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RECEIPT OF STUDENT HANDBOOK

I, ________________________________, have read the
(print name)
Student Handbook and understand the information contained in it such as, Clinical
Rules and Regulations, Role as a Professional, Clinical Paperwork, Knowledge-
Based Competencies, Grading Policy, etc.

______________________________
Student Signature

_______________
Date
Speech-Language Pathology Program

Vision Statement

The Speech-Language Pathology faculty and staff will offer educational experiences of the highest quality designed to produce speech-language pathologists who will provide leadership, service and scholarship in meeting the challenges of the new millennium.

Mission Statement

The program in speech-language pathology is dedicated to the preparation of professional speech-language pathologists to serve a linguistically and culturally diverse community. The preparation includes close collaboration of faculty and students in the areas of teaching, learning, research, scholarship and service to the program, college, university and community in a context of continuing quality measurement and improvement.
PREFACE

Welcome to the staff of The University of Texas at El Paso Speech, Hearing and Language Center. You are in the process of applying your theoretical knowledge into clinical practice. Your supervisors will be available to assist, guide and direct you as you begin to plan and implement therapy and diagnostics.

The Speech, Hearing and Language Center provides you with a site to acquire and refine the technical, interpersonal, diagnostic and personal skills you will need for professional advancement while providing valuable services to the El Paso community. As you gain experience, you will find that you are able to handle clinical management with increasing independence.

The clinical handbook is intended to expose you to the policies, procedures and some of the paperwork at the UTEP SHLC. Hopefully, this handbook will answer questions and clarify issues that may arise as you enter this phase of your career development. It is not intended to substitute for frequent contact with your assigned supervisors, who are here to help you throughout the entire process.

GOOD LUCK!
PHILOSOPHY STATEMENT of the UTEP

Speech-Language Pathology Program

The UTEP Speech-Language Pathology Program (SPLP) and its clinic are committed to providing a quality educational program to university students with career goals of becoming speech-language pathologists and/or audiologists. The UTEP SPLP Program is dedicated to providing the highest quality diagnostic, therapy and counseling services to the people we serve. University students are a dynamic force in the Speech Hearing and Language Center, and while here, will begin developing the problem-solving skills, ethics and values they will need to become responsible professionals.

In keeping with the philosophy statement of the Speech, Hearing and Language Division, all students enrolled in SPLP 5369, 5379 and 5389 are obligated to provide the very best clinical services to their clients. Your clinic supervisor will determine appropriate leadership and independent roles in providing the best service to your client(s).

Scholastic Dishonesty

Students are expected to maintain a high standard of honor in their scholastic work. Scholastic dishonesty (which includes, but is not limited to, the attempt of any student to present as his/her own the work of another, or any work which he/she has not honestly performed, or attempting to pass any examination by improper means) is a serious offense and will subject the student to disciplinary action. The aiding and abetting of a student in any dishonesty is held to be an equally serious offense. For elaboration of these general rules, see the HOP, Section 1-202.
DIRECTORY

UT El Paso Speech, Hearing and Language Center 747-7250

Director: Dr. Anthony P. Salvatore, Ph.D., CCC-SLP, BC-NCD 747-7265

Clinic Coordinator: Benigno Valles, M.S., CCC-SLP bvalles@utep.edu
Office rm 402 747-7209

Please only call your supervisor at home only in case of an emergency.

SPLP Faculty

Dr. Anthony P. Salvatore 747-7265 rm 401 asalvatore@utep.edu
Dr. Bess Sirmon-Taylor 747-7278 rm 416 bsfjordbak@utep.edu
Dr. Vannesa Mueller 747-8221 rm 415 vtmueller@utep.edu
Dr. Connie Summers 747-8226 rm 418 clsummers@utep.edu
Dr. Pat Lara 747-7271 rm 417 plara2@utep.edu
Dr. Jamie Desjardins 747-8724 rm 403 jdesjardins@utep.edu
Ms. Suzanne Crow 747-8220 rm 404 smcrow@utep.edu
Ms. Bertha Manriquez 747-8307 rm 215 bmanriquez@utep.edu
Mrs. Melissa Vasquez 747-7250 rm 107 mavasquez3@utep.edu
Forms of Student Evaluation

The program requires students to evaluate the effectiveness of their clinical services as follows:

1. During the fall and spring semesters, at mid-term and final supervisor/student meetings the student will submit their ratings of their performance using the multidimensional rating system that evaluates their performance and clinical independence in providing clinical services. The student will use the same rating system as the supervisor and these ratings will provide the opportunity for the supervisor and student to discuss the effectiveness of the services they provided and the level of performance and clinical independence exhibited while providing services. Each competency that is rated by the supervisor and student reflect the nature of the services provided while the rating system provides information about the student’s performance and independence in providing patient services. This procedure for student self-evaluation will target the student’s progress in addressing the clinical competencies, their performance and their independence in providing patient services.

NOTE: The forms used to evaluate students in the Speech-Language Pathology Program for the different practicum settings are generic and not specific to each individual semester/site.

2. During the first clinic meeting of the summer session, students are informed that they will be evaluated with the same competency forms used in previous semesters but will not receive a mid-term evaluation. Students are evaluated throughout the practicum and supervisor/student meetings may be conducted at any point in time to review competency levels. The student level of performance and independence is expected to continue to increase during the third and final semester at our university clinic before going off-campus to their respective community externships.

3. The supervisor can request at any point during the Fall and Spring semester, in addition to the mid-term and final meetings, that the student meet with the supervisor to review the student’s progress if necessary based upon weaknesses in the student’s performance that are not improving.

4. The only standing grade, “final grade”, is assigned upon completion of the semester based on the total number of clinical hours obtained to date and the competency levels achieved in student performance and supervisory input. Mid-term evaluations are not averaged to the final evaluations to determine final grade.

5. Students also utilize single subject treatment designs, such as multiple baseline design or alternating treatment design, which reflect the progress of the patient and the effectiveness of the student in helping the patient reach their treatment goals.

Formative Evaluation: The program engages in a variety of formative evaluation activities. These forms are identified below with page numbers indicating where in the Student Clinical Handbook a description and associated documentation are located.

Daily feedback- Spoken and/or written feedback is provided to students about their clinical performance following each clinical session. See Student Clinical Handbook p. 34 #3a, b; p. 35 #4; p. 36 #1, 2, 3e; p. 45; pp. 60-61.

Similarly in the classroom students are provided verbal feedback after their response to a question posed by the classroom instructor. From time to time students are also given quizzes on a weekly basis and the feedback is provided in terms of the grade/score given and any written comments provided by the instructor.

Classroom grades- Class grades are provided by the instructor. A description of the grades and the expectations for the grades are specified on each instructor’s course syllabus which is provided to each student on the first day of class.
Clinical Grades: Practicum grading policy and procedures are described in detail on pages 37-38 and pages 48-49 in the Student’s Clinical Handbook. The grading system is based upon the formative evaluation of the student’s effort and clinical independence, dependent upon their clinical experience (i.e., number of hours earned), as judged by the clinical supervisor at both on- and off-campus practicum sites.

Weekly conferences- Weekly clinical meetings are held to review individual student questions and patient staffing (Student Clinical Handbook p. 22 #2 & 3; p. 32 #10; p. 36 #1; p. 40; pp. 42-43). Each supervisor has posted office hours for students to address any problems they may have, in addition weekly meetings may be scheduled with each student they are supervising. Similarly, classroom instructors have weekly office hours that are posted in course syllabus and outside their office to address any issues the student may have.

Oral Performance feedback- Each student is expected to demonstrate the ability to orally present across a variety of settings. See Oral Competency, page 141 in the Student Clinical Handbook. Clinically, each student is expected to present orally at their patient staffing (per course syllabus). Several classroom courses have a requirement for students to present orally, for example, SPLP 5377 Treatment Efficacy in Communication Disorders. Feedback is provided to the student following their presentation.

Written Performance feedback- Each student is expected to demonstrate the ability to write across a variety of settings. See Writing Competency, page 142 in the Student Clinical Handbook. Clinically, each student is expected to write session SOAP notes which are evaluated and feedback provided in a timely manner. Several classroom courses have writing requirements for students, for example, SPLP 5377 Efficacy. Timely feedback is provided to the student when their written reports are returned.

Ethical performance feedback- This evaluation is continuous across the entire graduate program. Ethical issues are discussed during clinical staffing meetings and within the classrooms. Special emphasis is given to ethics during the research course and differential diagnosis course.

Clinical application of scientific principles- Students are required to utilize single subject treatment designs (SSTD) to monitor the progress of their treatment procedures. They are required on a weekly basis to present their case utilizing the SSTD, as well as at mid-term and at the end of each semester, or prior to the discharge of the client. During these staffing sessions the student is expected to utilize the scientific method to design, carry out and interpret the results of their treatment procedures.

Students are also required to write a Capstone Paper utilizing SSTD. The student can chose to use the data from the client they are treating or to use hypothetical data. The Capstone Paper is expected to be publication-ready quality when the final version is submitted to faculty. The Capstone Paper is assigned the first day of the Research course, during the first semester of the graduate program. The paper is assessed at the end of the course and graded. After Year 1 Term 1, each student is assigned to a faculty member to provide guidance to the student in the development of their Capstone Paper. The student is expected to continue to work on the paper throughout their graduate program. During the Efficacy course in Summer session Year 1 Term 3, the Capstone is again part of the requirements of the course. Their progress is assessed and graded. The student is expected to continue to develop the paper to be handed in Year 2 Term 2 at approximately mid-term. The paper is distributed to the student’s Oral Exam committee and will serve to initiate the oral exam. This continuous formative evaluation leads to one of the Formative Evaluations: Capstone/Oral Exam.

Summative Evaluation

Knowledge and Clinical competencies- The knowledge and clinical competences students are expected to satisfy are all itemized in the Student Clinical Handbook, pp. 70-142. The grading system for these competences are on pp. 37-38 & 48-49 while the clinical forms for documenting the students progress and grade can be found via the following link: http://chs.utep.edu/speechlanguagepathology/pdf/2-COMPETENCY%20RATING%20FORMS%208.30.11.pdf.
Classroom/Academic Course Work Grades: The grading system for each course/professor is documented on every course syllabus distributed to the students and found via the University Web page. The university grading policies can be located at [https://www.goldmine.utep.edu/prod/owa/UTEP_UTIL.SetCatalogTerm?term_in=201110](https://www.goldmine.utep.edu/prod/owa/UTEP_UTIL.SetCatalogTerm?term_in=201110).

Oral Performance: Each student participates in final Comprehensive Oral Exams during Year 2 Term 2. The exam committee is composed of two SLP faculty and one faculty member from another program/department within the College of Health Sciences. This examination involves reviewing their Capstone Paper which has been distributed to their orals committee two weeks prior to the exam. After the student’s description of their paper, the committee begins by asking about the Capstone Paper and then moves on to other content and professional questions to assess the student’s total graduate experience. After completing the questions, the student leaves the room and the committee votes: Pass; Pass with recommendations; Fail. Usually the “Pass with recommendations” option addresses some editorial changes to the Capstone Paper based on committee recommendations. A “Fail” decision requires the student to return for Year 2 Term 3 (first summer session) to retake the oral exam with the committee or with a designated faculty member based upon the recommendations of the committee. The expectations are that the students reflect a summation of all that they have learned over the previous two years of graduate studies in their paper/oral performance.

Written Performance: Student is required to do a Capstone Paper that uses a single subject experimental treatment design. The paper must be publication ready. This paper is submitted two weeks before the Oral Exam for review by the oral exam committee. This paper can use hypothetical data based upon a client they have treated, or based upon previous work published in referred journals. The expectations are that the students reflect in their Capstone Paper a summation of all that they have learned over the previous two years of graduate studies.

Clinical Application of Scientific Principles: Student is evaluated through their clinical experiences as to their application of scientific principles. The summative measure is their performance in producing a publication-ready quality Capstone Paper, and their oral defense of the paper during their final Oral Exam.

*GRADE CRITERIA*

1. A “D” or “F” grade in any graduate course will result in immediate dismissal from the graduate program and no reconsideration of the student for readmission will be taken.

2. No more than two (2) C grades will be permitted. A third C will lead to immediate dismissal from the graduate program and no reconsideration of the student for readmission will be taken. If a C grade is earned, it must be matched with an A grade in a course within the program’s required SPLP courses, and this must be accomplished the semester (fall/spring/summer) immediately following the semester the C was earned. *

3. A grade of “C” in any of the clinical practicum will necessitate the repetition of the clinical practicum semester for which a “C” was earned and you will need to earn a “B” or better the following semester. Hours obtained during the practicum in which a “C” was earned will not count toward the total number of hours required for graduation.


If the student seeks help or is identified by faculty to need help academically or clinically, remediation procedures for academic, clinical, or other issues will be initiated. Please refer to Appendix A (p. 143) for an outline of these procedures.
Guidelines for Thesis and Capstone in Speech Language Pathology

One of the requirements for completion of the UTEP Speech Language Pathology Master’s Degree is the completion of either a thesis or a capstone paper. This requirement is a 2-year process, which requires ongoing consistent attention on your part. Your success is dependent upon continual progress, which is the responsibility of each individual student.

What is a thesis/capstone?
- Thesis: Original Research under the umbrella of ongoing research with a professor
- Capstone Paper: Single Subject design with hypothetical data used to answer an original research question; can be a replication of a successful project identified in the literature.

What is the purpose of the thesis/capstone?
- Demonstrate understanding of research design and process
- Culmination project of your graduate work
- Written project that is of publishable quality

How do you prepare for the defense?
- Presentations in class
  - Answer questions from professors and fellow students
  - Ask questions
- Staffing meetings in clinical practicum courses
  - Answer questions from professors and fellow students
  - Ask questions
- Participation in other presentation and research opportunities that are offered (e.g., Graduate Student Research Expo, TSHA Convention, health fairs)

What is the purpose of the thesis/capstone binder?
- The purpose of your thesis/capstone binder is to provide a record of your progress over time
- Maintain a binder with all of your drafts over the course of your 5-6 semesters
- Place the drafts returned to you with edits from your advisor in the binder
- Your advisor will ask to see your binder at various times
- Drafts may be submitted electronically or as a hard copy depending on the preference of your advisor
- If you submit a draft of your paper for a deadline that does not reflect significant progress (revisions), it will not be accepted by your advisor and will be returned to you for further revisions.
- Revise, revise, revise

What is the timeline for THESIS?
- 1st semester- Submit draft to your professor at the end of SPLP 5320 (Fall of 1st year)
- 2nd semester- Submit draft to your professor by April 1st in SPLP 5366 (Spring of 1st year)
- 3rd semester - Submit draft to your professor at the end of SPLP 5377 (Summer of 1st year)
- 4th semester- Discuss deadlines with your advisor
- 5th or 6th semester*- Discuss deadlines with your advisor
  - Thesis defense will be scheduled when your paper is of publishable quality to be determined by your advisor.
  - Thesis must be sent to committee at least 2 weeks prior to your defense meeting
• Under the following conditions, the thesis defense will be scheduled for the following semester. You will be required to register for another thesis course with your advisor during that semester.*
  • Your thesis is not of publishable quality so a defense meeting cannot be scheduled
  • You fail the thesis defense

What is the timeline for CAPSTONE PAPER?
• 1st semester- Submit draft to your professor at the end of SPLP 5320 (Fall of 1st year)
• 2nd semester- Submit draft to your professor by April 1st in SPLP 5366 (Spring of 1st year)
• 3rd semester - Submit draft to your professor at the end of SPLP 5377 (Summer of 1st year)
• 4th semester- Submit draft to your advisor by October 15th
• 5th semester- Submit draft to your advisor by January 20th
  • Further draft deadlines to be determined by you and your advisor
  • Oral Comps to be scheduled in March if your capstone paper is of publishable quality
  • Capstone paper must be sent to committee at least 2 weeks prior to your defense meeting
• 6th semester*- Under the following conditions, the oral comp meeting will be scheduled for the following semester. You will be required to register for an independent study course with your advisor during that semester.*
  • Your paper is not of publishable quality by March
  • You fail the defense of the paper
  • Your oral comps are not passed

* Please note: Courses during the summer are subject to the availability of your advisor. Meetings scheduled during the summer are subject to the availability of the professors on your committee.

Reviewed 10/22/14
*Student Grievance Procedures*

**Equal Educational Opportunity Complaints**
To the extent provided by applicable law, no person shall be excluded from participation in, denied benefits of, or be subject to discrimination under any program or activity sponsored or conducted by The University of Texas at El Paso on the basis of race, color, national origin, religion, sex, age, genetic information, veteran status, disability, or sexual orientation.

Complaints regarding discrimination should be reported to the University’s Equal Opportunity Office. The University’s full policies, including complaint resolution procedures, on equal opportunity, sexual harassment and misconduct and accommodations for individuals with disabilities are available in the *Handbook of Operating Procedures* and on the website of UTEP’s Equal Opportunity Office. Inquiries regarding applicable procedures should be addressed to the University’s Equal Opportunity Office, Kelly Hall, 3rd Floor, at (915) 747-5662 or eoaa@utep.edu.

**Grade Review**
Any student may request a faculty member to review and re-evaluate a grade previously given to the student by that faculty member. Students may also seek assistance or intervention from the Department Chair or other appropriate academic administrator in obtaining a grade review by a faculty member. The formal grade appeal process is to be available in cases where a student wishes to appeal the final grade assigned by a faculty member when the student contends that the final grade was the product of malicious, biased, arbitrary, or negligent determination or impermissible discrimination. No challenge to grading standards shall be pursued on any grounds other than these. This process may not be used to adjudicate cases of suspected student misconduct, plagiarism, or collusion. Formal grade appeals must be officially filed with the Student Grievance Committee of the Faculty Senate no later than one (1) year after the official grade has been released to the student, or in the case of a student who has graduated, no later than three (3) months after the degree has been conferred. The decision of the Student Grievance Committee is final.

Any student who wishes to appeal a grade should talk first with the faculty member who assigned the grade. If agreement cannot be reached, the student may consult with and/or file a grievance with the Chair of the Student Grievance Committee of the Faculty Senate. Students should contact the Office of Student Life for specific information or download a copy of the grievance form and instructions on the Office of Student Life Web page at [http://sa.utep.edu/studentlife/](http://sa.utep.edu/studentlife/) under the heading “Grade Grievance.”

**Other Academic Complaints**
Other academic student concerns that do not involve discrimination, including problems with instructor behavior or student dismissal from a program, should first be addressed with the faculty or staff member with whom they arise. If no satisfactory resolution can be achieved at that level, a written complaint should be submitted to that individual’s supervisor, usually the Chair of the Department. If successful resolution is not achieved, the complaint may be appealed in writing to the Academic Dean. If the complaint is not satisfactorily resolved at the level of the Dean, a written appeal may be submitted to the Office of the Provost. The decision of the Provost is final. Each appeal should be submitted no later than ten (10) working days after the last questioned decision or interpretation.

**Non-Academic Complaints**
Non-academic student complaints related to matters other than discrimination, such as the application or interpretation of student policies, should first be addressed by the student with the individual involved in the interpretation or decision. If the matter is not resolved, a written complaint should be submitted to that individual’s immediate supervisor. The resolution of the complaint may be appealed through the normal lines of
authority and communication up to the Vice President who oversees the department in which the complaint originated. The decision of the Vice President is final. Each appeal should be submitted no later than ten (10) working days after the last questioned decision or interpretation.

In addition to UTEP’s policy, you are also protected by Title IX of the Education Amendments of 1972 which prohibits discrimination on the basis of sex in education programs and activities that receive federal funding. Sexual harassment, which includes acts of sexual violence, is a form of sex discrimination prohibited by Title IX.

*The University of Texas Graduate Catalog, 2014-15,  
http://catalog.utep.edu/undergrad/academic-regulations/student-life-policies-and-procedures/#student160complaintprocedures

**Student Drop Deadline**

Classes dropped prior to the official census date of any term will be deleted from the student’s semester record. Course drops filed by the student after this period but prior to the final deadline (end of the 8th week of a long session or end of the 4th week during a summer session) will result in a grade notation of “W”.

After the student drop deadline, students may be dropped from a course with a grade of “W” only under exceptional circumstances and only with the approval of the instructor and the academic dean for the course. The student must petition for “W” grade in writing and provide necessary supporting documentation.

Please see class schedule for additional information.
Call for Public Comment on Applicants for CAA Accreditation

(Updated May 9, 2014)

In Accordance with the Council on Academic Accreditation’s (CAA) Policy on Public Comment (effective January 1, 2002; revisions effective July 1, 2005), the CAA is seeking public comment as part of its review of the clinical doctoral programs in audiology or master’s programs in speech-language pathology that have submitted Applications for Candidacy or Applications for Initial or Continued Accreditation for review by the CAA.

Instructions for Submitting Comments

Individuals who wish to provide input about a program seeking candidacy (preaccreditation) or initial accreditation by the CAA or about a CAA-accredited program seeking continued accreditation may do so in two ways, by:

• submitting written comments prior to the accreditation site visit in accordance with the procedures specified in the Policy and Procedures on Public Comment, or
• providing comments to the site visit team during the program’s scheduled site visit.

