board to the right of Room 148.

It is essential that you begin and end your sessions at the scheduled times. Sessions begin on the hour or half hour. You should arrive at the Center a reasonable time before your scheduled session to adequately prepare your materials and room. Any clinician who begins a session late will receive a warning from their supervisor (of course this does not apply if the session begins late due to tardy client arrival). Sessions that begin late after the warning has been received will not be counted toward the practicum hours required for ASHA certification.

Students who cancel or miss 25% or more of scheduled sessions (that cannot be rescheduled due to clinician unavailability) for personal/health or family issues will receive an Incomplete for that semester of COMM 910.
one of their client's programs in a Case Staffing format in this seminar. 
Attendance at these seminar meetings is required.
Clinical Assistants

Some clinicians may be assigned a CS&D senior as a clinical assistant. Seniors are assigned to a given client and graduate clinician for the semester. Clinical assistants may help with material preparation, data collection, participate in therapy activities and/or any other responsibilities deemed appropriate by you and the supervisor. This is a wonderful opportunity for you to begin to mentor less experienced students. Should you be assigned an assistant, your supervisor will provide more details about this program.

Observation of Sessions

Students should be aware that sessions are frequently observed by not only supervisors and client family members but by other students as well. Observations are a requirement of some undergraduate classes. There is a Master Schedule posted adjacent to Room 148. Sessions for clients who are UNH students, should not be posted on the Master Schedule as it is possible that our potential observers (most of whom are also UNH students) may have some contact with that client in social and/or class situations. Please be sure to update any schedule changes on the schedule board and if you have the time, answer questions that the observers may have. A Protocol for Student Observers is found in the Appendix of this Manual.

CLINICAL POLICIES: TREATMENT

1. Center Coordinator schedules client and assigns graduate clinician and supervisor to that client.

2. Graduate clinician contacts client to introduce him/herself and to confirm treatment schedule.

3. Graduate clinician signs up for clinic room and records session on Master Schedule.

4. Graduate clinician reviews file and meets with clinical supervisor to discuss preparations/goals for initial sessions.

5. Graduate clinician prepares Lesson Plans (guidelines for this report are found in the report section of this manual) and submits to the supervisor for approval prior to therapy. Each supervisor’s schedules varies, so check with your supervisor for the required submission date. After the first session, data from the sessions conducted should be reported on the lesson plans for that week and used in planning the next therapy session/s. Data from sessions most recently completed must be submitted with Lesson Plans for upcoming session/s. Experienced clinicians may, with
for accuracy and forward on for billing. Daily Logs for that month are also submitted to the supervisor at the end of each month.

15. The mid-semester Practicum Evaluation (see copy in Appendix) is reviewed with the graduate student by one clinical supervisor representing feedback from all on-campus supervisors working with that student.

16. Students will complete a self-analysis of two video-taped segment of their therapy and review analysis with supervisor. (Guidelines for this procedure are described in the Chapter on the Clinical Supervision Process found later in this Manual.)

17. Graduate clinician writes Progress Report (guidelines for this report are found in the report section of this manual) and submits in rough draft form to the supervisor by the required due date. Generally, initial drafts are due two weeks prior to the end of the clinic session. The exact due date will be noted on the Practicum Syllabus.

18. Supervisor will approve or recommend revisions and return to clinician within two (2) working days.

19. Graduate clinician will submit revised draft or final copy to the supervisor within three (3) working days. Reports should not be printed on UNH Center letterhead until supervisor has approved final copy. The Clinician should indicate cc’s for anyone (including the client and/or family) to receive copies of a report and should verify that a current, signed Release of Information is on file for those (excluding the client and/or family) receiving a copy of the report.

20. Clinician signs report and submits to supervisor with typed or neatly written envelopes for those to receive a copy of the report.


22. Clinician will receive Supervisor Evaluation on line via SurveyCat, which allows for anonymous response. We encourage all graduate clinicians to provide feedback to your supervisor/s via this format.

23. Clinician submits practicum hours and skills demonstrated for the semester to appropriate supervisor/s who approve according procedures in place for software recording program.

****** Timely submission of required paperwork and reports is an essential professional competency. Clinicians are expected to submit
recommendations to be included in the Evaluation Report is also appropriate at this post-evaluation conference.

7. The rough draft of the evaluation report will be submitted to the supervisor within **seven (7) working days** from completion of the evaluation. Supervisor will approve or recommend corrections and return the rough draft within **three (3) working days**.

8. Graduate clinicians will submit a revised draft or final copy to the supervisor within **four (4) working days**. ***Reports should not be printed on UNH Center letterhead until the supervisor has approved the report for final copy. Final report copy should note who is to receive cc’s of the report (including the client or family). **Be certain that there is a signed release for all individuals or agencies noted to receive a copy of the report.**

9. Graduate clinician(s) sign **final copy** of report.

10. Graduate clinician(s) type or hand write envelopes for those to receive copies of the report. Report and envelopes are submitted to supervisor.

11. Supervisor signs report. Copies will be made and mailed by the Center office staff.

12. Graduate clinician follows Evaluation billing procedures as described later in this chapter.
Client Confidentiality:

The Health Insurance Portability and Accountability Act (HIPAA) imposed strict regulations designed to protect the confidentiality of client information contained in medical records. In order to comply with these regulations, no reports, notes, (hard copy or on disc) can leave our facility with information that would identify a client. As such, if submitting hard copy drafts of your reports, DO NOT include identifying client information at the top of the report, until the report has been approved by your supervisor for printing on letterhead. For draft reports, refer to the client by first name only and use the first initial of the last name if referring to a parent during the body of the report. When your report has been approved for final printing by your supervisor, add the identifying information and then please delete after the printing.
If you submit your draft reports electronically, following the password protected encrypting procedures, the client’s full name and identifying information may be included on report drafts.

Writing Style

1. Keep your reading audiences in mind. If you use clinical terms or professional jargon, be sure to explain and provide examples.

2. Present only necessary and relevant information. Be concise.

3. Use accurate brief sentences. Avoid verbosity.

4. Avoid abbreviations, hyphens and contractions. Abbreviations are acceptable if you explain what the letters stand for when initially introduced.

5. Use positive statements that describe what testing or observations revealed.

6. Avoid noncommittal language (i.e., appears to, seems to, probably).

7. Use active verb contractions, when possible avoid passive verb forms (i.e., I suggested ... vs. It was suggested..., etc.

8. Refer to your client by name or first person pronoun rather than “the client”. For adult clients or when referring to parents, use the appropriate titles i.e., Mr. Ms. Mrs.).

9. We recommend you refer to yourself as "I" rather than "the clinician" in clinical reports.

10. The UNH Writing Center is a good resource for support in the writing process. We recommend that you use the Report Revision Guide (see appendix) to assist you in this process.
various members of the audience. At UNH we color code client charts according to types of communication needs so that students may easily access a variety of writing samples specific to a particular area of interest.

