HANDBOOK OF CLINICAL POLICIES AND PROCEDURES

NORTHERN MICHIGAN UNIVERSITY

MASTER OF SCIENCE IN SPEECH-LANGUAGE PATHOLOGY

2026-2028

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The Master of Science in Speech-Language Pathology Program at Northern Michigan University has been accepted as a candidate for accreditation by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA), 2200 Research Boulevard #310, Rockville, Maryland, 20850, 800-498-2071 or 301-296-5700. Candidacy is a “pre-accreditation” status with the CAA, awarded to developing or emerging programs for a maximum period of 5 years.

Contents

Section 1: Introduction and Overview

Welcome!

Welcome to Northern Michigan University's Master of Science in Speech-Language Pathology (NMU MS-SLP) program! The faculty and staff have worked together to create a clinical education program to develop you into the future Speech-Language Pathologist you desire to be. The NMU MS-SLP was designed with stimulating coursework to challenge your analytical, problem solving and creative skills to prepare you for the clinical opportunities within our NMU Speech-Language-Hearing Clinic as well as in off campus placements.

The purpose of this handbook is to guide your understanding of our expectations and to provide you with resources for clinical policies and procedures. The Appendices provide you with forms and additional information. You are required to review all information contained in this handbook. We rely on your feedback to resolve any issues or concerns you may encounter with any aspect of your clinical experiences, including access to materials, placements, policies and procedures, and equipment. The Director of Clinical Education welcomes you to express any compliments, suggestions, or concerns at any time.

We are excited to provide you with a variety of clinical opportunities allowing you to learn and grow over the next two years!

Sincerely,

Diane Jandron, M.A., CCC-SLP
Director of Clinical Education

Codes of Ethics

All student clinicians are responsible for reading American Speech-Language-Hearing Association's (ASHA) Code of Ethics. The Code educates professionals in the discipline, as well as student's, other professionals, and the public, regarding ethical principles and standards that direct professional conduct. As you begin clinical practicum, it is essential that you recognize the ethical obligations that you have assumed in regards to clients and their families. Violations of clinical conduct will be brought before the Program Director.

Student clinicians should also be aware that individual states may have a code of ethics in statute or regulation. Michigan Speech-Language and Hearing Association's (MSHA) Bylaws and Code of Ethics should be reviewed by student clinicians.

ASHA's Scope of Practice

ASHA's Scope of Practice in Speech-Language Pathology document is an official policy defining the breadth of practice within the profession of speech-language pathology. Students are encouraged to read the Scope of Practice.

2020 Standards and Implementation Procedures

The 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) went into effect on January 1, 2020 and did include some changes from the previous standards. Students are responsible for reviewing the standards and are ultimately responsible for ensuring that they meet the requirements for certification.

Americans with Disabilities Act (ADA) Policy

This policy specifies the University's ADA accommodations and adjustments for its faculty, staff, and students; it can be found here: ADA/Section 504 Non-Discrimination Policy Northern Michigan University.

Northern Michigan University's Non-Discrimination Policy

This policy specifies the University's ADA accommodations and adjustments for its faculty, staff, and students; it can be found here: Non-Discrimination Policy Equal Opportunity.

Non-Standard Dialect

In the MS-SLP program, inclusiveness and acceptance of diversity is extended to practitioners and students from culturally and linguistically diverse populations who may not speak Mainstream American English (MAE). In cases where a student has an accent and/or dialect, the MS-SLP Program references ASHA's position statement, Students and Professionals Who Speak English with Accents and Nonstandard Dialects: Issues and Recommendations.

Reasonable Accommodations

Students who have a need for disability related accommodations or services, should inform the Coordinator of Disability Services Office at 2101 C. B. Hedgcock (906) 227-1737. Reasonable and effective accommodations and services will be provided to students if requests are made in a timely manner, with appropriate documentation, and in accordance with federal, state, and University guidelines.

Structure of Clinical Practicum

Fall 1:
SL 561 – Clinical Practicum (Clinic). For clinical practicum, all student clinicians will complete a part-time, supervised placement at Northern Michigan University NMU Speech-Language-Hearing Clinic. Clinical placements will generally target pediatric experiences, though other experiences may occur. Diagnostic opportunities may take place in the on-campus clinic.

Winter 1:
SL 561, SL 563, SL 565 – Clinical Practicum (On Campus Clinic, Educational or Other). Clinical practicum opportunities will continue to occur in the NMU Speech-Language-Hearing Clinic as well as community sites on a part-time basis. Students can expect to take on a greater load than in Fall 1. Diagnostic evaluations will focus on full pediatric and adult evaluations. Students will not participate in an evaluation each week. Diagnostic opportunities may take place in the on-campus clinic or at a community site.

Summer 2:
SL 564 or SL 565 – Clinical Practicum (Medical or Other). For clinical practicum, student clinicians will complete a part-time placement at a community site, again increasing the clinical load compared to prior semesters. Students can anticipate spending approximately 6-8 hours, 2-3 days per week on site. Site placement will be assigned based on each student clinician's needs in regards to competencies and hours, student preferences, and available opportunities. Medical placements are targeted during this placement.

Fall 2:
SL 563, SL 564 or SL 565 – Clinical Practicum (Medical, Educational, or Other). For clinical practicum, student clinicians will complete a part-time placement at a community site, again increasing the clinical load compared to prior semesters. Students can anticipate spending approximately 6-8 hours, 2-3 days per week on site. Site placement will be assigned based on each student clinician's needs in regards to competencies and hours, student preferences, and available opportunities.

Winter 2:
SL 566 – Externship in Speech-Language Pathology. Students will complete a 12-16 week long, full time externship at a community site. Students will work up to carrying their supervisor's caseload by the end of this experience. This may also be completed in a different region to allow for experiences desired by the student.

*If students are planning for a practicum placement in a different region the student will be responsible for notifying the Director of Clinical Education, at a minimum, six months in advance. It should be acknowledged that earlier notification may be beneficial in securing a site. The student is responsible for initiating contact with the site.

By graduation, student clinicians must be able to document attainment of at least 375 clinical clock hours of supervised clinical experience in the practice of speech-language pathology and 25 observation hours. Up to 75 of the direct contact hours may be obtained through clinical simulation. The clinical practicum experiences will provide students opportunities specified in AHSA's 2020 standards.

Across clinical experiences, all students are supervised a minimum of 25% of the time they are working with clients and the supervision may exceed this number. All supervisors are licensed and ASHA certified, and will have been verified by the Director of Clinical Education to have met the 2020 standards for supervision. The Director of Clinical Education will verify this information by using ASHA's "Verification of ASHA Certification" site. State license verification will also be completed by primary

source by using the State License Verification site. Clinical placements are at the discretion of the Director of Clinical Education and will be assigned in such a manner so that student clinicians are able to gain experience across ASHA's "Big 9" competency areas. Students are encouraged to keep an ongoing detailed record of their clinical experiences, including populations served, tests administered, evidence-based treatments utilized, training completed/certifications earned, etc. This record should be updated at the conclusion of each semester at the very least.

Process of Determining Placements

In fall of the first year, student clinicians complete a Placement Request form. This form includes opportunity for a student to indicate the types of populations they ultimately hope to work with after graduate school (if known), specific sites requested, willingness to travel and/or requests for geographical areas for full-time placements, as well as the anticipated city of residence during the student's session 2 of the summer semester and second winter. SLP faculty who are familiar with the student clinicians' clinical and academic skills will also be asked to provide the Director of Clinical Education with the input regarding placements. In some cases, students may be asked to assist in the process of securing a placement; however, students should not contact community sites for a placement unless directed to do so by the Director of Clinical Education.

The Director of Clinical Education seeks a balance of experience for all students, and ultimately, placements depend on a site's ability to accept a student for a given semester. Additionally, some placements must be earned by a student clinician based on a resume and/or an interview that the sites themselves conduct. Therefore, while attempts are made to accommodate each student's s needs and preferences, this is not always possible.

The Placement Request form can be found in the Appendix II of this handbook.

Section 2: Clinical Policies and Procedures

Brief descriptions of the MS-SLP Clinical Policies and Procedures, as well as selected Northern Michigan policies relevant to the School of Clinical Sciences that are particularly important for our clinical experiences, can be found starting on page 15. Students should familiarize themselves with the full policies, which are found online at the links provided, and for the NMU Speech-Language-Hearing Clinic policies in the Appendix of this handbook. Students should also familiarize themselves with the Program policies that are found in the MS-SLP Handbook of Academic Policies and Procedures. Any questions regarding Clinical Policies and Procedures are to be directed to the Director of Clinical Education.

COUNCIL ON ACADEMIC ACCREDITATION POLICIES

Council on Academic Accreditation Complaint Procedures Policy
Council on Academic Accreditation Complaint Policy #1002
This policy outlines the Council on Academic Accreditation complaint procedures. Any individual (s) may submit a complaint about any accredited program or program in candidacy status.

COLLEGE AND UNIVERSITY POLICIES

Biosafety / Bloodborne Pathogens Policy
NMU MS-SLP Program Policy #3001
This policy informs graduate students of the requirements for compliance with bloodborne pathogen standards.

NMU MSSLP PROGRAM POLICIES

Criminal Background Check Policy
NMU MS-SLP Program Policy #2010
This policy informs students regarding the criminal background check required for clinical placements.

Immunizations Policy
NMU-MS-SLP Program Policy #2011
This policy provides students with details regarding required immunizations for clinical placements.

Cardiopulmonary Resuscitation (CPR) Policy
NMU MS-SLP Program Policy #2012
This policy outlines the CPR certification required.

Drug Screening Policy
NMU MS-SLP Program Policy #2013
This policy informs students of the required drug screen upon admission to the program.

Professional Liability Insurance
NMU MS-SLP Program Policy #2015
This policy informs students of the NMU liability insurance plan while participating in an educational activity.

NMU MSSLP CLINIC POLICIES

Confidentiality Policy
NMU MS-SLP Clinic Policy #2001
This policy outlines the strict guidelines regarding patient information, including computer access, security and documentation, and confidentiality.

Cancellations and Tardy Clinic Clients Policy
NMU MS-SLP Clinic Policy #2002
This policy outlines the guidelines students should follow when a client is tardy or cancels a session.

Clinical Clock Hours Policy
NMU MS-SLP Clinic Policy #2003
This policy describes the criteria in which previously earned clinical clock hours may be counted toward the 400 minimum required by ASHA.

Client Files Policy
NMU MS-SLP Clinic Policy #2004
This policy details the guidelines that students must follow when handling confidential client files and when working in the electronic medical record.

Client Gifts and Gratuities Policy
NMU MS-SLP Clinic Policy #2005
This policy informs students on gifts and gratuities that are not to be accepted from clients and families.

Clinic Materials Checkout Policy
NMU MS-SLP Clinic Policy #2006
This policy instructs students on the proper procedure for checking out the program's clinical materials.

Clinician Absences and Cancellations Policy
NMU MS-SLP Clinic Policy #2007
This policy outlines the guidelines for what a student should do if ill when they have a clinical obligation.

Injury in Clinic Policy
NMU MS-SLP Clinic Policy #2008
This policy provides information on how to report and document an injury to a client or student clinician if it occurs during the course of client-care affiliated with NMU's MS-SLP program.

Locked Areas Policy
NMU MS-SLP Clinic Policy #2009
This policy alerts students to be aware that certain areas within the NMU Speech-Language-Hearing Clinic are locked to protect client privacy, and details what students can/cannot do in regards to accessing these areas.

Observation Policy
NMU MS-SLP Clinic Policy #2010
This policy outlines the guidelines that all students must follow in regards to observation of clinical sessions.

Cleaning of Rooms and Materials Policy
NMU MS-SLP Clinic Policy #2011
This policy outlines the specific cleaning procedures that all students are to follow within the clinic and when using clinic materials.

Process of Determining Clinical Placement Policy
NMU MS-SLP Clinic Policy #2012
This policy provides information on the procedures that the Director of Clinical Education follows when assigning clinical and diagnostic placements.

Professional Attire Policy
NMU MS-SLP Clinic Policy #2013
Students are to dress professionally and wear their name badge for all clinical activities. This policy provides additional information in regards to guidelines for professional dress and presentation.

Punctuality Policy
NMU MS-SLP Clinic Policy #2014
This policy informs students of the importance of punctuality as it relates to the practicum experiences.

Recording Sessions Policy
NMU MS-SLP Clinic Policy #2015
This policy details the guidelines students must follow when accessing and handling recorded clinical sessions.

Socializing with Clients Policy
NMU MS-SLP Clinic Policy #2016
This policy informs students on various guidelines related to socializing with clients.

Supervision Policy
NMU MS-SLP Clinic Policy #2017
This policy informs students about the supervision that will occur throughout their clinical and diagnostic practicum experiences.

Test/Materials Checkout and Reservation Policy
NMU MS-SLP Clinic Policy #2018
This policy details the procedures students must follow when reserving and checking out the program's tests.

Verification of Clinical Experiences Policy
NMU MS-SLP Clinic Policy #2019
This policy specifies procedures that students must follow for recording their clinical clock hours, as well as detailed procedures that the Director of Clinical Education follows to track and verify hour attainment for each student.

Client Dismissal Policy
NMU MS-SLP Clinic Policy #2020
Clients may be dismissed from speech-language services at the Northern Michigan University Speech-Language Hearing Clinic if one or more of the procedural indicators is demonstrated.

Referrals and Waitlist Policy

NMU MS-SLP Clinic Policy #2021

This policy details the procedures followed in regards to scheduling prospective clients for various clinical activities, and includes information on referrals and creation of a waiting list.

Professionalism in Academic and Clinical Experiences Policy

NMU MS-SLP Clinic Policy #2022

This policy informs students of how professional behaviors will be tracked through the duration of the program.

NMU Speech-Language-Hearing Clinic Privacy Policy NMU

MS-SLP Clinic Policy #2023

This Policy details describes how medical information about our patient/clients may be used and disclosed and how they can obtain access to this information.

Section 3: Record Keeping and Reporting

FERPA

NMU abides by the guidelines defined in The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) which is a Federal law that protects the privacy of student education records. Privacy of information provided by the student and family will be maintained. Information from the student's file will not be released to anyone other than university staff without a written release. Further information can be found at Family Educational Rights and Privacy Act (FERPA)

HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulates protection and privacy of certain health information. Each student clinician must successfully complete HIPAA training and assessment prior to accessing clinical files or participating in any type of clinical client contact.

EMR Overview

The MS-SLP program utilizes ClinicNote for the electronic medical record (EMR). All documentation of clinical activity that takes place within the NMU Speech-Language-Hearing Clinic will be completed securely in the EMR. Student clinicians are not permitted to access the electronic records of clients for whom they are not treating. Please refer to the HIPPA, FERPA, and Confidentiality policies within this handbook for information on following privacy guidelines. Students are allowed to document on campus, in the clinic only, through a specified IP address assigned to the EMR.

VALT Overview

The MS-SLP program utilizes VALT software for video recording of diagnostic and clinical sessions. This offers student clinicians a valuable learning tool to go back and watch a session. To access the VALT system, students must be in specified locations within the NMU Speech-Language-Hearing Clinic, and permissions are restricted to only allow viewing of specific sessions.

Students may not download videos. Keep in mind that the policies on HIPPA and Confidentiality apply to use of the VALT software. Students are allowed to access VALT on campus, in the clinic only, through a specified IP address.

Report Formats

Templates for evaluation reports, sessions SOAP notes, treatment plans, progress reports, and discharge summaries can be found in the EMR. Student clinicians in a clinical placement at an off-campus site will document according to the preferences of that site.

SOAP Note Format

SOAP notes are a common format for documentation, and though documentation procedures will generally be guided by the site placement, student clinicians should be comfortable documenting in this manner. SOAP stands for:

S: Subjective – Describe relevant client behaviors or status which may have influenced performance that session. Report any discussions or education provided to family or caregiver.
O: Objective- Record objective data collected for each task during the session.
A: Assessment- Interpret data collected for the current session and compare to the client's previous levels of performance.
P: Plan- Identify proposed therapy targets for the next session; report any changes or adjustments made to the plan of care.

Shredding

Per confidentiality guidelines, all notes and papers containing sensitive data are to be shredded as soon as they are no longer needed. Notes about a client should either be kept in the client's soft file in the locked cabinet, or placed in the designated shred containers within the NMU Speech-Language-Hearing Clinic. A client's name should never be used on datasheets or observation notes from supervisors; rather, the client's assigned number should be used. These notes should be shredded once no longer needed.

Storage containers designated for shredding shall be placed in no-public locations throughout the clinic and administrative space. Student clinicians can shred their own papers, or may leave papers in these specified shred bins. The Administrative Assistant will periodically shred all papers placed within these designated bins.

Please refer to Northern Michigan University's policy on Management of Electronic Records for further information.

25 Hours of Guided Observation

Before beginning the MS-SLP program, each student must have 25 hours of guided observation completed and documented. If lacking hours, the SimuCase Guided Observation Program will be the means of obtaining hours to meet the 25 hours of guided observation requirement. Questions regarding the guidelines can be directed to the Director of Clinical Education.