All comments must:

• relate to a program’s compliance with the published Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology (Standards), effective January 1, 2008, and
• identify the specific program seeking candidacy, initial accreditation, or continued accreditation with the CAA.

Comments that do not meet the requirements as articulated in the Policy and Procedures on Public Comment will not be considered, and the individual or group commenting will be so notified.

Copies of the Standards and/or the CAA's Policy and Procedures On Public Comment [PDF] are available on the ASHA Web site. These documents also may be obtained by sending a written request to the Accreditation Office at ASHA, 2200 Research Boulevard #310, Rockville, Maryland 20850; by calling ASHA's Action Center at 800-498-2071; or by sending an e-mail to accreditation@asha.org.
Procedures for Complaints Against Graduate Education Programs

(Updated March 2014)

A complaint about any accredited program or program in candidacy status may be submitted by any individual(s).

Criteria for Complaints

Complaints about programs must meet the following criteria:

- be against an accredited graduate education program or program in candidacy status in audiology and/or speech-language pathology,

- relate to the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech-Language Pathology

- clearly describe the specific nature of the conduct being complained about, which must have occurred at least in part within 5 years of the date the complaint is filed, the relationship of the complaint to the accreditation standards, and provide supporting data for the charge.

Complaints must meet the following submission requirements:

- include verification, if the complaint is from a student or faculty/instructional staff member, that the complainant exhausted all pertinent institutional grievance and review mechanisms before submitting a complaint to the CAA,

- include the complainant’s name, address and telephone contact information and the complainant’s relationship to the program in order for the Accreditation Office staff to verify the source of the information,

- be signed and submitted in writing via U.S. mail, overnight courier, or hand delivery to the following address:

  Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology
  American Speech-Language-Hearing Association
  2200 Research Boulevard, #310
  Rockville, MD  20850

- will not be accepted by email or facsimile.

The complainant’s burden of proof is a preponderance, or greater weight, of the evidence. These procedures do not prevent the CAA from considering a complaint against an accredited or candidate program if the program is involved in litigation or other actions by a third party, except as outlined above.

http://www.asha.org/academic/accreditation/accredmanual/section8/
The University of Texas at El Paso
College of Health Sciences

EMERGENCY EVACUATION PROCEDURES

When the alarm goes on:
Proceed immediately to evacuate the floor through the stairs. There are two emergency exits on each floor at both ends of the hallway. Elevators do not work when the alarm sounds.

Do not lose time turning off your computer, getting your coat, etc.

Exit the building and walk across the street. Do not remain on the sidewalk or in doors by the building.

Remain across the street until the UTEP Police or the city’s Fire Department clears the building. You will be advised when it is safe to return to the building.

There are at least two coordinators per floor, who will help you exit the building if you need assistance.

There are two Emergency Evacuation Chairs for disabled persons in the building, located on the south emergency exit of the 5th floor and the loft on the second floor by the Sim Lab office. Floor coordinators and staff in the College are trained to operate these chairs.

For questions or assistance please contact:
UTEP Police Ext. 5611
Environmental Health & Safety Department Ext. 7124
Terry Weber Ext 8181
Code of Ethics
Effective March 1, 2010

Preamble
The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by the Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

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

Rules of Ethics
A. Individuals shall provide all services competently.
B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
C. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
D. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and credentials of persons providing services.
E. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
F. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.
G. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.
H. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.
I. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
J. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
K. Individuals shall not provide clinical services solely by correspondence.
L. Individuals may practice telecommunication (e.g., telehealth/e-health), where not prohibited by law.
M. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or required by law.

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

O. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.

P. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.

Q. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

R. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

Principles of Ethics II
Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

Rules of Ethics
A. [Deleted effective June 1, 2014] Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.

B. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.

C. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.

D. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member’s competence, level of education, training, and experience.

E. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

Principles of Ethics III
Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.

Rules of Ethics
A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.

B. Individuals shall not participate in professional activities that constitute a conflict of interest.

C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.

D. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.

E. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.

F. Individuals’ statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.

G. Individuals’ statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

Principles of Ethics IV
Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

Rules of Ethics
A. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions’ self-imposed standards.
B. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
C. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.
D. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.
E. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individuals’ fitness to serve persons professionally.
F. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.
G. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor’s consent.
H. Individuals shall reference the source when using other persons’ ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
I. Individuals’ statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
J. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
K. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
L. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
M. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.
N. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.


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http://www.asha.org/uploadedFiles/ET2010-00309.pdf#search=%222014%22
Clinical Practicum

SPLP 5369
CLINICIAN’S SCHEDULE:
As you prepare to enter the university clinical practicum (SPLP 5369) you will meet with the graduate advisor who will begin the paperwork necessary to make your transition.

While large blocks of time are easier to work with, it is recognized that the clinician will have additional class and work commitments. **SEVERE AND INFLEXIBLE RESTRICTIONS IN YOUR SCHEDULE WILL BE INTERPRETED AS A LACK OF COMMITMENT TO THE PROGRAM AND CLIENTS.** Students demonstrating a lack of commitment will be asked to repeat the clinical experience at a later time.

The clinic is open during Fall, Spring, and Summer semesters for scheduled appointments on **Monday through Thursday**. Clients are usually seen on alternating days for either 30 or 60 minute sessions. **Clinic meetings are held weekly during the clinic block.**

All university holidays are observed. The clinic coordinator will make every effort to accommodate you and your clients during the scheduling process. However, the clinician must recognize that the schedules of the clients, the supervisors, and the clinicians must **ALL** coincide. This is to ensure that ASHA’s supervision requirements* are fulfilled. Therefore, final caseload assignment will be based upon space, available clients and availability of supervisors.

*Standard V-E
Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision must be commensurate with the student’s knowledge, skills, and experience, must not be less than 25% of the student’s total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.

Implementation: Direct supervision must be in real time. A supervisor must be available to consult with a student providing clinical services to the supervisor’s client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student’s acquisition of essential clinical skills. The 25% supervision standard is a minimum requirement and should be adjusted upward whenever the student’s level of knowledge, skills, and experience warrants.
REQUIREMENTS FOR SPLP 5369

1. Completion of on-campus compliance requirements: TB skin test, background & drug screen, and influenza vaccination.

2. On-time attendance to all clinic meetings. Participate in discussions regarding evidence-based practice, treatment methods, problem solving, etc.

3. Meet with supervisor(s) on a regular basis.

3. Prepare and present information to staff one client at a clinic meeting each semester.

4. Evidence-based practice information regarding your client is to be included in all clinical documentation.

5. Meet appointments punctually.

6. Prepare for and participate on diagnostic teams at the clinic.

7. Submit all paperwork PROMPTLY:
   a) Hour logs – weekly. Make sure hour log is signed after each session – if supervisor is not available immediately following session – put log sheet in supervisor’s box to be signed.
   b) SOAP notes – within 24 hours of session.
   c) Diagnostic reports – within 2 days following final evaluation session.
   d) All midterm/final competencies and paperwork – on date assigned (see syllabus)

8. Complete 1-2 hours of observation prior to the start of therapy and provide a written report to your supervisor. These may be observations of videos from previous semesters or of clients with similar disorder/age.
   You will also provide verbal and/or written reports on observations of other therapy sessions as outlined in the syllabus.

   PLEASE BE ADVISED THAT YOU ARE EXPECTED TO ACQUIRE A TOTAL OF 25 OBSERVATIONAL HOURS (as per ASHA requirements) ACROSS THE TWO YEAR PRACTICUM EXPERIENCE.

9. Keep clinicians’ areas tidy; regularly clean refrigerator and microwave oven.

10. Return clinic materials after use and keep clinic in good shape.

12. Maintain current UTEP e-mail address in order to check for clinic memos and updates. Check email daily.

13. Save all diagnostic and SOAP drafts. This information will be destroyed for confidentiality reasons, upon approval of final draft.
Clinic Supplies:
1) Folder for each client and all paperwork that is to be turned in (loose paperwork will not be accepted).

2) Digital media (voice recorder and camcorder). Do NOT record session using your laptop/tablet computer. Only DVDs for the video library will be provided.

3) Stop watch

4) Penlight

5) Clipboard

8) Name tag

9) Scrubs/clinical attire

Clinic Materials and Resources

In addition to a comprehensive selection of books in the UTEP Library, there are professional resources for you at the SHLC. They are as follows:

1. Books housed in the clinic may not be checked out over night. Clinic materials may not leave the clinic.

2. Therapy workbooks and manuals. These are housed in the clinic. These may not leave the clinic for any reason.

3. Diagnostic materials. Current tests and protocols are housed in Ms. Crow’s office, rm 404. They are for use in the SHLC only. You may check out tests with supervisor approval. Schedule a time to checkout test with Ms. Crow. Tests returned missing items (not including protocol) – it will be the student’s responsibility to replace missing items. Diagnostic materials must remain in the building. They may be checked out in the morning and must be returned at the end of the day.

Video-Taping

Clinicians are encouraged to use audio/digital recorders to record their therapy sessions for self-evaluation as well as a check on recording client responses. Before videotaping any client, you must have a signed copy of the video tape consent form in the client’s permanent file.

At the beginning, during, and end of the term, you will be required to videotape sessions (for a minimum of 3 hours of video) with the client. These will be turned in to the TA at midterm and the end of the semester. You are encouraged to review videos at your convenience several times throughout the semester to evaluate clinician and client behavior. This is intended to develop skills of self-evaluation and affect clinician-initiated change.
CLINIC RULES

AND

REGULATIONS
1. **Clinic Parking**: If students have a UTEP parking sticker they may park in the fenced-in student parking lot located on Campbell Street. Otherwise students will be required to park on the street at their own risk. It is the clinician's responsibility to see that their assigned clients receive their parking permits at the beginning of therapy enrollment. For security reasons, the Kansas Street entrance is not open for entrance to the clinic. For your clients' convenience you may meet them at the Kansas entrance and escort them into the SLP Clinic and back out again. **YOU ARE ABSOLUTELY RESPONSIBLE FOR ENSURING THAT THE DOOR CLOSES AND REMAINS CLOSED.** Otherwise, we will have to ask clients to also enter via the Campbell entrance.

2. **Clinicians' Mailboxes**: All assignments (SOAPs, reports, etc.) are to be turned in to supervisor via email as per paperwork schedule on p. 22. Paperwork will be returned to you in your box or via email.
   - **You must check your box and/or e-mail daily for messages and announcements. It is your responsibility to keep informed, and failure to have checked your box and/or e-mail is not considered a valid reason for not completing assigned tasks.**

3. **Clinic Lockers**: Lockers are available in the student work room. Label and properly secure locker(s) during the term. Please use these lockers to store unused personal therapy materials, personal tape recorders, purses, coats and other personal items while you are providing therapy. Because of the high volume of traffic through the building, leaving valuables in the student lounge area is not recommended. Thefts have occurred in the building before. Please be careful with valuables and therapy materials.

4. **Dress Code**: NAVY BLUE SCRUBS with neutral undershirts, solid color shoes/sneakers -- One of our key objectives is maintaining an air of professionalism throughout the UTEP SHLC. Your personal image is important not only in creating a professional image for the clinic, but in helping you establish professional credibility. Clinicians are to appear professional and well groomed. The impression your client and his/her family forms during your contact with them is influenced by your appearance. As a student clinician, it is your responsibility to contribute to the positive professional image of the field of speech-language pathology. When in doubt, dress conservatively.

   Please do not wear blue jeans, hats, tight leggings, shorts, braless attire, exercise wear, tank tops, jogging suits or flip-flop sandals or open-toe sandals to the clinic **at any time**. Make-up, jewelry, strong perfumes/colognes and nail styles should not detract from efficient presentation of therapy materials. **PLEASE REFRAIN FROM WEARING EYEBROW, LIP, NOSE, AND TONGUE RINGS.** These items are very distracting and interfere with the therapy process. Beards and mustaches should be neatly trimmed to avoid confusion in providing effective, clear speech models.

5. **Case Folder**:  
   A. **Contact notes**: These are brief, dated and signed notes to document anything that could influence client’s therapy programs. All conversations with outside professionals about clients, tests, unusual behaviors or events should be documented briefly on a contact sheet. When you send out or receive information about clients, this should be recorded on contact notes. **Any unusual events regarding your client in respect to his or her therapy program should be**
documented. Contact notes are necessary to document and protect yourself and the clinic from any litigation that may occur.

B. **Client Information Form:** This contains identifying information and must be updated at the beginning of every semester.

C. **SOAP notes:** These are daily typed accounts of therapy progress. SOAP format is required. 
   *See page 104 for SOAP template.* These notes are filed in the permanent chart. Make sure each entry has been signed by the Supervisor.
   
   **SOAP:**
   - **S** - Subjective information: the client’s expression of their condition, pain, reactions
   - **O** - Objective – report client test results, treatment procedures & results
   - **A** - Assessment – clinicians interpretation of clients’ performance based on the acquired evidence
   - **P** - Plan - for next therapy session based upon clients’ performance

D. **Diagnostic reports:** Diagnostic reports are formal summaries of information acquired during the initial and subsequent evaluations. All clients who are dismissed will have a final evaluation/discharge summary report in this section. *See page 123 for template and 124 for diagnostic codes.*

E. **Test forms:** Completed data collected during both formal evaluation and baseline testing for therapy reporting periods. *Use black ink.* Liquid paper is unacceptable on test forms. Neatly draw a line through the mistake and initial.

F. **Audiology:** Formal/informal reports of audiological evaluation should go in this section.

G. **Miscellaneous information:** Reports, correspondence or information from other professionals and/or agencies relating to case management should be included in this section.

Please note that all information that will go into the case folders must be in ink. **Do not use pencil.** Also, all typed reports must be easily legible and dark enough to photo copy.

6. **Working Folder:**
   A. Hour logs and attendance sheets. These are filled out daily and reviewed weekly. Hour logs must be turned in to T.A. every week (Thursday for M/W sessions and Friday for T/R sessions). Hour logs are the clinician’s responsibility to keep track of and fill out correctly. It is the clinician’s responsibility that hour logs are initialed weekly by the Supervisor(s). If hour logs are not turned in at the end of the week, hours earned may be voided. **At the end of the semester make a copy of the hour logs for your personal file.**
   B. Clinic forms to be filled out by client or guardian. These are to be filed in client’s folder once completed.

7. **Confidentiality/Privacy Rights:** From the first contact during the initial evaluation, the clients are informed that, because this is a training institution, students will have access to their records. However, every effort is made to protect the client's right to privacy and to implement the strictest standards of confidentiality at all times. All personal and clinical information pertaining to the client and/or his family is to be guarded for legal and ethical purposes. Information may be released by the supervisor **AFTER** a release of information form has been signed by the client or his guardian. Before initiating discussion regarding clients with other
professionals the Release of Verbal and/or Written Confidential Information form must be signed by client or guardian.

Upon receipt of your clinical assignments, you will want to familiarize yourself with your client's history and previous attempts at intervention by reviewing his/her case folder. The currently enrolled clients' folders are filed alphabetically in the file cabinet. Because of the confidential nature of these records, **THESE FILES ARE NOT TO BE REMOVED FROM THE IMMEDIATE AREA UNLESS YOU ARE REQUESTED TO BRING TO MEETING WITH SUPERVISOR.** While you may take notes on the information in the case folder, you may **NOT** remove **ANY** reports to be photo copied.

**Confidentiality is of the utmost importance and must be upheld!**

*Client reports may not be photo copied for class work!*

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**Confidentiality**

*Board of Ethics*

**About This Document**

**Published 2013.** This Issues in Ethics statement is a revision of *Confidentiality* (originally published in 2001 and revised in 2004). The Board of Ethics reviews Issues in Ethics statements periodically to ensure that they meet the needs of the professions and are consistent with ASHA policies.

**Issues in Ethics Statements: Definition**

*From time to time, the Board of Ethics determines that members and certificate holders can benefit from additional analysis and instruction concerning a specific issue of ethical conduct. Issues in Ethics statements are intended to heighten sensitivity and increase awareness. They are illustrative of the Code of Ethics and intended to promote thoughtful consideration of ethical issues. They may assist members and certificate holders in engaging in self-guided ethical decision-making. These statements do not absolutely prohibit or require specified activity. The facts and circumstances surrounding a matter of concern will determine whether the activity is ethical.*

**Introduction**

Professional persons in health care delivery fields (including those working in the public schools) have legal and ethical responsibilities to safeguard the confidentiality of information regarding the clients in their care. Scholars and those involved in human research have legal and ethical obligations to protect the privacy of persons who agree to participate in clinical studies and other research projects. Children and adults who are legally incompetent have the same right to privacy enjoyed by adults who are competent, though their rights will be mediated by a designated family member or a legal guardian.

There are federal statutes binding on all ASHA members who treat clients or patients, whether they work in health care facilities (where the HIPAA privacy and security rules apply), schools (which operate under the Family Education Rights and Privacy Act, as well as HIPAA), or private practice. There are also stringent federal statutes governing the treatment of human subjects in medical and other forms of scientific research. Individual states also have statutes governing the confidentiality of patient and client information, the protection of data gathered in research, and the privacy of students. It is the responsibility of all members of the speech-language pathology and audiology professions to know these laws and to honor them. Because state laws may vary, professionals moving from one state to another should take special care to familiarize themselves with the legal requirements of the new place of practice or residence. Educational institutions preparing professionals in this field should give significant attention to informing all those entering the field about these legal requirements and should model good practice in their handling of confidential information concerning the
students enrolled in their programs. Owners of businesses and managers of facilities should regularly review these legal requirements with the professionals and the staff whom they employ.

Institutions and facilities within which professionals see clients or pursue research may have their own policies concerning safeguarding privacy and maintaining confidential records. It is incumbent on the professionals in such settings to familiarize themselves with such workplace policies and regulations and to perform their work in conformity with these requirements. Owners and managers should make sure that such policies are readily available to their employees. Workplace training is desirable, and periodic reviews are recommended.

The ASHA Code of Ethics (2010) identifies the confidentiality of information pertaining to clients, patients, students, and research subjects as a matter of ethical obligation, not just a matter of legal or workplace requirements. Respect for privacy is implicitly addressed in Principle of Ethics I because to hold paramount the welfare of persons served is to honor and respect their privacy and the confidential nature of the information with which they entrust members of the professions. This broad, general obligation is further specified in both Rules M and N.

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

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

If there is variation among the different sources of rules on privacy, the professional should follow the most restrictive rule; for example, if the law seems to allow an action that the Code of Ethics seems to prohibit, follow the Code of Ethics. If there is conflict between sources, do what the law requires; for example, if workplace policies conflict on some point with legal requirements for confidential handling of records, the law takes precedence.

**Confidentiality Issues in Research**

**Discussion**

Attention to the protection of privacy begins with the planning of a research project, is crucial to the way research on human subjects is conducted, and extends through the review of research results (on both human and animal subjects) for publication and the sharing of data sets. Everyone involved—researchers, human subjects, support personnel, editors, reviewers, and data managers—should be aware of the ethical and legal requirements regarding privacy and should not compromise confidentiality for any reason.

Institutional review boards must be consulted about any research involving human subjects, and informed consent forms must be obtained and honored. Human subjects have a right to expect that their personal information will not be divulged when the results of a study are published or when data sets from a research project are shared with other investigators. Protecting the privacy of research subjects is an obligation for all those who are involved in the research.

**Guidance**

Data and the personal identities of individual participants in research studies must be kept confidential. There should be careful supervision of staff to make sure that they, too, are adhering to best practices in protecting the confidentiality of all participant data. Some reasonable precautions to protect and respect the confidentiality of participants include

- Disseminating research findings without disclosing personal identifying information;
- Storing research records securely and limiting access to authorized personnel only;
- Removing, disguising, or coding personal identifying information;
- Obtaining written informed consent from the participant (or, in the case of a child, the parent or guardian) to disseminate findings that include photographic/video images or audio voice recordings that might reveal personal identifying information.

Because legal requirements in this area are very strict and because institutions monitor research on human subjects very carefully, professionals should seek further guidance directly from the appropriate personnel in their home institutions.

During the peer review of submitted manuscripts, all findings, information, and graphics in the manuscripts must be treated as highly confidential, and reviewers and editors alike have an obligation to protect findings from any form of premature disclosure. In a blind-review process, the identities of researchers must be protected. In a double-blind review process, the anonymity of authors and reviewers alike must be scrupulously preserved. Editors and reviewers should make no prepublication use of information they learn from submitted manuscripts.
Confidentiality of Client Information

Discussion

Clients must be assured that all aspects of their communication with a speech-language pathologist or audiologist regarding themselves or their family members will be held in the strictest confidence. Clients who cannot trust professionals to treat information as confidential may withhold information that is important to assessment and treatment. When professionals disregard the privacy of their clients, the clients are injured in obvious and/or subtle ways. Evaluations, treatment plans and therapy, discussions with the client or the client’s relatives, consultations with the family or with other professionals, treatment records, and payment negotiations should all be treated as confidential. All persons who come into possession of client information are equally bound by this requirement. Therapists, supervisors, assistants, and support staff in schools, facilities, and firms overseeing billing services are all prohibited from revealing client information to unauthorized third parties. ASHA members have a responsibility not only for monitoring their own conversations, securing of records and sharing of client information, but also for ensuring that supervisees and support staff are adhering to ethical requirements regarding privacy. ASHA members who oversee facilities delivering services should have in place policies and sanctions regarding violations of confidentiality by their employees or by students working under supervision.