- **Conferences with Supervisors:** Your supervisors are important writing resources, as they can provide you with a professional audience for your reports. Conferences with your supervisors give you an opportunity to develop the writing skills you need both as a graduate student and as a professional in your field. Since your supervisors sign their names to your reports, they are mutually invested in both the treatment you give your clients and the way your reports are written.

- **Your Fellow Graduate Students:** Your fellow graduate students can be your best writing resources. Plan to write in the computer cluster at the same time, so that you can ask each other questions as you write. Email drafts to each other to get advice. Set up times to meet to exchange drafts. These meetings can work as mini-deadlines to motivate you to get a draft completed early. It goes without saying that you will need to maintain client confidentiality when collaborating with your peers.

- **The University Writing Center:** UNH (as well as most other campuses) has a Writing Center located in Hamilton-Smith Hall. Writing centers, invaluable resources for student writers, offer one-to-one conferences with students on their writing. These conferences can offer you the perspective of a lay reader, a perspective that neither your clinical supervisor nor a fellow graduate student can offer. Writing centers also usually have writing guides and computer clusters available to students.

- **Report Guides & Templates:** In the Clinician’s Manual, you will find annotated templates for writing treatment plans, progress reports and evaluation summaries. These guides can help you know which pieces of information to include in each section, and offer examples of ways to relate information in a professional, yet understandable way. The outlines can be downloaded from the COMM 910 Blackboard site. In some cases the format of the outlines may be modified to meet the individual needs of a particular client. This would be something to discuss with your supervisor.

- **Clinical Report Revision Guide:** The revision guide, which was developed collaboratively by Communications Disorder clinical faculty and Composition/Rhetoric faculty, is based on the criteria used by your supervisors when they evaluate your reports. Completing the revision guide will improve the quality of your drafts and result in fewer revisions. The revision guide is an important tool to use during the writing process as a way to check your own work, and to use during conferences as a way to make sure expectations are being met. The guide is also available on the COMM 910 Blackboard site and it is posted near the computer in the Prep Room for your convenience.

- **Writing Guides:** There are several writing guides available that focus on speech-language clinician writing. Report Writing for Speech-Language Pathologists by Vekovius, Pannbacker, et al., Survival Guide for the Beginning Speech-Language Clinician by Meyer, A Coursebook on Scientific & Professional Writing for Speech-Language Pathology by Hedge. We recommend that you use these texts with discretion. These guides can provide you with writing techniques, sample reports, and grammar lessons. But, none of these guides address the issues of writing for multiple audiences which is one of the many challenges of clinical writing. We refer you to Chapter 17: Writing for the clinical practicum in Communication Sciences Student Survival Guide; ed. M. Patton, for a summary of a process-based approach to professional writing development.

UNH Clinical Report Revision Guide
Please use this checklist as a guide for reviewing and editing your reports.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>As I was composing this report, I adjusted my writing with the intended audiences in mind by...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I used specialized/technical language when</td>
<td></td>
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</tr>
</tbody>
</table>

25
UNH Speech-Language-Hearing Center
Treatment Plan

Semester, Year

Name:
Parents/Guardian (choose one, as appropriate):
Address:

Date of Birth:
Chronological Age:
Graduate Clinician:
Clinical Supervisor:

Telephone: (home, mobile, work, as appropriate)
Email:
Therapy Schedule: (number and length of sessions per week)

Undergraduate Clinical Assistant: (if applicable)

Date of Report: (use date that you submitted your first draft of this report)

Background Information:
This section should include background information regarding the nature and severity of the client’s communication disorder. Please note any precipitating factors (developmental, medical, other) and the duration of the concern. Make reference to any previous therapy, specifically the primary emphasis and progress. If the client is currently receiving s/l tx from another source, provide name and affiliation of clinician.

Provide a general description of the client’s communication level and style. Include any relevant information about education (grade/school, if applicable), work, child care (specify sites) and/or family. If the client is routinely accompanied to the Center by a Skills Assistant, please provide that person’s name and agency.

Information regarding the client’s interests and strengths may also be appropriate.

The history should be summarized in chronological order with more specific information provided about the most recent evaluations and/or therapy progress. Remember that this is the first section that the reader encounters. Be mindful of the need to be accurate, sensitive and concise.

A few stylistic suggestions: Use proper names initially, then again after 2 instances of using pronouns; avoid making your own comments about the client’s intelligence (i.e. smart, bright, etc.) unless reporting on documented intelligence assessments; the terms “kid/kiddo” are considered informal and not recommended for a report of this nature.

Hearing Status: (obtain Mary Jane’s input on this)

Treatment Program:
Goal #1: Provide statement of the general skill area you will be targeting.

e.g. Improve production of /r/.
Increase use of questions
Decrease rate of speech

Semester Objective #1: Write a behavioral objective for the above goal which includes the following components - Do Statement, Conditions and Criteria. (see below.) Think of the semester goal as what you feel is reasonable to accomplish during THIS semester of treatment.

“Do Statement”: This is the specific communication skill you and your client have chosen to address. It is generally written in future tense.
I understand that at the end of the semester the graduate clinician will review the results of services with me and provide a written Therapy Progress Report.

Client/Parent/Guardian       Date

Please consider the following prior to submitting your report draft to your supervisor.
1. Check to make sure the report pages are numbered.
2. When re-submitting a revised draft attach any prior drafts with notes for editing.
3. The Report Revision Guide is optional. You may use it independently or as part of the supervisory process.
4. When submitting drafts via email, use encrypting procedure.

* Sheryl Gottwald, Ph.D., CCC-SLP
  Jeanne O’Sullivan, M.Ed., CCC-SLP
  Mary Jane Sullivan, Au.D. CCC-A
  Ruth Peaper-Fillyaw, M.Ed., CCC-SLP
  Amy Solomon Plante, M.S., CCC-SLP

(rev. June, 2010)
Results: Report objective results relative to the stated goal. Note whether or not the client met the objective. If appropriate, explain the measures used for post-testing. Results may include a statement regarding generalization of the target behavior.

Approaches/Procedures: Using past tense, summarize the approaches and procedures you used to work on the above objective. (You will have described this in your Treatment Plan and should be able to repeat that information here. Remember to explain any new procedures or approaches you may have added since the Treatment Plan was written.

If your Approaches & Procedures (A&P) are similar for all or some of the objectives, you may include this section following the last objective for which the A & P apply. If the A & P are different for each objective, please include a separate A&P section after each Semester Objective statement.

Semester Objective #2: Follow sequence as above.

Summary and Clinical Impressions:

Provide an overall summary of progress relative to semester goals. Include comments regarding the effectiveness of treatment strategies. Provide information about why goals may not have been achieved (inconsistent attendance or other issues that may have influenced client’s progress). If applicable, it is important to include explanations for why an objective was not addressed or, why an objective might have changed.

Comments from the client, his/her family, guardian, teacher, physician etc. regarding progress are appropriate here.

The Clinical Impressions section should include a brief statement of the client’s current communication disorder/s, a statement of severity (functional limitations) and a statement of prognosis for further improvement (guarded, poor, fair, good, excellent). Please explain factors related to your prognosis.

Recommendations: (May be presented in list form.)