Students should follow these guidelines to satisfy the guided observation requirement:

- Sign up for a SimuCase account.
- Select and watch each video in Interactive Mode and answer the questions.
- Students should watch each video all the way through for a completed record to show up on the SimuCase transcript.
- Once 25 hours of observation are complete, the student should participate in a guided discussion Zoom webinar.
- Submit SimuCase transcripts and certificate of participation to the Director of Clinical Education.

Section 4: On-Campus Practicum Experience

Clinical Assignments

On-campus clinical assignments may include individual or small group therapy and/or assignment to a support group. Please note that therapy and groups offered may change as the program continues to develop, and based on the needs of the community.

Clinical Simulation

Throughout the duration of the program, students may also be assigned simulated evaluation and intervention cases to be completed on Simucase. These simulated clinical experiences offer valuable opportunities to gain additional clinical knowledge and practice as well as target low- incidence populations.

Meeting with Supervisors

As part of the practicum experiences, student clinicians will meet with their supervisors on a basis determined by the supervisor and the placement. It is likely that meetings will be more frequent early in the program and each semester, and decrease as a student progresses through the program and through a semester. These meetings can address development of a therapy plan, session preparation, evidence-based practice, strategies for working with clients, professionalism, problem solving, self-reflection, etc. Student clinicians are encouraged to do their best to research and work through a question first before meeting with a supervisor. Supervisors may meet with student clinicians individually or in small groups. Student clinicians are encouraged to discuss any clinical issues with their supervisor(s).

Client Check-In and Waiting Room

Upon their arrival to the Clinic, clients will check in for the session in the front office area. Student clinicians are to be near the waiting room when they anticipate a client's arrival, and must wait nearby if a client is tardy. NMU student clinicians, faculty, and staff must all work together to ensure that the waiting room is a confidential, clean, and inviting place for our clients and families. Discussions of progress or session events are not to occur in the waiting room or hallways. Student clinicians are to alert someone on staff, or the Director of Clinical Education, if you notice an issue with cleanliness of the waiting area.

Clinic Rooms

Diagnostic sessions and therapy sessions will be assigned a clinic room. Check the clinic schedule for information on which room your session is assigned to and do not change rooms without permission from your clinical supervisor. Clinicians are not to have their own food or drinks in the therapy sessions with the exception of water. Only food or drink that is to be used during therapy is permissible. Student Clinicians are to avoid having personal cellular phones in the sessions; if an electronic device is needed for time-keeping, use of a time, etc. in the session, students utilize one of the department's iPads which are kept in the Clinic Office storage area. Timers are also available.

Maintenance of Equipment

Certain pieces of clinical equipment require consistent maintenance. The portable audiometers, the booth audiometer, and tympanometer require check and calibration at least every twelve months. Kay PENTAX

will be contacted as needed for voice equipment and FEES equipment. Efforts will be made to schedule this maintenance during low-usage times, and when possible, students and faculty will be given advance notice of when these items will be unavailable.

Telepractice Graduate Supervised Clinical Practicum

At the discretion of the graduate program and when permitted by the employer/practicum site and by prevailing regulatory body/bodies—and when deemed appropriate for the client/patient/student and the applicant's skill level—the applicant may provide services via telepractice. The clinical educator/supervisor who is responsible for the client/patient/student and graduate student should be comfortable, familiar, and skilled in providing and supervising services that are delivered through telepractice. Provided that these conditions are met, telepractice may be used to acquire up to 125 contact hours, in addition to those earned through guided clinical observations (25 hours) or on-site and in-person direct contact hours (250 hour minimum).

NMU Speech-Language-Hearing Clinic uses Zoom, a HIPAA-compliant platform. Students are supervised by an NMU clinic supervisor who is ASHA-certified and licensed in the state where the client is located while receiving services.

Telepractice with Telesupervision

- Multiple students may participate in the same telepractice session. Each participating student may count the full session in direct care with the patient/client/student/caregiver toward the completion of their clinical practicum. Program and clinic directors have the authority to determine how many students can appropriately take part in an online teletherapy session with one client, keeping quality patient care, safety, and optimal clinical education in mind.
- Clinical educators may supervise more than one telepractice session concurrently, provided they (a) are available to assist the graduate clinical 100% of the time for each session and (b) provide a minimum of 25% direct supervision of the total contact time with each client/patient similar to in-person supervision requirements.
- Programs must carefully consider which clients/patients are appropriate for telepractice. As always, programs must adhere to all local, state, and federal policies.
- In-person therapy visits: If there are two speech-language pathology graduate student clinicians who are actively engaged with one client/patient during a session, each student clinician may count the entire time spent with the client/patient toward their minimum supervised clinical practicum hours.

Section 5: Offsite Clinical Practicum Experiences

Goals of the Experience

The MS-SLP offsite clinical experiences are intended to provide student clinicians with challenging, real-world opportunities to develop their clinical skills and independence while also working to meet therapeutic needs in the surrounding community. It is intended that students will feel supported both by their assigned supervisor(s) as well as the Director of Clinical Education as they progressively take on clinical duties in their placement(s). By working with a variety of supervisors from the program and the community over the course of the graduate semesters, students are exposed to varied approaches and philosophies to professional practice in the field of speech-language pathology. The immersive nature of offsite placements also provides authentic opportunities for interaction with, and learning from, professionals in related disciplines. With all sites who host a student clinician, the Director of Clinical Education will complete at least one site visit per semester, either virtually or in-person depending on need, Supervisor's and site's preferences, and geographical location. Additionally, student evaluations of supervisors and site effectiveness will be collected and used to evaluate the effectiveness of the clinical education provided at each active site. Affiliation agreements are required for participation with off-campus clinical partner sites.

Minimum Requirements

Student clinicians must provide documentation of health insurance, immunization history, tuberculosis testing (TB testing), drug testing, background check, and CPR certification prior to their first fall clinical rotation. Student clinicians need to obtain BLS Provider CPR certification. Student clinicians need to complete Bloodborne Pathogen Training. The program is utilizing CastleBranch for compliance tracking. Some sites specify certain coursework or other requirements to be completed prior to placement. If a student clinician is assigned to a placement where they will work with clients with disorders for which coursework has yet to be completed, the student may be required to complete assigned reading(s) and/or complete a learning module with an overview of the relevant disorder type(s) and/or placement, with 85% pass rate required for in-module questions. Additionally, whenever possible students will be given the opportunity to interact with relevant equipment prior to using it with clients. Supervisors will be made aware before the placement begins if a student clinician has not yet completed relevant coursework; in some instances, it may be appropriate for the student clinician to exclusively observe the supervisor.

Please see Section 6, below, as well as the MS-SLP Handbook of Academic Policies and Procedures regarding probation procedures.

Part-Time Placements

During first fall, first spring, and second fall semesters, student clinicians will be assigned a part- time clinical placement. Some of these placements are in the community. Transportation may be required and policy indicates that placements may be up to one hour away from The NMU Speech-Language-Hearing Clinic. Student clinicians will take on caseloads and responsibilities commensurate with their progression through the program. Refer to Section 1: Structure of Clinical Practicum, for more details.

Full-Time Externships

In the second winter semester, student clinicians are at their clinical placement full-time. There are no in-person didactic classes during these full-time externships, therefore these placements could take place nationwide. If a student is able to live with family or friends outside of the Marquette area during a full-time externship, this should be communicated to the Director of Clinical Education on the Placement Request form, as it may open up additional placement opportunities. Refer to Section 1: Structure of Clinical Practicum, for more details.

Participants of the Clinical Experience

The Director of Clinical Education, MS-SLP faculty, and site supervisors will work together with each student to help students develop their clinical skills throughout the clinical practicum. To ensure that the experience is successful in developing students' competence and confidence within the field of speech-language pathology, all parties must create and maintain an atmosphere of trust, open communication, and teamwork. Time must be provided for setting goals, reflecting on practice, and incorporating constructive feedback.

Section 6: Clinical Grades and Evaluation

Clinical Feedback

Student clinicians are encouraged to reflect on and be aware of their learning preferences and are encouraged to share this information with their Clinical Supervisors each semester, though it must be stressed that supervisors are not obligated to utilize this information. Supervisors typically provide informal written and/or verbal feedback on a frequent basis. If student clinicians are looking for feedback on a particular clinical skill, they should discuss this with their supervisor. Student clinicians are continually developing clinical skills throughout the duration of the program and should work to incorporate feedback and constructive criticism as it is provided. Student clinicians, you will make mistakes. It is how we all learn. Some of the best things you can do are willingly accept a supervisor's feedback, analyze your mistake, and learn from it.

Beneficial clinical feedback stems from adequate supervision. For detailed information on the MS-SLP program's procedures and guidance related to supervision, please refer to the Supervision Policy in Section 2 and Appendix II of this handbook.

Clinical Grading

Advisement for clinical education will involve the Director of Clinical Education and will occur every semester the student is in the program. The CALIPSO software program and, in particular, the CALIPSO Student Clinical Performance Evaluation cumulative evaluation form will provide documentation for clinical education, including documenting student clock hours and the achievement of knowledge and skills acquisition requirements.

The site supervisors and supervising MS-SLP faculty formally evaluate each student clinician twice a semester: at midterm and at the end of each practicum experience, using the CALIPSO© Student Performance Evaluation and a specified rating scale. The midterm evaluation is used to formally document and discuss the student clinician's progress and guide the student in any areas that need improvement. If significant concerns are expressed by any party in the clinical experience, at any point in the semester, a meeting will be held with the student clinician, supervisor, and Director of Clinical Education.

Grade	CALIPSO Rating Scale
A	4.27 – 5.00
A-	3.96 – 4.26
B+	3.65 - 3.95
B	3.34 – 3.64
B-	3.03 – 3.33
C+	2.72 – 3.02
C	2.41 – 2.71
D	2.10 – 2.40
F	1.00 – 2.09

Each semester, the clinical final evaluation guides a student clinician's clinical practicum grade. Students are evaluated on development of appropriate clinical diagnostic and intervention skills, quality of Documentation abilities, appropriate approach to clinical work, treatment planning skills, professional behavior, and communication skills, as well as attendance. Repeated or frequent unprofessional behavior(s)

may impact the student's ability to pass the placement; please refer to the Professionalism in Academic and Clinical Experiences Policy in Section 2 and Appendix II. Northern Michigan University uses letter grades that are assigned a numerical value.

NMU does not generate grade reports. Students access grades on the web at mynmu.nmu.edu

The CALIPSO© performance rating scale description can be found in Appendix II of this handbook.

Clinical Remediation Plan and Clinical Probation

The Clinical Remediation Plan (CRP) is for students who have not made sufficient progress toward meeting their competencies during a practicum experience, and/or those who have demonstrated repeated unprofessional behavior(s). There are three ways in which a student can be put on CRP: A failing score in any clinical practicum experience with associated supervisor concern, identification of the need for a CRP by the supervising faculty member(s), and after two reports of problematic issues in professional behavior.

The CRP will identify specific areas of weakness and goals will be written by the supervising faculty member(s), the Director of Clinical Education, and the student. Once a student has been placed on a CRP the following procedures will be implemented:

- Caseload expectations may be reduced
- Supervision may be increased
- Student and supervisor meetings should increase, to a frequency determined at the remediation meeting to best encourage student success
- Other faculty members may assist the primary supervisor(s) by providing additional supervision.

At the end of the semester in which the CRP was in place, another remediation meeting will be held between the student, Director of Clinical Education, and Program Director, to determine next steps. A student clinician can only be taken off of a CRP if the student meets all goals of the CRP and obtains a passing score in that semester's practicum experience(s). If a student does not meet the objectives of the CRP then the academic remediation and probation policy #2004 will be implemented.

Section 7: Documenting Clinical Hours and Tracking Knowledge and Skills

CALIPSO© Overview

The MS-SLP program uses the secure, web-based program CALIPSO© for the tracking of your clinical experiences, including your clinical competencies, clinical clock hours, clinical evaluations, and academic standards. It allows for seamless communication between a graduate clinician, supervising SLP, and the Director of Clinical Education. Student clinicians will have access to this system over the course of their graduate education and then for one year after graduation to allow and ensure access to clinical hours.

Competencies

Per the 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), competencies are sought across the lifespan and across the following areas:

- 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, including 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 (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan
- 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
- Augmentative and alternative communication modalities

Hours: What Counts and What Doesn't

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) defines one clinical practicum hour as equal to 60 minutes. When counting clinical practicum hours for purposes of ASHA certification, experiences/sessions that total less than 60 minutes (e.g., 45 minutes or 50 minutes) cannot be rounded up to count as one hour. Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward the practicum requirement.

Up to 75 hours can be obtained through approved simulation opportunities.

Preparation time (e.g., gathering or making materials, writing plans, scoring tests) and documentation time do not count toward clinical clock hours. Participation in clinically related activities such as staff meetings, does not count.

Any questions about this or discrepancies that may occur at a placement site should be brought to the attention of the Director of Clinical Education.

Daily Clinical Hours Log

Clinical clock hours should be entered into CALIPSO© daily and submitted for supervisor verification on a schedule approved by your supervisor, but not less frequently than once monthly. Weekly or biweekly is recommended. Clock hours must be signed off on by the SLP who was doing the supervision at that time. Supervisors may not sign clock hours for clinical experiences that were supervised by another individual.

Completion

Each student clinician's attainment of academic and clinical standards as well as their clinical clock hours are tracked in CALIPSO© throughout the duration of the program. Throughout your progression but especially as you near graduation, you are encouraged to check CALIPSO© for your progress toward meeting competencies and be proactive toward addressing competencies that are unmet. Students should also refer to the program completion checklist within CALIPSO©. When a student is nearing graduation and has met all clinical competencies and requirements, the Director of Clinical Education will report this to the Program Director. Students will have access to CALIPSO© for one year following completion of the program. At the time of your graduation, you will be prompted to download and archive key PDF documents from CALIPSO© for your own data retention; this is each student's responsibility.

Section 8: Risk Management

Liability Coverage
NMU MS-SLP Program Policy #2015

All NMU MS-SLP graduate students are covered by an NMU liability insurance plan while participating in an educational activity. Students may not e present at a clinical education setting outside of the assigned clinical hours without authorization from the clinical affiliate and program director.

Universal Precautions

Following universal precautions, clinicians approach infection control by treating all bodily fluids as if they ARE known to be infections. Whenever conducting client contact that may include contact with bodily fluids, all students and faculty are expected to follow standard universal precautions. Standard precautions include:

- Using barrier protection to cover/bandage cuts and wounds,
- Wearing appropriate protective equipment (gloves, gowns, masks) as needed,
- Washing hands before and after contact,
- Cleaning and disinfecting areas and equipment thoroughly (see specific procedures),
- Using caution when handling sharp objects and waste,
- Discarding contaminated materials by following biohazard procedures for disposal.

More information on universal precautions can be found here.

In the event of an exposure incident, refer to the Biosafety / Bloodborne Pathogens policy in Section 2 for additional information.

Emergency Preparedness

In the event of an emergency, dial 911. Dialing 2151 from a campus phone will reach NMU Public Safety. (This number should not be used during an emergency). In the NMU Speech-Language-Hearing Clinic, a first aid kit can be found outside of room 1527.

Weather Related Closures

If adverse weather conditions are widespread and extremely severe, designated University senior management may determine that the campus should be closed. Students are encouraged to register on NMU Notify to receive weather alerts and other emergency notifications. When the NMU campus cancels classes due to weather conditions, NMU Speech-Language-Hearing Clinic will also cancel clinic sessions.

If a clinical placement site such as a school has a cancellation due to weather, a student is encouraged to participate virtually with the supervisor if the supervisor holds virtual sessions during this time. During severe weather conditions, students, faculty, staff, and clinic clients are encouraged to use their best judgment about whether or not travel is safe for them.

Fire Alarm

Evacuate the building if there is a fire alarm. If you discover a fire, explosion, or smoke in the building, activate the nearest fire alarm and proceed to evacuate. The elevator is not to be used during a fire emergency. Direct clients and family/caregivers out of the building. Once out of the building, gather at Parking Lot #18.

Response Guidelines for an Active Shooter

Response for an active shooter situation on campus at Northern Michigan University: secure the immediate area, contact authorities, what to report, un-securing the area, and police response. For more information, please review the Response Guidelines for an Active Shooter.

Child and Adult Protective Services

Michigan state law requires any person who has reason to believe that a child is a victim of child abuse or neglect has an affirmative duty to make an oral report to Michigan Child Protective Services (CPS) 1-855-444-3911 or to their local law enforcement. Failure to report may result in criminal charges. Any suspected abuse or neglect of minors on NMU property or as part of an NMU program must be reported to the NMU Chief of Police.

A person who believes or has reason to believe an endangered adult is the victim of battery, neglect or exploitation is required to report the facts to Adult Protective Services or a law enforcement agency having jurisdiction over the endangered adult. Individuals may file a report online or by calling the state hotline or calling an APS field office. The number for the state hotline is 1-855-444-3911. https://www.michigan.gov/mdhhs/adult-child-serv/abuse-neglect/adult-ps

Section 9: Additional Information

NMU WellBeing Resources

The Health Center is located inside the WellBeing Center, which is located near The Woods residential area and Northern Lights Dining Facility. Parking is available off of Lincoln Avenue (see the campus map). We offer counseling and psychological services that facilitate students' personal development to participate more successfully in the NMU living and learning community. Hours are 8 am to 5 pm during the academic year. Summer hours are in accordance with the University schedule (Currently 7:30 am-4:00 pm). All currently enrolled students are eligible for free and confidential Counseling and Consultation services. For more information visit: https://nmu.edu/counselingandconsultation/about-us.