Guidance With Respect to Verbal Communication

In the case of a competent adult, no one other than the client herself or himself has the right to authorize the release of information. In the case of a child, only the parent of record or guardian ad litem has this right. It should be noted that there will be cases (e.g., in custody disputes or under custody agreements) in which a biological or adoptive parent has neither the right to know client information not the right to authorize disclosures. In the case of an incompetent adult, only the designated family member(s) or legal guardian has the right to authorize disclosure. Good practice suggests:

- In all treatment situations, a written form specifying disclosure of information should be provided to, and signed by, the client or client representative at the beginning of treatment
- Every client record should contain a clear, specific, up-to-date, and easily located statement of who has the right of access to client information and who may authorize the release of such information to other parties.

For any release of information other than that specified in the preliminary privacy agreement or as required by law (e.g., a subpoena), speech-language pathologists and audiologists must obtain a release of information agreement from clients or their designated representatives. This includes obtaining permission to share information with another professional. It is prudent to obtain this permission in writing rather than relying on verbal assent.

In rare cases, court or administrative bodies with subpoena power may legitimately require the disclosure of confidential information. When a court serves an organization or individual with a subpoena requiring records or other information as evidence in a legal proceeding, typically the professional complies with the request; however, it is often prudent for professionals to seek legal advice in such situations.

Professionals are prohibited from discussing clients in public places – such as elevators, cafeterias, staff lounges, or clinical/business sites – with others, specifically including the practitioner’s family members and friends. Practitioners sometimes think that if they do not use the client’s name such discussions are acceptable, but this is not true. Any description of, or comment about, a client who is being served constitutes disclosure of confidential information.

The same restrictions that apply to face-to-face conversation also apply to digital and electronic forms of communication with professionals, colleagues, and friends.

Guidance With Respect to Written Records

Written records have a durability and reproducibility distinct from spoken information; there are therefore additional concerns about the protection and handling of paper files or computerized records. These concerns and challenges have become more complex and intense as a result of the digitizing of information. Breaches of confidentiality can occur as a result of the way records are created, stored, or transmitted.

Ordinarily, professionals should not create, update, or store records on their personal electronic devices (e.g., computers and flash drives) or personal online accounts. If a workplace is aware of and allows such off-site handling of records, then privacy safeguards, such as password protection and anonymized client identification, should be meticulously observed. Records on portable devices should not be opened and read in public places such as coffee shops or on public transportation.

All therapists who practice independently and all businesses should have clear written policies concerning client records. Workplace policies concerning records management should typically address

- Record accuracy and content;
- Record storage, both electronic and paper;
- Ownership of records;
• Record access – both with respect to personnel who may read and manipulate the record and with respect to the rights of access by clients;
• Record review and retention and related statutes of limitation;
• Transfer of information, including transfer by electronic means;
• Procedures for handling requests for information by someone other than the client or the client’s representative;
• Use of client records for research;
• Destruction of material removed from records.

These policies should be observed without variance. Failure to comply with the requirements designed to protect client records not only puts client welfare at risk but also makes the practitioner vulnerable to ethics complaints and legal action.

It is particularly important for professionals serving clients in institutions and facilities to be aware of who owns the record. Usually, in a medical setting, the medical facility owns the record. In a private practice, the individual who is legally responsible for the practice owns the record. In a school setting, the school district owns the record. A report prepared by a speech-language pathologist or audiologist in the course of employment in a particular setting is not owned by that speech-language pathologist or audiologist, and he or she may not remove or copy such confidential records while employed, upon termination of employment, or if the practice closes.

It is important for the professional to be aware of what information is necessary and appropriate for inclusion in the client’s legal record and to exercise professional judgment in making notations in the client’s record.

Appropriate steps must be taken to ensure the confidentiality and protection of electronic and computerized client records and information. All information should be password protected, and only authorized persons should have access to the records and information. Computerized records should be backed up routinely, and there should be plans for protecting computer systems in case of emergencies.

Student Privacy Issues

Discussion

There are many academic programs that prepare audiologists and speech-language pathologists for entry into the field of communication sciences and disorders. At all levels of professional education, students and student clinicians have privacy rights that educators must respect. Many of these rights are specifically protected by federal law (FERPA, for example), and there may also be relevant state statutes. But, once again, safeguarding the privacy of information entrusted to a teacher, program administrator, or institution is an ethical and not just a legal obligation. According to the Principle of Ethics IV of the Code of Ethics, “Individuals shall honor their responsibilities to the professions and their relationships with colleagues and students.” Professional regard for students and student clinicians involves respecting each student as the arbiter of what personal information may be divulged and to whom it may be divulged.

Guidance With Respect to Students in Classes

Most academic institutions have very specific policies regarding access to, storage of, and release of confidential student academic and disciplinary records. Academic institutions are less likely to have written policies concerning appropriate conversations and communications among educators with respect to their students. Students do, however, have a right to assume that the knowledge that the faculty have of their academic achievements and personal situations will not be widely or carelessly shared. Verbal and electronically mediated discussion of a student’s performance should be carefully restricted to those directly responsible for the student’s education. Student performance and personal disclosures should not be discussed in public places, such as elevators, hallways, cafeterias, coffee shops, or campus transportation vehicles. Graded student work and records of student achievement must be carefully safeguarded; access to grades in electronic files stored on mobile devices should be password protected if the device is carried outside of the faculty member’s campus office. Sensitive personal information that a faculty member may possess should not be shared at all in the absence of a clear and compelling need to know on the part of the person making inquiries.

Guidance With Respect to Student Clinicians

Maintaining the confidentiality of information is a complex challenge in the case of student clinicians. Those who supervise student clinicians must ensure the privacy of client and student clinical records and should model high regard for client privacy and best practices in recording, securing and storing client records. Supervisors and mentors must treat the performance, records, and evaluations of student clinicians as confidential.

Supervisors of student clinicians must be familiar with the rules for viewing and sharing client information in a teaching setting. For example, a student supervisor’s discussion of a patient record for the purposes of education in a university clinic is not a violation of confidentiality, but a student’s discussion of the same patient with other students or friends would constitute a violation of confidentiality.
When student clinicians work with clients, persons unrelated to the client may request information about the client’s communication problem. Requests might come from an off-site clinic supervisor, Clinical Fellowship mentor, or a professional who supervises student teachers. Patient or client information cannot be disclosed without a signed release.

**Confidentiality in Relation to Peers and Colleagues**

**Discussion**

Issues of confidentiality also arise for ASHA members and certificate holders in their relationships with colleagues as a result of information they obtain as they serve in roles such as site visitor, consultant, supervisor, administrator, or reviewer of documents such as manuscripts, grant proposals, and fellowship applications. All of these roles allow access to peer information of a personal and confidential nature. These activities are covered broadly under Principle of Ethics IV, which calls upon ASHA members and certificate holders to honor their obligations to “colleagues” and “members of other professions and disciplines.”

**Guidance**

Information about colleagues and professional peers that is gathered or revealed in the course of evaluations, assessments, or reviews should be treated with the same care and respect that are appropriate to information about clients and research subjects.

When a colleague shares sensitive information or when one participates in committees or other groups that discuss sensitive or controversial matters, participants should clarify in a candid conversation what level of confidentiality is expected and scrupulously maintain the desired level. Records of such conversations should be appropriately secured with agreement as to their storage and disposal.

Matters that may result in disciplinary action by some body, board, or institution deserve special comment. Individuals reporting or responding to alleged violations of codes of ethics or professional codes of conduct are also dealing with confidential matters and acting in confidential relationship with the adjudicating body. It would be prudent to consider all aspects of a matter confidential until a final decision is rendered. Once a final determination has been reached, it is important for the adjudicating body to clarify what information can now be shared and what information must remain confidential.

Adjudicating bodies themselves typically follow rules of confidentiality (some dictated by law and regulation, some dictated by the organization’s internal governance policies and procedures) while the case is under consideration.

With respect to disclosure of decisions by adjudicating bodies, individuals need to inform themselves of pertinent laws and organizational policies. It would not be prudent simply to assume that the outcome can in all cases be made public. Even when the outcome can be made public, it is often the case that earlier filings, testimony, and deliberations must be maintained in confidence.

ASHA members who either place a complaint before the ASHA Board of Ethics or find themselves responding to such a complaint have specific responsibilities to preserve the confidentiality of all materials relevant to the adjudication of complaints. Principle of Ethics IV, Rule N, is specific about this ethical obligation and refers the reader to the policies and procedures of the Board of Ethics for further information.


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7. **Inventory of Client Materials:** Materials and toys are available for clinicians to use with their clients. Diagnostic instruments are in Ms. Crow’s office (rm 404) or the student workroom. **You may not take diagnostic materials out of the clinic.** It is to your advantage to return materials and equipment to their appropriate location promptly. Because all student clinicians will have access to the same pool of materials, your colleagues will appreciate the extra time and care taken to re-file materials. **Therapy items are not to be removed from the premises.**

8. **Hygiene:** Hand washing is an important aspect to the Universal Precautions. You must wash hands before and after each therapy session. Not only to protect the client but yourself as well. The aseptic technique is important because it is a procedure which prevents disease transmission in the practice environment. Clinicians will use gloves any time they are in contact with body secretions.

9. **Clean Clinic Toys/Rooms:** After you use any of the clinic toys in therapy, please clean them with the disinfecting wipes available in clinic areas. We will not be able to clean the stuffed toys and puppets as frequently, so be judicious about using them with clients who may be ill. Make sure the clinic rooms are left ready for the next clinician. Make sure you clean table and chairs with disinfecting wipes. Wipe down whiteboard using paper towel/tissue – **DO NOT** use disinfecting wipes on whiteboards.

10. **Clinician/Supervisor Conferences:** You are encouraged to meet with your supervisor(s) weekly for the first month of clinic and as needed after that time. The purpose of these meetings is to allow time to discuss client/clinician progress, planning, review video tapes, and trouble shoot problems.

11. **Liability Insurance/Compliance:** Liability insurance is purchased through the University of Texas at El Paso when paying for tuition. Consult the course schedule under the heading “Tuition, Fees, and Financial Information: Other Fees”. Compliance – consult CHS Compliance Website [http://chs.utep.edu/complianceclearances/](http://chs.utep.edu/complianceclearances/) for details, as well as the handout from orientation.
CLINICIAN'S ROLE

As student clinicians you have responsibilities to the SPLP program, to our regularly scheduled clientele and to those seeking diagnostic evaluation. An attitude of professionalism must be maintained during all aspects of your clinical work. Please, remember to treat your co-workers and fellow clinicians with consideration and respect during your interaction with them. Direct and indirect contact with clients, faculty and staff should reflect attitudes consistent with the American Speech, Language and Hearing Association's Code of Ethics (p.17). Each student clinician is expected to meet and maintain professional responsibilities during periods of additional academic pressure as well as periods during which s/he is experiencing personal problems.

1. Meet Appointments with Clients Punctually: Punctuality is an important component in efficient clinical operation. Please meet all of your regularly scheduled appointments in the clinic waiting room or building entrance. Your therapy room and therapy materials should be prepared prior to the appointment time to provide an environment which is conducive to learning and appropriate to meeting the individual needs of the client. Clinicians are expected to arrive at the clinic 60 minutes prior to session. You must be ready for therapy 15 minutes before start time and 30 minutes before each diagnostic session.

Dismiss your client at least 5 minutes before the next person is scheduled in your room. This allows you a few minutes to remove therapy materials from the room and to return your client to the waiting room. Please leave the room ready for the next clinician to prepare for his/her client before leaving the building. Any informal feedback regarding therapy performance may be discussed in the debriefing area or clinician may end session 10 minutes early to provide feedback to family in the therapy room; formal feedback conferences with parents are to be arranged through the supervisors. Clinicians will meet at least twice with supervisors to discuss their progress, once at midterm and again at the end of the semester.

NOTE: Upon receipt of clinical assignments, you will be required to make initial contact via telephone and/or email prior to first therapy session to introduce yourself and confirm therapy time.

First Meeting with Clients:
- provide a copy of the Clinic Rules/Regulations and to explain each item.
- present the client/parent/caregiver with information regarding fee schedule and payment arrangements.
- Review client identifying sheet and make sure all information is current.
- present to the parent/client the "Consent for Observation and Taping" form. Explain to the parent/client that this form gives the clinic permission to audiotape and videotape the client for educational purposes, and that all information gained will be held in strict confidence. This form must be signed by the parent (or adult client) after they understand the terms and before the client begins therapy.
- If you intend on gathering information regarding client from outside sources, please make sure a Release of Verbal and/or Written Confidential Information form is completed.

2. Absences:
- Client: If client cancels therapy, clinician is to notify the appropriate supervisor. We will attempt to offer make-up sessions when clients cancel an appointment.
Clinician: Therapy may be canceled by the clinician in cases of illness or emergency; however, clinicians are to receive permission from the supervisor **IN ADVANCE** before canceling an appointment. When the clinician cancels an appointment, he/she must offer a make-up session.

Even though you/your client may be absent, all paperwork must be turned in on **time**! Ask your supervisor how to document missed and make-up sessions in SOAP notes. Make appropriate arrangements to ensure all obligations are covered. This includes notifying supervisor(s), team members, clients, and turning in paperwork. Late work will affect clinician’s final grade.

3. **Submit all Paperwork Promptly**: All paperwork must be submitted at the time stated (see handbook and course syllabus). Late paperwork will affect the clinician's grade. There is a next day turn-around period, which means that once the clinician turns in paperwork, she/he must check email for corrected copies and make those corrections **immediately** to be turned back in to the supervisor.

a. **Diagnostic Reports** - must be typed and are due 2 days following evaluation. All revisions are due within 24 hours. Failure to turn in revisions on time will affect your grade in the same way as late reports. Therefore you must check your email/box at the end of the day for any revisions or re-writes.

b. **SOAP Notes** – must be typed and are due within 24 hours of session. Missed and make-up sessions need to be documented on the SOAP note. All revisions must be submitted within 24 hours of receiving edited version from supervisor.

c. **Turn in weekly hour logs to the teaching assistant every week (Thursday morning for M/W sessions and Friday morning for T/R sessions).**

d. Client’s attendance sheet must be maintained **after each session**. Keep track of all sessions attended and indicate those that were missed. This is very important as it is used for billing purposes.

e. Turn in completed paperwork at the end of the semester. At the end of the semester all paperwork is submitted on a specified date and time (see syllabus). Clinicians must be available throughout the week until they are cleared by their respective supervisor(s).

**The following must be turned in and/or filed at the end of the semester:**

I. Attendance Records - clinicians will be responsible for recording the client's attendance on the "Client Attendance Record" along with the amount of time spent in therapy, example: 15, 30, 45, 60 minutes. You must have 1 attendance log per client.

II. Weekly hour log forms. Original is submitted to T.A., students are to keep copy for their records.

III. Semester hour log –T.A. will complete the semester hour summary and submit to appropriate supervisor(s) for signature(s). If hour logs are not turned in on time, hours are subject to being voided.

IV. Clinical/Knowledge Competencies form.
V. Evaluation of clinic services form. Submit to Clinic Director.

VI. Student evaluation of clinical supervision. Complete online survey.

VII. Continuing/Discharge client form. Submit to T.A.

4. **Student and Supervisor Observations**: Because this is a training facility, observation of therapy and diagnostic sessions by SPLP students is a component of the educational process. Students will not be scheduled to observe during the initial sessions at the beginning of the term when pressure on student clinicians is likely to be at its peak. However, within a short time, students will be scheduled to observe. Please make yourself available to answer any questions, address any issues or explain any therapy procedures to these students who may need encouragement to voice their concerns. In discussing your client with other students, make **EVERY** effort to protect your client's privacy by avoiding use of his/her full name and exercising discretion in divulging background information which may or may not be influencing therapy. If you are in any doubt as to the content of discussion with student observers, refer to a supervisor.

In accordance with ASHA standards*, the supervisors will be observing throughout the semester. To facilitate the feedback and evaluation process, please try to arrange therapy sessions so that the clinician and client are within view of the two-way mirror system. Upon occasion, the supervisors may wish to provide immediate feedback and may elect to enter the therapy room.

Any comments made by student observers deemed unethical or inappropriate to the parents of family members should be immediately reported to the supervisor.

*ASHA Standard V-E: Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision must be commensurate with the student’s knowledge, skills, and experience, must not be less than 25% of the student’s total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.

Implementation: Direct supervision must be in real time. A supervisor must be available to consult with a student providing clinical services to the supervisor’s client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student’s acquisition of essential clinical skills. The 25% supervision standard is a minimum requirement and should be adjusted upward whenever the student’s level of knowledge, skills, and experience warrants.
UNIVERSITY CLINIC RESPONSIBILITIES

1. **Clinic Meetings**: weekly staff meetings will be held during the clinic block as per course syllabus. This provides the clinicians with specific time to share ideas regarding case management, to share materials, and to discuss problems encountered during the week. **Clinicians may not be excused from these meetings except in the case of an emergency.** Clinicians are to notify clinic director and/or supervisor of absence or tardy arrival to staff meeting.

   The College of Health Sciences (CHS) attendance rules read as follows: The student is expected to attend all classes and laboratory sessions. It is the responsibility of the student to inform each instructor of extended absences. When, in the judgment of the instructor, a student has been absent to such a degree as to impair his or her status relative to credit for the course, the instructor may drop the student from the class (academic regulations p. 29-33, Undergraduate Studies 2000-2002). Faculty teams may choose to stipulate in Course Description that there is a requirement for the course to have a statement from a physician for the student to return to a clinical setting after absence.

2. **Diagnostics**: Diagnostics will be performed by a diagnostic team to which you will be assigned. Diagnostic evaluations will be scheduled as needed. Meet with your supervisor to discuss appropriate tests to be administered. All of the diagnostic team members should familiarize themselves with tests and be comfortable with both administration and scoring.

   Clinicians on the team will be expected to attend **EACH** evaluation. Responsibilities for the evaluation will be divided equally. All team members will be expected to participate in the staffing following the evaluation and to submit report. Each clinician on the team is expected to collaborate in the writing of a complete diagnostic report to be turned in **within 48 hours after completing assessment**. Client initials are to be used on diagnostic report until final approval is given by supervisor.

   Upon final approval of report, 2 copies will be printed on UTEP letterhead. Student clinician(s) will sign report and practice reviewing report before providing results to client and/or family. If unsure of how to proceed, clinicians should seek supervisor’s input.

3. **Therapy Planning and Implementation**: Clinicians include their draft treatment plans in “P” section of SOAP. The following procedures will be followed for therapy plans.
   A. SOAPS are due **24 hours** after your scheduled therapy.
   B. All therapy objectives and procedures are to be stated in complete, concise, grammatically correct sentences and appropriate single subject design.
   C. All therapy objectives are to be stated as behavioral objectives with specific criteria.
   D. Schedules and type of reinforcement are to be stated, along with materials used during therapy.
   E. SOAP notes are to be submitted via email. Any suggested changes will be noted on returned SOAPS. Corrected SOAP notes must be resubmitted within **24 hours** of receipt from supervisor.
   F. Results must be recorded and graphed in SOAP notes. Data must be graphed in the appropriate single-subject design format.
   G. Rationale and evidence-based practice will be provided for all plan changes.
Practicum Grading System

1. Grades for graduate practicum courses are based on the students’ acquisition of the Clinical and Knowledge Competencies.

2. Grades are based on the student’s clinical experience (i.e. number of hours earned), expected supervisory input level, and actual input level required for acceptable* performance level:

<table>
<thead>
<tr>
<th>Expected Clinical Hours</th>
<th>Student Supervisory Input</th>
<th>Performance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10</td>
<td>2-3</td>
<td>1-2</td>
</tr>
<tr>
<td>11-30</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>31-50</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>51-70</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>71-100+</td>
<td>7+</td>
<td>2+</td>
</tr>
</tbody>
</table>

* Indicate consistent satisfactory performance

A=The student is functioning at performance level 2+ for all elements and above the expected supervisory input level for at least 70% of the elements.

B=The student is functioning at performance level 2+ for all elements and at the expected supervisory level for all elements.

C=The student is functioning at performance level 1 for any skill and/or one level below the expected supervisory input level for any element.

D=The student is functioning at a performance level 1 for any skill and/or two levels below the expected supervisory input level.

F=The student is functioning at a performance level 0 or 1 for any skill and/or is more than 2 levels below expected supervisory input level for any element.
Procedures for Appraisal of Clinical Competence

First Decision
Which column reading describes clinician behavior for 70% of the time or occasions during final 20% of the supervisory term?

- Specific direction from supervisor does not alter unsatisfactory performance and inability to make changes: 1
- Needs specific direction and/or demonstration from supervisor to perform effectively: 2 – 3 – 4
- Needs general direction from supervisor to perform effectively: 5 – 6 – 7
- Demonstrates independence by taking initiative, makes changes when appropriate, and is effective: 8 – 9 – 10

Second Decision
Which number to circle?