This section should specify the following:

- What action is recommended (may be continued therapy/discharge/referral to other professionals etc.). It is not ethical to state that the client should receive therapy services at UNH Speech-Language-Hearing Center. Simply make a statement about the need for further therapy. The client may then decide where he/she wishes to receive those services.
- Specify frequency of continued therapy services, (i.e. times per week, length of session)
- State the recommended focus of continued therapy
- Make suggestions for family/team collaboration, counseling, education and any other involvement in the therapy process
UNIVERSITY OF NEW HAMPSHIRE
SPEECH-LANGUAGE-HEARING CENTER
Diagnostic Report Format

The following form demonstrates the general appearance and content of an evaluation report. **Clarity** and **accuracy** are key requirements. The report should be as **concise** as possible without omitting pertinent information. This calls for constant judgment about each item. Impressions and recommendations should grow out of the material previously presented; new material should not emerge in these sections.

**Name:**
**Address:**

**Parents/Guardian:**
(if appropriate)

**Telephone:**

**Date of Evaluation:**

**Statement of Referral**

(Client’s name) age in years and months, was referred to the University of New Hampshire Speech-language hearing Center by (Referral source: name, and if appropriate, title). The reason for the referral was (state in referral source’s own words if appropriate).

**Background Information**

The information contained in this section is from the point of view of the parents or other informants. The source of information reported should be clearly specified. Information should be presented in a logical chronological order.

- History of Speech/Language/Hearing Problems - note date of onset (if known)
- information about previous SP/L therapy.
- Birth, medical and surgical history (if relevant)
- Developmental History (include this section only for clients for whom it is appropriate)
- Educational History/Employment History (if relevant)
- If relevant, information regarding social/emotional and/or family history
- Other Agency Involvement.

**Evaluation Results**

a.: Begin by providing information regarding client’s general behavior during testing, length of session, and any unusual factors which might have interfered with the evaluation or influenced the results obtained.
- intervention model and suggested treatment approach
- focus of intervention
- who or what agency is responsible for carrying out recommendations (It is not appropriate to recommend that the client should be seen at the UNH Speech-Language-Hearing Center for therapy. If therapy is needed, make that recommendation and the client/family can decide where they wish to receive those services.)
- further areas to be assessed and/or referral recommendations

(Clinician Name)
Graduate Clinician

Supervisor's name, degree, CCC-SLP*

cc: List names of all persons (including client or family) who will receive a copy of the report. Excluding the client or family, the cc's must correspond to the names listed on the signed Release of Information Form.

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Ruth Peaper-Fillyaw, M.Ed., CCC-SLP
Amy Solomon Plante, M.S., CCC-SLP

(rev. June, 2008)
S.O.A.P. NOTE

The SOAP Note format is used in many clinical facilities and hospital settings. It is a report of what occurred in a clinical session rather than a Lesson Plan. Following approval of the Treatment Plan by your supervisor, students who are not in their first on-campus practicum experience may be permitted to submit SOAP Notes rather than a daily/weekly lesson plan. Supervisors approve this change only when the student has demonstrated competency in writing measurable behavioral objectives, and describing treatment procedures required on the Lesson Plan. Information to be included in each section of the SOAP Note is described below.

Subjective: This section includes information reported to you by the client, parent or other caregivers relative to the communication goals or other relevant information. If no relevant information has been reported, you should indicate that nothing was reported.

Objective: This section should be a brief statement of each goal you addressed, the number of responses you obtained, the percentage or number correct. Just as the title of this section implies, the information included here is the objective data you obtained relative to the goals you worked on during this session. Also appropriate here would be reports of any client behaviors you observed that may have influenced the results you obtained.

Assessment: This section should contain your interpretation of the data you obtained with respect to analysis of progress made, and effectiveness of procedures and materials used.

Plan: This section should contain your recommendations for the next session. Also appropriate may be discussion of the need to revise the Treatment Plan or make a referral for other services or evaluation.
UNH SPEECH-LANGUAGE-HEARING CENTER
DAILY LOG SHEET SAMPLES

CLIENT: ___________________ DOB: ___________________
CLINICIAN: ___________________ SUPERVISOR: _______________

Sample #1: Adult/Articulation
DATE: _____________

Explanation of how / l, r/ are produced including diagrams and models. Drill/practice of target sounds all positions of words in relevant phrases. /r/ = 30% accurate with maximal cues. /l/ = 50% accurate with moderate cues. Client demonstrated improved ability to self-assess when listening to taped samples of his speech. Client continues to have difficulty monitoring misarticulations when speaking. Client able to sustain slow/normal rate of speech given an initial prompt for a 5 minute conversation, resulting in improved clarity of speech overall.

Graduate Clinician’s signature

Sample #2: Adult/ Basic Communication
DATE: _____________

Incorporated a confederate (unfamiliar communication partner) into session to ask L. her name and personal data. L. independently used her communication book to augment her spoken language and was able to convey her responses successfully. L. maintained a conversation with the confederate for 4 turns with only one direct prompt. L. spontaneously used 5 three-word comments in natural contexts. Skills Assistant reports noting an increase in multi-word comments in other settings.

Graduate Clinician’s signature

Sample #3: Child/Language
DATE: _____________

M. included 43/54 final "s"- markers (mostly possessives and 3 person present tense) during 15 minutes of semi-structured play. M. used "SHE" (vs. "HER") pronouns given frequent indirect models 4/4X when relating a recent experience. M. continues to omit IS/ARE copulas and auxiliaries except when given mand-models.

Graduate Clinician’s signature
UNH Speech-Language-Hearing Center
Monthly Attendance Record

Client: ___________________________     Clinician: ___________________________

Supervisor: _______________________     Supervisor Approval: _____ Date: ________

Please record all therapy sessions for the month. Complete the monthly calendar and code each session and/or client contact according to the following:

E = Evaluation (# of units) - CPT Code: 92506 - DMS IV Code Basic Eval
Comprehensive Eval
ITX = Individual Therapy (# of units) - CPT Code 92507
GTX = Group Therapy - CPT 92508
(i.e., ITX-1 or GTX-2)
H = Holiday
CC = Client cancelled
CON = Consultation (1 or 2 units) i.e., parents, teachers
SC = Session cancelled by Clinician or University
Location of Session: a = UNH Clinic b = Off-campus location (i.e., preschool, daycare)
1 unit = 1/4 hour    2 units = 1/2 hour    4 units = 1 hour

Month/Year ________________

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CHAPTER FOUR
THE CLINICAL SUPERVISION PROCESS
PROCEDURES FOR EVALUATION OF CLINICAL PERFORMANCE

GENERAL INFORMATION

Graduate Students will be introduced to the Clinical Supervision Process through the Ethical and Professional Issues course. We encourage and expect your active involvement in the supervision process. This includes planning and setting goals for yourself as a clinician as well as for your client; and analyzing and evaluating your performance relative to these goals. The growth and development of your clinical skills is viewed along a continuum. On this continuum, supervisors provide beginning students more feedback and direction. As you progress on this continuum, the supervisor will expect you to demonstrate increasing levels of independence in clinical decision making. The supervisor will always be available for consultation and to answer questions you may have but will expect that you have completed some investigation around these questions before coming to the supervisor. Our goal in the on and off-campus practicum experiences is to help you develop independent clinical management skills and the ability to become your own supervisor. Students should understand that the supervisor has a dual responsibility in fostering your independence as well as assuring that the services provided to the client are appropriate and necessary. Occasionally the supervisor may not approve what you propose if they feel it is not in the best interests of the client.