Attendance and Calendars

Student clinicians are expected to attend all anticipated days through the duration of each clinical placement. However, illnesses and emergencies do occur. Absences are permitted for educational activities appropriate to a clinical experience, illness, or extenuating circumstances such as a death in the family. **There are no unexcused absences allowed**. In practicum placements, students may take up to two personal days, and may take three personal days in the externship placement. These must be approved in advance by the supervisor, and should be utilized for things like medical appointments, job interviews, and significant life events rather than being considered vacation days. If a site has a different policy regarding student days off, students are to follow the policy of the site. Student clinicians may not alter their schedule according to their preferences throughout the duration of a placement. Please see section 2 of this handbook for the policy and procedures related to clinician absences and cancellations.

If a site has a closure or observes a holiday and a student's supervising SLP will not be working, the student clinician does not have to work that day. If a supervising SLP has scheduled time off, arrangements should be made for another qualified SLP to cover any necessary supervision during this time, or arrange some other activity (e.g., shadowing a different profession). If this is a frequent occurrence and another qualified SLP is consistently not available to supervise you, please notify the Director of Clinical Education.

It is acknowledged that there may be days that either NMU or your placement site may be closed due to inclement weather. Students will be excused from reporting to campus and/or the site. Hours lost are expected to be made up.

Student clinicians in part-time placement will follow the NMU calendar, with the following exceptions:

- For part-time school placements where the university's scheduled breaks differ from the site's breaks, student clinicians may be encouraged to follow their site's calendar in order to obtain optimal clock hours.
- Student clinicians who wish to work over a break if their site remains open, may work this out with the Director of Clinical Education.

Student clinicians in their full-time externships are to follow the calendar of their placement site.

Policy on Student Clinical Practice

Faculty of the NMU MS-SLP Graduate Program have a legal and professional responsibility to assure the public, other students, the university, and the profession of speech-language pathology that students can

practice safely, appropriately, and professionally in their various clinical practice settings commensurate with their educational experiences. NMU MS-SLP graduate students provide clinical services within the boundaries of the American Speech-Language-Hearing Association (ASHA) Scope of Practice and Code of Ethics, current professional standards of practice, and departmental and university policies, procedures, and protocols. This policy is written to protect the clients that our students diagnose and treat and to assure the quality of care. Students should review the **Program Dismissal Policy** - NMU MS-SLP Program Policy #2007, which informs students of the procedures related to dismissal from the program. This policy is available in the NMU MS-SLP Handbook of Academic Policies and Procedures.

Appendix I – MS-SLP Program and Clinic Policies

BLOODBORNE PATHOGEN EXPOSURE CONTROL POLICY
NMU Bloodborne Pathogens Standard Policy #3001

Purpose:
To ensure that Northern Michigan University is in compliance with the requirements of the OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations Part 1910 Section 1030. The "Compliance Officer" for Northern Michigan University is the University Safety Director (Director, Public Safety and Chief of Police).

Applicability:
All University employees, full time, part time, temporary, casual labor, students, who may incur occupational exposure to blood or other potentially infectious materials. The risk of exposure is made without regard to the use of personal protective equipment.

Policy:
It is the policy of Northern Michigan University to comply with the requirements of the Bloodborne Pathogens Standards. All employees and students, full and part, who may incur occupational exposure to blood or other potentially infectious materials are covered by this policy. Personal Protective Equipment will be provided at no cost to the student. In addition, all covered students should review the immunization policy regarding the Hepatitis B Vaccine.

Date Approved: October 10, 2024
Last Revision: Not Applicable

Last Reviewed: Not Applicable

CRIMINAL BACKGROUND CHECK POLICY
NMU MS-SLP Program Policy #2010

Scope
This policy is for all students enrolled in the MS-SLP graduate program within the NMU School of Clinical Sciences.

Policy
The Northern Michigan University SLHS Program is committed to earning public and professional trust and providing safe patient care. To meet this goal, background investigations of students are authorized under this policy. Many of our clinical education settings require criminal background investigations of all employees and students participating in clinical experiences. To comply with these requirements, students will be required to submit to a background investigation prior to acceptance into the clinical practicum of the SLHS Program to ascertain the student's suitability for clinical practicum. Students will be responsible for paying for the background investigations.

Procedure
1. Prior to acceptance, each student will be required to sign a Notice/Authorization of Background Search. A criminal background check will be completed at a cost to the student.
2. Criminal background checks will be conducted for each state a student has resided in for the previous fifteen (15) years.
3. In accordance with state law, positions that regularly provide direct services to patients will be prohibited if the individual has been:
    . Convicted of a felony or an attempt or conspiracy to commit a felony within fifteen (15) years immediately preceding the date of application.
    . Convicted of a misdemeanor involving abuse, neglect, assault, battery or criminal sexual conduct or involving fraud or theft against a vulnerable adult as defined in Section 145M of the Michigan Penal Code, or a state or federal crime that is substantially similar to such misdemeanors within the ten (10) years immediately preceding the date of application.

As required by law, each applicant/student shall agree to report in writing their arrest or conviction for any criminal offenses described in the paragraph above. In addition, random criminal background checks may be conducted on present students to ensure the quality and safety of care for patients.
Unless otherwise required by state, federal, or local law, a criminal conviction will not necessarily prohibit acceptance. Factors such as, but not limited to, age at the time of offense, length of time since conviction, and seriousness and nature of violation will be considered. An unacceptable criminal background check result or falsification of an application or supportive documents will be grounds for non-acceptance or dismissal from the program.

The information contained in the background investigation will remain confidential and will only be viewed by the Program Director. Any criminal conviction which is found during the background investigation, that may deem a student unsuitable for clinical rotations will be considered on a case-by-case basis. Additional information regarding the conviction may be required to make an informed decision. The background investigation will be available to clinical education settings that require such. Individuals at the Clinical Education Setting, who are authorized to make decisions regarding an individual's eligibility to attend a setting, will inform the Program Director whether a student will be allowed to attend clinical at that setting. In addition to the background check conducted by the student, some clinical education settings will also conduct a background check. If an offense appears on the criminal background check that disqualifies the student from attending clinical experiences at that facility, the clinical site(s) will notify the program director regarding any student's disqualification for attending clinical at that site. The student will receive written notification if they are ineligible to attend clinical courses in a clinical education setting(s). Students who receive notification of ineligibility and wish to dispute the background investigation results may follow the University Grievance Procedure.

Date Approved: October 10, 2024
Last Revision: Not Applicable
Last Reviewed: Not Applicable

IMMUNIZATIONS POLICY
NMU MS-SLP Program Policy #2011

Scope
This policy is for all students enrolled in the MS-SLP graduate program within the NMU School of Clinical Sciences.

Policy
The purpose of this policy is to provide students with details regarding required immunizations for clinical placements.

Procedure

1. Students will provide documentation of immunization/vaccination prior to clinical experience.
2. Students will be upload copies of their immunization history to the clinical compliance tracking system.
3. The program director and/or clinical director will review this documentation to ensure compliance.
4. The following immunizations/test are required:
    - **TB Screening**
        - A baseline TB screening, **using two-step,** TST process OR QuantiFERON-Gold blood test to test for infection with M. tuberculosis.
        - Anyone with a baseline positive or newly positive test result for M. tuberculosis infection (i.e., TST or BAMT) or documentation of treatment for Latent TB Infection (LTBI) or TB disease should receive one chest radiograph result to exclude TB disease (or an interpretable copy within a reasonable time frame, such as 6 months). Repeat radiographs are not needed unless symptoms or signs of TB disease develop or unless recommended by a clinician.
    - **Immunizations - Immunization status will be verified for the following diseases as determined by the most current** recommendations from the CDC: Rubeola, Mumps, Rubella, Diphtheria, and Varicella. Immunity status may be determined by following acceptable methods established by the CDC.
        - Acceptable methods for determining immunity are:
            - **Rubeola (Measles):** Two doses of a measles containing vaccine such as a MMR vaccine OR laboratory confirmation of disease.
            - **Mumps:** Two doses of a mumps containing vaccination such as a MMR vaccine OR laboratory confirmation of disease.
            - **Rubella:** One dose of a rubella containing vaccinations such as a MMR vaccine OR laboratory confirmation of disease.
            - **Pertussis:** A single adult dose of a Tdap vaccine. Td vaccination does not fulfill this requirement.
            - **Varicella:** Two doses of the Varicella vaccine OR laboratory confirmation of disease OR diagnosis of history of Varicella or Herpes zoster by a healthcare provider.
            - **Hepatitis B:** Recombivax HB Hepatitis B three-dose series vaccine, Heplisav two-dose series vaccine, laboratory confirmation of immunity, OR a signed declination.*
            - **Influenza -** Proof of vaccination for the current year by November 1 or the first day of flu season.

0. If you would like to request an exemption from any health requirement for a medical or religious reason, please, email sriipi@nmu.edu to request the necessary forms. Please note that at any point, students who are not immunized might be prevented from entering a clinic site. If this happens, the SLHS program will try to accommodate with alternative placements; however, this may not be possible.

***Regarding Hepatitis B:**
Students have the right to decline the Hepatitis B series, but need to read the following Declination statement carefully:

Declination Statement: *I understand that, due to my occupational exposure to blood or other potentially infectious materials as a student in a healthcare program, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine at my own expense. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupation exposures to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at my own expense.*

Date Approved: October 10, 2024

Last Revision: Not Applicable
Last Reviewed: Not Applicable

CARDIOPULMONARY RESUSCITATION (CPR) POLICY
NMU MS-SLP Program Policy #2012

Scope
This policy is for students who are admitted to the MS-SLP Graduate Program.

Policy
This policy outlines the CPR certification required. All students must have proof of current certification in CPR BLS/AED at the healthcare provider level before they are allowed to participate in clinical/service-learning experiences.

Procedure
1. Students will submit proof of completed CPR BLS/AED certification at the healthcare provider level.
2. Students should upload a copy of their certificate to the compliance tracking system.
3. Re-certification is required before expiration. A re-certification course will only be accepted if it is completed before the expiration date.
4. The cost is the student's responsibility.

Date Approved: October 10, 2024
Last Revision: Not Applicable
Last Reviewed: Not Applicable

DRUG SCREENING POLICY
NMU MS-SLP Program Policy #2013

Scope
This policy is for all students enrolled in the MS-SLP graduate program within the NMU School of Clinical Sciences.

Policy Statement
To provide a safe working environment and for the protection of patients, employees, and students, all clinical practicum sites have zero tolerance for the use of controlled substances and alcohol. For this reason, students will undergo a drug screening through the Occupational Medicine Services in Marquette. The drug screen will be completed at a cost to the student.

Policy
Drug-Free Schools and Communities Act Amendments of 1989

Northern Michigan University has adopted and implemented a program to prevent the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees.

Alcohol and other drug issues have received much attention nationally and locally. Many students, faculty and staff have worked together over the years to prevent substance abuse at Northern Michigan University. We think our efforts have contributed to a healthy living-learning community and have assisted individuals in need.

Students of Northern Michigan University

The Northern Michigan University Student Handbook prohibits the use, possession, sale or consumption of alcoholic beverages by students in any building or on any property owned or controlled by NMU (except under terms and conditions established by the president or designee) and states that no student shall illegally possess, use or have under his/her control any other controlled substance in any building or on property owned or controlled by the University.

Failure to abide by these regulations may lead to any of the following sanctions: (1) warning, (2) warning probation, (3) disciplinary probation, (4) suspension or (5) expulsion. Special conditions may be attached to the penalty including, but not limited to, parental notification of the violation and mandatory participation in an alcohol or other drug education program.

Procedure

Upon admission:

1. Student admission to the program is contingent upon a drug screening test result indicating no evidence of drug use. A drug screening result indicating dilution of the sample will require a repeat drug test.
2. The student is responsible for the cost of the drug screening.
3. The drug screening must be completed before the start of the student's first semester in the program.
4. The drug screen must be completed before the first day of classes.
5. Students must bring all medications/prescriptions that could alter a drug screen with them at the time of the drug screen. In the event of a positive drug screening, there will be an automatic lab drawn (blood) at the time of visit at the student's expense for second confirmation.
6. In the event of a drug screening result indicating use of an illegal drug or controlled substance without a legal prescription, student admission to the clinical programs will be denied. Results will be submitted to the Program Director or designee.

Progression within a clinical program:

1. Students may be permitted to take legally prescribed and/or over-the-counter medications consistent with appropriate medical treatment plans while on duty. However, when such prescribed or over-the-counter medications affect clinical/ internship judgment, the student's safety or the safety of others, the student will be removed from the clinical site. The Program Director will be consulted to determine if the student is capable of continuing in the academic program.
2. After admission into the program, if at any time faculty, a clinical agency representative, and/ or an administrator suspects a student is impaired due to drug or alcohol use while in the clinical setting, classroom, or campus areas, the student will be removed from the area and required to undergo immediate testing for drug and alcohol use at the student's expense. Impaired students will not be permitted to drive and must bear the cost of transportation. The student will be suspended from all clinical activities until the investigation into the situation is complete. The student will still be able allowed to attend didactic classes that do not include any clinical activities.

3. Referrals for evaluation and counseling for drug and/or alcohol use will be part of a plan for a student with a positive screening or incident related to drug or alcohol use.
1. In the event of a positive drug screening of a student currently enrolled in the clinical programs, the student will be suspended from the program pending review by the Program Director and/or the PIP committee and subject to possible program dismissal.
2. If a student is reinstated after a positive result, that student must undergo random screening as determined by the Program Director each semester and will be dismissed if any further positive results are found.

Date Approved: October 10, 2024
Last Revision: Not Applicable
Last Reviewed: Not Applicable

PROFESSIONAL LIABILITY INSURANCE
NMU MS-SLP Program Policy #2015

Scope
This policy is for all students enrolled in the MS-SLP graduate program within the NMU School of Clinical Sciences.

Policy Statement
All NMU SLHS undergraduate students are covered by an NMU liability insurance plan while participating in an educational activity. Students may not be present at a clinical education setting outside of the assigned clinical hours without authorization from the clinical affiliate and program director.

Policy

1. **Coverage Details**
   - The liability insurance plan provides coverage for all NMU SLHS undergraduate students while participating in educational activities related to the program.
   - The insurance covers liability for activities performed as part of the educational curriculum, including clinical practice, observations, and other sanctioned program activities.

2. **Authorized Activities**
   - Students are only covered when participating in activities approved by the NMU SLHS program.
   - Students must not engage in clinical activities outside their assigned clinical hours unless explicitly authorized by the clinical affiliate and program director.

Date Approved: October 10, 2024
Last Revision: Not Applicable
Last Reviewed: Not Applicable

CONFIDENTIALITY POLICY
NMU MS-SLP Clinic Policy #2001

Scope
This policy is for all students enrolled in the MS-SLP program within the NMU School of Clinical Sciences.

Policy
The purpose of this policy is to outline strict guidelines regarding patient information, including computer access, security and documentation, and confidentiality.

Procedure
Students may be asked to sign a confidentiality statement of understanding by specific settings. Violation of these guidelines can result in disciplinary action by the setting, the assignment of a failing grade for a course, and/or dismissal from the specific program.

The following guidelines generally reflect expectations of students in all agencies.

1. All records, including originals and copies, should not be removed from their location.

2. Students granted record access are accountable for the protection of the record and its contents while in their possession.

3. Students accessing information from medical records shall follow the strict guidelines set forth by the setting (including providing written requests for review, keeping the materials in the setting, and reviewing the records in the area specified for this purpose).

4. It is prohibited to share the medical record with family, friends, staff and anyone not directly involved in the patient's care.

5. Students are expected to keep the medical records accessible at all times for medical care purposes.

6. Photocopying, photographing, or printing off any part of the medical record for a student's purpose is strictly prohibited. Students cannot photocopy parts of the record for their learning purposes. Data cannot be saved to portable devices or personal computers.

7. When referring to patients in written work for schoolwork purposes, only assigned client reference numbers shall be used. When possible, all identifying information should be kept to a minimum.

8. HIPAA guidelines are to be followed at all times as outlined by each setting and federal regulations.

9. Professional standards expect that students withhold discussing any patient situations and confidences outside the professional setting. Situations may only be discussed in private, for the purpose of learning, as instructed by the instructor. When discussing patients in the learning situation, confidentiality is to be maintained, including but not limited to personal identifiers such as name, email, address, gender, or others.

10. Information is not being shared in public settings including personal emails, for purposes other than learning, or with family and friends.

Date Approved: February 6, 2025
Last Revision: Not Applicable
Last Reviewed: Not Applicable

CANCELLATIONS AND TARDY CLINIC CLIENTS POLICY
NMU MS-SLP Clinic Policy #2002

Scope
This policy is for all students enrolled in the MS-SLP program within the NMU School of Clinical Sciences.