(2) Needs specific direction and demonstration with client.
(3) Needs specific direction and role-play demonstration where supervisor and clinician verbalize client-clinician interaction.
(4) Needs specific direction but no demonstration.
(5) Needs general direction consisting of direct discussion with repetition and further clarification of ideas immediately or in succeeding discussions.
(6) Needs general direction with no repetition or further clarification.
(7) Via limited general direction the student can be led to problem solve.
(8) 80% of the time operates independently.
(9) 90% of the time operates independently.
(10) 100% independent.

“Specific Directions” = step-by-step review of every aspect of the problem
Off-Campus Practicum
SPLP 5379/5389
OFF-CAMPUS PRACTICUM (SPLP 5379/5389)

Off-campus practicum is a crucial aspect of the clinical training program at the University of Texas at El Paso (UTEP). The purpose of the off-campus practicum experience is to provide students with the opportunity to interact with individuals manifesting a variety of communication disorders across a spectrum of settings and ages. Furthermore, the experience allows a unique occasion for students to develop clinical management and diagnostic skills, participate on multidisciplinary teams, experience typical work setting challenges and demands, and meet current ASHA requirements for certification.

Responsibilities of the Student Clinician

Students are required to:

- Know all information in handbook. The handbook must be retained for reference during both school and hospital/agency experiences.
- Complete all Compliance requirements. You may not go to site until cleared by compliance office. CHS Compliance website http://chs.utep.edu/complianceclearances/. If compliance requirements are not completed by deadline, we cannot guarantee that you will be accepted at medical and/or educational clinical rotation sites. This could impact your timely progression through the program.
- Submit a practicum schedule to the university monitor at first meeting once clinic begins. Out of area students are to fax/email forms to university monitor.
- Read, sign and date the Policies and Procedures document and the Safe and Effective Health Care Practice Policy (during medical rotation). Submit one copy to the university monitor, one to the off-campus supervisor, and retain a copy for your records. Some practicum sites provide an additional contract unique to the site. Students are responsible for reading, signing, and complying with requirements of those contracts.
- Attend scheduled clinic meetings. Students at out of area practicum sites will participate via teleconferencing. These meetings are mandatory and attendance will be taken. Notify university monitor if unable to attend or if you will be tardy.
- Turn in hour logs and feedback forms at weekly clinic meeting. Students are to maintain a copy of their hour logs for their records. Students completing practicum out of the area are to fax/email copies of hour logs and feedback forms on date of scheduled weekly meeting and turn in all original paperwork upon returning to campus at midterm and the end of the semester.
- Present an appropriate, professional appearance and conform to the established appearance standards of the practicum site.
- Maintain confidentiality at all times.
- Conform to all rules, regulations, and policies followed by regular employees at the practicum site.
- Attend all appropriate staffing, rounds, IEP conferences, seminars and workshops.
• Be prompt, well-prepared, and demonstrate initiative while performing clinical responsibilities.
• Understand that the off-campus supervisor’s primary responsibility is the care of the patient in addition to contributing to the education of a competent professional. New and different strategies should be evaluated and executed objectively. Suggestions and criticisms should be taken constructively.
• Strengthen identified areas of need by researching and asking relevant questions and self-evaluating.
• Meet with off-campus supervisor and then the university monitor at mid-term and final to discuss competency status.
• Supervisor evaluation forms (completed via online survey) are due at the end of the practicum.
• Obtain an average of 15 treatment/evaluation contact hours weekly and obtain observation hours as per ASHA requirements.

A MINIMUM OF 400 PRACTICUM HOURS ARE REQUIRED FOR GRADUATION, 25 OBSERVATION HOURS AND 375 TREATMENT/EVALUATION HOURS.

• Deliver the original copies of signed weekly and semester hour summaries, the semester final evaluations and competencies, the supervisor’s evaluation form, and original competencies to the university monitor by the date specified.

Absences
• The student may not be absent more than three times during each off-campus practicum experience. When the student is absent more than three times for ANY reason, the experience may be terminated upon agreement between the off-campus supervisor and the university monitor. If the experience is not terminated, the student will be required to extend their practicum for the days missed. The oral final evaluation, for graduation, as well as attendance at state and national conventions is not to be considered as a day of absence.
• In the event of personal illness or emergency, the student must
  o Call the off-campus supervisor as agreed upon during initial orientation to the agency, school, or hospital.
  o Call the university monitor to report each absence on the day it occurs.

Tardiness
• Tardiness is defined as arriving to the practicum site later than ten minutes after the assigned time.
  o The student must notify the university monitor whenever he/she is tardy on the day it occurs.
  o After two instances of tardiness, the student will be expected to extend practicum by one day for each additional tardy arrival.
A student Clinician Checklist is provided on Table 1. **Student Clinician Checklist**

<table>
<thead>
<tr>
<th>Table 1. Student Clinician Checklist</th>
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<tbody>
<tr>
<td><strong>Before practicum begins:</strong></td>
</tr>
<tr>
<td>• _____ Complete all Compliance requirements.</td>
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<tr>
<td>• _____ Attend orientation meeting with university monitor.</td>
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<tr>
<td>• _____ Read and understand all information in the handbook.</td>
</tr>
<tr>
<td>• _____ Contact off-campus supervisor.</td>
</tr>
<tr>
<td><strong>First Week of Practicum:</strong></td>
</tr>
<tr>
<td>• _____ Submit a daily schedule to the university monitor by date indicated on syllabus.</td>
</tr>
<tr>
<td>• _____ Read, sign and submit a copy of the Policies and Procedures document to the university monitor by date indicated on syllabus. Off-campus supervisor and student may retain copy for reference.</td>
</tr>
<tr>
<td>• _____ Students and supervisor in a medical setting will read and sign the Safe and Effective Health Care Practice Policy and submit to the university monitor by date indicated on syllabus. Off-campus supervisor and student may retain copy for reference.</td>
</tr>
<tr>
<td>• _____ Learn rules, regulations, policies of practicum site.</td>
</tr>
<tr>
<td>• _____ Read and sign any additional documents required by the practicum site.</td>
</tr>
<tr>
<td><strong>Daily:</strong></td>
</tr>
<tr>
<td>• _____ Make all entries on the weekly hour logs and have them signed by supervisor.</td>
</tr>
<tr>
<td>• _____ Keep weekly hour logs accessible to the off-campus supervisor at all times.</td>
</tr>
<tr>
<td><strong>Weekly:</strong></td>
</tr>
<tr>
<td>• _____ Turn in weekly hour logs to T.A. as outlined on syllabus.</td>
</tr>
<tr>
<td>• _____ Attend weekly staff meeting as scheduled by university monitor.</td>
</tr>
<tr>
<td>• _____ Meet weekly with off-campus supervisor.</td>
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<tr>
<td><strong>Midterm:</strong></td>
</tr>
<tr>
<td>• _____ Complete midterm self-evaluation of applicable competencies.</td>
</tr>
<tr>
<td>• _____ Have off-campus supervisor complete evaluation of student using applicable competencies. Meet with off-campus supervisor to review evaluation.</td>
</tr>
<tr>
<td>• _____ Meet with university monitor to discuss competency evaluations.</td>
</tr>
<tr>
<td><strong>Final two weeks of practicum:</strong></td>
</tr>
<tr>
<td>• _____ Complete final self-evaluation ratings of applicable competencies.</td>
</tr>
<tr>
<td>• _____ Have off-campus supervisor complete final evaluation of applicable competencies. Meet with off-campus supervisor to review final evaluation.</td>
</tr>
<tr>
<td>• _____ Complete supervisor evaluation form and turn in to university monitor.</td>
</tr>
<tr>
<td>• _____ Complete audit of semester hour log with T. A. and have off-campus supervisor sign log.</td>
</tr>
<tr>
<td>• _____ Deliver signed originals (typed or in black ink) of your semester hour summary, final evaluations and clinical competencies to the university monitor by date specified.</td>
</tr>
<tr>
<td>• _____ Schedule meeting with university monitor to review final evaluations and receive final grade.</td>
</tr>
</tbody>
</table>
Responsibilities of the University Monitor

The university monitor will:

- Meet with the students prior to the beginning of the semester to review practicum assignments and assign timelines.
- Visit and/or call the off-campus site a minimum of once during semester. During visit the university monitor may observe the student’s clinical work. University monitor will confer with student and off-campus supervisor about any concerns or questions. For students completing practicum out of area, visit may be in-person or via teleconferencing.
- Maintain telephone/email contact with the student and off-campus supervisor as needed. The university monitor is available to answer questions at any time. University phones are equipped with voice mail.
- Meet with students to discuss case management and therapeutic/diagnostic concerns weekly. Meetings are mandatory and will be scheduled at the beginning of the semester.
- Assesses mid-term clinical competency status and provide alternate opportunities for clinical competencies, if needed.
- Maintain records of off-campus supervisor observation notes of student’s performance.
- Assign the semester grade.

Role of the Off-Campus Supervisor

Off-campus supervisors are valuable members of the El Paso area professional community. They are committed to contributing to the future of speech–language pathology through their efforts in providing a strong clinical education for tomorrow’s professionals. Area off-campus supervisors have richly earned the deepest respect of UTEP students, faculty, and staff.

Supervisors at each practicum site model professional multidisciplinary interactions and provide instruction for students involving procedures for clinical management, diagnostic management, planning, report writing, and various record keeping procedures (e.g., timelines for lesson planning, reporting client progress, completing diagnostic reports, and writing final client summaries).

Responsibilities of the Off-Campus Supervisor

- Provide the student clinician with an orientation to the facility as well as clinical procedures. The orientation may include:
  - Employee rules and regulations such as appearance standards, hours of work, use of the telephone, parking restrictions, etc.
  - Forms used by the facility
  - Materials and equipment available for use by the student
  - Program functions and services
  - Administrative organization of the agency or school
  - Introduction to other staff members and a description of their roles on the management team
  - Observation of clinical activity as per ASHA requirements
  - Reviewing and signing client records, and
  - Preparing materials for the first clinical sessions
- The amount of direct supervision must be commensurate with the student’s knowledge, skills and experience, must not be less than 25% of the student’s total contact with clients/patients, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.
- Provide weekly written/oral feedback to the student clinician.
  - Written feedback may be provided in an ongoing format using the observation form or as written feedback on lesson plans. (Students need both positive and critical feedback on lesson plans.)
  - Written feedback **must** be turned in by the student to the university monitor (required 5 times during semester – typically the 1st five weeks of clinical practicum when the student is providing services).
- Report all incidents of student noncompliance with policies and procedures to the university monitor immediately.
- Hold all appropriate credentials (current CCC-SLP and state license) to supervise students in speech-language pathology.
- Ensure that a supervisor with current CCC-SLP and state license is on site at all times when the student is providing clinical services.
- Remain accessible to students for answering questions and providing guidance.
- Sign weekly and semester hour logs.
- Complete midterm and final evaluation ratings for applicable clinical/knowledge competencies.
- Recommend a grade for the practicum experience at the end of the semester.

An off-campus supervisor checklist is provided on Table 2.
Table 2. Off-Campus Supervisor Checklist

### First Week of Practicum:
- Orient the student clinician to the faculty; introduce the student to other staff members.
- Educate the student regarding rules, regulations, and policies of the practicum site.
- Supervisor and student fill out the practicum schedule. Student is to submit the schedule to the university monitor by the date assigned. Keep copy for records.
- Retain copy of the UTEP Policies and Procedures document – which student signs and turns in to university monitor.
- Medical setting – supervisor and student sign and retain copies of the Safe and Effective Health Care Practice Policy. Student will submit to university monitor on assigned date.
- Have the student read and sign any documents required by your facility.
- Acquaint the student with materials and equipment.
- Inform the student about your expectations, e.g., responsibilities for writing and submitting weekly lesson plans, developing new materials, researching the literature for clinical strategies, or making presentations.
- Familiarize the student with paperwork, providing examples.
- Provide opportunities for student to obtain observation hours as per ASHA requirements.

### Daily
- Direct supervision of a minimum of 25% of student’s total contact with clients/patients, and must take place periodically throughout the year.
- Document the amount of supervision on the weekly hour logs.
- Provide regular oral and/or written feedback.
- Be present on site or make sure someone with CCC-SLP is present when the student is performing therapy or evaluations. Provide copies of certification and licensure to university monitor or additional supervisor may print name, ASHA # and License # on hour log. **Prior approval is needed for student to work with another supervisor.**

### Weekly
- Meet with student at regularly scheduled time to review feedback, discuss progress, etc.
- Ensure weekly hour logs have been filled out and initialed for student to turn in to university monitor.
- Complete weekly written feedback forms (due weekly during 1st five weeks of clinical practicum).

### Midterm
- Rate the student’s performance and supervisory input level on applicable competencies on the Midterm Evaluation Form. Review with student and discuss plans for remainder of semester.

### Final Week
- Make a final rating on the Final Evaluation Form and discuss it with the student. Retain a copy for your records.
- Check, sign and initial the semester hour summary. Make sure you enter your ASHA number by your signature.
- The student will submit the original final evaluation to the university by the date assigned.
- If needed, meet by phone or in person, with the university monitor to discuss the student’s performance.
Clinical Activities that Count as Clock Hours

The following activities may be counted as clinical clock hours:

- Hands-on evaluation and treatment of clients presenting communication disorders involving language, speech, and/or hearing comprise the major activities counted towards completion of clinical clock hours. Counseling or training clients, caretakers, and families may be counted as clock hours, provided that it is part of the evaluation or treatment. The student receiving clock hours must actually provide the service of counseling or training to the client and/or family.

- Up to 25 hours may be credited for student clinical participation in staffing, where client/caregivers are present, which includes the student’s active participation in discussions of assessment and/or treatment.

- Up to 20 hours of direct provision of a program for preventing speech and language disorders and their causes or for promoting conservation and development of communication may count in the “related” area.

The Student’s Role in Major Clinical Decisions

Major clinical decisions are communicated or implemented by student clinicians only after approval by the off-campus supervisor. Off-campus clinical supervisors accept full responsibility for the evaluation and treatment of clients by students. The off-campus supervisor must approve major decisions involving client management prior to counseling about the diagnosis of a communication disorder, referral to other professionals for additional evaluation, contents of an individualized treatment plan including objectives and rationale for the plan, decisions involving admission, retention and dismissal of clients, and the content of a program for home and/or classroom management.

Record Keeping

Weekly hour logs are kept in a location accessible to the supervisor and student. The student enters the client’s CODE initials (not name), age, parameter(s), and time in therapy. The off-campus supervisor checks the logs daily to enter percentages of supervision and to track the student’s progress in accumulating clinic hours.

The off-campus supervisor must record evidence of direct supervision, which must be commensurate with the student’s knowledge, skills, and experience, must not be less than 25% of the student’s total contact with each client/patient, and must take place periodically throughout the year. Supervision must be sufficient to ensure the welfare of the client/patient. The percentage of supervision is documented on the weekly hour logs.

Weekly Hour Logs

At the end of the semester, the originals of the weekly logs are stored at UTEP with copies retained by the student and by the off-campus supervisor. Some programs have found it easier to track each client or group on a separate sheet. Using this method, subtotals for each client or group represent only the parameter(s) and age group of the client or group, making it easier to do the composite semester hour log.

Semester Hour Summary

- The semester hour summary is completed at the end of the term and provides a summary of the weekly hour records. The summary should be typed or written legibly in black ink.
- The semester hour summary is signed by all supervisors. The original is filed at UTEP, with a copy provided for the student.
- Semester hour logs must be signed by the off-campus supervisor prior to submission to the university monitor.
- Originals of the weekly and semester hour summaries must be submitted by the student to the university monitor with the final evaluation.

**Final Evaluations of Practicum**

The final competency evaluation is based on the student’s final level of applicable competencies. The midterm/final evaluation form to be used by off-campus practicum sites is provided.

- Submitted (**the original**, **NOT a copy**, typed or written legibly in ink) by the student to the university monitor by the date specified at the beginning of the semester. The original evaluation of performance is filed in the student’s file at UTEP; copies may be retained by the off-campus supervisor and by the student.
- Results of evaluation are to be discussed by the off-campus supervisor with the student prior to submission to the university monitor.

**Grading Procedures**

- Each student will receive a final evaluation based on their final clinical competency levels from the off-campus supervisor.
- Final grade will be assigned by the university monitor.
Recording Practicum Competencies Levels

1. The student clinician is required to have an assessment, made by the off-campus supervisor, of their current level of competencies attained at their practicum site.

2. It is the student’s responsibility to complete a self-evaluation of applicable competencies at mid-term and final.

3. At mid-term and final, the off-campus supervisor will complete an evaluation of the student’s level of applicable competencies based on the student’s performance and the level of supervisory input required for that skill.

**Student’s Performance Levels**

0=failing, unsatisfactory performance  
1=marginal or inconsistent performance  
2=satisfactory performance, consistently performs well  
3=outstanding/superior performance, consistently performs above expectations

**Supervisory Input Levels**

1=specific direction from supervisor, does not alter unsatisfactory performance, inability to make changes  
2=needs specific direction and demonstration with client  
3=needs specific direction and role-play demonstration where supervisor and student clinician verbalize client-clinician interaction  
4=needs specific direction but no demonstration  
5=needs general direction consisting of direct discussion with repetition and further clarification of ideas immediately or in succeeding discussions  
6=needs general directions with no repetition or further clarification  
7=via limited general direction the student can be led to problem solve  
8=80% of the time the student operates independently  
9=90% of the time the student operates independently  
10=100% independent

4. Expected supervisory input levels and student performance levels are based on the hours obtained by the student prior to beginning their off-campus practicum.

<table>
<thead>
<tr>
<th>Clinical Hours</th>
<th>Expected Supervisory Input</th>
<th>Student Performance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-50</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>51-70</td>
<td>6</td>
<td>2 or 3</td>
</tr>
<tr>
<td>71-100+</td>
<td>7+</td>
<td>2 or 3</td>
</tr>
</tbody>
</table>
5. Each student is required, by the end of their second off-campus practicum experience, to complete all applicable competencies with a minimum supervisory input level of a “7” and a student performance level of a “2” or “3”.

6. The student will obtain only those competencies available at their site per semester.

**Grading System**

1. Grades for the off-campus practicum are based on the student’s acquisition of the competencies applicable at their current site.

2. Grades are based on the student’s clinical experience of at least 50 hours, the expected supervisory input and the student’s performance level, and the actual levels at the time of evaluation.

3. At the beginning of the semester, it is reasonable to expect that the off-campus supervisor would have to provide more input and the student’s performance level may be below a “2” as they are learning new skills.

4. At midterm, the off-campus supervisor and student will complete the appropriate sections of the competency forms and discuss the ratings.

5. At the final evaluation, the off-campus supervisor will average the student’s performance levels per competency and the supervisor’s input level to determine a recommended grade for the semester.

   “A” = The student is functioning at a performance level of 2+ for all elements and above the expected supervisory input level for at least 70% of the elements attained.

   “B” = The student is functioning at a performance level of 2+ for all elements and at the expected supervisory level for the elements attained.

   “C” = The student is functioning at performance level 1 for any skill and/or one level below the expected supervisory input level for any element attained.

   “D/F” = The student is functioning at a performance level 1 for any skill and/or 2 levels below the expected supervisory input level for any element attained.

6. Each student will meet with the university monitor at midterm to discuss his/her progress.

7. The university monitor will assign the final grade after reviewing competency ratings and meeting with the student.
Student Forms
RELEASE AND INDEMNIFICATION AGREEMENT

(Adult Participant)

Participant:  (Name & Address)  

______________________________  

______________________________  

____________________________________  

Department:  ________________________________  

____________________________________  

____________________________________  

University:  The University of Texas at El Paso  

____________________________________  

Description of Activity or Trip:  

________________________________________________________________________________________  

________________________________________________________________________________________  

Location:  ____________________________________________  Date(s):  ________________________

I, the above named Participant, am eighteen years of age or older and have voluntarily applied to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release the University of Texas at El Paso, its governing board, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, whether caused by negligence of the University, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the University and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED AND FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

______________________________________________________   _____________________  

Signature of Participant           Date
RELEASE AND INDEMNIFICATION AGREEMENT
(Minor Student Participant)

Participant: (Name & Address) University: The University of Texas at El Paso
_______________________________________  Department: ____________________________
_______________________________________
_______________________________________
Description of Activity or Trip: ____________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Location: __________________________________________ Date(s): __________________________

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and am fully
compotent to sign this Agreement.

I give permission for Participant to participate in the above-referenced Activity or Trip. I acknowledge that the
nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant’s illness,
personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to
Participant’s health and of his/her injury or death that may result from such participation and I hereby release
the University of Texas at El Paso, its governing board, officers, employees and representatives from any
liability to Participant, Participant’s personal representatives, estate, heirs, next of kin, and assigns for any and
all claims and causes of action for loss of or damage to Participant’s property and for any and all illness or
injury to Participant’s person, including Participant’s death, that may result from or occur during Participant’s
participation in the Activity or Trip, whether caused by negligence of the University, its governing board,
officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the
University and its governing board, officers, employees, and representatives from liability for the injury or
death of any person(s) and damage to property that may result from Participant’s negligent or intentional act or
omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF
ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT’S INJURY OR DEATH OR
DAMAGE TO PARTICIPANT’S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE
DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES
NAMED AND FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE
TO PROPERTY CAUSED BY PARTICIPANT’S NEGLIGENT OR INTENTIONAL ACT OR
OMISSION.