Evaluation of Practicum Work

Consistent with ASHA’s expectation that you receive formative assessments throughout your program, you will receive formal mid and end of the semester evaluation of your practicum work. These completed evaluations will provide evidence of your progress in acquiring the knowledge and skills needed for ASHA certification. This assessment is accomplished via the Practicum Evaluation Form which is completed by your supervisor/s and formally reviewed with you. You will also receive feedback from your supervisor/s in your weekly meetings, and through review of required paperwork and assignments, i.e., video-self-analysis and case presentation.

Student Responsibilities in the Clinical Supervision Process:


2. Prepare for all supervisory interactions. This includes reviewing all relevant reports and paperwork prior to meeting with your supervisor. Some supervisors may require that you develop an agenda of topics you wish to discuss at supervisor conferences. Possible topic areas to include on an agenda are found in the Appendix.
Procedures for Evaluation of Clinical Performance

Developing and maintaining acceptable clinical skills is a critical component of your graduate training. The University of New Hampshire Speech-Language-Hearing Center and supervisors must assure that all services provided to our clients are appropriate, effective and conducted in an efficient professional manner. As such, graduate clinicians must develop and demonstrate basic clinical competencies in order to continue in the on-campus clinical practicum and to be recommended to an off-campus site. While it is perfectly normal for beginning clinicians to require more supervisory guidance and support, students should demonstrate steady growth in clinical skills to be in acceptable standing. Our practicum evaluation form rates a student’s performance on the following continuum:

Unacceptable – Novice-Advanced Beginner- Intermediate- Clinical Fellow Ready

A student’s clinical performance is reviewed in light of their progress in the graduate program and the amount of clinical hours obtained to date. The Department procedures for this evaluation process and policies that will be followed when a clinician’s performance falls short of expectations are explained below.

1. Initial clinical performance of all graduate clinicians registered for on-campus clinical practicum will be discussed by all on-campus supervisors at a clinical faculty meeting during Week 4 of the semester. Students about whom concern was expressed will be so informed with areas of concern identified.

2. The clinical skills of all graduate clinicians registered for a practicum experience are formally assessed in a written evaluation at mid-semester (except during the summer session) and again at the end of the semester. A conference is scheduled with the student to review the written evaluation.

3. Students who receive a grade of B or above in Clinical Practicum are considered to be in acceptable standing with respect to clinical skill development.

4. For students who receive a grade of B- or lower at mid-semester in on-campus practicum, a support system with more structured direction and supervision will be provided. The sequence to be followed is as follows:

   - SOR and SEE identify and discuss clinician strengths and needs
   - SOR and SEE identify and agree upon and Action Plan which includes:
     a) measurable clinician goals
     b) procedures employed to meet goals which may include specific supports from the supervisor, expectations for the clinician to complete more video-tape review
<table>
<thead>
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**Skill Levels**

- **Very High**: Demonstrates high level of knowledge and skill in the area.
- **High**: Demonstrates knowledge and skill in the area, but may need occasional supervision.
- **Advanced Beginner**: Demonstrates basic knowledge and skill in the area, but may need close supervision.
- **Intermediate**: Demonstrates moderate knowledge and skill in the area.
- **Novice**: Demonstrates limited knowledge and skill in the area, and may require significant supervision.
- **Unacceptable**: Demonstrates inadequate knowledge and skill in the area, and may require mandatory remediation.

**Case Type**: "A" for all cases. For "B" cases, see next page. For "C" cases, see next page.

**Supervisor**: [Name]

**Problem Orientation**: 1, 2, 3, 4, 5 (Please circle)

**Problem Evaluation Form**

University of New Hampshire - Department of Communication Sciences and Disorders
### Diagnostic Comprehensions: Administration

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### Diagnostic Comprehensions: Preparation

- Place an "x" in the appropriate box to indicate overall findings.

### Diagnostic Comprehensions: Preparation: Repetition

- Place an "x" in the appropriate box to indicate overall finding.

### Behavioral Indicators

- Consider when determining results:
  - Social-experiential
  - Sensory
  - Level
  - Language
  - Sentence End
  - Reading
  - Writing
  - Performance
  - Clinical
  - Communication
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**Implementation and Analysis:** Please mark an "X" in the appropriate box to indicate overall rating.

- [ ] (A-G, 26) Related criteria for success: applicable
- [ ] (A-G, 26) Uses a variety of service delivery models (A-G, 26)
- [ ] (A-G, 26) Supports direct service with user-defined objectives, program evaluation, and outcome measures
- [ ] (A-G, 26) Demonstrates unmet need of responses (A-G, 26)
- [ ] (A-G, 26) Demonstrates needs of participants and improves communication through feedback
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**Behavioral Indicators to Consider When Determining Rating:**
CHAPTER FIVE
POLICIES AND PROCEDURES
FOR
OFF-CAMPUS CLINICAL PRACTICUM

General Information

The Director of Clinical Programs makes the arrangements for all off-campus assignments based on the expectations of the off-campus site and the level of clinical proficiency demonstrated by the student. STUDENTS SHOULD NOT INITIATE CONTACT WITH ANY OFF-CAMPUS PLACEMENT REGARDING AN AFFILIATION. If you are interested in a setting where we do not yet have an affiliation, discuss your interest with the Director of Clinical Programs who will investigate the possibilities of a placement in that setting.

As explained in the introduction, students are required to complete two intensive on-campus practicum experiences and at least two off-campus practicum assignments. Students may request an off-campus assignment only after successful completion of at least one on-campus practicum rotation. Graduate students generally complete two off-campus practicum affiliations. The exact settings for your off-campus placements will be determined by your interests, if you have selected a specific concentration area, your clinical performance to date and your needs in demonstrating ASHA’s required knowledge and skills. For example, a setting that offers experience with certain populations allowing a student to acquire new knowledge and skills would be preferable to a setting offering experiences the student has already had.

Students should understand that the Department recommends you to an off-campus facility saying we feel you have the academic and clinical background to perform effectively in that setting. It is up to the supervisor at the off-campus facility to make the final decision regarding accepting the student. Off-campus supervisors generally require an on-site interview with the student prior to making that decision.

It is unrealistic to expect that you will spend 100% of your time in direct client contact at any placement. Other professional activities include: orientation/observation, review of client charts and records, weekly meetings with your supervisor, required paperwork and reports, case staffings, meetings with other professionals, and written or verbal self-evaluation. Although these hours may not be counted toward the required 375 practicum hours, they are necessary and important components of a practicum experience.
your off-campus facility rather than the UNH Spring Break week if the two are different. You must discuss and resolve any possible scheduling conflicts with your off-campus supervisor before beginning the placement.