Policy
Student clinicians are to follow specified procedures when a client is tardy or cancels a session.

Procedure
While waiting for a client, student clinicians must remain available in the waiting area for up to 15 minutes after the scheduled time. Student clinicians are to notify the Administrative Assistant before leaving at the conclusion of the waiting period. Student clinicians are not expected to extend therapy past the scheduled time if a client is late. If a diagnostic session is not able to be fully completed in one setting, the student clinician(s) must work with the client to schedule a follow up session, preferably for the next diagnostic day. Student clinicians are responsible for recording the absence and making a contact note in the EMR regarding the missed session.

If a student clinician has a client in an off-campus placement who exhibits excessive absences, unexplained absences, or frequent tardiness, the student clinician is to initiate discussion of this with the supervisor. If the absences are impacting the student's accrual of hours, it must be brought to the attention of the Director of Clinical Education.

For on-campus diagnostic sessions for which a client is late with no notification, student clinicians must remain available for 30 minutes. After 10 minutes, the student clinician should attempt to reach the client at the phone number(s) provided by the client or family. If the client does not show, the student clinician should notify the Administrative Assistant. A contact note must be made in the EMR by the student clinician as well as attendance being marked as absent.

For on-campus group therapy sessions, the waiting periods for clients who are late are as follows: 15 minutes for a 25 minute session, 20 minutes for a 50 minute session. A contact note must be made in the EMR by the student clinician as well as attendance being recorded as absent.

For telepractice sessions, the waiting time for clients who are late is 10 minutes for a 30 minute session and 15 minutes for a 45 minute session. A contact note must be made in the EMR by the student clinician as well as attendance being recorded as absent.

Date Approved: February 6, 2025
Last Revision: Not Applicable
Last Reviewed: Not Applicable

CLINICAL CLOCK HOURS POLICY

NMU MS-SLP Clinic Policy #2003

Scope

This policy is for all students enrolled in the MS-SLP program within the NMU School of Clinical Sciences.

Policy Statement

The MS-SLP program adheres to the ASHA CFCC Standard V-C concerning the requirement for clinical clock hours experience.

Policy

Students entering the program may only transfer 25 observation hours and up to 50 undergraduate clinical clock hours to count toward the ASHA 400 minimum. Hours will only be accepted if they were obtained according to CFCC guidelines while the student was enrolled in an undergraduate program. Hours that are obtained while student was a paid employee (i.e. SLPA or under emergency permit) will not be accepted.

Procedure

Any student clinician who obtained supervised clinical practicum experience as part of their undergraduate education in speech and hearing sciences must bring documentation of these hours to the Director of Clinical Education at the beginning of their first semester.

Date Approved: February 6, 2025
Last Revision: Not Applicable
Last Reviewed: Not Applicable

CLIENT FILES POLICY
NMU MS-SLP Clinic Policy #2004

Scope
This policy is for all students enrolled in the MS-SLP program within the NMU School of Clinical Sciences.

Policy Statement
All information in client files (paper and electronic) is confidential and must be treated as such. Student clinicians must follow specified procedures when handling confidential client files and when working in the electronic medical record, as these files and records contain Protected Health Information (PHI).

Procedure
For NMU Speech-Language-Hearing Clinic clients, documentation will be completed in our electronic medical record (EMR), and outside reports and records will be scanned and entered into the EMR by the Administrative Assistant. Hard copies of certain things such as intake forms, medical records from outside sources, and test protocol score sheets may be kept in paper charts (also referred to as client files). The file cabinet containing these paper charts is to be locked at all times. Per HIPAA guidelines, the chart room will be locked outside of normal business hours. Access to the EMR will be limited to restricted IP addresses provided by NMU.

For review and documentation purposes, client files may be viewed in the NMU Speech-Language-Hearing Clinic. If a student clinician is taking a file out of the chart room to work in the Speech-Language-Hearing Clinic, they must sign out the chart on the Client File Checkout Log managed by the Administrative Assistant. Client files are not to be viewed in the open common areas. Paper charts are to be returned to the locked file cabinet when not in use for client care or at the end of the business day, and student clinicians are to initial on the Client File Checkout Log when the chart is returned. Students are not to make photocopies of any items in the paper charts nor the EMR. Client files must never leave the building.

Student clinicians may only document in the EMR in the following two locations: within the Speech-Language-Hearing Clinic.

Student clinicians MUST also follow confidentiality laws re: client files/information/documentation when in off-site placements as per policy of that site. Any notes, datasheets, etc. for off-site clients should be kept at that offsite location as per facility policy.

A student clinician's failure to follow clinic and/or university policy and procedures re: client files will result in a warning if no PHI has been compromised (e.g., student clinician did not properly sign a file out/in on the Client File Checkout Log).

Date Approved: February 6, 2025
Last Revision: Not Applicable
Last Reviewed: Not Applicable

CLIENT GIFTS AND GRATUITIES POLICY
NMU MS-SLP Clinic Policy #2005

Scope
This policy is for all students enrolled in the MS-SLP program within the NMU School of Clinical Sciences.

Policy Statement
Student clinicians are not allowed to accept gifts of any monetary value from clients or their family members. This includes cash, checks, gift cards, gift certificates, etc.

Process
Any offered gifts of monetary value from a client or family should be politely declined. Tokens of appreciation that are of minimal value are allowed (e.g. baked goods, candy, child's artwork, holiday ornaments, etc.).

Date Approved: February 6, 2025
Last Revision: Not Applicable
Last Reviewed: Not Applicable

CLINIC MATERIALS CHECK OUT POLICY
NMU MS-SLP Clinic Policy #2006

Scope
This policy is for all students enrolled in the MS-SLP program within the NMU School of Clinical Sciences.

Policy Statement
The clinic has a variety of resources that student clinicians may check out for use within the NMU Speech-Language Hearing Clinic, as long as proper procedures are followed.

Process
Student clinicians may check out materials by filling out the designated log. Please be considerate of your peers and do not check materials out long before they are needed, and be sure to return them promptly. Student clinicians may be held responsible for lost or damaged materials, so please be courteous and take care of the materials you borrow. Student clinicians are not to take parts of a game/test/activity/materials set; take the entire item to avoid separation and loss. A supervisor must provide approval for materials to be borrowed overnight, over the weekend, etc. and this is to be indicated on the checkout log.

Checking Out Materials:

1. On the Materials Checkout Log, write the date and time of checkout, your name, and all materials you are borrowing. If you are checking the materials out overnight or over the weekend, indicate this by putting the approving faculty member's name in the appropriate column.
2. Check that all items/parts are in place. If anything is missing, or if there is damage, notify the Director of Clinical Education in writing.

Checking In Materials:

1. Check that all items/parts are in place. If anything is missing, or if there is damage, notify the Director of Clinical Education in writing.
2. Return the materials to the proper place.
3. Initial on the Materials Checkout Log that you have returned the materials and add the date and time.

Date Approved: February 6, 2025
Last Revision: Not Applicable
Last Reviewed: Not Applicable

CLINICIAN ABSENCES AND CANCELLATIONS POLICY
NMU MS-SLP Clinic Policy #2007

Scope
This policy is for all students enrolled in the MS-SLP program within the NMU School of Clinical Sciences.

Policy Statement
If you are ill when you have a clinical obligation, it is your responsibility to contact the appropriate parties as soon as possible. Scheduled clinical sessions cannot be canceled for any reason other than illness without prior approval of the supervisor and/or Director of Clinical Education.

Process
For on-campus clinical opportunities, student clinicians must contact the administrative assistant. For off-campus clinical placements, you must contact your supervisor and your clinical partner (if you have one). All absences from a clinical obligation are to be submitted to the Director of Clinical Education as instructed at the start of the placement.

For on-campus clinical experiences, a substitute may be arranged but must be approved by the supervisor.

Unless a site has a different policy, students on full time externship are allowed two personal days for the duration of clinical placement and three personal days for the duration of practicum placement, but this must be communicated and arranged ahead of time. Absences are permitted ("excused") for illness, educational activities appropriate to the externship, or extenuating circumstances such as a death in the family. There are no unexcused absences allowed. Please refer to Policy #2022 Professionalism in Academic and Clinical Experiences for procedures in the event of an unexcused absence.

Absences or cancellations by a student clinician may impact their ability to obtain clinical hours and experiences and may negatively impact their grade. Any unexcused/unreported absences from a clinical obligation will result in a meeting with the Director of Clinical Education. If a student clinician reaches three absences and/or cancellations in a semester that were properly reported and were excused in nature (e.g., illness, death in the family, etc.), they will be required to meet with the Director of Clinical Education to discuss progress toward learning objectives and potential need for support. Extenuating circumstances that may require multiple clinical absences should be brought to the attention of the Director of Clinical Education as soon as possible.

Date Approved:
Last Revision:
Last Reviewed:

INJURY IN CLINIC POLICY
NMU MS-SLP Clinic Policy #2008

Scope
This policy is for all students enrolled in the MS-SLP program within the NMU School of Clinical Sciences.

Policy Statement
If a client or student clinician suffers an injury or medical event during the course of client-care affiliated with Northern Michigan University's MS-SLP program, it must be reported and documented.

Procedure
If an incident with injury or a medical event has just taken place, the following steps should be followed:

1. Assess the situation
2. Alert the supervisor, Administrative Assistant, and/or Director of Clinical Education immediately. In the case of an emergency, dial 9-1-1.
3. If the injury or incident is to a minor, the parent or guardian must be alerted immediately.
4. If on-site care is appropriate, there is a basic first aid kit located in the SLP clinic space, as well as in the hallway near room #1527 in the Speech-Language-Hearing Clinic. An AED is located in The Science Building next to the first floor entrance across from the SLH Clinic.
5. Incidents involving contact with blood or bodily fluids must be handled in accordance with the NMU Biosafety/Bloodborne Pathogen Policy #777.
6. For all injuries and medical events, an Incident Report form must be filled out within 24 hours of the incident taking place.
    a) Use this form for injuries to students, visitors and guests of all Northern Michigan University affiliated campuses, vehicle accidents and for reports of damage to university property: Incident Report
    b) For employee occupational injuries or illness, go to: Incident Report

Date Approved: February 6, 2025
Last Revision: Not Applicable
Last Reviewed: Not Applicable

LOCKED AREAS & KEY CARD ACCESS POLICY

NMU MS-SLP Clinic Policy #2009

Scope

This policy is for all students enrolled in the MS-SLP program within the NMU School of Clinical Sciences.

Policy Statement

The Speech, Language, and Hearing Clinic will be open during clinical hours and will remain locked at all other times. Key card access via the University ID is granted exclusively to students enrolled in an on-campus clinic practicum. This access permits entry to the main clinic suite and the graduate student workroom for approved clinical preparation, materials management, and clinic related duties. Students who are not current student clinicians enrolled in an on-campus practicum are not permitted in the clinic unless given permission. Key card privileges are assigned strictly to individual students and are non-transferable. Individually locked internal doors can be opened by university faculty or staff associated with the MS-SLP program.

Procedure

1. **Access Activation & Eligibility:** Key card access is activated for student clinicians upon enrollment in an on-campus clinic practicum course at the start of the semester and once all onboarding requirements are met. If your University ID fails to grant access to the clinic or graduate student workroom, contact the Administrative Assistant immediately to verify your clearance status.
2. **Access Security:** University IDs are for individual use only. Student clinicians must never lend their ID card to another individual, allow unauthorized guests into the clinic or graduate student workroom, or allow others to tailgate behind them into secure areas.
3. **Unlocking Restricted Areas:** Please see the Administrative Assistant or Director of Clinical Education if a cabinet or area requiring access is locked. Keep in mind that these individuals are not always available, so do not leave requests for the last minute.
4. **Facility Safety:** Do not leave secure exterior or interior doors, including the graduate student workroom, propped open under any circumstances. Propping doors compromises client health records (HIPAA compliance), clinic equipment, and overall facility safety.

Date Approved:
Last Revision:
Last Reviewed:

OBSERVATION POLICY
NMU MS-SLP Clinic Policy #2010

Scope
This policy is for all students enrolled in the MS-SLP program within the NMU School of Clinical Sciences.

Policy Statement
Sessions that take place in the Speech-Language-Hearing Clinic may be observed by a client's family, undergraduate students, other student clinicians, and/or the supervising SLP. Anyone in the observation area to observe a session must follow confidentiality. According to fire and building codes, the observation area is limited to the following occupant numbers.
#1540c- 2 occupants
#1531- 3 occupants
#1530- 6 occupants
#1421- 6 occupants
#1524A- 4 occupants

Procedure
Students are to refer to and follow the confidentiality policies and procedures for all observation experiences.

Beyond family/caregivers and supervisors, space in the observation suite is first come first serve. If at any time the max occupancy of the observation suite is exceeded, student(s) must be the one(s) to exit.

Students are responsible for conducting themselves in a professional manner whenever completing an observation. The following courtesies are to be practiced:

1. Turn off all cell phones.
2. No student food or during is permitted in the observation suite
3. Students are to offer their seat if a family member/guardian or supervisor wishes to observe.
4. Students may use a clinic assigned computer to view the session through our secure audio/visual system on campus.

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Last Revision: Not Applicable
Last Reviewed: Not Applicable

CLEANING OF ROOMS AND MATERIALS POLICY
NMU MS-SLP Clinic Policy #2011

Scope
This policy is for all students enrolled in the MS-SLP program within the NMU School of Clinical Sciences.

Policy Statement
All student clinicians are to follow specified cleaning procedures within the clinic and when using clinic materials.

Procedure
After a diagnostic, therapeutic or group therapy session, student clinicians must pack up all materials, disinfect the table and chair surfaces with the provided supplies, and disinfect any materials as appropriate that were used in the session. Special care must be taken to carefully clean and disinfect any material that was mouthed by a client or became specifically soiled during the session (see next paragraph). Any special seating that was utilized should be disinfected and returned to its storage location. Questions about how to properly clean a certain item may be directed to the Director of Clinical Education. The room should be left ready for the next clinician and client. When leaving the room, clinicians should push chairs under the table and turn off the lights.

Student clinicians should disinfect any materials or part(s) of a clinic room that were soiled by body fluids such as saliva, nasal secretions, sputum, sweat, or tears. In the event of soil from feces, urine, vomitus, an/or blood, The Science building custodial staff should be alerted immediately so that it can be properly cleaned and the Director of Clinical Education is to be informed promptly either verbally or by email.

All graduate clinicians will complete the annual in-service training on bloodborne pathogens that is offered by Northern Michigan University. For additional information, refer to the NMU MS-SLP Program Policy # 3001 Biosafety/Bloodborne Pathogen policy.

Date Approved: February 6, 2025
Last Revision: Not Applicable
Last Reviewed: Not Applicable

PROCESS OF DETERMINING CLINICAL PLACEMENTS POLICY
NMU MS-SLP Clinic Policy #2012

Scope
This policy is for all students enrolled in the MS-SLP program within the NMU School of Clinical Sciences.

Policy Statement
The Director of Clinical Education seeks a balance of experience for all students and follows specified procedures when assigning clinical and diagnostic placements.

Procedure
To the extent possible, attempts are made to accommodate each student's needs and preferences while ensuring appropriate breadth and depth of clinical experiences.

For the part-time clinical practicum experiences, sites and experiences may be up to one hour away from the Speech-Language-Hearing Clinic. The full-time fieldwork sites have the option to be nationwide. Ultimately, the availability of placements depends on a site's ability to accept a student for a given semester. Many sites are approached by multiple graduate SLP programs, and practicum experiences can be competitive.

The following are considered by the Director of Clinical Education when assigning clinical placements and clients:

1. Areas of need in regards to competencies and skills across the lifespan,
2. Student's Placement Request Form (and for full-time placements, this includes a student's ability and/or desire to complete an experience in a different geographical region),
3. Availability of placements at various community sites,
4. SLP faculty feedback,
5. Coursework completed thus far by a student as well as any prior clinical experience.

The program does not intentionally/proactively identify sites that do not require certain vaccinations; this includes the COVID-19 vaccination.

The Director of Clinical Education will match a student to an external placement up to three times per semester if the student is unable to participate in an assigned placement. Reasons for inability to participate in a placement may include but are not limited to not meeting the site's vaccination requirements, inability to meet essential abilities, etc. A student also has the right to decline an assigned placement due to travel time, change in ability to relocate to a requested geographical location, change in preferred geographical location, etc.; students must submit declination in writing, and after this the Director of Clinical Education will make only one additional attempt to secure a placement for that student that semester. After the stated number of attempts by the Director of Clinical Education, the student will be fully responsible for securing their placement, and the program completion time will not be extended for a student if the student is unable to participate in a placement that semester.

Please note, some placements must be earned by a student clinician based on an interview that the sites themselves conduct. The Director of Clinical Education has no control over a site's decision following an interview process.

Students are encouraged to approach all assigned placements with a positive outlook in order to get the most out of each experience.

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Last Revision: Not Applicable
Last Reviewed: Not Applicable

PROFESSIONAL ATTIRE POLICY
NMU MS-SLP Clinic Policy #2013

Scope
This policy is for all students enrolled in the MS-SLP program within the NMU School of Clinical Sciences.