______________________________________________  _______________________
Signature of Parent/Guardian        Date

______________________________________________  _______________________
Witness             Date

Address, if different than Participant’s
RELEASE AND INDEMNIFICATION AGREEMENT
(Adult Student Participant)

Participant: (Name & Address)  
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

University: The University of Texas at El Paso
Department: _________________________________________________

Description of Activity or Trip: _____________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Location: ____________________________________________  Date(s): _____________________

I, the above named Student, am eighteen years of age or older and have voluntarily applied to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release the University of Texas at El Paso, its governing board, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, whether caused by negligence of the University, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the University and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED AND FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

____________________________________________________  _________________________
Signature of Student            Date
ACUERDO DE LIBERACION DE RESPONSABILIDAD E INDEMNIZACION
(Participantes Adultos)

Participante: (Nombre y Domicilio)  
Universidad: La Universidad de Texas en El Paso

___________________________________________________________  
Departamento: ______________________________________________

Descripción de la Actividad o Viaje: _____________________________________________________

_____________________________________________________________________________________

Lugar: ___________________________________________ Fecha(s): ______________________

Yo soy el/la Participante cuyo nombre aparece arriba, tengo 18 o más años de edad y he solicitado voluntariamente participar en la Actividad o Viaje que se especifica arriba. Reconozco que por su naturaleza, dicha Actividad o Viaje puede acarrear ciertos peligros que tal vez me causen enfermedad, lesiones o la muerte, y estoy consciente de la naturaleza de dichos riesgos.

En consideración de mi participación en la Actividad o Viaje, por la presente acepto todos los riesgos correspondientes a mi salud y el riesgo de lesiones o muerte que puedan resultar con motivo de mi participación y asimismo libero y descargo a la Universidad de Texas en El Paso, su consejo directivo, oficiales, empleados y representantes de toda responsabilidad hacia mi persona, mis representantes personales, mi patrimonio, mis herederos, parientes o cesionarios con respecto a toda reclamación o acción legal por concepto de pérdida o daños ocasionados a mi propiedad y toda enfermedad o lesiones a mi persona, incluso mi muerte, que puedan derivarse de o suceder durante dicha Actividad o Viaje, sin importar que éstos sean causados por negligencia por parte de la Universidad, su consejo directivo, oficiales, empleados, representantes u otras entidades. Acepto asimismo indemnizar y liberar de responsabilidad a la Universidad y su consejo directivo, oficiales, empleados y representantes en caso de las lesiones o muerte de cualquier persona o personas y de daños a la propiedad que puedan ocurrir como resultado de un acto intencional o de negligencia mio o de una omisión de mi parte durante mi participación en la susodicha Actividad o Viaje.

HE LEIDO CON CUIDADO ESTE DOCUMENTO Y ENTIENDO QUE SE TRATA DE UNA LIBERACION Y DESCARGO DE RESPONSABILIDAD RESPECTO DE TODO RECLAMO Y CAUSA DE ACCION CON MOTIVO DE MIS LESIONES O MUERTE O DAÑOS OCASIONADOS A MI PROPIEDAD QUE PUEDAN OCURRIR DURANTE MI PARTICIPACION EN LA ACTIVIDAD O VIAJE EN CUESTION, Y QUE ME COMPROMETE ADEMÁS A INDEMNIZAR A LAS PARTES NOMBRADAS Y A ASUMIR RESPONSABILIDAD POR LESIONES A LA MUERTE DE CUALQUIER PERSONA Y POR DAÑOS A LA PROPIEDAD AJENA OCASIONADOS PRO UN ACTO INTENCIONAL MIO O DE UNA NEGLIGENCIA DE MI PARTE.

__________________________________________________  ____________________
Firma del (de la) Participante         Fecha
ACUERDO DE LIBERACIÓN DE RESPONSABILIDAD E INDEMNIZACIÓN
(Estudiantes Menores de Edad)

Participante: (Nombre y Domicilio)  
Universidad: La Universidad de Texas en El Paso
Departamento:______________________________
________________________________________
________________________________________

Descripción de la Actividad o Viaje: ________________________________
________________________________________________________________
________________________________________________________________
Lugar: ___________________________________________ Fecha(s): ____________

Yo soy el padre/la madre o tutor(a) legal del (de la) Participante cuyo nombre aparece arriba, el (la) cual es menor de 18
años de edad, y soy competente para firmar este Acuerdo.

Doy mi permiso para que el/la Participante participe en la Actividad o Viaje descrito arriba. Reconozco que por su
naturaleza, dicha Actividad o Viaje puede acarrear al (a la) Participante ciertos riesgos que tal vez le causen enfermedad,
lesiones a su persona o la muerte, y estoy consciente de la naturaleza de dichos riesgos.

En consideración de la participación del (de la) Participante en la Actividad o Viaje, por la presente acepto todos los
riesgos correspondientes a su salud y el riesgo de lesiones o muerte que puedan resultar con motivo de su participación y
asimismo libero y descargo a la Universidad de Texas en El Paso, su consejo directivo, oficiales, empleados y
representantes de toda responsabilidad hacia el (la) Participante, sus representantes personales, su patrimonio, mis
herederos, parientes o cesionarios con respecto a toda reclamación o acción legal por concepto de pérdida o daños
ocasionados a la propiedad del (de la) Participante y toda enfermedad o lesiones a su persona, incluso su muerte, que
puedan derivarse de o suceder durante dicha Actividad o Viaje, sin importar que éstos sean causados por negligencia por
parte de la Universidad, su consejo directivo, oficiales, empleados, representantes u otras entidades. Acepto asimismo
indemnizar y liberar de responsabilidad a la Universidad y su consejo directivo, oficiales, empleados y representantes en
caso de las lesiones o muerte de cualquier persona o personas y de daños a la propiedad que puedan ocurrir como
resultado de un acto intencional o de negligencia por parte del (de la) Participante o de una omisión de su parte durante su
participación en el ya mencionado viaje o actividad.

HE LEÍDO CON CUIDADO ESTE DOCUMENTO Y ENTIENDO QUE SE TRATA DE UNA LIBERACIÓN Y
DESCARGO DE RESPONSABILIDAD RESPECTO DE TODO RECLAMO Y CAUSA DE ACCIÓN CON
MOTIVO DE LESIONES O MUERTE DEL (DE LA) PARTICIPANTE O DAÑOS OCASIONADOS A SU
PROPIEDAD QUE PUEDAN OCURRIR DURANTE SU PARTICIPACIÓN EN LA ACTIVIDAD O VIAJE EN
CUESTIÓN, Y QUE ME COMPROMETE A MI A INDEMNIZAR A LAS PARTES NOMBRADAS Y A
ASUMIR RESPONSABILIDAD POR LESIONES A LA MUERTE DE CUALQUIER PERSONA O PERSONAS Y POR DAÑOS
A LA PROPIEDAD AJENA OCASIONADOS POR UN ACTO INTENCIONAL MIÓ O DE UNA
NEGLIGENCIA DE MI PARTE.

Firma del Padre/la Madre o Tutor(s)  Fecha

Domicilio (Si es diferente del Participante)

Testigo  Fecha
ACUERDO DE LIBERACIÓN DE RESPONSABILIDAD E INDEMNIZACIÓN

(Estudiantes Adultos)

Participante: (Nombre y Domicilio)  
_________________________________________________________  ________________
_________________________________________________________  ________________
_________________________________________________________  ________________

Universidad: La Universidad de Texas en El Paso  
Departamento: ____________________________

Descripción de la Actividad o Viaje: _____________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Lugar: ___________________________________________  Fecha(s): ______________________

Yo soy el/la estudiante cuyo nombre aparece arriba, tengo 18 o más años de edad y he solicitado voluntariamente participar en la Actividad/Viaje que se especifica arriba. Reconozco que por su naturaleza, dicha Actividad o Viaje puede acarrear ciertos peligros que tal vez me causen enfermedad, lesiones o la muerte, y estoy consciente de la naturaleza de dichos riesgos.

En consideración de mi participación en la Actividad o Viaje, por la presente acepto todos los riesgos correspondientes a mi salud y el riesgo de lesiones o muerte que puedan resultar con motivo de mi participación y asimismo libero y descargo a la Universidad de Texas en El Paso, su consejo directivo, oficiales, empleados y representantes de toda responsabilidad hacia mi persona, mis representantes personales, mi patrimonio, mis herederos, parientes o cesionarios con respecto a toda reclamación o acción legal por concepto de pérdida o daños ocasionados a mi propiedad y toda enfermedad o lesiones a mi persona, incluso mi muerte, que puedan derivarse de o suceder durante dicha Actividad o Viaje, sin importar que éstos sean causados por negligencia por parte de la Universidad, su consejo directivo, oficiales, empleados, representantes u otras entidades. Acepto asimismo indemnizar y liberar de responsabilidad a la Universidad y su consejo directivo, oficiales, empleados y representantes en caso de las lesiones o muerte de cualquier persona o personas y de daños a la propiedad que puedan ocurrir como resultado de un acto intencional o de negligencia mío o de una omisión de mi parte durante mi participación en la susodicha Actividad o Viaje.

HE LEÍDO CON CUIDADO ESTE DOCUMENTO Y ENTIENDO QUE SE TRATA DE UNA LIBERACIÓN Y DESCARGO DE RESPONSABILIDAD RESPECTO DE TODO RECLAMO Y CAUSA DE ACCIÓN CON MOTIVO DE MIS LESIONES O MUERTE O DAÑOS OCASIONADOS A MI PROPIEDAD QUE PUEDAN OCURRIR DURANTE MI PARTICIPACIÓN EN LA ACTIVIDAD O VIAJE EN CUESTIÓN, Y QUE ME COMPROMETE ADEMÁS A INDEMNIZAR A LAS PARTES NOMBRADAS Y A ASUMIR RESPONSABILIDAD POR LESIONES A LA MUERTE DE CUALQUIER PERSONA Y POR DAÑOS A LA PROPIEDAD AJENA OCASIONADOS POR UN ACTO INTENCIONAL MIÓ O DE UNA NEGLIGENCIA DE MI PARTE.

_________________________________________________________  __________________
Firma del (de la) Estudiante          Fecha
SUGGESTED SUPPLEMENTARY INFORMATION FOR EMERGENCIES

Student’s Full Name ____________________________  Home Phone _______________
Address ______________________________________ Zip Code: ______________
Emergency Contact Name _______________________  Home Phone _______________
Business Address ______________________________  Zip Code ______________
Insurance Company ____________________________  Policy # ______________
Policy is in name of: __________________________________________________
Claims should be addressed to: ________________________________
                                                                                   
Waiver for Hepatitis B Vaccine

I understand the risks involved for myself, a student in the College of Health Sciences at the University of Texas at El Paso, if I do not receive the Hepatitis B vaccine: I understand that this is a serious, even life-threatening disease. I also understand that I could have an antibody test done to determine if I have natural immunity.

I am willing to take these risks and do not wish to be immunized. I shall not hold the University or affiliated agency liable if I contract Hepatitis B.

____________________________________
Print Name

____________________________________
Signature

____________________________________
Date

____________________________________
Witness
Clinical Forms
WRITTEN FEEDBACK OF SUPERVISION

Client Initials: ____________________________ Date: _____________
Clinician: _______________________________________

Observed Strengths:

Suggestions for Improvement:

_______________________________, CCC-SLP
# Observations Checklist

Clinician: ___________________________ Date: ______________________

Supervisor: __________________________ Client Initials: ______________________

Evaluation Scale: (6) Excellent, (5) Good, (4) Adequate, (3) Emerging, (2) Poor, (1) Skill not evident, (N/A) Not applicable

## Competency / Skill of the Clinician

<table>
<thead>
<tr>
<th>Competency / Skill of the Clinician</th>
<th>(+) Skill observed</th>
<th>(-) Skill not observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worked toward written objective or modified when warranted.</td>
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<tr>
<td>Used appropriate language for client.</td>
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<tr>
<td>Made certain client understood objectives and instructions.</td>
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<tr>
<td>Correctly modeled target behavior.</td>
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<tr>
<td>Allowed client appropriate time to respond.</td>
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<tr>
<td>Used appropriate elicitation techniques.</td>
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<tr>
<td>Used effective activities and materials.</td>
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<tr>
<td>Spent appropriate time on activity.</td>
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<tr>
<td>Minimized time spent on off-task activities.</td>
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<tr>
<td>Encouraged client to self-evaluate.</td>
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<tr>
<td>Used appropriate correction techniques.</td>
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<tr>
<td>Accurately recorded client responses.</td>
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<tr>
<td>Appropriately evaluated client responses.</td>
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<tr>
<td>Maximized responses.</td>
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<tr>
<td>Used appropriate verbal and nonverbal feedback.</td>
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<tr>
<td>Set appropriate behavioral limits.</td>
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<tr>
<td>Arranged room to promote optimal performance.</td>
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<tr>
<td>Started and finished session on time.</td>
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<tr>
<td>Provided appropriate home/carryover activities.</td>
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<tr>
<td>Client/clinician speaking ration is appropriate. (OWLing)</td>
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<tr>
<td>Used a variety of therapy activities and materials.</td>
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<tr>
<td>Smooth transition between therapy activities.</td>
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<tr>
<td>Used a consistent and systematic reinforcement schedule.</td>
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Comments:

______________________________________________________________________________

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______________________________________________________________________________
Parameter: ________________________________  Circle:  Child  Adult

Time: _____ to _____  Date: ________________  Site: ___________________

Observer: ________________________________  Semester/Yr: ____________________

Description of the client: (Include behavior aspects)

Description of the procedures used to meet the needs of the client:

How successful/unsuccessful were the procedures in meeting the needs of the client? Explain. (Your perception based upon limited training.)

Questions:

________________________________________, CCC-SLP  
Signature of Supervisor  
(SLP Faculty/Clinic Coordinator)
THE UNIVERSITY OF TEXAS AT EL PASO
SPLP Observation Log

Clinician: ________________________________  Site: ____________________
Semester: ________________________________

<table>
<thead>
<tr>
<th>CLIENT(S) INITIALS</th>
<th>DATE</th>
<th>CLOCK HOURS</th>
<th>PARAMETER</th>
<th>AGE GROUP</th>
<th>SUPERVISOR’S INITIALS</th>
</tr>
</thead>
<tbody>
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</table>

Age Group:  
C=Child (birth to 18)  
A=Adult (18 & over)  

Parameters:  
A=Articulation  
V=Voice  
F=Fluency  
L=Language  
S=Swallowing  
C=Cognition  
SA=Social Aspects  
CM=Communication Modalities  
H=Hearing

65
The University of Texas at El Paso
Speech-Language Pathology Program

Clinician: _____________________  Semester: __________________  Site: _____________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Client(s) Initials</th>
<th>Age Group</th>
<th>Bilingual Y/N</th>
<th>Parameter(s)</th>
<th>CLOCK HOURS</th>
<th>Direct Supervision Hours</th>
<th>% Direct Supervision*</th>
<th>Supervisor’s Initials</th>
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</table>

For University use only. Total clock hours, supervision hours and % supervision.

PARAMETERS: A=Articulation, V=Voice, F=Fluency, L=Language, S=Swallowing, C=Cognition, SA=Social Aspects, H=Hearing, CM=Communication Modalities

AGE GROUP: C=Child (birth to 17:11)  A=Adult (18 & over)  *MINIMUM 25% SUPERVISION REQUIRED!
The University of Texas at El Paso  
Speech-Language Pathology Program  
SEMMESTER HOUR SUMMARY

NAME: _______________________________________________________________

Practicum Site: ___________________________ Semester: __________________

SPEECH-LANGUAGE PATHOLOGY

(Student must acquire a minimum of 400 practicum hours, 25 observation hours and 375 evaluation/treatment hours, to graduate.)

<table>
<thead>
<tr>
<th>Hours of Evaluation/Treatment</th>
<th>Supervisor(s)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPEECH/LANGUAGE</td>
<td></td>
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</tr>
<tr>
<td>Children</td>
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<tr>
<td>Adults</td>
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<tr>
<td>AUDIOLOGY</td>
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<tr>
<td>Evaluation (15 hours)</td>
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<tr>
<td>Screening</td>
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<tr>
<td>May be supervised by CCC-SLP</td>
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<tr>
<td>STAFFING HOURS</td>
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<td>TRANSFER HOURS</td>
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<td>From previous institutions or employment</td>
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<tr>
<td>SEMESTER TOTAL</td>
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<tr>
<td>TOTAL EVALUATION/TREATMENT HOURS TO DATE</td>
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</table>

<table>
<thead>
<tr>
<th>Hours</th>
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<tbody>
<tr>
<td>OBSERVATION (25 clock hours)</td>
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<tr>
<td>SEMESTER OBSERVATION TOTAL</td>
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<tr>
<td>TOTAL OBSERVATION HOURS TO DATE</td>
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</tr>
</tbody>
</table>

| Combined Evaluation/Treatment and Observation Semester Total | |

| TOTAL HOURS TO DATE | |

NOTE: Hours of speech-language pathology evaluation and treatment as well as all hours of audiological assessment and habilitation/rehabilitation audiology refer only to hours of CLIENT CONTACT, except for a maximum of 20 hours in client staffing and related disorders.

______________________________________ ______________     ________________________
Supervisor’s Signature      Date       ASHA Number

______________________________________ ______________     ________________________
Supervisor’s Signature      Date       ASHA Number
The University of Texas at El Paso  
College of Health Sciences  
SAFE AND EFFECTIVE HEALTH CARE PRACTICE POLICY

This policy must be adhered to in order for a student to succeed in clinical health care courses.

This policy identifies the essentials of health care practice, and is complementary and supplementary to the objectives of all clinical health care courses.

All overt and covert acts which comprise the health care process must be directed toward quality care for the patient/client/family, which promotes health.

Safe and Effective Health Care Practice is defined as:
- The student demonstrates knowledge about patient’s/client’s health status within the knowledge and practice base of the student’s discipline of study;
- The student demonstrates the ability to observe, report and record signs and symptoms;
- The student accurately interprets, reports and records changes in patient’s condition, within the parameters of the student’s discipline of study;
- The student accurately performs, interprets, reports and records all patient information and test results;
- The student demonstrates through overt and covert acts assurance of the delivery of quality health care;
- The student sets priorities and carries through with appropriate health care interventions related to the student’s discipline of study;
- The student demonstrates the ability to evaluate and make substantive judgments relative to the quality of health care specific to his/her discipline of study;
- The student plans and administers care procedures safely, and documents such procedures correctly;
- The student demonstrates knowledge of all Quality Control/Quality Assurance for Continuous Quality Improvement in the practice setting (hospital, clinic, laboratory, etc.);
- The student demonstrates responsibility for safeguarding the patient’s/client’s right to privacy by judiciously protecting information of a confidential nature.

As health care professionals with a commitment to the welfare of patients/clients, the faculty of the College of Health Sciences reserves the right to refuse the opportunity to a student to care for patients or perform evaluation/testing procedures if the student’s health interferes with performance or if the student gives evidence of unsafe and/or ineffective health care practice. A student may not render care, tests or evaluations when under the influence of prescribed or over-the-counter medication which may affect judgment or if the student imbibes and/or is under the influence of alcohol or illicit drugs. A student who is deemed to demonstrate unsafe practice will fail the course and be dropped from all clinical courses in which she/he is enrolled at that time.

It is therefore imperative that each student assume personal responsibility to be prepared for each clinical practice experience. Each student is expected to check immediately with the instructor, clinical supervisor or other appropriate agency staff if in doubt about staff when leaving the clinical area, in order to assure continuity of care for patients.

___________________________________________  ________________________
Graduate Student Clinician      Date

___________________________________________  ________________________
Off-Campus Supervisor       Date
Student Name: _____________________________________ Term: ________________
Hospital/Agency/School: ______________________________________________________
Supervisor(s): _______________________________________ Phone: _______________
Supervisor(s) email: __________________________________________________________
Supervisor(s) ASHA number: ________________ State & Lic. #: ________________

Schedule:
<table>
<thead>
<tr>
<th>Day</th>
<th>Arrival Time</th>
<th>Lunch/Break</th>
<th>Dismissal Time</th>
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<tbody>
<tr>
<td>Monday</td>
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</table>

Weekly supervisor meeting will be held on: _____________________________________

- **25 Hours a Week.**
- Students may not be absent more than three times during each off-campus practicum experience. The student must inform the university monitor and off-campus supervisor of each absence. When the student is absent more than three times for **ANY** reason, the experience may be terminated upon agreement between the off-campus supervisor and the university monitor.
- Students are expected to arrive on time for the experience. Off-campus supervisors and/or student must notify the university monitor when a student arrives late more than two times during the semester.
- When possible the vacation schedule of the agency, not the university, is to be followed during the semester.
- **University monitor is to be notified of temporary changes to the schedule – permanent changes must be submitted in writing.**

______________________________  ____________________________
Graduate Student Clinician      Date

______________________________  ____________________________
Off-Campus Supervisor       Date
1. Students may not be absent more than three times during each off-campus practicum experience. Each practicum site will establish a procedure for notification when a student will be absent. The student must also inform the university monitor of absences before or on the day of the absence.