The time commitment for off-campus placements during the Fall and Spring Semesters is variable according to each setting. During the academic semester, students should expect to commit a minimum of three full days to a public school placement and three-five full days to a hospital or rehabilitation facility. If schedules allow, some students elect to commit more than the minimum required in order to obtain additional hours and experience. In fact, if you do not have practicum hours from your undergraduate program, additional time in the off-campus practicums may be needed to obtain the needed 375 practicum hours needed for ASHA Certification. The last required day for off-campus practicums is the last day of classes during the Fall and Spring Semesters. Some off-campus supervisors prefer (and may even require) that you stay beyond the end of the University semester in order to assure consistency of service to their clients. Be sure you address this issue with your supervisor and determine mutually acceptable ending dates for the practicum.

During the summer, many placements are scheduled on an intensive basis (4-5 days per week) but for a fewer number of weeks (8-10 weeks as compared with the full 15 week semester.

### Procedures for Off-Campus Practicum Requests and Assignments

1. Sometime before mid-semester, you will receive a memo from the Director of Clinical Programs asking you to indicate your choices for an off-campus Practicum.

2. Students review on-line database of the available placements and a description of the sites with respect to population served, schedule and previous coursework expectations, etc. Be sure to note the requirements of the setting and determine if your background meets those expectations. Many setting require immunization records, fingerprinting, background checks, CPR/First Aid certification and some now require drug testing. You must be able to fulfill these requirements. You may also find it useful to talk with other students who have had a previous placement at that facility.

3. Students submit Request for Off-Campus Practicum Assignment indicating first, second and third choices for placement to the Director of Clinical Programs. A Graduate Clinician Information Form is also completed and submitted and this will be forwarded to your off-campus supervisor.

4. The Director of Clinical Programs reviews all requests and determines most appropriate off-campus site for each student. The factors considered when recommending a student to a facility include the following:
5. Responsibilities of the practicum
observation
written preparation (plans/logs/notes/SOAPs/other reports)
review of folders/charts/files
participation in team meetings/staffings
special project
Cancellation Policy (snow, illness)

6. How frequently you will meet with the supervisor for planning and
coordinating services (weekly, daily).

6. Possibility of scheduling a day or more of observation before practicum
formally begins.

Visits to Off-campus Site by University Liaison

The Director of Clinical Programs will visit your off-campus practicum site once
during the semester. The purpose of this visit is to meet with the on-site
supervisor to review your clinical performance in that setting. Some on-site
supervisors prefer that the student is present for the meeting. Others wish to meet
with the University Liaison individually. Generally, the visit does not include
observation of your clinical work as we are not familiar with the clients you are
seeing or their needs. However, if direct observation is requested by the on-site
supervisor or student, that can be arranged. The Director of Clinical Programs will
contact you prior to the scheduled visit to discuss your perceptions of the
practicum and if there are any issues you feel need to be raised at the meeting.

It is important to maintain open and consistent communication with your on-site
supervisor. Should you encounter any difficulties in your off-campus practicum,
first inform the Director of Clinical Programs. Attempt to resolve problems with
your off-campus supervisor by identifying issues and discussing possible
solutions in a non-defensive manner. If problems persist and the situation
warrants, the Director of Clinical Programs will intervene. The success of each
off-campus practicum experience is determined by your planning, active
participation, cooperation and interest.

Evaluation of Clinical Performance in Off-Campus Settings

Your off-campus supervisor will be asked to complete a written evaluation of
clinical performance and review with you at the mid and end point of the
semester. Off-campus supervisors are asked to recommend a grade for your
clinical practicum. If you have been involved in multiple off-campus clinical
practicums and the supervisors involved recommend different grades, their
individual recommendations will be pro-rated based on the number of practicum
hours you obtained under their supervision.

Obtaining Practicum Hours while Working in a Paid Position
See Policy Regarding Paid Practicum in Appendix.
APPENDICES
and
SAMPLE FORMS
Policy Regarding Paid Practicum for MS Program

Introduction

In December 1995, ASHA’s Legislative Council passed LC 12-95 which rescinded an earlier regulation prohibiting students from being directly reimbursed for the provision of services to be counted for clinical practicum hours. Such services would need to be directly observed at the minimum levels identified by the Educational Standards Board (25% for treatment and for diagnostics). Although the concept of “paid practicum” was approved by this action, ASHA noted that is “does not affect the right of speech-Language and audiology departments in universities and colleges to develop their own guidelines or restrictions (including prohibition relative to students being in paid clinical practicum settings. This document describes the UNH Department of Communication Sciences and disorders policy on this issue. This policy will be reviewed on a yearly basis.

UNH Policy

Practicum hours may be accrued when working in a paid position as a Speech Clinician when the following conditions are met and approved by the Director of Clinical Programs. No Practicum hours may be obtained while working as a Speech-Language Assistant or Speech-Language Specialist.

1. The practicum site and supervisor must be approved by the UNH Director of Clinical Programs prior to the accrual of any hours. Supervisors must hold a current ASHA CCC in Speech-Language Pathology and have at least two years of post Master’s Degree experience.

2. Supervisors of students in paid practicum settings will agree to meet the same standards expected for supervisors of students in a non-paid practicum. These include:

a) agree to provide the minimum levels of direct observation
b) agree to meet at least weekly with the student for discussion of caseload issues and clinician performance.

c) Agree to complete written mid and final semester evaluation of clinician and discuss with graduate student
d) Submit recommended grade for the student’s practicum experience.
YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the right to:

- Request, in writing, that we limit how we use or disclose you health information, but we may not be able to comply with all requests. You may not limit the uses and disclosures that we are legally required or allowed to make.
- Request how we communicate with you and we will try to accommodate reasonable requests. For example, you may ask that we send information to you at an alternate address (for example, sending information to a campus address rather than a home address).
- Inspect and receive copies of your medical information. The request must be made in writing and there may be a fee associated with the copies provided.
- Receive an accounting of the disclosures we have made of your health information, except for disclosures for treatment, payment, health care operations, disclosures you authorize and some required disclosures.
- Correct or amend your PHI if you feel that the PHI we have about you is incorrect or incomplete. Your request must be made in writing and submitted to the center director, providing a reason for your request.
- You have the right to revoke in writing, any authorization you have given to disclose your information; but, we won’t be able to take back information we have already disclosed.
- You have the right to get this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices, and this Notice and to make the new practices effective for all your information including information we already have about you. Revised notices will be posted in our waiting room and offered to clients at the beginning of each clinic semester.