Policy Statement
Student clinicians are required to dress professionally and wear their name badge for clinical activities.

Procedure
Clothing should be neat and clean. Individual supervisors may identify specific dress criteria for student clinicians, and student clinicians in an off-campus site should follow the site's dress code. Some examples of inappropriate clothing include, but are not limited to: shorts, spaghetti straps, halter tops, casual tee-shirts, workout clothes, sweat shirts, and sweatpants. **With any clothing you choose, students should be mindful of how the body may be exposed during different clinical activities (i.e. bending over tables, sitting or kneeling on the floor with a child, reaching up, etc.).**

In general, careful consideration should be given to wearing jewelry during clinical experiences as it may pose a safety hazard. Jewelry that can be easily grabbed and pulled should not be worn (e.g., long necklaces, hoop or dangling earrings). This may include facial jewelry such as eyebrow and nose rings. For working with some clients, it may also be best to avoid decorative scarves around the neck. Your supervisor may ask you to remove jewelry or accessories if they are a distraction to the client or a safety risk for you. Student clinicians are encouraged to wear a wrist watch while providing therapy services to assist in time management.

Some placements, particularly those in healthcare settings, may require closed-toed shoes and may discourage or prohibit the use of artificial fingernails, as these can harbor dirt and pathogens even after handwashing. It is the student's responsibility to determine the regulations of his/her site.

If you have a visible tattoo, please consider each of your client's ages, difficulties, and cultural considerations, and cover any tattoo that a client may consider scary or controversial.

Perfume, strongly scented lotion, cologne, etc. are highly discouraged as some clients may have allergies or be sensitive to the smell.

Date Approved: February 6, 2025
Last Revision: Not Applicable
Last Reviewed: Not Applicable

PUNCTUALITY POLICY
NMU MS-SLP Clinic Policy #2014

Scope
This policy is for all students enrolled in the MS-SLP program within the NMU School of Clinical Sciences.

Policy Statement
Student clinicians are to be punctual for all clinical commitments.

Procedure
Punctuality is an important aspect to professionalism. Due dates for treatment plans, session documentation, diagnostic reports, and any other clinical assignments will be determined by each individual supervisor and/or the Director of Clinical Education. Whether in on- or off-site experiences, it is vital that you are mindful of time when beginning and ending your sessions, as straying from the intended schedule has a ripple effect on other therapies, clients' days, classroom schedule, etc. Inability to demonstrate punctuality with therapy times and documentation may result in reduction of your practicum grade.

Date Approved: February 6, 2025
Last Revision: Not Applicable
Last Reviewed: Not Applicable

RECORDING SESSIONS POLICY
NMU MS-SLP Clinic Policy #2015

Scope
This policy is for all students enrolled in the MS-SLP program within the NMU School of Clinical Sciences.

Policy Statement
Audio and visual recorded sessions are protected health information (PHI) and thus student clinicians are to follow confidentiality when accessing and handling recorded sessions.

Procedure
All diagnostic and clinical sessions at the Speech-Language-Hearing Clinic are to be recorded using the VALT software, unless otherwise specified (see paragraph below). To access the VALT system to watch a recorded session, students must use the program's computers and must be within specified locations within the Speech-Language-Hearing Clinic. Sessions are not to be viewed in any open areas due to lack of privacy. Student permissions are restricted to allow viewing of only one's own sessions, unless a supervisor or administrator shares a specific video for learning purposes. Students may not download videos, or watch them outside of the Speech-Language-Hearing Clinic. Policies on HIPAA and confidentiality apply to use of the VALT software.

At the time of registration and then yearly thereafter, each client and/or guardian is provided with information on how these recordings are used and is asked to provide authorization for photography and video recording for educational purposes. If a client or guardian has declined to sign this authorization, an alert will be placed in the EMR.

At the beginning of the program, each student clinician is also provided with information about the purpose and use of recordings in this educational setting, and is asked to provide permission and release to observe, record, and distribute clinical sessions.

Date Approved: February 6, 2025
Last Revision: Not Applicable
Last Reviewed: Not Applicable

SOCIALIZING WITH CLIENTS POLICY
NMU MS-SLP Clinic Policy #2016

Scope
This policy is for all students enrolled in the MS-SLP program within the NMU School of Clinical Sciences.

Policy Statement
It is inappropriate to fraternize with a client (i.e., socialize outside of the clinic) during the time in which you are responsible for the client's treatment. This includes activities such as babysitting, tutoring, or providing caregiver services for a family that you are working with in a clinical practicum.

If you are not the current treating student clinician and would like to pursue an employment opportunity that a family or client offers you (e.g., babysitting, tutoring, caregiving, etc.), it is recommended that you discuss this with the Director of Clinical Education. It is critical that you understand that recreational or vocational services are separate from providing skilled speech-language services. Student clinicians MUST be supervised by a licensed SLP to provide any evaluative or intervention services, and not doing so violates the Code of Ethics.

Procedure
If you are assigned to work with someone with whom you already had a potential family/friend relationship, please inform the Director of Clinical Education immediately to determine if a change is warranted.

If you will be working for or helping a family with a member who has a communication disorder, and/or have any questions regarding a specific activity, please contact the Director of Clinical Education.

It is helpful to inform your clients and their families that, to ensure confidentiality, if you see them (client and/or family) outside of the clinic setting that you will not address them unless they address you first.

Date Approved: February 6, 2025
Last Revision: Not Applicable
Last Reviewed: Not Applicable

SUPERVISION POLICY
NMU MS-SLP Clinic Policy #2017

Scope
This policy is for all students enrolled in the MS-SLP program within the NMU School of Clinical Sciences.

Policy Statement
All clinical practicum experiences will be under the supervision of ASHA certified SLPs who have completed the requirements for supervision as stated in the 2020 Standards. Direct supervision will not be less than 25% of the student's total contact with clients, and will be appropriate to each student clinician's level of knowledge, experience, and competence.

Procedure
The Director of Clinical Education will verify that all clinical supervisors are licensed and ASHA certified, and have met the 2020 standards for supervision. The Director of Clinical Education will verify this information by using the state's professional licensing website and ASHA's "Find a Professional" website. Supervisors will be asked to upload copies of their ASHA membership card and state license, as well as educator license if applicable, into CALIPSO prior to the start of a student's practicum experience.

Direct supervision will take place periodically throughout the practicum, and supervision provided will be sufficient to ensure the welfare of clients. Any student who has specific concerns about their clinical supervision should first attempt to resolve the situation with their supervisor if able. If the student feels the need for further support or clarification to resolve the supervision issue, the Director of Clinical Education should become involved.

Clinical Supervisors are encouraged to use the following procedural guidance to help determine a sufficient supervision level within 25-100% supervision:

- "appropriate" supervision will need to be determined by supervisors on a case-by-case basis;
- the amount of supervision given should be guided by: the needs and behaviors of the client, the student's clinical exposure to/experience with the target population, student's knowledge of the scope of practice area, student's overall experience and competence in clinic, whether or not the student has completed relevant didactic coursework, the student's ability to demonstrate the essential abilities in a clinical setting, insurance requirements relevant to supervision in that clinical setting;
- the amount of supervision given should NOT be guided by: the supervisor's schedule and commitments, the student's academic performance alone, the performance of past students with a client;
- some examples of situations where supervision should be immediately adjusted include but are not limited to: student demonstrating difficulty carrying out tasks; student providing inaccurate information or incorrectly conducting therapy to the extent that immediate clarification is needed; student requests assistance or verbalizes difficulties; client exhibits escalation of behaviors to potentially harmful level, etc.

Date Approved: February 6, 2025
Last Revision: Not Applicable
Last Reviewed: Not Applicable

TEST/MATERIALS CHECKOUT AND RESERVATION POLICY
NMU MS-SLP Clinic Policy #2018

Scope
This policy is for all students enrolled in the MS-SLP program within the NMU School of Clinical Sciences.

Policy Statement
Tests are "first reserve first serve". If someone has already signed up for that test, you MUST be able to have the test back before that person needs it. Tests are to be reserved only for times when they will be used with a client. If you want to check out a test for educational purposes, again, make sure no one has already reserved the test. Always return tests promptly.

Procedure
Test protocols are located in the filing cabinets in the open clinic space. If there are fewer than 3 protocols, inform the Director of Clinical Education in writing. Official test protocols may not be taken or used for anything other than diagnostic sessions (i.e., don't take a protocol just to practice with).

Checking Out Tests

1. Check the Test Reservation form first to make sure the test you need is available.
2. If it is available, to reserve a test for a specific date/time, please fill out the Test Reservation form as soon as you are able.
3. When you get your test, check that all items/parts are in place. If anything is missing, or if there is damage, notify the Director of Clinical Education in writing.
4. On the Materials Checkout form, write the date and time of checkout, your name, and the test you are borrowing. If you are checking the materials out overnight, list the faculty member who approved it.

Checking In Tests

1. Check that all items/parts are in place. If anything is missing, or if there is damage, notify the Director of Clinical Education in writing.
2. Return the test to its proper place.
3. Initial on the Materials Checkout form that you have returned the test and add the date and time.

Date Approved: February 6, 2025
Last Revision: Not Applicable
Last Reviewed: Not Applicable

VERIFICATION OF CLINICAL EXPERIENCE POLICY
NMU MS-SLP Clinic Policy #2019

Scope
This policy is for all students enrolled in the MS-SLP program within the NMU School of Clinical Sciences.

Policy Statement
It is a student clinician's responsibility to keep record of all clinical clock hours obtained in each practicum experience. The Director of Clinical Education will work with each student throughout their progression in the program to monitor and verify attainment of clinical skills and clinical clock hours required by the American Speech-Language-Hearing Association's 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech- Language Pathology.

Procedure
Student Clinicians will work with their assigned supervisors to enter all hours and skills obtained into CALIPSO. Clinical clock hours should be entered into CALIPSO daily and submitted for supervisor verification on a schedule approved by your supervisor, but not less frequently than once monthly. Weekly or biweekly is recommended. A supervisor or clinician holding the appropriate and current ASHA Certificate of Clinical Competence (CCC) must be on-site and available at all times when the student is providing clinical services. Clock hours must be signed off on by the SLP who was completing the supervision at that time. Supervisors may not sign clock hours for clinical experiences that were supervised by another individual.

At midterm, to make sure student clinicians are on track for the target hours and skills, the Director of Clinical Education will review each student's hours obtained thus far and review the midterm evaluation completed by the supervisor. If there are any concerns on the part of the Director of Clinical Education, the supervisor, or the student, a meeting with the student clinician will be held.

At the end of each semester, the Director of Clinical Education will review each student clinician's hours and skills obtained, and will meet with each student clinician individually to review status toward completion.

Clinical and diagnostic practicum grades are graded, with criterion score based on a student's semester in the program. If a student clinician's grade does not meet criterion score to "pass" (achieves a B- or higher) a practicum experience, or if a student earns and "unsatisfactory" rating on any core section of the Evaluation of Speech-Language Pathology Student Practicum, he/she will be placed on clinical probation. The student clinician must attend a remediation meeting with the Director of Clinical Education and Program Director to discuss standards and essential functions not being demonstrated, and to develop strategies to promote the student clinician's success. Clinical hours accumulated during a "failed" practicum experience will not count towards the required 375 clinical clock hours.
Knowledge and skills obtained vs. still needed will be used to guide assignment of future clinical placements.

Date Approved: February 6, 2025

Last Revision: Not Applicable
Last Reviewed: Not Applicable

CLIENT DISMISSAL POLICY
NMU MS-SLP Clinic Policy #2020

Scope
This policy is for all clients enrolled in the MS-SLP program within the NMU School of Clinical Sciences.

Policy Statement
Clients may be dismissed from speech-language services at the Northern Michigan University Speech-Language-Hearing Clinic if one or more of the procedural indicators is demonstrated.

Procedure
The following procedural indicators may result in dismissal from speech-language services at NMU.

1. Client commitment: the client may be dismissed if their actions do not indicate commitment to the therapy process, or if their actions hinder the therapy process for other group participants. These actions could include but are not limited to the following:
    a. Irregular attendance and/or consistent tardiness for appointments*
    b. Failure to follow through on assignments
    c. Disruptive, nonproductive behavior that impacts the group
    d. Violent, potentially harmful behavior toward other group members and/or clinicians.
2. Progress/Prognosis**
    a. The client has met their goals and/or has developed communication skills within the upper limits of their capacity.
    b. The client is not demonstrating further qualitative changes in their ability to communicate.
    c. The client has achieved communication skills that allow for effective communication within his/her environment (determined by the client, and/or parents, spouses, educators, employers, group home supervisors, caregivers).
    d. Duration of services has exceeded predicted functional outcomes based on the above criteria.
    e. The client's needs could be better met through an alternative service delivery model, e.g., individual therapy.

*Three or more instances in a semester constitutes irregular attendance and/or consistent tardiness. Extenuating circumstances should be discussed with the Director of Clinical Education, but will not guarantee continued participation in group therapy.

**Criteria in this regard may be measured by one or more of the following:

- Goals, treatment plans
- IEP goals
- Formal and informal testing measures
- Client/parent/family/other professional input
- State guidelines/norms
- Functional outcome measures

Date Approved: February 6, 2025
Last Revision: Not Applicable
Last Reviewed: Not Applicable

REFERRALS AND WAITLIST POLICY
NMU MS-SLP Clinic Policy #2021

Scope
This policy is for all students enrolled in the MS-SLP program within the NMU School of Clinical Sciences.

Policy Statement
The MS-SLP program follows specified procedures in regards to scheduling of prospective clients.

Procedure
Referrals:
Referral for a diagnostic evaluation may come from a physician, a school/district, another SLP, and/or client/caregiver self-referral. All interested clients entered into the clinic EMR system. An "*" will be placed by the client's last name to indicate a new referral. An email to the client/caregiver to set up access to the EMR will be generated. All required forms will be entered into the portal by the Administrative Assistant. The client may fill out the paperwork in the EMR. The clinical supervisor will be notified of the admission. If clients are unable to access a computer or be proficient in use of the EMR, the Administrative Assistant will assist with paper copies and will upload them into the system once completed.

All clients who participate in a diagnostic evaluation will receive a detailed evaluation report through the portal. If a client/family has recently undergone an evaluation with an outside SLP and can produce the report, it may be more appropriate for a diagnostic screening to be completed; in which case the client/family would still receive the results in writing. For overflow school-age evaluations being completed at the request of a school district, the client/family and the school will receive copies of the evaluation and client/family is to follow up with the school for next steps. Additional services available through the NMU Speech-Language-Hearing Clinic include select group therapy and support groups. If group therapy and/or a support group is recommended as a result of the evaluation, see "Scheduling," below.

Scheduling – Evaluation:
There are a limited number of diagnostic sessions available each semester. Faculty supervise within their specialty area(s), and some faculty members' schedules may fill up faster than others depending on diagnostic need. Additionally, a client can only be scheduled for a diagnostic session once the case history paperwork and necessary forms are returned and uploaded to the EMR. Therefore, diagnostic sessions are scheduled on a first come, first serve basis depending on the availability and the order in which all paperwork is received. Once all slots are full for a semester, client evaluations will be waitlisted, and waitlists will carry over from the previous semester. The Administrative Assistant for the MS-SLP program will initiate the scheduling process with a client/family.

Date Approved: February 6, 2025
Last Revision: Not Applicable
Last Reviewed: Not Applicable

PROFESSIONALISM IN ACADEMIC AND CLINICAL EXPERIENCES POLICY
NMU MS-SLP Clinic Policy #2022

Scope
This policy is for all students enrolled in the MS-SLP program within the NMU School of Clinical Sciences.

Policy Statement
Professional and courteous behavior is a required component in every course as well as each clinical practicum and fieldwork experience. Live events, choices, extenuating circumstances, medical issues, or other types of situations that may/may not be under students' control have the potential to alter the academic/clinical program.

Procedure
Professional behaviors will be tracked during each semester of the program. This includes absences from academic and clinical experiences (excused, unexcused), communication regarding absences/cancellations (e.g., advanced notice vs. late notice vs. "no show"), late or missing clinical documentation or class assignment, and other issues regarding accountability, responsibility, feedback, etc. Students, program faculty and staff, and clinical supervisors both on- and off-campus may all participate in tracking of professional behaviors.

Multiple excused absences within a semester due to extended or repeated illness or certain extenuating circumstances will be considered on a case-by-case basis. Excused absences, depending on the number of days and what experience(s) was missed, may still alter the academic/clinical program.

The Program Dismissal Policy #2007 will apply if students demonstrate unsafe or unprofessional practice during clinical practicum placements.

Date Approved: February 6, 2025
Last Revision: Not Applicable
Last Reviewed: Not Applicable

NMU SPEECH-LANGUAGE-HEARING CLINIC PRIVACY POLICY
NMU MS-SLP Clinic Policy #2023

Scope
This policy is for all students enrolled in the MS-SLP program within the NMU School of Clinical Sciences.

Policy Statement

Northern Michigan University
Speech-Language-Hearing Clinic Privacy Policy
The Science Building Room 1504 Marquette,
MI 49855
Phone: 906-227-2125

This notice describes how medical information about our patient/clients may be used and disclosed and How they can obtain access to this information. Please review it carefully.