2. Students must be on time, allow adequate time to prepare for therapy sessions, and remain on site until the agreed upon time for dismissal. After two tardies (more than ten minutes late), the student will be expected to remain at the practicum site an extra day for each additional tardy arrival. Extra practicum days are to be completed before the end of the current semester.

3. Student clinicians will be expected to maintain a full client schedule by midterm. The number of hours student clinicians need to complete ASHA CCC requirements is minimal. Students must complete the entire term as designated at the beginning of the experience.

4. Students are responsible for implementing approved treatment plans with appropriate procedures and materials. Clinicians will research diagnostic and therapy techniques that will enhance client treatment. Clinicians will involve family members in home assignments as needed or suggested by the supervisor.

5. Students will dress professionally and conduct themselves in a professional manner at all times.

6. Students are responsible for seeking and following through on supervisory input in planning and reporting client progress and/or problems.

7. On site staffing, seminar, and workshops will be attended by student clinicians.

8. Student clinicians will comply with regulatory guidelines under which the off-campus site (school, hospital, or agency) functions.

9. Student clinicians will demonstrate that they have purchased liability insurance by providing the compliance monitor with a receipt before practicum begins.

________________________________________
Graduate Student Clinician       Date
Clinical Competencies

Planning
Implementation
Record Keeping
Professional
PLANNING

Competency 1: Familiarizes self with chart/folder thoroughly.

Competency 2: Applies evidence based practice (clinical and research) to problem.

Competency 3: Plans behaviors to baseline, procedures and sequences as per single subject, multiple baseline design.

Competency 4: Plans, selects & arranges therapy materials which were appropriate for client age and specific goals. *C-7

Competency 5: Plans reinforcement types and schedules contingent upon client’s behavior.

Competency 6: Outlines a sequence of goals, activities, and materials.

Competency 7: Understands the rationale for the outline of therapy procedures.

Competency 8: Plans sequential objectives for semester goals.

Competency 9: Determines criteria for acceptable treatment outcome.

Competency 10: Communicates plan for contacts with family, teachers and others.

Competency 11: Plans for home treatment program.

*C-7 = must achieve the final rating of 7 at the University clinic before proceeding to next practicum site
PLANNING COMPETENCY 1
Familiarizes self with chart/folder thoroughly

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Coursework – Articulation or Language Disorders
Knowledge of testing procedures and diagnostic interpretations

ESSENTIAL ELEMENTS
I. Relates present identifying information:
   Name, birth date, present age; phone number, school, school district, grade and teacher
   For adults include educational and work history.
II. Indicates the primary problem:
   A. As identified by the parents or referral source.
   B. As related by diagnostic evaluation.
   C. As identified by client or referral source.
III. Summarizes diagnostic information from initial contact to present:
   A. Development: birth, motor, speech and language, social.
   B. Medical history.
   C. Familial and background history: social maturity index, etc.
   D. School history: special tests administered, problems encountered.
   E. Tests and observations:
      Audiological: type of exam, results, type of hearing
      Articulation: standardized articulation test, oral peripheral exam.
      Language:
      1. Receptive: vocabulary, syntax, comprehension of commands, general information skills.
      2. Expressive: vocabulary, syntax, mean length of response.
      Fluency measures.
      Vocal quality.
      Psychological:
      1. Emotional/behavioral status.
      2. Cognitive status and learning aptitude.
IV. Summarizes information from previous therapy reports:
   A. Lists goals, activities, and progress made on goals.
   B. Relates recommendations for further testing, special areas of concentration.
PLANNING COMPETENCY 2
Applies evidence based practice (clinical and research) to problem

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS

Know the Steps in the Process of Evidence-Based Practice recommended by ASHA Evidence Based Practice
http://www.asha.org/Members/ebp/default/

ESSENTIAL ELEMENTS

I. Frame the Clinical Question
   II. Find the Evidence
   III. Assess the Evidence
   IV. Make the Decision
PLANNING COMPETENCY 3
Plans behaviors to baseline, procedures and sequences as per single subject, multiple baseline design

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Coursework – Operant Conditioning and/or Research and Efficacy
Planning Competency 1
Record Keeping Competency 2
Knowledge of Single Subject Designs

ESSENTIAL ELEMENTS
I. Selects behavior(s) to baseline considering:
   A. Client’s general abilities (comprehension and expressive language levels, academic skills, developmental articulation levels, sensation-perception-motor abilities, L.A., C.A., cognitive and social maturity).
   B. Specific behaviors previously worked on in therapy or identified in the diagnostic evaluation.
   C. Possible new therapeutic goals.
   D. Family/community/classroom communication needs.

II. Plans appropriate sequence for baseline:
   A. Measure behavior over time to establish stability of behavior being measured.
   B. Plans to obtain a conversational sample of speech.
      1. Plans to use conversational speech to evaluate general communicative skills.
      2. Plans to use conventional sample to evaluate the target behavior in conversation.
   C. Plans to baseline behaviors previously worked on in therapy.
      1. Plans to test the reported performance level first to determine if that level has been maintained.
      2. Is prepared to branch or probe based on client’s responses.
         a. If client has not maintained performance, the clinician is prepared to test each successively lower level of the teaching sequence until client reaches his level of performance.
         b. If client has maintained performance, the clinician is prepared to test each successively higher level in the teaching sequence until client reaches his level of performance.

   NOTE: Probes generally proceed from current level of functioning to the level of breakdown; however, clinicians may make clinical judgments to skip levels if the client’s performance on previous tasks suggests that he is functioning on a higher level. The goal is to determine the most characteristic level of performance prior to therapy.
   D. Plans to baseline new skills, estimating specific level to begin testing.
      1. Plans to begin baseline at a level higher than the expected level of performance in order to avoid cuing correct responses.
      2. Plans to branch or probe (as above) based on client’s responses.
   E. Is prepared to obtain a stable baseline.

III. Plans specific aspects of the behavior to sample, including:
   A. Different items.
   B. Criterion for pass/fail performance.
PLANNING COMPETENCY 4
Plans, selects & arranges therapy materials which were appropriate for client age and specific goals  *C-7

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Coursework – Normal language development, Aural Rehabilitation, Stuttering, Dysphagia, Adolescent and Adult disorders
Knowledge of Learning and Assessment theories
Therapeutic methods for each disorder
Knowledge of published and clinician made materials
Familiarity with materials stored at the UTEP Speech and Hearing Clinic

ESSENTIAL ELEMENTS
I. Selects material appropriate for the goal:
   A. The material elicits the desired response as stated in the behavioral objective.
   B. The material elicits an optimal number of responses over time.
   C. The clinician considers the number of responses from an individual activity in relation to the total number of desired responses during the whole therapy session.
   D. The clinician uses a variety of materials to insure that a specific target behavior is elicited by different stimuli.

II. Selects material appropriate for the client:
   A. Considers:
      1. Mental age
      2. Chronological age
      3. Speech and language ability
      4. Academic skills
      5. Emotional maturity
      6. Social maturity
      7. Physical ability
      8. Client’s activity level
      9. Attention span
     10. Interests
     11. Previous experiences with clients
     12. Cultural and linguistic background

   B. Integrates activity relevant to the client in this and other settings, tapping into a variety of learning strategies and/or modalities.

III. Arranges materials in therapy room:
   A. Materials easily accessible.
   B. Able to view client through observation window and on videotaped sessions.

*C-7 = Must achieve the final rating of 7 at the University clinic before proceeding to next practicum site.
PLANNING COMPETENCY 5
Plans reinforcement types and schedules contingent upon client’s behavior

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Knowledge of learning theories, e.g. mentalist, social, behavioral and structural
Knowledge of therapeutic methods for each disorder

ESSENTIAL ELEMENTS
I. Defines behavior(s) which is to be increased, decreased, or maintained (i.e. increasing accuracy of response, maintaining interest or attention, decreasing disruptive behavior).

II. Considers the different contingent events to be selected:
   A. Positive or negative reinforcers to increase or maintain the desired behavior.
   B. Consequences to decreased undesired behavior.
   C. Models and cues used to elicit or shape desired responses.

III. Considers the hierarchy of types and schedules for the selected contingent event(s):
   A. Types
      1. The ultimate goal is for the client’s achievement of intrinsic reinforcement.
      2. The clinician should select from the following hierarchy: intrinsic, social, premack, token, manipulable or consumable. (The latter four types may be used immediately by the client or accumulated for use at a later time.)
      3. The clinician plans appropriate activities and materials for the selected type of reinforcement. (See Planning 4).
      4. The clinician considers satiation point.
   B. Schedules
      1. Clinician schedules the contingent event(s) considering whether new behavior is being established or learned behavior is being maintained.
      2. Clinician selects from the following possible schedules: fixed ratio, fixed interval, varied ratio, and varied interval.
      3. Clinician moves from fixed ratio or interval to varied ration or interval.

IV. Considers complexity of contingent event, type and schedule:
   A. The reinforcer is “within sight” and attainable, considering the capabilities of the client.
   B. Combinations of contingent events, types and schedules are planned when appropriate.
   C. The reinforcer is natural and linked to the stimulus input.

V. Considers time involved in administering contingent events:
   A. The contingent event is efficient in terms of time consumed in administration and in manipulation by the client.
   B. More time is spent in reinforcing a behavior when it involves learning a new task than when it involves maintaining a previously learned behavior.
PLANNING COMPETENCY 6
Outlines a sequence of goals, activities, and materials

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Planning Competencies 1 & 4
Record Keeping Competency 1
Knowledge of treatment approaches: normative or remedial/functional
Knowledge of task analysis and prerequisite skills

ESSENTIAL ELEMENTS
I. Plans maximum time to be spent on each activity considering:
   A. Client’s attention span.
   B. Priority of goals.
   C. Type of activity.

II. Builds a logical sequence of goals and activities:
   A. Target behaviors proceed from motor to auditory/visual, receptive to expressive, imitative to spontaneous and simple to complex.
   B. Sessions begin with a previously presented task, followed by new goals (if appropriate), and end with a success experience and/or a review of new material to be covered in home assignments.
   C. If goals/activities which occur later in a session are dependent on the success of earlier goals/activities, the clinician has planned alternatives in case the earlier goals are not achieved.
   D. Active versus sedentary activities are considered.

III. States measurable objectives for each session: Monitoring form, content and use.
   A. Condition in terms of the modality of input, level of complexity in each area of communication (phonemics, syntax, morphology, semantics and pragmatics) and within different settings.
   B. Target behavior to be elicited or shaped.
   C. Criteria for success over time.
PLANNING COMPETENCY 7
Understands the rationale for the outline of therapy procedures

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Planning competency 6
Knowledge of cultural and linguistic differences

ESSENTIAL ELEMENTS
I. Chooses target behaviors:
   A. Chooses disorder to be remediated, considering:
      1. Diagnostic information
      2. Previous therapy
      3. Chronological age and/or mental age
      4. Normative data
      5. Practical aspects, such as parental/client concerns or daily needs at home, work and/or school
      6. Client’s academic background
      7. Client’s cultural and linguistic background
   B. Chooses specific area within disorder, e.g. phoneme productions, morpheme production, sound-letter association.
   C. Determines appropriate level for:
      1. Beginning step
      2. Ultimate performance expected

II. Selects appropriate teaching method:
   A. Published vs. Therapist-made
   B. Direct vs. Indirect

III. Determines priorities for the treatment:
   A. Sequence of semester objectives (simultaneous vs. sequential)
   B. Percentage of time devoted to each target behavior
   C. Considers and documents client’s (or representative’s) input in establishing treatment priorities.

IV. Outlines teaching sequence for each objective. (See Planning 8)

V. Plans to review and modify treatment plan to reflect the needs and abilities of the client:
   A. Select criteria for dismissal
   B. Determine whether to re-evaluate
   C. Determine whether to refer to other professionals and to whom client should be referred.
PLANNING COMPETENCY 8
Plans sequential objectives for semester goals

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Coursework – Disorders classes
Knowledge of single subject designs
Planning 1, 3, 4, 5 and 7

ESSENTIAL ELEMENTS
I. Communicates preliminary decisions. (Refer to Planning 7)
   A. States ultimate objective.
   B. Determines therapeutic approach.
      1. Extracts applicable information from existing therapy sequences or programs.
      2. States rationale for any breaks with generally accepted therapeutic procedures, citing:
         a. Practical considerations
         b. Review of literature
         c. Current client/family needs

II. Constructs pre/post-test or initial/final baselines and probes.
    A. Constructs a pre-test that is parallel to the ultimate objective of the program but generally does not include stimulus material identical to that used in the program.
    B. States criterion for acceptable performance.
    C. Constructs probes and uses trends in data to support treatment decisions, judgments of improvement and efficacy of treatment.

III. Uses a logical teaching sequence
    A. Builds intermediate objectives that move from easy to progressively more difficult ones.
    B. States criteria for proceeding from one intermediate objective to the next.
    C. Insures that later objectives incorporate skills learned in earlier objectives.
    D. Considers cultural and linguistic factors in selecting and modifying methods and techniques.

IV. Considers additional procedures at each intermediate objective
    A. Clinician considers branching series in the event that client does not reach criteria for immediate objective.
    B. Clinician considers following procedures in the event that client meets the criteria for intermediate objective:
       1. Testing later objectives for possible omission from teaching sequence
       2. Determining amount of generalization to:
          a. Similar items not taught
          b. Similar tasks not taught
          c. Varied communicative contexts
PLANNING COMPETENCY 9
Determines criteria for acceptable treatment outcome

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Planning competencies 3, 5, 6, 7, 8
Knowledge of prognostic indicator of improvement

ESSENTIAL ELEMENTS
I. Determines pass/fail criteria for successful mastery of ultimate objective

II. Determines pass/fail criteria for successful mastery of intermediate objectives.

III. Selects pass/fail criteria to determine need for branching steps.

IV. Determines pass/fail criteria for probes.

V. Considers the following when determining criteria:
   A. Complexity of the task
   B. Latency of the response
   C. Accuracy of the response
   D. Client’s learning ability
   E. Ratio of correct to incorrect responses
   F. Total number of responses over time
   G. Specific item vs. sets of items
   H. Amount of external prompting needed to achieve task

VI. Considers the continuum of care within service delivery systems:
   A. Medical care facilities
   B. Educational facilities
   C. Private or free standing clinics
PLANNING COMPETENCY 10
Communicates plan for contacts with family, teachers and other professionals

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Planning 1
Implementation 7
Knowledge of normal development and/or teaching sequence in reading, math, articulation and language

ESSENTIAL ELEMENTS
I. Plans initial contact
   A. Plans to obtain and exchange the following information:
      1. Name
      2. Home, work and other telephone numbers
      3. Work/school schedule
   B. Plans to insure that parent/client has Handbook of Services, making note of the following points:
      1. Importance of punctuality
      2. Policy regarding absences and make-up sessions
      3. Therapy observation and parent conference policy
   C. Plans to inform parent/client of days, time, length of session, important dates (holidays, final session)
   D. Plans to insure that client has registered

II. Plans conferences with parents, teachers, and other professionals using the following guidelines:
   A. Plans to initiate conferences, the frequency based on the joint discretion of the clinician and supervisor.
   B. Plans preliminary conference arrangements.
   C. Plans and communicates to supervisor:
      1. Purpose of conference
      2. Ratio of observation time to conference time
      3. Conference content
         a. Determination of perception of problem and acquisition of pertinent information from the following persons:
            1) Parent or family member
            2) Client’s problem
            3) Client’s performance at school or other settings
            4) Home situation
         b. Counselor and classroom/remedial teacher:
            1) Length of contact with client
            2) Child’s performance at school
            3) Classroom behavior and peer interaction
            4) Classmates and their perception of the problem
            5) Child’s home situation and cooperation
            6) Possible areas of coordinated work
         c. Social worker:
            1) Length of contact with client
            2) Client’s problem
            3) Insights into family situation
            4) Social services provided
            5) Suggestions
d. Doctor:
   1) Length of contact with client
   2) Client’s problem, treatment and prognosis
   3) Suggestions
4. Summarization of baseline information obtained
5. Communication of objectives and explanation of rationale
6. Report of progress in relation to semester objectives, considering demonstration of activities and materials
7. Recommendation
D. Plans format and delivery of conference (refer to Implementation 8, III.D.4 for basic conference dynamics.)
PLANNING COMPETENCY 11
Plans for home treatment program

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
A variety of service delivery models

ESSENTIAL ELEMENTS

I. Plans for initiation of program
   A. Plans to select informant(s) from whom to gather information
   B. Plans to gather and assess the following background information from previous reports or informant(s):
      1. Potential participant’s understanding of the problem involved, considering:
         a. Causation
         b. Maintenance factors
         c. Duration
         d. Variation
         e. Severity
         f. Emotionality connected with the disorder
         g. Management of the problem
         h. Relation of the problem to normal development
         i. Questions from the potential participants
      2. Potential participant understands the therapeutic process (how much explanation has been given by previous clinicians?).
      3. Background and daily routine of client and potential participants
         a. Educational background
         b. Socio-economic level
         c. Language spoken
         d. Availability
         e. School schedule
         f. Extra-curricular activities
      4. Potential participant’s willingness to implement program
   C. Plans arrangements between clinician and contact person
      1. Plans to determine the contact person if different from the participant
      2. Plans to determine person(s) to implement program (the participant)
      3. Plans to determine time, place, frequency and duration of contact with the participant and the contact person

II. Develops content of program
   A. Plans long-range objectives for the program based on previous therapy and/or diagnostic information. (Refer to Planning Competency 7.)
      1. Plans short term objectives/long term objectives based on family/community/school’s current needs
      2. Requires that family/community/school contribute at least one long term objective to treatment plan.
   B. Sequences intermediate objectives, activities and materials leading to the accomplishment of the program. (Refer to Planning Competencies 4, 5 and 8)
      1. Considers time, place, frequency, duration and participant for each activity
      2. Considers the following when planning assignments:
         a. Assignments lead to accomplishments of intermediate objectives
b. The participant is able to implement the assignment
c. Assignments are reportable
   1) Clinician selects observable or identifiable behavior
   2) Clinician plans the method of reporting, such as:
      a) Tape recorder
      b) Response chart
      c) Postcard
      d) Narrative description
      e) Telephone
d. Performance on assignments is verified by one or more of the following:
   1) Checking response sheet
   2) Asking participant to bring tape recording of one session
   3) Asking participant to demonstrate the assignment
   4) Making a home visit
   5) Post-testing data reported by participant (may do in participant’s presence)

C. Considers alternate procedures at each intermediate objective (refer to Planning Competency 8).

III. Plan method of communicating with the contact person/participant.
   A. Plans for communicating background information based on I.A., II.A. and B., considering:
      1. Individual vs. group counseling
      2. Bibliotherapy
      3. Visual aids
      4. Other personnel
   B. Plans assignment instructions
      1. Plans to explain rationale for the assignment
      2. Plans to explain the task (including time, place, frequency, duration, participant, number of
         responses to expect, responses to accept, responses to correct, method of correction, method
         of reinforcement, method of recording and materials to use).
      3. Considers providing written instructions
      4. Considers having participant perform the task with clinician observing
   C. Plans to explain method of verification
   D. Plans to provide for feedback from the participant concerning the effectiveness of the program.
      1. Plans to provide time for oral feedback during each conference
      2. Plans to provide means for written feedback as part of record keeping

IV. Plans on-going evaluation of the program considering:
   A. Time spent by participant
   B. Number of assignments followed
   C. Number of successful and unsuccessful assignments
   D. Number and types of changes in assignments necessary
IMPLEMENTATION

Competency 1: Instructs client(s) appropriately using terminology and examples they understand.

Competency 2: Controls delivery of stimuli.

Competency 3: Records responses accurately and effectively.

Competency 4: Delivers reinforcing or contingent events effectively.

Competency 5: Corrects client’s errors systematically.

Competency 6: Follows daily treatment plan efficiently. Does not waste time changing.

Competency 7: Obtains appropriate baseline information using correct sequence.

Competency 8: Utilizes data to determine progression to next therapy goal.

Competency 9: Implements an appropriate behavioral management system.

Competency 10: Initiates and maintains contact with parents/family, teachers or other professionals.

Competency 11: Implements home program and explains its use.
IMPLEMENTATION COMPETENCY 1
Instructs client(s) appropriately using terminology and examples they understand.

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Planning Competencies 1, 3, 4, 7, 9

ESSENTIAL ELEMENTS
I. Secures client’s attention.

II. Uses appropriate vocabulary and language level by:
   A. Considering client’s comprehension of the structural complexity of the command.
   B. Considering client’s comprehension of vocabulary.
   C. Considering client’s auditory memory for sentences and for commands.
   D. Using normative data
   E. Using previous progress reports, diagnostic evaluations and in-therapy observations.

III. Uses appropriate amount of talking – OWI=Observe, Wait, Listen
    Once a response has been established as appropriate, the therapist does not add, delete or repeat the
    instruction unless such task changes are indicated.

IV. Teacher manner and complexity of required response before going on to task.
   A. Therapist
      1. Defines mode of response
      2. Defines specific response
      3. Defines contingent event(s)
   B. Therapist provides a model and/or a practice period before charting responses (two or three trials
      before requiring client to perform independently).
   C. Once the response has been established, modification of IV. A and B can be made for subsequent
      sessions.