TO EXERCISE YOUR RIGHTS OR FILE A COMPLAINT

If you have questions about this Notice, would like to exercise your rights, or wish to file a formal complaint regarding privacy of your health information, you may contact the Director of Clinical Programs at:

Phone: (603) 862-2901
Fax: (603) 862-4511
Address: Hewitt Hall, 4 Library Way
Durham, NH 03824

All complaints will be investigated and you will not be penalized for filing a complaint.
In addition to contacting the Director of Clinical Programs listed above, you may also file a complaint with the federal government. Contact:

Secretary of Health and Human Services
200 Independence Ave. SW
Washington, D.C., 20201

Please Note: These practices follow many of the privacy rules found in the federal Health Insurance Portability and Accountability Act of 1996 and its applicable regulations. UNH Speech-Language-Hearing Center is not a covered entity under HIPAA and therefore is not legally bound by this specific legislation. We have chosen to adopt many of the privacy measures advocated under HIPAA as an extension of our commitment to protect the confidentiality of your health information. These practices should not be interpreted as creating contractual rights and we reserve the right to make changes in these practices at any time without prior notice.
(Please note where you think you fall for each client you have been assigned this semester).

Evaluation/feedback  Transitional  Self-Supervision

5. Describe your comfort level in working with various age groups, i.e., preschool, school age, adults.

6. On a scale of 1-5, with 1 being “extremely uncomfortable” and 5 being “extremely comfortable”, how would you feel about your supervisor doing the following:

a. coming in to your session unannounced to demonstrate something.  
1  2  3  4  5

b. calling you out of your session to provide suggestions  
1  2  3  4  5

c. videotaping a portion of your session to watch in a group conference  
1  2  3  4  5

d. asking you to discuss your clients in seminar  
1  2  3  4  5

e. co-treating with your supervisor in a given session on a pre-arranged basis  
1  2  3  4  5

f. asking your supervisor for more support in any area.  
1  2  3  4  5

7. At this point, do you have a preference in how you receive feedback (i.e., written, verbal, combination)?
### Hand-written or computer-generated?

- Yes, please consult with your supervisor regarding procedures.

### Placement?

- Do we complete Growth Plans for our off-campus students?

### Christmas Vacation

- Where do I find Growth Plans forms?

### Summer:

- To refer to during the semester, submit your Growth Plan to your office. Keep a copy for yourself and submit a copy to each of your supervisors. Some of the areas you identify as needs for growth may need to be reviewed by your supervisors.

### What do I do with the Growth Plans?

- If you are in an on-campus placement, after receiving your plan, update each growth plan with your name. If you are in an off-campus placement, submit a copy to each of your supervisors.

### Focus on:

- How do I begin to think of particular skills to focus on?

### Areas of Targeted Growth

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<th>Area or Skill</th>
<th>Semester</th>
<th>She:</th>
<th>Supervisor(s) Initials</th>
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**Challenged Growth Plan**

**VH Speech-Language-Hearing Center**
VIDEO ANALYSIS PROCEDURES

Graduate clinicians in on-campus clinical practicum are required to complete two self-analysis per semester of a clinical session you conducted. For this self-analysis, you should focus on and comment about your clinical management skills rather than focusing exclusively on the responses made by the client. The procedure for the video analysis is described below.

View the entire session, writing down observations about the session as you go. Provide a written response to each of the items below.

1. Identify three positive things about your performance in the session and explain why you felt your performance was positive.
2. Identify three things about your performance you would liked to have changed and explain why and how you would go about making those changes.
3. Identify two things about the session that surprised you and explain why.

Explain what (if any) changes in subsequent sessions this self-analysis has prompted you to make and how you plan to implement those changes.

Submit your self-analysis to the supervisor for the session you analyzed.
CASE PRESENTATION – FALL/SPRING SEMESTERS
GUIDELINES FOR CLINICIANS

Choose one of the clients you are seeing and prepare a Case Presentation according to the following guidelines. You should review your presentation with your supervisor at least 2 weeks prior to your presentation in the Practicum Seminar. You should supplement your discussion with a 1-2 minute video clip of a therapy session with this client (Please be certain that the client you choose for this requirement has signed the audio/visual/observation release form). This presentation is designed to help you become comfortable and skilled in presenting information to an audience in an organized fashion. An additional goal is to present information in a manner that allows the listener to easily process and understand the content presented. Please be sufficiently familiar with the material so you can present your information in a discussion format rather than reading from a prepared text.

You should prepare a one page summary for your presentation following the outline below. Bullet important points under each of the categories noted (We will not be using PowerPoint for case presentations). The information should be summarized rather than lifted directly from the client’s Treatment Plan. Please be certain the font you use for the overhead is large enough to be easily read by class members. Remember the outline is to help you organize the content but should not be read aloud during the presentation.

Time Allowed: 15 - 17 minutes including 1-2 minute videotape clip and questions/discussion

Topics to Address:  

Estimated Time

1) Brief summary of Background Information relevant to current therapy, i.e., DX summary of previous TX, other… 2 minutes

2) Your goals for the semester with rationale for choices

3) Procedures/approaches you are using including how you have integrated family/caregivers/team members into TX planning and implementation 10 minutes

4) Evidence for the approach you have selected

5) Progress made to date for this semester

6) Challenges you have encountered and how you are addressing them 2 minutes

7) Questions/Discussion 2 minutes
UNH Speech-Language-Hearing Center
Infection Control Procedures

The increasing prevalence of AIDS/HIV and other infectious diseases born by blood or bodily fluids necessitates that all health-care workers to be informed about and rigorously follow infection-control precautions. Graduate Clinicians at UNH are introduced to Universal Precautions in the Ethical and Professional Issues course. This course is scheduled early in the graduate program, before clinicians begin any work with clients.

Hands should be thoroughly cleaned before and after each client either by hand washing or no-rinse antibacterial hand disinfectant (available in the Preparation Room).

Gloves must be worn for any therapy or evaluation procedure that may allow exposure to bodily substances. Use the following procedure to safely remove gloves, assuring that your hands do not contact potentially infections material on the surface of the glove:

- Peel off one glove from wrist to fingertip and hold in the remaining gloved hand
- Using the bared hand, remove second glove from the inside and tuck the first glove inside the second as it is removed
- Wash hands when completed.

Clinicians are responsible for cleaning all table tops, toys and materials that come in contact with a client’s mouth or saliva. Disinfecting wipes are found in each of the therapy rooms.

Although not required to practice at the UNH Speech-Language Hearing Center, the department encourages students to be immunized for Hepatitis B Virus (HBV). Many practicum sites and some employment settings require this immunization. If you have not been immunized, most health-care practicum sites require that you sign a waiver acknowledging that you are aware of the risk of contacting this virus in their setting but declined to receive the immunizations. The immunization consists of three injections in the arm. The second injection is administered on month after the first and the third six months after the initial dose. Students are responsible for expenses related to the immunization.
Observing Off-Campus

1. When you observe off campus, you represent the University of New Hampshire, Department of Communication Sciences and Disorders, and the American Speech-Language-Hearing Association. Please dress appropriately for the observation setting.

2. When contacting potential sites, identify yourself, your affiliation with the university, and the reason for your call.