Clients who have questions or require additional information should ask the Director of Clinical Education. Clients who have complaints can submit them to Sherida Riipi, the Administrative Specialist. The Director of Clinical Education will review the complaint. Clients who have complaints that require immediate attention should ask for Diane Jandron, Director of Clinical Education or Heather Isaacson, Program Director. If issues are not resolved to client satisfaction the next contact would be Shaun Thunell, Associate Dean of the School of Clinical Sciences. Clients whose complaints have not been resolved to their satisfaction can address complaints to the Secretary of the United States Department of Health and Human Services. The NMU Speech-Language-Hearing Clinic will not retaliate against any individual for filing a complaint.

Terms:
Any medical information which could in any way identify an individual client, is considered **Protected Health Information** (PHI). PHI will be used and disclosed only as needed for the Speech-Language-Hearing Clinic to perform continuity of care regarding **Treatment, Payment and Health Care Operations** (TPO). Any other disclosure will require the written authorization of the client. In general, use or disclosure of PHI for purposes other than treatment, or a disclosure requested by the client, is limited to the **Minimum Necessary** to accomplish the intended purpose.

Access:
The following people will have access to PHI:

- The client.
- Any person to whom the client has authorized in writing the release of information.
- NMU Speech-Language-Hearing Clinic staff who are involved in providing care to the client will have access as indicated below:
    - Audiologists, speech/language pathologists, speech/language supervisors, faculty and student clinicians (graduate and undergraduate).
    - Administrative staff need access to the entire electronic medical record in order to file all components of the chart.
- Public Health Services and regulatory officials, when required by law.
- Research that contributes to the public good; with individual authorization, or without individual authorization under limited circumstances set forth in the Privacy Rule 45 CFR 164.501, 164.508, 164.512(i).
- Courts, when the request is accompanied by a duly executed subpoena and reviewed by NMU legal

counsel.

- Parents or legal guardians of a minor.
- Referring physicians and/or therapists, and physicians and/or therapists involved in continuity of care.

**Custodial staff do not have access to PHI*

Date Approved: February 6, 2025
Last Revision: Not Applicable
Last Reviewed: Not Applicable

Appendix II – MS-SLP Clinic Forms

Acknowledgment of Receipt of Clinical Handbook

I have received and read a copy of the Handbook of MS-SLP Clinical Policies and Procedures and will comply with the guidelines stated during any clinical education taking place at Northern Michigan University Speech, Language, and Hearing Clinic or any site affiliated with Northern Michigan University for purposes of clinical education.

I further agree to abide completely with the ASHA Code of Ethics, as reproduced in the Handbook, during all clinical interactions while I am a student of the Masters of Science in Speech-Language Pathology Program.

I understand that this form must be signed and dated and must be presented in my student file prior to the initiation of any clinical work. I also understand that failure to comply with the Handbook guidelines and ASHA Code of Ethics will result in counseling and/or disciplinary action by the Faculty Committee of the Whole.

Handbook Revision Date: _____

_____ _____

Student's Signature Date Handbook Received

CLASS AND WORK SCHEDULE

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-8:30					
8:30-9:00					
9:00-9:30					
9:30-10:00					
10:00-10:30					
10:30-11:00					
11:00-11:30					
11:30-12:00					
12:00-12:30					
12:30-1:00					
1:00-1:30					
1:30-2:00					
2:00-2:30					
2:30-3:00					
3:00-3:30					
3:30-4:00					
4:00-4:30					
4:30-5:00					

Note below those tests and/or treatment procedures with which you are familiar:

Note below clients with whom you have already worked:

Note below any comments to the supervisor about clients or scheduling:

NMU MS-SLP
Placement Request Form

Student Clinician	
Date*	

*If you wish to update this form due to change in interest(s), contact the Director of Clinical Education

Undergraduate University _____

Have you worked as an SLPA ☐ NO ☐ YES _____years

Number of guided *observation* hours completed _____

Number of Undergrad *clinical* hours completed (do not count observation hours or SLPA hours _____

Clinical Experience with the following population(s)/Disorder type(s) _____

_____

I am most interested in working with the following age groups (select all that apply)	**I am most interested in the following disorders/practice areas (select all that apply)**	
☐ birth-3	☐ speech-articulation	☐ motor speech (dysarthria, apraxia)
☐ preschool	☐ fluency (stuttering)	☐ social communication
☐ elementary	☐ hearing	☐ pediatric language (receptive/expressive)
☐ adolescents	☐ AAC	☐ acquired language (aphasia)
☐ adults	☐ voice	☐ cognitive-communicative
☐ geriatric adults	☐ voice affirmation	☐ other/specific population (describe below)
☐ unsure	☐ swallowing/feeding	_____

I see myself possibly wanting to work as an SLP in the following settings (select all that apply)	
☐ acute care hospital	☐ long-term acute care hospital
☐ in-patient rehab hospital	☐ skilled nursing facility
☐ outpatient clinic-pediatric	☐ outpatient clinic-adult
☐ preschool	☐ elementary school
☐ middle or high school	☐ private practice
☐ home health-early intervention (First Steps)	☐ home
☐ health-adult children's hospital	☐ A hospital
☐ traveling SLP	

Any specific site(s) you would like to request? _____

Are you open to doing a full-time externship outside of the Michigan area? ☐ **NO** ☐ **YES**

*If students are planning for a practicum placement in a different region, the student will be responsible for notifying the Director of Clinical Education, at a minimum of six months in advance. It should be acknowledged that earlier notification may be beneficial in securing a site. The student is responsible for initiating contact with the site.

Specific cities/zip codes I would be interested in for the summer and second spring full-time externship _____

Anything else you would like to add in regards to placement requests? _____

_____

By signing this form, I confirm understanding that my requests are not guaranteed; rather, attempts are made to accommodate each student's needs and preferences while ensuring appropriate breadth and depth of clinical experiences. I understand that my top interests may not be available or may not satisfy experience requirements that I need at a given time in the program. I understand that transportation may be required and part-time placements may be up to one hour from NMU. I agree to complete clinical placement as assigned, and agree to not contact sites without explicit instruction from the Director of Clinical Education.

_____ _____

Signature Date

Performance Rating Scale

1 **Not evident:** Skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling (skills present <25%of the time).

2 **Emerging:** Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services (skill is present 26-50% of the time).

3 **Present:** Skill is present and needs further development, refinement or consistency. Student is aware of need to modify behavior, but does not do this independently. Supervisor provides on-going monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill (skill is present 51-75%of the time).

4 **Adequate:** Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives (skill is present 76-90% of the lime).

5 **Consistent:** Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients. and in other settings, when appropriate. Supervisor serves as consultant in areas where student has less experience; Provides guidance on ideas initiated by student (skill is present >90%of the time).

CALIPSO Knowledge and Skills Acquisition Summary Form

Standards	Knowledge/Skill Met? (check)	Course # and Title	Practicum Experiences # and Title	Other (e.g. labs, research)
Standard IV-A. The applicant must have demonstrated knowledge of:				
Biological Sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science)				
• Chemistry or Physics				
• Statistics (stand-alone course)				
• Social/behavioral Sciences				
Standard IV-B. The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.				
• Basic Human Communication Processes				
• Biological				
• Neurological				
• Acoustic				
• Psychological				
• Developmental/Lifespan				
• Linguistic				
• Cultural				
• Swallowing Processes				
• Biological				
• Neurological				
• Psychological				
• Developmental/Lifespan				

• Cultural				
Standard IV-C. The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:				
Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
• Etiologies				
• Characteristics				
• Fluency and fluency disorders				
• Etiologies				
• Characteristics				
Voice and resonance, including respiration and phonation				
• Etiologies				
• Characteristics				
Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				
• Etiologies				
• Characteristics				
• Hearing, including the impact on speech and language				
• Etiologies				
• Characteristics				
Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
• Etiologies				
• Characteristics				

Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				

• Etiologies				
• Characteristics				
Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				
• Etiologies				
• Characteristics				
Augmentative and alternative communication modalities				
• Characteristics				
Standard IV-D: The applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for persons with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.				
Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
• Prevention				
• Assessment				
• Intervention				
• Fluency and Fluency Disorders				
• Prevention				
• Assessment				
• Intervention				
Voice and resonance, including respiration and phonation				
• Prevention				
• Assessment				
• Intervention				

Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				
• Prevention				
• Assessment				
• Intervention				
• Hearing, including the impact on speech and language				
• Prevention				
• Assessment				
• Intervention				
Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
• Prevention				
• Assessment				
• Intervention				
Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				
• Prevention				
• Assessment				
• Intervention				
Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				
• Prevention				
• Assessment				
• Intervention				
Augmentative and alternative communication modalities				
• Assessment				
• Intervention				

Standard IV-E: The applicant must have demonstrated knowledge of standards of ethical conduct.				
Standard IV-F: The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.				
Standard IV-G: The applicant must have demonstrated knowledge of contemporary professional issues; cultural competency and diversity, equity, and inclusion (DEI); and advocacy.				
Standard IV-H: The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.				
Standard V-A: The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice (including Speech and Language skills in English, consistent with ASHA's position statement on students and professionals who speak English with accents and nonstandard dialects).				
Standard V-B: The applicant must have completed a program of study that included supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes. (These skills may be developed and demonstrated through direct clinical experiences, academic coursework, labs, simulations, and examinations, as well as through the completion of independent projects.)				
1. Evaluation (must include all skill outcomes listed in a-g below for each of the 9 major areas except that prevention does not apply to communication modalities)				
Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				

Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Fluency and Fluency Disorders				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
Voice and resonance, including respiration and phonation				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				

Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Hearing, including the impact on speech and language				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				

Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				

Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				

Std. V-B 1g. Refer clients/patients for appropriate services				

Augmentative and alternative communication modalities				
Std. V-B 1a. Conduct screening procedures				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
2. Intervention (must include all skill outcomes listed in a-g below for each of the 9 major areas)				
Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				

Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				

Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
• Fluency and Fluency Disorders				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
Voice and resonance, including respiration and phonation				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				

Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				

Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
• Hearing, including the impact on speech and language				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				

Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				

Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				

Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				

Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				

Augmentative and alternative communication modalities				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				

Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
3. Interaction and Personal Qualities				
Std. V-B 3a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others.				
Std. V-B 3b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.				
Std. V-B 3c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.				
Std. V-B 3d. Adhere to the ASHA Code of Ethics and behave professionally.				

Evaluation Skills	Speech Sound Production	Fluency	Voice	Language	Hearing	Swallowing	Cognition	Social Aspects	AAC
3. Collects case history information and integrates information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals (CFCC V-B, 1b)									
4. Selects appropriate evaluation procedures (CFCC V-B, 1c)									
5. Administers non-standardized and standardized tests correctly (CFCC V-B, 1c)									
6. Adapts evaluation procedures to meet the needs of individuals receiving services (CFCC V-B, 1d)									
7. Demonstrates knowledge of communication and swallowing disorders and differences (CFCC IV-C)									
8. Interprets, integrates, and synthesizes all information to develop diagnoses (CFCC V-B, 1e)									
9. Interprets, integrates, and synthesizes all information to make appropriate recommendations for intervention (CFCC V-B, 1e)									
10. Completes administrative and reporting functions necessary to support evaluation (CFCC V-B, 1f)									
11. Refers clients/patients for appropriate services (CFCC V-B, 1g)									

Number of items scored: 0 Number of items remaining: 99 Section Average: 0.00

Treatment Skills	Speech Sound Production	Fluency	Voice	Language	Hearing	Swallowing	Cognition	Social Aspects	AAC
1. Develops setting-appropriate intervention plans with measurable and achievable goals that meets client/patient needs, demonstrating knowledge of the principles of intervention and including consideration of anatomical/physiological, developmental, and linguistic cultural correlates. Collaborates with clients/patients and relevant others in the planning process (CFCC IV-D, V-B, 2a)									
2. Implements intervention plans that involve clients/patients and relevant others in the intervention process (CFCC V-B, 2b)									
3. Selects or develops and uses appropriate materials and instrumentation (CFCC V-B, 2c)									
4. Measures and evaluates clients'/patients' performance and progress (CFCC V-B, 2d)									
5. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (CFCC V-B, 2e)									
6. Completes administrative and reporting functions necessary to support intervention (CFCC V-B, 2f)									
7. Identifies and refers patients for services as appropriate (CFCC V-B, 2g)									

Number of items scored: 0 Number of items remaining: 63 Section Average: 0.00

Additional Clinical Skills	Score
1. Sequences tasks to meet objectives	
2. Provides appropriate introduction/explanation of tasks	
3. Uses appropriate models, prompts or cues. Allows time for patient response.	
4. Demonstrates effective behavior management skills	
5. Practices diversity, equity and inclusion (CAA 3.4B)	

Additional Clinical Skills	Score
6. Addresses culture and language in service delivery that includes cultural humility, cultural responsiveness, and cultural competence (CAA 3.4B)	
7. Demonstrates clinical education and supervision skills. Demonstrates a basic understanding of and receives exposure to the supervision process. (CAA 3.1.6B)	

Number of items scored: 0 Number of items remaining: 7 Section Average: 0.00

Professional Practice, Interaction and Personal Qualities	Score
1. Demonstrates knowledge of basic human communication and swallowing processes. Demonstrates the ability to integrate information pertaining to normal and abnormal human development across the life span (CFCC IV-B; CAA 3.1.6B)	
2. Demonstrates knowledge of processes used in research and integrates research principles into evidence-based clinical practice (CFCC IV-F; CAA 3.1.1B Evidenced-Based Practice)	
3. Demonstrates knowledge of contemporary professional issues that affect Speech-Language Pathology (CFCC IV-G; CAA 3.1.1B)	
4. Demonstrates knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice (CFCC IV-H)	
5. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others (CFCC V-B, 3a; CAA 3.1.1B Effective Communication Skills, CAA 3.1.6B)	
6. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (CFCC V-B, 3c; CAA 3.1.6B)	
7. Manages the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice (CFCC V-B, 3b; CAA 3.1.1B)	
8. Demonstrates skills in oral and other forms of communication sufficient for entry into professional practice (CFCC V-A)	
9. Demonstrates skills in written communication sufficient for entry into professional practice (CFCC V-A)	
10. Demonstrates knowledge of standards of ethical conduct, behaves professionally and protects client welfare (CFCC IV-E, V-B, 3d; CAA 3.1.1B-Accountability; 3.8B)	
11. Demonstrates an understanding of the effects of own actions and makes appropriate changes as needed (CAA 3.1.1B - Accountability)	
12. Demonstrates professionalism (CAA 3.1.1B - Professional Duty, 3.1.6B)	

Number of items scored: 0 Number of items remaining: 12 Section Average: 0.00

CLOCK HOUR DESCRIPTIONS

Speech Sound Production: Articulation, motor planning and execution phonology and accent modification.

Fluency and Fluency Disorders: A fluency disorder is an interruption in the flow of speaking characterized by atypical rate, rhythm, and repetitions in sounds, syllables, words, and phrases. This may be accompanied by excessive tension, struggle behavior, and secondary mannerisms.

Voice: Voice and resonance including respiration and phonation

Language: Receptive and expressive language, including phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading and writing.

Hearing: Hearing, including the impact on speech and language. Hearing evaluation includes hearing screenings.

Swallowing: Swallowing/feeding, including (a) structure and function of orofacial myology and *b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions.

Cognition: Cognitive aspects of communication including attention, memory, sequencing, problem-solving, and executive functioning.

Social Aspects: Social aspects of communication, including challenging behavior, ineffective social skills, lack of communication opportunities.

Augmentative and Alternative Communication Modalities: Communication modalities (including oral, manual, augmentative and alternative communication techniques and assistive technologies.

Clinical Clock Hour Experience Record

OBSERVATION - Evaluation	Child	Adult	Total
	HH:MM	HH:MM	HH:MM
Speech (articulation, fluency, voice, swallowing, communication modalities)			
Language (expressive/receptive language, cognitive aspects, social aspects)			
Hearing			

OBSERVATION - Treatment	Child	Adult	Total
	HH:MM	HH:MM	HH:MM
Speech (articulation, fluency, voice, swallowing, communication modalities)			
Language (expressive/receptive language, cognitive aspects, social aspects)			
Hearing			
Total Observation Hours			

EVALUATION	Child	Adult	Total
	HH:MM	HH:MM	HH:MM
Articulation/Speech Sound Production			
Fluency and fluency disorders			
Voice and resonance			
Expressive/Receptive language			
Hearing			
Swallowing/Feeding			
Cognitive aspects of communication			
Social aspects of communication			
Augmentative and alternative communication modalities			
Total EVALUATION Hours			

TREATMENT	Child	Adult	Total
	HH:MM	HH:MM	HH:MM
Articulation/Speech Sound Production			
Fluency and fluency disorders			
Voice and resonance			
Expressive/Receptive language			
Hearing			
Swallowing/Feeding			
Cognitive aspects of communication			
Social aspects of communication			
Augmentative and alternative communication modalities			
Total TREATMENT Hours			
Total (non-Observation)			

Student Clinician's Evaluation of Supervision Form

Preview of Evaluation/Survey

SL27

Please use your browser Back button to return.