V. Minimizes time instructing.
IMPLEMENTATION COMPETENCY 2
Controls delivery of stimulus

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Knowledge of principles of mentalist, social, behavioral and structural learning theories.
Planning competencies 1, 3, 4, 5, 7, 9

ESSENTIAL ELEMENTS

I. Introduces and closes an activity.
   A. Provides an attention signal
   B. Adds or removes additional stimuli for attention
   C. Brings activity to close

II. Delivers stimuli in a manner which elicits the desired response.
   A. Presents stimuli consistent with behavioral objective unless making appropriate task changes.
      1. Does not change modality (auditory/visual/tactile) of the stimulus from that stated in the objective.
      2. Does not add or change conditions (receptive vs. expressive, word vs. sentence) under which the behavior is to occur.
   B. Signals client when to respond.
      1. Embeds signal in stimulus, if appropriate
      2. Presents additional cues if client responds too quickly or too slowly
      3. Fades out verbal instructions/cuing as soon as possible
   C. Presents stimuli in an organized and intelligible manner.
      1. Organizes materials to be readily accessible but not distractible
      2. Speaks clearly and is understandable
      3. Presents pictures, objects or written materials so they can be easily seen
   D. Minimizes time delivering stimuli.

III. Maximizes responses – allows for appropriate amount of time to respond (e.g. 3-9 seconds).

IV. Client/clinician speaking ratio is appropriate. Uses appropriate amount of talking based on client’s comprehension and MLU.
IMPLEMENTATION COMPETENCY 3
Records responses accurately and effectively.

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Knowledge of International Phonetic Alphabet
Ability to transcribe deviant speech
Ability to analyze language samples
Planning competency 1, 3, 5, 6, 9
Knowledge of multidimensional scoring systems

ESSENTIAL ELEMENTS
I. Utilizes response forms

II. Discriminates relevant behavior
   A. Judges client’s responses accurately
      1. Hears and sees the response.
      2. Possesses a standard for “correct” to which the response is compared.
   B. Makes qualitative judgments and/or behavioral observations.
      1. Determines what information is significant.
      2. Determines its implications, regarding:
         a. Performance in the particular session
         b. Performance on a particular task
         c. Planning of future sessions
         d. Client’s past performance
         e. Client’s disability
         f. Normative data

III. Records accurately.
    A. Matches symbols from legend on response sheet or event as it occurred.
    B. Records incorrect responses verbatim

IV. Records efficiently.
   A. Records promptly
   B. Minimizes time spent in recording
   C. Uses recording equipment as needed

V. Uses a standard response sheet for each client, target and task.
IMPLEMENTATION COMPETENCY 4
Delivers reinforcing or contingent events effectively.

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Planning competency 5
Knowledge of external variables that can affect a client’s performance
Knowledge of the meaning and impact of non-verbal communication

ESSENTIAL ELEMENTS
I. Informs client of contingent event system, when applicable, by indicating verbally or providing practice trials for:
   A. “Learning Activity” includes time spent on:
      1. Organizing stimulus materials while in therapy session
      2. Instructing or teaching the task
      3. Presenting the stimulus materials
      4. Model responses to the stimuli
      5. Using additional cues to elicit responses
      6. Shaping responses
   B. “Reinforcement Activity” includes time spent on:
      1. Defining, instructing and/or reinstructing client as to contingent event, type and schedule
      2. Delivering and/or manipulating contingent event by clinician
      3. Manipulating or responding to contingent event by client

II. Maintains planned contingent event(s), type(s) and schedule(s).
   A. Controls antecedent, behavior and consequent events
   B. Provides consequent events that elicit and shape target behaviors, i.e. What will I do if the client responds correctly?, What will I do if the client responds incorrectly?.
   C. Systematically fades schedule of contingent events from continuous to a variable schedule

III. Adds, modifies or omits contingent event, type or schedule when appropriate, for example, when:
   A. Desired responses are not increased or undesired responses are not decreased
   B. Contingent activity is too time consuming
   C. Contingent event decreases client’s cooperation in the learning activity
   D. Contingent event, type and/or schedule are not too complex
IMPLEMENTATION COMPETENCY 5
Corrects clients errors systematically

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Implementation competency 4

ESSENTIAL ELEMENTS
I. Analyzes why an error has occurred, considering:
   A. Attention
   B. Response mode
   C. Accuracy of response
   D. Appropriateness of task to level of communication competence

II. Employs appropriate teaching procedures, using guidelines diagrammed on the next page.
IMPLEMENTATION COMPETENCY 6
Follows daily treatment plan efficiently. Does not waste time changing activities.

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Knowledge of social, mentalist and structural learning theories

ESSENTIAL ELEMENTS
I. Systematically consequates correct and incorrect client responses

II. Follows plan without making unnecessary changes

III. Minimizes time spent setting up and changing activities

IV. Elicits optimal number of responses per session

V. Minimizes discussion of unrelated topics
IMPLEMENTATION COMPETENCY 7
Obtains appropriate baseline information using correct sequence

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Planning competencies 1 and 3
Implementation competencies 1-3

ESSENTIAL ELEMENTS
I. Instructs client appropriately
   A. Follows Essential Elements I, II, and III from Implementation 1
   B. Teaches client mode of response without defining, cuing or teaching the correct target behavior

II. Controls delivery of stimulus, see Implementation 2

III. Records pertinent information accurately and efficiently, see Implementation 5

IV. Reinforces only client’s participation, not accuracy of responding behavior, see Implementation 6

V. Follows plan for baseline
   A. Recognizes if client has or has not attained criterion for acceptable performance for each task.
   B. Follows appropriate sequence for determining level of performance and level of breakdown for each task, deviating from plan when necessary.
   C. Makes task changes at appropriate time.

VI. Maximizes a total number of responses over time
VII. Establishes a level of stable behavior
IMPLEMENTATION COMPETENCY 8
Utilizes data to determine progression to next therapy goal

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Implementation competency 4

ESSENTIAL ELEMENTS

I. Employs a branching series, if the criterion for the intermediate objective is not met or the number of correct responses does not continue to increase, by altering one or more of the following components:
   a. Conditions under which the response occurs
   b. Required response
   c. Criterion for acceptable performance

II. Tests later objectives for possible omission from teaching sequence

III. Attends to and interprets non-verbal behaviors
IMPLEMENTATION COMPETENCY 9
Implements an appropriate behavioral management system

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Knowledge of classical operant conditioning

ESSENTIAL ELEMENTS

1. Identify target behavior.
2. Identify antecedents to target behavior.
3. Develop plan to address target behavior:
   a. Increase desired behavior
   b. Decrease undesired behavior
4. Monitor client progress and reevaluate when necessary.
IMPLEMENTATION COMPETENCY 10
Initiates and maintains contact with parents/family, teachers and/or other professionals

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Knowledge of principles of inter and intra disciplinary interactions
Knowledge of public laws and clinical policies
Knowledge of family counseling and education

ESSENTIAL ELEMENTS
I. Makes initial contact in the clinical setting
   A. Obtains and exchanges the following information:
      1. Name
      2. Home, work and Center telephone numbers
      3. Work schedule
   B. Insures that parent/client has Rules/Regulations making note of the following points:
      1. Importance of punctuality
      2. Policy regarding absences and make-up sessions
      3. Therapy observation and family conference policy
   C. Informs parent/client of days, time, length of session, important dates (holidays, final session)
   D. Insures that client has registered

II. Makes session-by-session contacts
   A. Keeps after-session discussion brief, being careful not to discuss client’s status except in private areas of the clinic
   B. Provides for alternative/additional interchange when indicated
      1. Arranges for privacy
      2. Comments should be positive and descriptive
   C. Informs supervisor of significant or problematic areas of parent/clinician interchange

III. Follows guidelines for conferences with parents, teachers and other professionals:
   A. Schedules conferences with:
      1. Supervisor
      2. Parent, teacher or other professionals
   B. Arranges conference room and observation room to provide comfortable seating and effective interchange
   C. Accompanies family or professional to observation room and explains observation procedures (unless supervisor assumes this role)
      1. Uses discretion in informing client of parent’s presence in observation room
      2. Explains to parent the importance of confidentiality in regard to client’s performance
   D. Initiates conference
      1. Explains purpose of conference
      2. Conveys and obtains information planned (refer to Planning 12, II.C.3)
      3. Follows basic principles of format and delivery listed below:
         a. Adjusts language to suit parent, teacher or other professional, including:
            1) Content
            2) Vocabulary
         b. Demonstrates awareness and responsiveness to participant’s questions and reactions
         c. Presents information in a positive, confident manner
         d. Answers or defers questions appropriately
         e. Paces conference to allow for:
1) Balanced interchange between all participants
2) Coverage of all areas planned
f. Maintains eye contact
g. Listens effectively
h. Guides participant away from irrelevant discussion
i. Avoids:
   1) Mechanical presentation of information
   2) Condescending manner
   3) Over-verbalizing
   4) Judgmental reactions
   5) Communicating personal responses
E. Is clear, concise and relevant in presenting information to others:
   1. Describes the effect of service in direct and measurable terms
   2. Minimizes jargon and uses graphs, charts or tables
   3. Keeps information brief
F. Uses discussions of specific clients to educate other professionals about speech/language pathology; offers accurate information about services and the needs of particular clients
G. Respects professional boundaries
   1. Stays within the realm of speech/language pathology
   2. Makes appropriate referrals to other professionals after checking first with supervisor/clinical instructor
IMPLEMENTATION COMPETENCY 11
Implements home program and explains its use

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Planning competency 13
Knowledge of a variety of service delivery systems
Awareness of family counseling and education

ESSENTIAL ELEMENTS
I. Initiates the program
   A. Selects informant(s) from whom to gather information
   B. Gathers and assesses the following background information from previous reports or informant(s):
      1. Potential participant’s understanding of the problem involved considering:
         a. Causation
         b. Maintenance factors
         c. Duration
         d. Variation
         e. Severity
         f. Emotionality connected with the disorder
         g. Management of the problem
         h. Relation to normal development
         i. Questions from the potential participant
      2. Possible participant’s understanding of the therapeutic process
      3. Background and daily routine of client and potential participants:
         a. Educational background
         b. Socio-economic level
         c. Language spoken
         d. Availability
         e. School schedule
         f. Extracurricular activities
      4. Potential participant’s willingness to implement program
      5. Potential participant’s needs
   C. Makes arrangements between the clinician and contact person
      1. Determines the contact person if different from participant
      2. Determines person(s) to implement program (the participant)
      3. Determines time, place, frequency and duration of contact

II. Communicates effectively with the contact person/participant
   A. Follows plan for communication with the contact person/participant
      1. Relates background information
      2. Instructs for the assignment
         a. Explains rationale
         b. Explains the task
         c. Provides written instructions (if needed)
         d. Demonstrates the tasks (if necessary)
      3. Explains method of verification
      4. Provides for oral or written feedback
   B. Follow basic principles of format and delivery of conferences (see Implementation 14)
C. Effectively teaches the contact person/participant to implement the program (refer to implementation 1, 2, 3, 4, 5 and 6)
   1. Instructs contact person/participant effectively
   2. Controls delivery of stimuli
   3. Interacts appropriately with contact person/participant
   4. Records pertinent information
   5. Delivers appropriate contingent events
   6. Makes alternate assignments within the session based on feedback from contact person/participant

D. Follows plan for verification of performance on assignments

III. Makes on-going evaluation of the program
RECORD KEEPING

Competency 1: Writes behavioral objectives
Competency 2: Writes treatment plan
Competency 3: Maintains response sheets for each session/graph responses
Competency 4: Writes SOAP notes and files in client’s folder.
Competency 5: Maintains daily attendance sheets
Competency 6: Closes client’s folder
RECORD KEEPING COMPETENCY 1
Writes behavioral objectives

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Planning competencies 6, 7, 8 and 9
Implementation competencies
Knowledge of operational definitions
Knowledge of goal setting

ESSENTIAL ELEMENTS

I. Identifies the expected terminal behavior by stating what responses are desired from the client
   A. Uses terminology which “names” or objectifies the behavior
   B. Adds descriptive terminology which further clarifies the terminal behavior

II. Describes the stimulus conditions under which the terminal behavior will occur

III. States criteria for acceptable performance

IV. Components for the behavioral objective:
    A. States who will present the stimulus items (clinician, teacher, parent)
    B. Sets expected date for mastery (long term vs. short term objectives)
    C. States the evaluation method which will be used to determine if the objective has been mastered

V. Controls for the following:
    A. Stimulus modality and level of complexity
    B. Response modality and level of complexity
    C. Criteria for individual response and sets of responses
    D. Level of independence (cued or spontaneous)
RECORD KEEPING COMPETENCY 2
 Writes treatment plan

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Record Keeping Competency 1
Planning Competencies 1, 3-9
Implementation Competencies 1-7
Knowledge of scientific and professional writing
Theoretical framework for each disorder
Theoretical background in therapeutic methods for each disorder

ESSENTIAL ELEMENTS

I. Writes a treatment plan which includes:
   A. Client’s initials
   B. Client’s age
   C. Type of disorder
   D. Clinician’s name
   E. Supervisor’s name
   F. Summary of Treatment to date if continuing client
   G. Specific objectives and target behaviors & Therapeutic methods planned to meet the objective.
      Use goal format:
      Goal:
      A. antecedent
      B. behavior
      C. consequence
   H. Rationale for treatment method
   I. Materials planned to be used in treatment
   J. Materials planned for use in increasing the number of correct responses and/or for maintaining client’s interest.

II. Submits treatment plan to supervisor prior to therapy date.

III. Obtains the approved format from the supervisor for use in therapy.
RECORD KEEPING COMPETENCY 3
Maintains response sheets for each session/graph responses

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Knowledge of operational definitions
Knowledge of multidimensional response systems
Knowledge of single subject designs

ESSENTIAL ELEMENTS
I. Prepares response sheet identifying the stimulus item(s) and/or the target response(s)
II. Identifies the criteria for a correct response
III. Identifies the level of response to be recorded (i.e. correct vs. incorrect, verbatim incorrect, target phoneme only)
IV. Can utilize multidimensional scoring systems and scaled items (e.g. a Lickert Scale)
V. Designs the response sheet to enable the clinician to record the number of trials needed to elicit a correct response
VI. Designs response sheets which can be utilized with individuals or groups
RECORD KEEPING COMPETENCY 4
Writes SOAP notes and files in client’s folder

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Knowledge of conceptual framework of a SOAP note
Planning Competencies 3-9
Implementation Competencies 1-9

ESSENTIAL ELEMENTS
I. Includes the components of each note:
   A. Labels the identified purpose of the note (baseline, treatment, diagnostic, conference)
   B. The specific objectives and target response for the session
   C. The ability to summarize data collected during session (objective or subjective)
   D. The ability to interpret the quantity and quality of the data collected

II. States the purpose of the session in relation to the overall clinical process
   A. Interview for collection of case history
   B. Initial or final baseline collection
   C. Administration of treatment
   D. Collection of treatment probes
   E. Administration of additional tests
   F. Documentation of a conference or phone call

III. States behaviorally written objectives (see planning competency 6)

IV. States quantifiable data for objective completed in the session (see record keeping 3)

V. Compare results of intervention to overall treatment trend
   A. Compare initial baselines to most current baselines or performance during initial evaluation
   B. Compare initial and intermediate treatment trends to initial baseline performance
   C. Compare final baseline performance to initial baselines and overall treatment trends

VI. Draw conclusions, analyze factors influencing success or failure of the intervention and make recommendations for subsequent sessions and/or referrals to other professionals

VII. Submit notes to supervisor in a timely manner following therapy session and follow through on recommended changes

VIII. File supervisor approved notes in client file.
The patient’s expression of his condition, pain, complaints, reactions, etc. Consult with your supervisor about whether patient or family report belongs in this section.

O: (objective element) *(DO NOT DRAW CONCLUSIONS OR FORM OPINIONS HERE!)*
1. The evidence of tests, lab findings, observations, reports, etc.
2. Report % or ratios or proportions or any other summary descriptive statistic within each section of the response chart the statistic summarizes.
3. Professional observations. Terms used to document observations should be common in the field or operationally defined. Only observations of behavior in descriptive terms.

A: (assessment) *(DO NOT REPORT ANY NEW INFORMATION HERE!)*
The professional’s evaluation of the situation – his or her judgment based on the evidence.
1. Draw conclusions about:
   a. Diagnosis, if not already established
   b. Success of session
   c. Relationship of current performance to prior sessions
   d. Any performance trends in treatment since treatment began, if trends are apparent
   e. Prognosis
2. Analyze factors:
   a. On-task or off-task status of client
   b. Quality of stimuli used as antecedents
   c. Quality of cues, prompts, models
   d. Changes in complexity of antecedent stimuli
   e. Changes in dependence/independence of client
   f. Changes in complexity of behavior

P: (plan)
1. The course of treatment determined upon.
2. Specify change in objective for next session (e.g. begin treatment, address goal #3, or add/delete goals)
3. If goal is added/deleted, information supporting the rationale for the change should be specified in the assessment section.
4. List goal(s) to be addressed in next session and materials being utilized.

Name
Graduate Student Clinician

Supervisor Name, MA/MS/PhD, CCC-SLP
Clinical Supervisor

References:
RECORD KEEPING COMPETENCY 5
Maintains daily attendance log in client folder

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Coursework – clinical conference and practicum classes
Knowledge of the filing system for client records

ESSENTIAL ELEMENTS
I. Updates attendance log by coding attendance with minutes in correct space

II. Absences are coded with an “A”
RECORD KEEPING COMPETENCY 6
Closes client’s folder

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Planning Competency 12
Implementation Competency 12
Knowledge and use of clinic calendar

ESSENTIAL ELEMENTS
I. Bring client folder to scheduled meeting with supervisor

II. Completes the (pink) Summary Sheet – Therapy documenting history of services at the UTEP Speech, Hearing and Language Center

III. Insures attendance log and soap notes are complete

IV. Complete progress report and submit to supervisor for revisions and printing on letterhead

V. Sign the revised and printed document

VI. Make copies for mailing to client, spouse, parent, physician or other agency and files original in folder

VII. Place file and report copy in practicum secretary’s box for follow up
PROFESSIONAL COMPETENCIES

Competency 1: Meets professional responsibilities

Competency 2: Demonstrates awareness of professional ethics and behavior

Competency 3: Demonstrates appropriate interpersonal skills when interacting with client/parents/family

Competency 4: Demonstrates appropriate interpersonal skills when interacting with other professionals

Competency 5: Practices universal precautions
PROFESSIONAL COMPETENCY 1
Meets professional responsibilities

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Application of basic life experiences concerning relationships with people
Transfer of personal qualities to professional and client responsibilities
Refine and adapt basic qualities according to the client and the problem to be remediated
Knowledge of UTEP Speech-Language Pathology Student Handbook
Knowledge of Professional Ethics

ESSENTIAL ELEMENTS
I. Is punctual for client appointments.

II. Informs client(s) and supervisor when scheduled appointment must be canceled; and reschedule appointment.

III. Meets deadlines for all reports.

IV. Respects confidentiality of all professional activities.

V. Personal appearance appropriate for clinical setting.

VI. Takes care of therapy materials.

VII. Returns borrowed items in a timely fashion.

VIII. Attends group meetings/clinic meetings/staffing.
PROFESSIONAL COMPETENCY 2
Demonstrates awareness of professional ethics and behavior

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Coursework SPLP 5369, 5320, 5376, 5377
Knowledge of Graduate Catalog
Knowledge of UTEP Speech Language Pathology Student Handbook
Knowledge of Professional Ethics

ESSENTIAL ELEMENTS

I. Is aware of federal and state regulations governing speech-language pathologist and audiologists as related to the education of handicapped children (e.g. PL 94-142, PL 9-457)

II. Is aware of requirements to obtain certification and licensure in Texas and nationally (e.g. Texas, ASHA, State Licensure)

III. Is aware of requirements to maintain certification and licensure in Texas and nationally (e.g. TEA, ASHA, State Licensure)

IV. Is aware of financial considerations regarding patients (e.g. third party payers; Medicare, HMO, PPO, Managed Care, private insurance)

V. Is aware of agencies which regulate the services of speech-language pathologists and audiologists in hospitals, rehabilitation centers, etc. (e.g. JCAHO, Joint Commission on Accreditation of Rehabilitation Facilities, PSB)

VI. Is aware of general expectations regarding services by speech-language pathologists and audiologists in hospitals, rehabilitation centers, etc. (e.g. Program Goals, Administration, Services, Personnel, Records, Physical Plant and Equipment, Quality Assurance, etc.)

VII. Complies with the ASHA Code of Ethics
PROFESSIONAL COMPETENCY 3
Demonstrates appropriate interpersonal skills when interacting with client/parents/family

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Application of basic life experiences concerning relationships with people
Transfer of personal qualities to professional and client responsibilities
Refine and adapt basic qualities according to the client and problem to be remediated
Knowledge of Professional Ethics

ESSENTIAL ELEMENTS
I. Is accepting, kind, calm and patient thereby indicating a genuine concern for the client as a person.