3. Be punctual for all appointments.

4. Confidentiality issues noted above remain relevant.

5. Be prepared for the unexpected. It is not uncommon for a speech-language pathologist's schedule to change due to required attendance at a last minute meeting, clients/patients cancel, family emergencies, etc.
UNH SPEECH-LANGUAGE-HEARING CENTER
HEARING SCREENING POLICY

POLICY:
Hearing is a crucial component in speech and language development and daily communications. It is best practice to establish hearing status prior to evaluating speech and language skills or initiating speech and language therapy.
Based on ASHA guidelines, hearing and tympanometry screening are within the scope of practice of speech and language pathology and will be required of the SLP graduate students. Although the standard will be to screen all clients at the start of therapy each semester and prior to an evaluation, there may be exceptions. If a client is followed by an audiologist at another facility and documentation of updated hearing and middle ear status is provided, the on-campus hearing screening may not be required. This will be determined on a case by case basis in consultation with your supervisor. In the event that parents or a client refuse the hearing screening this will be documented in the report.

KEY COMPONENTS:
1. Client History.
2. Equipment Check
3. Otoscopic Inspection
4. Puretone Hearing Screening
5. Tympanometry
6. Reporting

PROCESS:
1. The SLP graduate student reviews ear history provided in the case history questionnaire. Consultation with the clinical audiologist is advised if there are any questions or concerns about the history reported.

2. Prior to performing each screen a listening check of the portable audiometer should be performed. This is done by listening to all the frequencies at varying loudness to ensure there is not static or obvious malfunction in either earphone.

3. Place a specula (black tip) on the otoscope, turn on and place in ear canal. You want to visualize the tympanic membrane and determine if there is any blockage i.e. wax in the ear canal. Your purpose is to determine if the ear canal is clear, anything more diagnostic is not in your scope of practice.

4. Hearing will be screened, at 500-4000Hz at 25dBHL for adults and 20dBHL for children (in the sound booth) prior to the speech and language evaluation or the start of therapy each semester. If screening in a location other than sound booth screen at 25dBHL.

Give client directions: “You will hear very soft sounds just raise your hand if you think you hear it”
Start with right or better ear (if this is known)
Get 3 responses at each frequency
Test 1kHz 2kHz, 4kHz and 500 Hz at 20 or 25dBHL for each ear.
UNH Speech-Language Hearing Center
Policy for Clients Who Use Hearing Aids or other Amplification Devices

In order for clients who utilize hearing aids or other amplification devices (i.e. FM systems) to yield the full benefit of therapy, it is important that their amplification system is working properly. The graduate clinician will assume this responsibility prior to the start of each session.

PROCEDURE:

1. Prior to initiating therapy, the graduate clinician will obtain audiological reports which will provide information about the type and degree of hearing loss and amplification. This should be reviewed with the clinical audiologist.

2. At the start of each session a listening check of amplification will be performed by the graduate clinician. The hearing aid kit needed for this is with the diagnostic tests and will be signed out as such. Instructions for the hearing aid check include:

   **Battery Check**
   - Open battery door and place in battery tester
   - Replace battery if tester indicates the battery is dead or weak
   - Batteries generally only fit one way. **Do not force the door closed**

   **Earmold Check**
   - Visually inspect the earmold for wax. If there is wax, use wax loop to remove. Wipe of any foreign material with a tissue. Check for any cracks in tubing or the mold itself.

   **Listening Check**
   - Place the tube end of the stethoscope over the earmold opening. If it is an In-the-Ear hearing aid place the stethoscope over the canal tip of the hearing aid. Turn the hearing aid on. While listening through the hearing aid say "oo, ah, ee,s, sh:mm". These sounds should be clear and there should not be distortion, hissing or crackling. Turn the hearing aid off, remove from the stethoscope and reinsert the hearing aid into the client’s ear. Make sure the hearing aid is placed correctly into the ear and turn it on.
*If you are also completing an on-campus rotation at the UNIISLHC, you have the option of completing these two requirements with a client from Krempels Center or from the on-campus Speech-Language-Hearing Center.

What time commitment is expected?
During the fall and spring semesters the expected time commitment at Krempels Center would be at least 1 day/week. During the summer term the expected commitment would be a minimum of 3 days/week. Students are also expected to attend a ½ day Krempels Center orientation scheduled at the beginning of each semester. Students may combine on-campus clinical assignments with a Krempels Center practicum during the fall and spring semesters. It is not feasible to work in both settings during the summer term, given the intensive nature of treatment programs offered at the UNH Speech-Language-Hearing Center in the summer session.

When am I eligible for a placement at Krempels Center?
You may request a placement at Krempels Center during the second year of the graduate program. (Year three for provisional students). Students should determine if other practicum and/or coursework responsibilities will allow you to commit the necessary time for the semester in which you are requesting the placement.

How many graduate students will be placed at Krempels Center?
During the fall/spring semesters, 2-4 students per day may be placed depending on available supervisory time. During the summer term, up to 3-4 students may be placed.

Is it possible to complete two rotations at Krempels Center?
Repeating a practicum rotation at Krempels Center is possible if openings are available after other interested students, who have not yet had the experience, have been scheduled. The department will carefully review your progress in demonstrating ASHA skills across the various disorder areas before scheduling a second rotation with any given population.

How can I learn more about the Krempels Center program?
Jeanne O’Sullivan is the UNH CS&D faculty most knowledgeable about the Krempels Center program. Feel free to talk with her. You could also speak with students who have completed or are presently involved in a practicum there.

How/When do I request a placement at Krempels Center?
Students will be notified via a-mail when requests are due for an upcoming semester.

How are students selected?
A faculty committee will review all requests and select students. The committee will consider the following factors in selecting students:
- Interest in setting/population
- Future employment plans
- Performance in UNH courses/practicum to date
- Needs in meeting standards required for ASHA certification
Clinician: ____________________________  Client: ________________
Date Incurred: ________________________  Amount: ________________
Supervisor Approval: ____________________
receipt must be attached
Employee’s job title: ________________________________ Position number: ________________________________

Date of hire: ____________________ Hrs/day: ______ Days/wk: ______

Was medical treatment sought? ○ yes ○ no If yes, where: __________________________________________

Will time be lost? ○ yes ○ no If yes, beginning when: ______________________________________________

Was the employee given the WC information on approved providers? ○ yes ○ no

What caused the injury/illness to occur?

For example:
- Equipment (inadequate safeguards, defective equipment)
- Environment (poor lighting, housekeeping)
- Personnel (lack of safety instruction or training, lack of skill)
- Method (procedures, materials used)

Explain In Detail the Cause of the Injury. There may be more than one causal factor for the injury.

__________________________________________________

__________________________________________________

__________________________________________________

__________________________________________________

__________________________________________________

Was the employee doing something other than his/her required duties at the time of injury? ○ yes ○ no

If yes, what, why and directed by whom: _______________________________________________________

What corrective actions will be taken to avoid recurrence of this type of accident?

List the corrective action(s) required for each “Cause of Injury” identified above.

Example: 1) Equipment was faulty a guard. Maintenance will be scheduled for equipment repair.

2) Employee was not properly trained on the use of the equipment. Supervisor will schedule another training session for this employee.