12345 NMU 001 01 Sample Course Title

Instructor: emailid John Sample

NMU Faculty Evaluation

Instructions: For each of the following statements, indicate your rating according to the following:

The instructor:

Question 1

Demonstrates solid understanding of the subject material. | Comment |

A - Strongly agree B - Agree C - Neutral D - Disagree E - Strongly disagree
Does not apply

Question 2

Creates a positive learning environment through effective organization and use of instructional techniques and technologies. | Comment!

A - Strongly agree B - Agree C-Neutral D-Disagree E - Strongly disagree
Does not apply

Question 3

Maintains effective rapport with students in the classroom, clinic or lab that engages them in the learning process. [Comment |

A - Strongly agree B-Agree C-Neutral D-Disagree E - Strongly disagree
Does not apply

Question 4

Was available to students for consultation outside of class. | Comment 1

A - Strongly agree B-Agree C-Neutral D-Disagree E - Strongly disagree
Does not apply

Question 5

Encouraged student thinking. | Comment |

A - Strongly agree B - Agree C-Neutral D-Disagree E - Strongly disagree
Does not apply

Question 6

Gave clear explanations. Comment

0 A - Strongly agree OB - Agree O C - Neutral OD - Disagree 0 E - Strongly disagree
0 Does not apply

Question 7

Treated students in a professional manner. Comment

0 A - Strongly agree OB - Agree O C - Neutral OD - Disagree OE - Strongly disagree
0 Does not apply

Question 8

Was adequately prepared for class. Comment

0 A - Strongly agree OB - Agree O C - Neutral OD - Disagree OE - Strongly disagree
0 Does not apply

Question 9

Prov ded an organized syllabus with grading policy. Comment

0 A - Strongly agree OB - Agree O C - Neutral OD - Disagree OE - Strongly disagree
0 Does not apply

Question 10

Overall, the instructor was an effective icachct• Curr11ne11l

0 A - Strongly agree OB - Agree O C - Neutral OD - Disagree OE - Strongly disagree
0 Does not apply

The course:

Question 11

Had clearly stated learni g ob ectives. Comment

0 A - Strongly agree OB - Agree O C - Neutral OD - Disagree OE - Strongly disagree
0 Does not apply

Question 12

Met the learning objectives. Comment!

0 A - Strongly agree OB - Agree O C - Neutral OD - Disagree 0 E - Strongly disagree
0 Does not apply

Question 13

Used appropriate and useful instructional materials (text, case studies, tutorials, power point presentations, study questions). Comment

0 A - Strongly agree OB - Agree O C - Neutral OD - Disagree OE - Strongly disagree

0 Does not apply

Question 14

Was well organized. Comment 1

0 A - Strongly agree OB - Agree OC - Neutral OD - Disagree 0 E - Strongly disagree
0 Does not apply

Question 15

Overall, this was a good course. Comment

0 A - Strongly agree OB - Agree OC - Neutral OD - Disagree OE - Strongly disagree
0 Does not apply

I, the student:

Question 16

Attended class regularly. Comment

0 A - Strongly agree OB - Agree O C - Neutral OD - Disagree **0** E - Strongly disagree
0 Does not apply

Question 17

Read the text and/or materials and came to class prepared. Comment

0 A - Strongly agree **OB -** Agree **O** C - Neutral **OD -** Disagree **0** E - Strongly disagree
0 Does not apply

Question 18

Participated in class discussion and asked questions. Comment

0 A - Strongly agree **OB -** Agree **O** C - Neutral **OD -** Disagree **0** E - Strongly disagree
0 Does not apply

Question 19

What did yon like best about the class? Comment

Question 20

How could the course be improved? Comment

Student Clinician's Evaluation of Supervision

Course Students' Ratings https://myweb.nmu.edu/crseval

Please rate your supervisor on each of the following items by placing a check mark where indicated below, using the following key. It is paiiicularly importai1t to suppo1i ratings of "4" and "5" with comments where indicated.

Professionalism:

Question 21

Supervisor worked in accordance with the ASHA Code of Ethics. Comment

0 Superior **O** Above Average () Acceptable **O** Poor **O** Unacceptable **O** Does not apply

Question 22

Supervisor was concerned about the welfare of the clients. Comment

0 Superior **O** Above Average **O** Acceptable **O** Poor **O** Unacceptable **0** Does not apply

Question 23

Supervisor clearly explained site requirements, and answered my questions in an instructive manner. Comment

0 Superior **O** Above Average **O** Acceptable **O** Poor **O** Unacceptable **0** Does not apply

Question 24

Supervisor treated me as a professional in training, respecting my opinions and suggestions. [Comment

0 Superior **O** Above Average **O** Acceptable **O** Poor **O** Unacceptable **O** Does not apply

Question 25

Supervisor observed rules of privacy, courtesy and tact. | Comment |

0 Superior **O** Above Average **O** Acceptable **O** Poor **O** Unacceptable **O** Does not apply

Question 26

Please provide any additional comments on Professionalism: I' Comment i

Amount of Supervision:

Question 27

Supervisor has observed sufficiently this semester. I Comment i

0 Superior **O** Above Average **O** Acceptable **O** Poor **O** Unacceptable **O** Does not apply

Question 28

Supervisor has observed at least the minimum time required by ASHA for therapy (25%). I Comment I

0 Superior **O** Above Average **O** Acceptable **O** Poor **O** Unacceptable **O** Does not apply

Question 29

Supervisor has observed at least the minimum time required by ASHA for diagnostics (50%). ! Comment I

OSuperior **0** Above Average **0** Acceptable OPoor **0** Unacceptable **0** Does not apply

Question 30

Supervisor provided sufficient meeting time. : Comment i

0 Superior **0** Above Average **0** Acceptable OPoor **0** Unacceptable **0** Does not apply

Question 31

Supervisor used direct observation (in the room at the time a session was conducted or by video linked to another room). [Comment

0 Superior **O** Above Average **O** Acceptable **O** Poor **O** Unacceptable **O** Does not apply

Question 32 **Supervisor**

used indirect observation (conferences with other professionals, review of videotaped sessions)

Comment

0 Superior **O** Above Average **O** Acceptable **O** Poor **O** Unacceptable **O** Does not apply

---

Question 33

Supervisor provided input regarding plans and reports. Comment

0 Superior **O** Above Average **O** Acceptable **O** Poor **O** Unacceptable **0** Does not apply

---

Question 34

Supervisor provided timely input regarding plans. Comment

0 Superior **O** Above Average **O** Acceptable **O**Poor **O** Unacceptable **O** Does not apply

---

Question 35

Please provide any additional comments on Amount of Supervision: Comment

Clinical Skills:

Question 36

Supervisor was familiar with and able to demonstrate current practices and procedures. Comment

0 Superior **O** Above Average **O** Acceptable **O** Poor **O** Unacceptable **O**Does not apply

Question 37

Supervisor demonstrated appropriate client/clinician relationships. Comment

0 Superior O Above Average O Acceptable O Poor O Unacceptable O Does not apply

---

Question 38

Supervisor was familiar with relevant literature. Comment

0 Superior O Above Average **O** Acceptable **O** Poor **O** Unacceptable **O** Does not apply

---

Question 39

Supervisor provided reference materials and resource materials when appropriate. Comment

0 Superior **O** Above Average **O** Acceptable **O** Poor **O** Unacceptable **O** Does not apply

---

Question 40

Supervisor demonstrated knowledge of current research. Comment

0 Superior **O** Above Average **O** Acceptable **O** Poor **O** Unacceptable **0** Does not apply

---

Question 41

Please provide any additional comments on Clinical Skills: Comment

Feedback:

Question 42

Supervisor provided positive feedback. Comment

0 Superior **O** Above Average **O** Acceptable **O** Poor **O** Unacceptable **0** Does not apply

---

Question 43

Supervisor provided constructive feedback. Comment 1

0 Superior **O** Above Average **O** Acceptable **O** Poor **O** Unacceptable **O** Does not apply

---

Question 44

Supervisor's criticisms and suggestions were easy to interpret. Comment:

0 Superior **O** Above Average **O** Acceptable **O** Poor **O** Unacceptable **O** Does not apply

---

Question 45

Supervisor provided verbal evaluations of my performance. Comment

0 Superior **O** Above Average **O** Acceptable **O** Poor **O** Unacceptable **0** Does not apply

Question 46

Supervisor provided written evaluations of my performance. | Comment j

Superior Above Average Acceptable Poor Unacceptable Does not apply

---

Question 47

Please provide any additional comments on Feedback: i Comment |

Click Save to save your responses and continue.

Click | Finish] when you are done.

10/7/2024_ 2:13 PM

Student Evaluation of Clinical Placement

Northern Michigan University CALIPSO
Student Evaluation of Clinical Placement Printed for
Isaacson, Heather

Student Evaluation of Clinical Placement

Semester:

UG Summer 2024
UG Fall 2024
UG Winter 2025

Site: All

Select multiple by holding down ctrl or cmd

Change

Number of feedback forms included: 0

(Overall mean and median are for all Sites in this Semester.)

	Mean	Median	Overall Mean	Overall Median
OVERALL				
This practicum experience met my training goals and interests				
This practicum experience met expectations regarding clinical population, workload, and documentation				
The site furthered my efforts to achieve my professional goals				
The site provided a reasonable balance between direct clinical contact hours vs. related clinical responsibilities				
There were opportunities to discuss the process of ethical decision making				
Evidence-based clinical practice was utilized				
In general, I felt welcomed at this site				
I felt prepared to meet the challenges and expectations of this practicum site				
I would recommend that this site be used for future practicum placements				
THE PRACTICUM SITE PROVIDED ADEQUATE:				
Supervision by clinical supervisor				
Training and orientation				

Physical facilities and work space				
Equipment and materials to engage in effective service delivery				

Administrative/clerical support				
THE PRACTICUM SITE ALLOWED APPROPRIATE OPPORTUNITIES FOR:				

Diagnostic experiences				
Treatment				
Client and family interactions				
Interactions with other professionals				
Interactions with culturally and linguistically diversified populations				

What were the strengths/positive aspects of this practicum site?

What might you suggest to strengthen the experience at this practicum site? What advice would you give the next student placed at this site?

Authored by: Laurel H. Hays, M.Ed., CCC-SLP and Satyajit P. Phanse, M.S.

Diagnostic Evaluation Form

Northern Michigan University Speech, Language, and Hearing Clinic
1504 W Science Marquette, MI 49855 (906) 227-2152
Initial Evaluation Fall 20XX

Name:	Date of Report:
Parents:	Date of Birth:
Address:	Age:
Telephone:	Treatment Diagnosis:

History: (Full name, age, native language, date of eval, location, relevant medical or social hx, allergies, grade, who client resides with, who attended session with client, any prior speech or hearing services, referral source, reason for referral, allergies, strengths/weaknesses in school, hobbies/interests)

Tests Administered: (formal/informal)(Testing atmosphere, client cooperative, sick, distracted, fully participated, believe results accurate)

Results:

Oral/motor Skills: (DNT/Rating statement,

comments/data) **Swallowing**: (DNT/Rating statement,

comments/data) **Articulation**: (DNT/Rating statement,

comments/data) **Voice**: (DNT/Rating statement,

comments/data)

Language:

Auditory Comprehension: (DNT/Rating statement, comments/data

Language Expression: (DNT/Rating statement, comments/data)

Reading: (DNT/Rating statement, comments/data)

Writing: (DNT/Rating statement, comments/data)

Summary: (List areas of strength and weakness)

Recommendations: No therapy, referral, therapy, frequency, areas to address, Prognosis statement)

Diane Jandron, M.A., CCC-SLP
Supervising Speech-Language
Pathologist

SEMESTER TREATMENT SUMMARY

Client's Name: _____ Dates of Treatment: _____

Address: _____ Date of Birth: _____

Age: _____

Clinician:_____

Phone: _____ Supervisor: _____

Parents: _____

Referral Source: _____

Client Background:

- State client name, age, sex, referral source, reason for referral, communication disorders and other conditions presented.
- Provide brief background history.

Summary of Treatment:

- State treatment schedule (frequency and duration of planned treatment) and total individual group therapy hours (if applicable).
- Describe client motivation, attendance, support systems.
- By goal/objective area, state:
  - Baseline and final data
  - Variables and affecting progress
  - Methods/strategies used and effectiveness of each
- State changes in plan of treatment during the semester and rationale for each; treat each new goal/objective as above.
- Describe (and attach – see below) any home program administered.

Recommendations:
(SUPERVISORY APPROVAL IS OBTAINED BEFORE YOU LIST THESE):

- Make a recommendation to continue treatment, transfer to another facility or terminate treatment.
- If treatment is to continue at the NMU Speech, Language, and Hearing Clinic, supply the semester recommended (ex. Winter 20___semester).

- Make other recommendations as discussed with your supervisor (for example, the child should be enrolled in Head Start; the client has been referred to the American Heart Association for information on free blood pressure checks; etc.)

Signature lines of the student and the faculty supervisor should take this form:

John Smith
Undergraduate Clinician

Joseph Johnson, Ph.D., CCC-SLP
Clinical Supervisor

Additional Information Placed Under Signature Lines

- Designate that copies should be sent to those individuals indicated by the client or the parent(s) under the last signature line in this manner (discuss with your supervisors, examples follow):

  cc: Mary Ellen Jones, TSLI, Marquette-Alger Intermediate School District
  James White, M.D., Upper Peninsula Medical Center
  Sue Stone, Speech Therapist, Head Start

- Designate what attachments should accompany copies of this report and the title of each attachment (discuss with your supervisor, examples follow):

  att: Home Program
  Samples of client responses
  Language sample
  Summary of signs learned this semester
  Summary of words used verbally
  etc.

General Comments:

1. Pages after the first one should list the client's name and page number. This can be done easily with a header.

2. Please paper clip (do not staple) the pages to be copied.

3. The summary, signatures, and c: should all be on the same page. The last page cannot contain only signatures.

Northern Michigan University Speech, Language, and Hearing Clinic
1504 W Science Marquette, MI 49855 (906) 225-2152

POC
Fall 2020

Date: 11/14/2024
Client: SNOOPY PRACTICE BEAGLE
Clinician:

GOALS	OBJECTIVES	Activities

Diane Jandron, M.A., CCC-SLP Supervising Speech-Language Pathologist
11/14/2024 1:47 PM

Northern Michigan University Speech-Language-Hearing Clinic

Daily SOAP Note

Date: 12/16/2024
Time In:
Time Out:

S: (Subjective: **Opinion** regarding client behavior or status or reported by patient/family)
O: (Objective: quantifiable, measurable and observable **data** gained from session)
A: (Assessment: Your **interpretation** of “S” and “O” in relation to their status. Can compare to client’s previous levels.)
P: (Plan: Your plan for **future** session, discharge, referral, changes to treatment plan or continue)

Diane Jandron, M.A., CCC-SLP
Supervising Speech-Language Pathologist
12/16/2024 11:25 AM

New Pediatric Case History Form

Speech, Language, & Hearing Clinic
Pediatric Case History Form

Child's Name: _____ Date of Birth: _____ Age: _____ Gender: _____

ALLERGIES: _____

Diagnosis (if any): _____ Age of Diagnosis: _____

Mother's Name: _____ Occupation: _____
Daytime Phone: _____ Cell Phone: _____
Address: _____
E-mail Address: _____

Father's Name: _____ Occupation: _____
Daytime Phone: _____ Cell Phone: _____
Address (if different from above): _____
E-mail Address: _____

Doctor's Name: _____ Clinic Name: _____
Doctor's Phone: _____ Doctor's Fax: _____

Child lives with:
☐ Birth parent(s) ☐ Adoptive parent(s) ☐ Other _____

Parents are: ☐ Married ☐ Separated ☐ Divorced ☐ Other _____

If your child was adopted, at what age and from where? _____

Please list other children in the family:

Name	Age	Speech/Hearing Problems?

Is it okay to use holiday themed activities? ☐ Yes ☐ No

Is there another language other than English spoken in the home? ☐ Yes ☐ No
If yes, what language? _____

What are your child's interests/motivators?

_____
_____

BIRTH HISTORY

Was there anything unusual about the pregnancy or birth? ☐ Yes ☐ No
If yes, please describe: _____

Was the mother ill during the pregnancy? ☐ Yes ☐ No
If yes, please describe: _____

Did the mother take any medications during the pregnancy? ☐ Yes ☐ No
If yes, please list: _____

Was the pregnancy full-term? ☐ Yes ☐ No
If no, how many weeks was the pregnancy? _____

Was labor normal? ☐ Yes ☐ No
If no, please explain: _____

Delivery was: ☐ vaginal ☐ planned cesarean ☐ emergency cesarean ☐ breech

Was your child hospitalized after birth? ☐ Yes ☐ No
If yes, for what and how long? _____

Birth Weight: _____ Length: _____and APGAR scores: _____

Is there any other information about the mother or baby that may be pertinent?

_____
_____
_____
_____

MEDICAL HISTORY

Has your child had any of the following? Check all that apply:

☐ Adenoidectomy
☐ Breathing Difficulties/Asthma
☐ Chicken Pox
☐ Ear Infections
How often/many _____ Which Ear? ☐ L ☐ R
Tubes – When? _____
☐ Head Injury
☐ High Fevers
☐ Meningitis
☐ Seizures
☐ Sleeping Difficulties
☐ Tonsillectomy
☐ Vision Problems

Have you ever questioned your child's ability to hear normally? ☐ Yes ☐ No
If yes, please explain: _____

Has your child ever had his or her hearing tested? ☐ Yes ☐ No
If yes, what were the results? _____

Have you ever questioned your child's ability to see normally? ☐ Yes ☐ No
If yes, please explain: _____

Has your child's vision been tested? ☐ Yes ☐ No
If yes, what were the results? _____

Has your child been seen by any medical specialists? ☐ Yes ☐ No
If yes, please explain? _____

Other serious injuries/surgeries: _____

Has your child been diagnosed with any of the following? Check all that apply:

☐ Attention Deficit Disorder (ADD)
☐ Autism (ASD)
☐ Developmental Delay
☐ Epilepsy/Seizure Disorder
☐ Pervasive Developmental Disorder (PDD)
☐ Reflux
☐ Sensory Integration Disorder (SID)
☐ Other: _____

Please list current medications and their purpose:

_____ _____
_____ _____
_____ _____

Are there any precautions that should be taken with your child?
(i.e. food allergies, aggressive behavior, decreased awareness of safety, etc.)

_____
_____

Please describe any pertinent family medical history (i.e. mother, father, siblings, and grandparents):

_____
_____

DEVELOPMENTAL HISTORY

Do you have any concerns about your child's overall development? ☐ Yes ☐ No
If yes, what are they?

_____

_____

_____

Have you shared your concerns with your child's doctor? ☐ Yes ☐ No
If yes, what were the recommendations, if any?

_____

_____

_____

Please indicate the approximate age your child achieved the following developmental milestones:

Babbled _____ Rolled over _____
Used single words _____ Crawled _____
Began combing words _____ Sat alone _____
Spoke in short sentences _____ Stood alone _____
Ate table foods _____ Walked independently _____
Fed self _____ Grasped a crayon _____
Toilet trained _____ Dressed self _____

Does your child choke or cough when eating or drinking? ☐ Yes ☐ No

Does your child have difficulty chewing certain textures? ☐ Yes ☐ No

Does your child currently put toys/objects in their mouth? ☐ Yes ☐ No

Does your child brush their teeth and/or allow brushing? ☐ Yes ☐ No

Is your child a picky eater? ☐ Yes ☐ No

If yes, please describe any aversions to textures, temperatures, etc.:

_____

_____

Is your child currently on a GFCF diet? ☐ Yes ☐ No

Are there any other food restrictions? ☐ Yes ☐ No

If yes, please list:

_____

_____

_____

What are behavioral characteristics your child demonstrates? Check all that apply:

☐ Cooperative/attentive
☐ Willing to try new activities
☐ Usually happy/easygoing
☐ Plays/shares well with others
☐ Shy/quiet
☐ Easily frustrated
☐ Impulsive/distractible
☐ Stubborn/resistant to change
☐ Avoids touch
☐ Craves touch
☐ Poor eye contact
☐ Repetitive behaviors
☐ Short attention span/restless
☐ Tires easily
☐ Destructive/aggressive
☐ Withdrawn
☐ Self-abusive behavior
☐ Other: _____

Has your child ever gained skills and then lost them in any developmental area? ☐ Yes ☐ No

If yes, please explain:

_____

_____

_____

SPEECH-LANGUAGE HISTORY

Do you feel that your child has a speech/language problem? ☐ Yes ☐ No
If yes, please describe:

_____

_____

If yes, who first noticed the problem and when?

_____

_____

Has your child ever had a speech evaluation/screening? ☐ Yes ☐ No
If yes, when, where, and what were you told?

_____

_____

Has your child ever had speech-language therapy? ☐ Yes ☐ No
If yes, when and where?

_____

_____

Has your child ever received any other evaluations or therapy? ☐ Yes ☐ No
If yes, please describe:

_____

_____

Is your child aware of, or frustrated by, any speech/language difficulties? ☐ Yes ☐ No
If yes, please describe:

_____

_____

What do you see as your child's most difficult problem(s)?

_____

_____

My Child…

☐ Repeats sounds, words, or phrases over and over
☐ Understands words
☐ Understands sentences
☐ Understands conversation
☐ Retrieves/points to common objects upon request
☐ Follows 1-step directions
☐ Responds correctly to yes/no questions
☐ Responds correctly to 'wh' questions
☐ Asks questions of others

My child currently communicates using…

☐ Crying or tantrums
☐ Body language (i.e. pointing, looking, gesturing)
☐ Sounds (i.e. vowel sounds, grunting)
☐ Single words
☐ 2 to 4 word sentences
☐ Sentences longer than 4 words (provide example):

_____

☐ Other: _____

Check all that apply

If your child typically is using words or sentences, please indicate if they are difficult to understand

By you: ☐ Yes ☐ No By others: ☐ Yes ☐ No

If yes, How? Check all that apply:

Speech Sounds	**Language**	**Fluency/Voice**
Omits sounds	Word order	Word or sound repetitions
Distorts sounds	Omits words	Frequent and/or long pauses
Substitutes sounds	Speaks in only words/phrases	Frequent use of "um" or "uh"
Other: _____	Other: _____	Other: _____

Estimate the percentage of time your child's speech is understood:

By you: _____ % By others: _____ %

SOCIAL INTERACTION

Does your child interact with other children? ☐ Yes ☐ No
Describe how your child interacts with other children:

Does your child interact with adults? ☐ Yes ☐ No
Describe how your child interacts with adults:

PLAY SKILLS

Does your child prefer to play alone? ☐ Yes ☐ No
What games and toys does your child prefer?

Describe how your child plays with toys:

Does your child play with other children? Yes No
If yes, describe how your child plays with other children:

EDUCATION HISTORY

Name of school: _____ Grade: _____

What are your child's strengths and/or best subjects?

Which subjects are more challenging for your child?

Is your child receiving specialized/additional services through the school? ☐ Yes ☐ No
If yes, please explain:

Does your child's performance become better or worse in different settings/situations? ☐ Yes ☐ No
If yes, please describe:

If your child has an IFSP/IEP in place and/or other evaluation reports please include a copy.
Also, if you would like there to be communication between the NMU Speech, Language and Hearing Clinic and the school support staff/therapists/teachers, please complete a Release of Information Form.

Thank you for taking the time to complete this form. Please address any additional concerns below.

Additional Comments/Concerns

Name of person completing this form: _____

Relationship to the child: _____ Date form was completed: _____

Fluency Case History Form: Preschool and School-Aged Child

SPEECH, LANGUAGE, & HEARING CLINIC
FLUENCY CASE HISTORY FORM PRESCHOOL & SCHOOL-AGE CHILD

Instructions: Please fill out this form to the best of your ability and in as much detail as you can provide. This information will be treated as confidential. Please return this form prior to your appointment.

Today's Date: _____
Client Name: _____ **Allergies:** _____
Client's Date of Birth: _____ **Gender:** _____ **Preferred Pronouns:** _____
Parents Name(s): _____ **E-mail:** _____
Phone: _____ **Address:** _____
Age concerns were noticed: _____

Any situations that may have been associated with the dysfluency (stuttering):

_____
_____
_____

Please indicate the types of speech difficulties that have been noticed:

_____
_____
_____

Please check all items, if any, that are or have been noticed in the child's speech:

- ☐ Repetitions of words
- ☐ Repetitions of letters
- ☐ Repetitions of the first syllable
- ☐ Blocks
- ☐ Prolongations
- ☐ Visible attempts to speak
- ☐ Fast rate of speech
- ☐ Other _____

Have the concerns always been/presented the same or has it changed over time? Please describe.

_____
_____
_____

Does your child engage in avoidance of speaking in situations? *If so*, please describe:

_____
_____
_____

Have there been any attempts to *reduce* or *treat* the concerns? *If so*, please describe.

_____

_____

_____

Please check the following items that are reflective of your child's awareness of his/her speech difficulties:

☐ Demonstrates little to no self-awareness of speech difficulties
☐ Demonstrates some awareness of speech difficulties
☐ Demonstrates annoyance regarding speech difficulties
☐ Demonstrates fear of speaking or fear of embarrassment as a result of speech difficulties
☐ Demonstrates very strong negative feelings associated with speaking

If applicable: What speaking situations cause the most stress or negative feelings associated with speaking:

_____

_____

_____

Please provide a brief description of your child's temperament or personality
(*Examples: outgoing, shy at first, easy going, busy body, persistent, easily distracted?):*

_____

_____

_____

Please feel free to leave any additional comments, questions, or concerns below:

_____

_____

_____

_____

_____

New Adult Case History Form

SPEECH, LANGUAGE, & HEARING CLINIC

ADULT CASE HISTORY FORM
CONFIDENTIAL INFORMATION

Today's Date_____

First Name _____ Last Name _____

Email _____ Allergies _____

Date of Birth _____Age _____Gender _____ Preferred Pronouns _____

Address _____

City _____ State _____ Zip _____

Phone: (cell) _____(home) _____ (work) _____

Occupation _____ Education _____ Military Service _____

Person providing information _____ Relationship _____

Referred by _____ Home Language(s) _____

FAMILY INFORMATION

Spouse/Partner's Name (If applicable) _____

Emergency Contact Name & Phone # _____

Number of Dependents/Children in the Home _____

Name	Relationship	Age

NATURE OF THE CONCERN

In your own words, describe your speech/language or hearing difficulties.

_____

_____

_____

HISTORY OF THE CONCERN

When was the problem first notice? By whom?

_____

_____

What do you think caused or is causing the concern?

_____

_____

Are there any conditions that make the issue seem more or less severe?

_____

_____

CURRENT SPEECH AND LANGUAGE STATUS:

What are your areas of concern at this time? Please check all that apply.

☐ Receptive Language Skills (i.e., following directions, understanding concepts/questions/attention span)

☐ Expressive Language Skills (i.e., answering questions, limited vocabulary, forming grammatically correct sentences, word finding, stuttering, etc.)

☐ Articulation (i.e., difficulty producing specific sounds or sound combinations, intelligibility of conversational speech, lisp, etc.)

☐ Oral Motor Strength and Coordination (i.e., drooling, mouth/jaw/tongue strength and coordination, tongue protrusion)

CURRENT LEVEL OF COMMUNICATION SKILLS

UNDERSTANDING

☐ Follows all conversations all of the time

☐ Follows conversations some of the time

☐ Understands short, simple directions

☐ Does not usually understand conversations

☐ Do not know

☐ Other:

SPEAKING

☐ Uses sentences all of the time

☐ Puts 2-3 words together

☐ Uses some words

☐ Unable to say words

☐ Uses a communication device

☐ Other:

READING

☐ Reads Books

☐ Reads magazines and newspapers

☐ Reads sentences (e.g., headlines, labels)

☐ Reads words

☐ Does not read

☐ Do not know

☐ Other:

WRITING

☐ Writes notes and letters

☐ Writes sentences

☐ Writes words

☐ Writes names

☐ Does not write

☐ Types or uses a computer

☐ Do not know

DAILY LIVING SKILLS

Check any additional areas that are challenging and provide additional information as needed:

☐ Remembering names/words

☐ Remembering important/new information

☐ Learning new routines/skills

☐ Remembering where items are located

☐ Paying attention

☐ Staying safe

☐ Attending to both left and right

Following directions, (mark all that apply)

☐ Visual ☐ Spoken ☐ Maps

☐ Getting lost in unfamiliar locations

☐ Making good judgments/decisions

☐ Managing budgets/money /expenses

☐ Managing time

☐ Solving problems

☐ Planning

☐ Making appointments

☐ Making phone calls

☐ Other:

Voice and Communication Therapy Case History Form

SPEECH, LANGUAGE, & HEARING CLINIC

VOICE AND COMMUNICATION THERAPY CASE HISTORY FORM

All information on this form is confidential and will be kept in a private and secure location.

Today's Date_____
First Name _____ Last Name _____
Email _____ Allergies _____
Date of Birth _____Age _____ Gender _____Preferred Pronouns _____
Address _____
City _____ State _____ Zip _____
Phone: (cell) _____ (home) _____ (work) _____
Occupation _____ Education _____ Military Service _____
Person providing information _____ Relationship _____
Referred by _____ Home Language(s) _____
Allergies _____
Emergency Contact Name & Phone # _____

REASON FOR SEEKING VOICE AND COMMUNICATION SERVICES _____

Please describe any concerns relating to voice/speech/communication in order of importance to you.

	Concern	How long has this been a concern?
1.	_____	_____
2.	_____	_____
3.	_____	_____

If you have tried any treatments for these concerns in the past (on your own or with a professional), please describe when, what you tried, and the results _____

_____

_____

Have you ever had a hearing test? ☐ NO ☐ YES Approx. date _____
Result _____

Does your throat feel sore after you have spoken for a long time? ☐ NO ☐ YES

Does your voice change when you are under stress? ☐ NO ☐ YES
If so, how? _____

_____

Do you think you may have a voice problem unrelated to gender affirmation? ☐ NO ☐ YES ☐ Maybe
If maybe or yes, describe _____

_____

Do you use you use your voice in your work? ☐ NO ☐ YES

Describe _____

Do you use your voice for recreation (singing, acting, etc.)? ☐ NO ☐ YES

_____

_____

Do you have a specific goal in mind with these voice and communication services? _____

_____

MEDICAL HISTORY

Current Medications
(name and dose; include herbs/supplements)

_____
_____
_____
_____

Allergies

_____
_____
_____
_____

Surgeries, serious illnesses, injuries, and/or hospitalizations — Date

_____ _____
_____ _____
_____ _____

Please check if you have or ever had:

☐ Allergies	☐ Chronic sore throat	☐ Loss of voice
☐ Asthma	☐ Difficulty breathing	☐ Pain in ears
☐ Chronic congested nose	☐ Difficulty swallowing	☐ Pain in jaw
☐ Chronic cough	☐ Ear Infections	☐ Ringing in the ears
☐ Chronic headaches	☐ Frequent need to clear throat	☐ Feeling lump in throat
☐ Chronic heartburn/acid reflux	☐ Hearing loss	☐ Sinus problems
☐ Chronic runny nose	☐ Hoarseness	☐ Sleep apnea

Have any individuals in your family had serious illnesses or speech/hearing problems? Please describe.

_____

_____

OTHER FACTORS THAT MAY EFFECT VOICE

Daily intake of water and other non-caffeinated, non-alcoholic drinks (e.g. milk, juice)

_____

_____

Please share current daily consumption of the following
(if no longer consuming but history of previous use, please note approximate end date)

	Current use	Former Use	Consumption
Caffeine	☐	☐	_____
Alcohol	☐	☐	_____
Tobacco	☐	☐	_____
Marijuana	☐	☐	_____
Crack/Cocaine	☐	☐	_____
Amphetamines	☐	☐	_____
Other _____	☐	☐	_____

SOCIAL AND EMOTIONAL INFORMATION

Describe any other difficulties you are having now:

_____

_____

List your interests/leisure activities:

_____

_____

Describe how your difficulties impact daily life and activities, including relationships:

_____

_____

PERTINENT CULTURAL CONSIDERATIONS IDENTIFIED BY FAMILY AND/OR CLIENT:

_____

_____

_____

OTHER HEALTH PROFESSIONALS INVOLVED IN CARE

To assist in coordination of care, it is helpful to know about other health professionals you are seeing. Other care providers will not be contacted without your permission, unless there is a medical emergency. Please consider providing authorization to exchange health information with your other providers; this is found on the separate form Release of Information.

OTHER RELEVANT INFORMATION

Is there additional information you would like us to know, please write in the space below:

_____

_____

_____

_____

_____

Have you received any speech/language evaluations or therapy? ☐ NO ☐

YES If yes, where and when?

Is there a family history of speech/language problems? ☐ NO ☐ YES

If so, explain _____

HEALTH HISTORY

Physician _____ Address _____

Others consulted _____

Medical Findings _____

Has your hearing been tested? ☐ NO ☐ YES If yes, why whom? _____

Results _____

Has your vision been tested? ☐ NO ☐ YES If yes, by whom? _____

Results? _____

Are you receiving any medication or treatment now? ☐ NO ☐ YES

If so, please describe. _____

Illnesses and Health Problems (check those which apply)

☐ Asthma	☐ Frequent Colds	☐ Traumatic Brain Injury/Concussion
☐ Bronchitis	☐ Frequent Headaches	☐ Cancer
☐ Pneumonia	☐ Ear infections	☐ Neurogenic disorder
☐ High fevers	☐ Other infections	☐ Paralysis, paresis, tremors
☐ Hypertension	☐ Stroke	☐ Other:

Have you had any serious injuries or accidents? ☐ NO ☐ YES

If yes, please describe. _____

Major surgery? ☐ NO ☐ YES If yes, please describe _____

Do you wear dentures? ☐ NO ☐ YES

SOCIAL AND EMOTIONAL INFORMATION

Describe any other difficulties you are having now.

List your interests/leisure activities.

Describe how your difficulties impact daily life and activities, including relationships.

Pertinent cultural considerations identified by family and/or client.

Any additional information you would like to share?

Signature

Date