__________________________________________________

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Who will assume responsibility to ensure the above is completed? ________________________________

When will this be completed? ________________________________

Supervisor completing this form (please print): ________________________________ Phone Number: __________

Supervisor’s Signature: ________________________________ Date: ________________________________

To be completed by the supervisor

Please send copies to: Human Resources
Attn: Barbara Beaudette-Pirkle
2 Leavitt Lane
Durham, NH 03824
Fax: 862-1222

Environmental Health & Safety
Attn: Alexis Sablock
Perpetuity Hall – 11 Leavitt Lane
Durham, NH 03824
Fax: 862-9047

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Last revised 6/2005
Introduction

The Master Clinical Skills/Experience Checklist is used to document the Clinical Skills you have demonstrated during the course of your program. The Clinical Skills noted on this form are those required to be eligible for the ASHA Certificate of Clinical Competence. The Checklist is compiled throughout your graduate program. You should review your progress in relation to these needed skills each semester with your academic advisor. Additionally, you should consult with Ruth Peper, Director of Clinical Programs, and off-campus practicum coordinator regarding skills you still need to demonstrate as that need could impact placement decisions as well as the successful completion of your program of study here at UNH. At the completion of your program, the completed Checklist is reviewed and approved by the UNH Director of Clinical Programs prior to your graduation.

The Checklist is divided into specific “Evaluation” and “Intervention” skills organized across nine disorder categories of disorders. In order to meet ASHA certification requirements it is expected that you demonstrate skills in each of the specific competencies for each area of disorder. However, skills may be demonstrated by means other than direct client/patient contact, such as academic course work, labs, simulations, examinations, and completion of independent projects.

The Department curriculum is designed to provide you with opportunities to demonstrate all required skills needed to be eligible for ASHA Certification, regardless of your curriculum concentration choice. It is your responsibility to take advantage of those opportunities and complete required modules or other learning opportunities needed. Reviewing the Checklist each semester with your academic advisor can assure that you are on-track in completing program expectations.

Once completed, a copy of the Master Clinical Skills/Experience Checklist is maintained in your student file and you receive a copy for your records. Dr. Fred Lewis, the Graduate Academic Program Coordinator will confirm this form is complete prior to signing off on your ASHA application.

Procedures:

1. Carefully review the Master Checklist to become familiar with the skills you are expected to demonstrate.
2. You will maintain one Master Checklist throughout your graduate work and update it each semester.
3. For skills obtained through one-time contact with a given supervisor, e.g., hearing and kindergarten screenings, ask the supervisor to initial and sign form when the experience is obtained.
4. You will confer with your supervisor/s at the end of the semester and jointly determine which skills you demonstrated during this practicum experience. If the supervisor agrees you satisfactorily demonstrated that skill, he/she will initial and date the appropriate cell of the Master Checklist.
5. It is likely that throughout your clinical work you will demonstrate many of these skills multiple times with clients of various ages. You only need to document a skill on the Master Checklist one time. It is not necessary to document demonstration of a specific skill with clients of various ages.
6. As indicated above, once a specific skill has been demonstrated and documented, multiple entries are optional but not required.
7. Faculty instructors of graduate courses or modules at UNH will identify which skills can be demonstrated through successful completion of that course or module as well as how you will demonstrate those skills.
8. Skills demonstrated through undergraduate courses, experiences and clinical experiences may be used to meet program requirements provided you bring signed documentation from your undergraduate program, detailing the skills met.
9. Enter skills demonstrated through direct practicum work first. If open cells remain on the Master Checklist as you are completing your program, determine if those skills were demonstrated through courses or modules you have completed. The faculty member for that course/module should then initial and date the appropriate cell/s.
10. Each semester, review your progress in demonstrating these skills and consider unmet requirements when making placement requests. Consult with the off-campus practicum coordinator about skills you can likely obtain in various practicum settings.
Instructions for completion of checklist:

- Students should confer with supervisors and jointly determine which skills they demonstrated during practicum experiences. If the supervisor agrees a specific skill was demonstrated, the student enters the semester in which the experience was obtained (i.e., Fall 05) in the appropriate cell. The supervisor initials and dates that entry to verify accuracy. Identifying information for all supervisors/instructors who initial checklist should be entered on the cover page.
- If the clinical skill was demonstrated with a client from a non-majority culture or language, circle entry. Once a specific skill has been demonstrated and documentation entered into the appropriate cell, multiple entries are optional but not required.
- Clinical skills may also be demonstrated via focused coursework/laboratory or other practical experiences. Student should enter course number/semester taken and class instructors should initial cells to verify the skill was demonstrated.

Disorder Categories (As described in the Standards and Implementation for the Certificate of Clinical Competence in Speech-Language Pathology, ASHA, 2005.)

- Articulation
- Fluency
- Voice/Resonance – including respiration and phonation
  - Receptive and expressive language (phonology, morphology, syntax, semantics and pragmatics) in speaking, listening, reading, writing and manual modalities
- Hearing, including the impact on speech and language
  - Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding: orofacial myofunction)
  - Cognitive aspects of communication (attention, memory, sequencing, problem solving, executive functioning)
  - Social aspects of communication (including challenging behavior, ineffective social skills lack of communication opportunities)
  - Communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies)
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<thead>
<tr>
<th>Standard IV C.3 Intervention</th>
<th>Articulation</th>
<th>Fluency</th>
<th>Noise</th>
<th>Receptive &amp; Expressive Language</th>
<th>Hearing</th>
<th>Swallowing</th>
<th>Cognitive Aspects</th>
<th>Social Aspects</th>
<th>Communication Modalities</th>
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<td>a. Develop setting appropriate intervention plans with measurable and achievable goals that meet clients' needs. Collaborate with clients and others in the planning process.</td>
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<td>b. Implement intervention plans.</td>
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<td>c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.</td>
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<td>d. Measure and evaluate clients' performance and progress.</td>
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<td>e. Modify intervention plans, strategies, materials or instrumentation as appropriate to meet the needs of clients.</td>
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<td>f. Complete administrative and reporting functions necessary to support intervention.</td>
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<td>g. Identify and refer clients for services as appropriate.</td>
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# Clinical Practicum Summary
## University of New Hampshire
### Communication Sciences and Disorders

**Student:**

**Semester:**

**Practicum Site:**

**Off-campus, please circle one:**
- Ed. Preschool
- Ed. Elem
- Ed. High School
- Private Practice
- Rehab/Hospital
- Other (describe)

**Supervisor(s) Name:**

**Key:** (P) = Preschool (S) = School Age (A) = Adult (G) = Geriatric

- (0-5 yrs)
- (6-17 yrs)
- (18-64 yrs)
- (65 + yrs)

# All clinical hour entries must be completed in ink. Do not use whiteout.

## Articulation:

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<tr>
<th>Observation</th>
<th>Prev/Evaluation</th>
<th>Treatment</th>
<th>Supervisor Initials</th>
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## Fluency:

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## Voice: voice and resonance, including respiration and phonation

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## Language: receptive and expressive language (phonology, morphology, syntax, semantic, and pragmatics) in speaking, listening, reading, writing, and manual modalities

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## Dysphagia: swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial malfunction.)