II. Maintains control of the session by being firm (authoritarian when necessary). Conveys to the client the standards for acceptable behavior in therapy.

III. Perceives verbal and nonverbal cues from the client, which indicate the client does not understand the task.

IV. Perceives the verbal and nonverbal cues from the client, which indicate the client is experiencing emotional stress, fatigue, boredom, lack of motivation, etc. which interfere with performance of the task.
PROFESSIONAL COMPETENCY 4
Demonstrates appropriate interpersonal skills when interacting with other professionals

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Application of basic life experiences concerning relationships with people
Transfer of personal qualities to professional responsibilities
Knowledge of Professional Ethics
Knowledge of UTEP Speech-Language Pathology Handbook

ESSENTIAL ELEMENTS

I. Keeps appointments with supervisor(s).

II. Participates with supervisor in discussions related to therapy and diagnosis.

III. Participates in clinic meetings, ARD meetings and staffing as appropriate.

IV. Recognizes own professional limitations and stays within boundaries of training.

V. Requests assistance when appropriate.
PROFESSIONAL COMPETENCY 5
Practices universal precautions

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Knowledge of UTEP Speech-Language Pathology Student Handbook

ESSENTIAL ELEMENTS

I. View Universal Precautions videotape.

II. Wash hands before and after each therapy session.

III. Clean clinic toys with bleach solution.

IV. All services ensure the safety of the patient/client and clinician and adhere to universal health precautions (e.g., prevention of bodily injury and infectious disease transmission).

V. Decontamination (e.g., cleaning, disinfection, or sterilization) of multiple-use equipment before reuse is carried out according to facility-specific infection control policies and manufacturer's instructions.
Knowledge Based Competencies

Diagnostic
Articulation and Phonology
Language
Neurogenic
Motor Speech
Fluency
Voice
Audiologic
Alternative & Augmentative Communication
Aural Habilitation/Rehabilitation
Cross Cultural/Interpreter
Group Therapy
Oral
Written
Dysphagia
DIAGNOSTIC COMPETENCIES

Competency 1: Plans appropriately prior to diagnostic evaluation and/or screening.*

Competency 2: Obtains case history by interviewing parent/family/client to obtain pertinent information.

Competency 3: Administers standardized tests appropriately. *

Competency 4: Administers non-standardized assessments (observational, criterion referenced, dynamic, etc.) when appropriate. **

Competency 5: Differentially diagnoses the communication disorder. *

Competency 6: Interprets results to family/client. *

Competency 7: Recognizes need for appropriate referrals for placement and/or follow-up. *

Competency 8: Writes comprehensive report. *

Competency 9: Participates in Diagnostic and ARD staffing when appropriate.

Competency 10: Demonstrates understanding of cultural and linguistic differences that may impact planning and implementation of evaluations and the interpretation of the results.

* = must receive two consecutive ratings of 7 or better for check out
** = when appropriate this must be completed at a supervision level 5 or better for check out
**DIAGNOSTIC COMPETENCY 1**
Plans appropriately prior to diagnostic evaluation and/or screening.

**SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS**
Coursework – Diagnostic procedures and normal/disordered communication
Knowledge of individual differences and multicultural influences

**ESSENTIAL ELEMENTS**
I. Reviews information and release provided by client, parents and/or other referral agencies supplied previous to the evaluation.

II. Communicates plan to supervisor for screening procedures.

III. Communicates plan to supervisor for standardized and non-standardized tests/procedures selection and states the rationale for choices.

IV. Communicates plan for sequence of tests and assessment procedures.

V. Communicates plan for parent, family, teacher interview, and/or home/school observations to chart.
   - Reviews developmental milestones and normal communication processes.

VI. Plans appropriate contingent events for client.
DIAGNOSTIC COMPETENCY 2
Obtains case history by interviewing parent/family/client to obtain pertinent information.

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Diagnostic competency 1
Undergraduate and graduate coursework in diagnostic procedures
Knowledge of individual differences and multicultural influences

ESSENTIAL ELEMENTS
I. Determines the client’s concern (presenting problem according to the client/parent).
II. Obtains description of communication behaviors.
III. Obtains description of client’s developmental history.
IV. Obtains description of etiological/environmental factors relevant to the client’s communication development.
V. Asks appropriate questions to probe for additional information.
VI. Confirms accuracy of information obtained from interviews or case history.
VII. Utilized vocabulary appropriate for the age, education, and/or socio-economic level of the client/parent.
DIAGNOSTIC COMPETENCY 3
Administers standardized tests appropriately

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Undergraduate and graduate coursework in diagnostic procedures
Knowledge of individual differences and multicultural influences
Knowledge of nonbiased assessment procedures

ESSENTIAL ELEMENTS
I. Provides clear, concise and appropriate instructions.
II. Manipulates test items and presents test stimuli appropriately.
III. Records responses unobtrusively, quickly and accurately.
IV. Administers reinforcement as directed by test instrument.
V. Establishes basal and ceiling.
VI. Utilizes appropriate timing in administration
   A. Individual test items
   B. Spacing of activities during the evaluation
VII. Displays affect conducive to optimum performance.
VIII. Alters procedures needed and reports changes in the text of the diagnostic report.
IX. Reviews and precisely scores test results.
DIAGNOSTIC COMPETENCY 4
Administers non-standardized assessments (observational, criterion referenced, dynamic, etc.) when appropriate

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Undergraduate and graduate coursework in diagnostic procedures.
Knowledge of individual differences and multicultural influences.
Knowledge of nonbiased assessment procedures.

ESSENTIAL ELEMENTS
I. Selects behaviors to be investigated.

II. Chooses appropriate activity to assess the selected behavior based on:
   A. Developmental scales
   B. Language or speech components
   C. Individual differences
   D. Published non-standardized procedures
   E. Family/community/school needs

III. Performs relevant tasks that may reveal functional information regarding:
   A. Modality
   B. Level of complexity
   C. Cognitive status
   D. Stimulability
   E. Modifiability

IV. Prepares response sheets as needed and records responses accurately.

V. Alters planned procedures when necessary according to behavioral observations.

VI. Reviews and carefully summarizes the results and implications.
DIAGNOSTIC COMPETENCY 5
Differentially diagnoses the communication disorder

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Diagnostic competencies 1-4
Understands the basis of a differential diagnosis: the comparison of communication behaviors observed with array of symptoms and communication systems deficits found in a variety of similar disorders

ESSENTIAL ELEMENTS
I. Estimates level of functioning and identifies discrepancies and/or individual strengths and weaknesses.
II. Recognizes etiological variables e.g. mental retardation, hearing impairment, Attention Deficit Disorders, Pervasive Developmental Disorder, neurological impairment, Central Auditory Processing Disorder.
III. Synthesizes the findings of the evaluation into a statement of the nature of the problem e.g. differentiates between diagnostic categories such as stuttering, cluttering, specific language disorder, residual articulation disorder, phonological processes disorder, and oral motor disorders.
IV. Does not include factors related to lack of or difference in experience to support the diagnosis of a disorder.
DIAGNOSTIC COMPETENCY 6
Interprets results to parent/client/family

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Coursework – Diagnostics, Normal and Disordered Communication
Knowledge of individual differences and multicultural issues
Knowledge of family/client education and counseling

ESSENTIAL ELEMENTS
I. Based on initial interview, selects appropriate level of vocabulary to utilize in conference.

II. Communicates the diagnosis and etiology, and the levels of functioning based on test performance, interviews and observations.

III. Communicates plan for therapy intervention or further testing, if applicable.

IV. Communicates the prognosis of various management possibilities to effect changes.

V. Allows parent/client/family to respond to or restate results and recommendations.

VI. Allows parent/client/family to decide the need for follow-up and communicate about the decision regarding plan for follow-up.

VII. Encourages parent/client/family to ask questions about the implications of diagnosis.
DIAGNOSTIC COMPETENCY 7
Recognizes need for appropriate referrals for placement and/or follow-up

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Undergraduate and graduate coursework in diagnostic procedures
Knowledge of individual and multicultural factors
Knowledge of a variety of service delivery systems
Knowledge of the inter-intra disciplinary team dynamic

ESSENTIAL ELEMENTS
I. Determines need for further testing (e.g. developmental, neurological, educational, medical, audiological, psychological).

II. Makes program recommendations for treatment at this or alternate treatment center.

III. Is familiar with service alternatives available in the community.

IV. Provides recommendations for classroom instruction.

V. Provides recommendations for language, if other than English, of treatment and/or classroom instruction as indicated.
DIAGNOSTIC COMPETENCY 8
Writes comprehensive report

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Undergraduate and graduate coursework in diagnostic procedures
Knowledge of individual differences and multicultural factors
Knowledge of scientific and professional writing

ESSENTIAL ELEMENTS
I._summarizes case history, results of standardized and non-standardized assessment procedures.
II. Makes a statement about the validity of the results.
III. Interprets the results considering content, form and use.
IV. Interprets results in light of differential diagnosis.
V. Identifies level of performance and severity of the communication disorder.
VI. Provides prognosis in relation to type of disorder, age and severity of disorder.
VII. Provides prescriptive treatment plan.
VIII. Provides additional referrals or recommendations.
IX. Maintains record keeping for follow-up.
X. Cites sources for normative or criterion referenced data.
XI. Practices standard rules of word usage and composition.
XII. Writes in a professional and scientific style that logically relates 1-8 while avoiding personal bias.
XIII. Submits report within specified period of time.
INITIAL SPEECH/LANGUAGE EVALUATION

NAME:
ADDRESS:
TELEPHONE:
DATE OF BIRTH:
CHRONOLOGICAL AGE:
PARENT’S NAME:
REFERRAL:

DATE OF EVALUATION:

DIAGNOSIS:
   Diagnostic Category
   ICD-9 Code

CURRENT FUNCTIONING LEVEL:

EVALUATION RESULTS:
   History
   Behavior during evaluation
   Hearing
   Oral Mechanism Examination
   Articulation
   Language
   Voice
   Fluency

SUMMARY:

RECOMMENDATIONS/TREATMENT PLAN:
   Duration of treatment
   Type of treatment
   Goals of treatment
   Referral to other agencies (if needed)

PROGNOSIS:
   Prognosis
   Documentation of potential

___________________________________   ______________________________________
Name, BA/BS         Supervisor’s Name, MA/MS/Ph.D., CCC-SLP
Graduate Student Diagnostician     Clinical Supervisor
TX License:

REFERENCES:
## DIAGNOSIS CODES

| ICD (International Classification of Diseases) – 9 DIAGNOSIS CODES (updated 10/1/10) |
|---|---|
| 307.0 | Adult Onset Fluency Disorder (not caused by stuttering that arises from other organic conditions, such as stroke or Parkinson’s) |
| 307.9 | Lisping/Lalling |
| 315.02 | Dev Dyslexia |
| 315.31 | Expressive Language Disorder (Developmental aphasia; word deafness) |
| 315.32 | Mixed Receptive-Expressive Language Disorder |
| 315.34 | Speech and Language Developmental Delay Due to Hearing Loss |
| 315.35 | Childhood Onset Fluency Disorder-includes cluttering/fluency/stammering (regardless of current age of client) |
| 315.39 | Other Developmental Speech Disorder (Developmental articulation disorder; Dyslalia; Phonological disorder) |
| 389.10 | Sensorineural Hearing Loss, Unspecified (Perceptive hearing loss or deafness) |
| 438.14 | Fluency disorder/stuttering due to late effect of cerebrovascular accident |
| 784.3 | Aphasia, acquired |
| 784.40 | Voice and Resonance Disorder, unspecified |
| 784.41 | A phonia, Loss of voice |
| 784.42 | Dysphonia, Hoarseness |
| 784.43 | Hypernasality |
| 784.44 | Hyponasality |
| 784.49 | Other voice and resonance disorders |
| 784.5 | Other Speech Disturbance (excludes speech disorder due to late effect of cerebrovascular accident) |
| 784.51 | Dysarthria (excludes dysarthria due to late effect of cerebrovascular accident) |
| 784.52 | Fluency disorder in conditions specified elsewhere (appears as a symptom of another condition/fluency disorder is not a pre-existing condition) |
| 784.59 | Other speech disturbance (dysphasia, slurred speech, speech disturbance NOS (not otherwise specified) |
| 784.61 | Dyslexia |
| 784.69 | Other (Apraxia) |
| 787.2 | Dysphagia |
| 787.20 | Dysphagia, Unspecified (Difficulty in swallowing NOS) |

## CPT (Current Procedural Terminology) CODES

| Evaluation of speech fluency | 92521 |
| Evaluation of speech sound production | 92522 |
| Evaluation of speech sound production with evaluation of language comprehension and expression | 92523 |
| Behavioral and qualitative analysis of voice and resonance | 92524 |
| Individual Speech Therapy | 92507 |
| Group Speech Therapy | 92508 |
DIAGNOSTIC COMPETENCY 9
Participates in Diagnostic and ARD staffing when appropriate

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Undergraduate and graduate coursework in diagnostic procedures
Knowledge of inter and intra disciplinary relationships
Diagnostic Competencies 1-8

ESSENTIAL ELEMENTS
I. Reviews and selects pertinent information from report or evaluation session.

II. Communicates pertinent information quickly and effectively to other professionals at staffing.

III. Answers and asks further probing questions of participants.

IV. Remains familiar with resources for referral.

V. Reaches conclusions in staffing regarding placement or treatment.

VI. Documents recommendations.

VII. Writes a summary report (conference form, progress note and additional forms provided at other agencies e.g. Parent Child Incorporated).
DIAGNOSTIC COMPETENCY 10
Demonstrates understanding of cultural and linguistic differences that may impact planning and implementation of evaluations and the interpretation of the results

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Multicultural course(s)
Life experiences related to individual differences

ESSENTIAL ELEMENTS
I. Document ethnographic study of the client; include acculturation measures (i.e. measures of language and cultural exposure).

II. Document a complete history of your client’s language:
   A. Mother tongue
   B. Language proficiencies
   C. Nature of 2nd language acquisition
   D. Length of time client has been exposed to 2nd language

III. Determine through reports/observation the appropriate language for assessing communication skills.

IV. Identify, train and utilize the interpreter model with caution and as needed.

V. Makes recommendations regarding the language to be used in treatment of a disorder.

VI. Provide information related to the changing nature of language proficiency.

VII. Recognize and exclude from the description of a disorder patterns of normal bilingual language development.

VIII. Counsel regarding the nature of normal bilingual development patterns as needed.

IX. Make recommendations about the language of instruction, academic language development and literacy.
ARTICULATION AND PHONOLOGY COMPETENCIES

1. Differentiate between traditional and cognitive-linguistic approaches to the treatment of speech disorders.

2. Plan and execute therapy for phonetic-articulatory disorders at the following stages:
   a. Establishment: eliciting a new phonetic-articulatory behavior (e.g. stimulus response, modification from another sound, progressive approximation, varying phonetic contexts, modified phonetic placement, tactile/kinesthetic cues).
   b. Transfer and Generalization: practicing and establishing phonetic-articulatory behaviors at an automatic level (e.g. repetition, prolongation, exaggeration, and utilization of cues, shortening initiation time, simultaneous talking and writing, sentences).
   c. Maintenance of phonetic-articulatory behaviors (e.g. structured and unstructured conversational tasks, role playing, practice in non-therapy settings).

3. Plan and execute therapy for phonological process disorders (e.g. Hodson and Paden’s Cycles and Modified Cycles approach; minimal pairs; maximal opposites; etc.).

4. Counsel the client/parents on establishing an environment conducive to articulation/phonological development.

5. Create activities that incorporate gradual changes in length and complexity.

6. Create materials that help demonstrate the concepts covered in phonological therapy for young children.

7. Modify therapy plans mid-stream through the manipulation of various therapy variables that enhance client success.

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS

Planning, Implementation, Diagnostic, and Record Keeping Competencies
Undergraduate/graduate coursework in articulation/phonological disorders and phonetic transcription of speech
Graduate coursework in diagnostic procedures
Knowledge of individual differences and multicultural influences

ESSENTIAL ELEMENTS

I. Differentiate between dialectal differences, speech delays and speech disorders in children and/or adults.

II. Determine a differential diagnosis of articulation-phonological disorders (e.g. multiple articulation, phonological process disorder, and/or motor speech disorder).

III. Perform complete assessments of clients with the following characteristics:
   A. Developmental error patterns
   B. Unintelligible speech
   C. Palatal clefts

IV. Administer, score and interpret single word articulation tests (e.g. Goldman-Fristoe Test of Articulation – 2, Arizona Proficiency Scale, Fischer-Logemann Test of Articulation Competence, etc.)

V. Complete a phonological process analysis using one of the recognized approaches (e.g. Hodson, Ingram, Khan-Lewis, Shriberg and Kwaitkowski, Stoel-Gammon and Dunn, Weiner).

VI. Gather and analyze a spontaneous speech sample. Analysis may include:
   A. Articulation error patterns (e.g. phoneme errors, distinctive feature errors, co-articulation errors)
   B. Phonological patterns
      1. Developmental phonological patterns
2. Idiosyncratic patterns
   3. Quantitative indices reflecting consistency and relative appearance of processes
   C. Stimulability of early and later developing sounds/processes
   D. Consistency of error patterns across multiple contexts and listeners

VII. Evaluate the severity level for an articulation/phonologically impaired client.

VIII. Identify factors that contribute to the development or maintenance of a speech problem (e.g. language, structural deviations, developmental apraxia of speech, and/or environment).

IX. Utilize a method for recording data that will demonstrate change in articulation-phonology during therapy.
LANGUAGE COMPETENCIES

1. Plan and execute therapy for language-impaired individuals at the following developmental levels:
   a. Pre-linguistic child (e.g. reactive play therapy, pragmatic functions, home program suggestions to parents and/or behavior management techniques)
   b. Preschool age child (e.g. reactive play therapy, pragmatic functions, structured language therapy, cognitively based language therapy and/or behavior modification techniques)
   c. School age child (e.g. structured language therapy, behavior modification, language based academic therapy and/or cognitively based language therapy)
2. Consider variables which may affect efficacy of language therapy (e.g. social, emotional, physical and/or mental development).
3. Demonstrate ongoing assessment of the client’s overall language abilities in addition to recording data specific to targeted behaviors.
4. Demonstrate a method for recording data that will demonstrate language change during therapy.
5. Demonstrate ability to move to increasingly complex language targets (behaviors) along the developmental spectrum as the client makes progress.
6. Modify intervention plan to assure language improvement and overall client success.

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Planning, Implementation, Diagnostic and Record Keeping Competencies
Undergraduate/graduate coursework in language development and language disorders
Knowledge of theories that account for the normal developmental stages of speech, language and cognitive behavior
Graduate coursework in diagnostic procedures
Knowledge of individual differences and multicultural influences

ESSENTIAL ELEMENTS
I. Determine a differential diagnosis of language disorders: cognitive, linguistic, and communicative.

II. Perform complete assessments of children at the following developmental levels:
   A. Pre-linguistic child, e.g. sensori-motor skills, cognitive play evaluation, SICD
   B. Preschool age child, e.g. SICD, language sample, PPVT-4
   C. School age child, e.g. TOLD-P3, CELF-4, WORD, CELI, TACL, discourse analysis
   D. Pre-adolescent/adolescent, e.g. TOAL, TOLD-I2, CELF-4, informal language sample, discourse analysis

III. Gather and analyze a spontaneous language sample including phonology, morphology, syntax, and pragmatic aspects. Analysis may include:
   A. Communicative intent (Halliday)
   B. Semantic function and relations (Brown, 1973; Bloom, et.al., 1975)
   C. Syntactic systems, e.g. phrase structure rules and pronominal systems (Tyack and Gottsleben)
   D. Discourse skills, e.g.
      1. Turn taking
      2. Adjusted messages
      3. Sequencing
      4. Dialogue
      5. Available referents
      6. Deixis
      7. Other indices including: topic maintenance, conversational dominance, conversational repairs (Miller, 1978)

IV. Address the appropriate Piagetian stages when planning and executing therapy.
NEUROGENIC COMPETENCIES
1. Demonstrates use of the following: aphasia classification system, differentiation between aphasia and dementia, and knowledge of possible communicative disorders following head trauma and right hemisphere damage.
2. Demonstrates use of appropriate screening for neurogenic communicative disorders.
3. Describes a complete protocol for bedside screening for neurogenic communicative disorders.
4. Differentially diagnoses neurogenic communication disorders.
5. Designs and executes a treatment plan for at least two different types of neurogenic patients.
7. Counsels family members of the patients seen; provides written materials from appropriate community agencies and informs families of community support groups.

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Planning, Implementation, Diagnostic, Record Keeping and Professional Competencies
Undergraduate/graduate coursework related to speech and language processing in adults
Working knowledge of the anatomy and physiology of the central and peripheral nervous system
Knowledge of inter-intra disciplinary team dynamics
Knowledge of individual differences and multi-lingual/cultural factors

ESSENTIAL ELEMENTS
I. Administer, score and interpret a standard aphasia battery (e.g. Boston Diagnostic Aphasia Examination, Western Aphasia Battery, Minnesota Test for Differential Diagnosis of Aphasia, Porch Index of Communicative Abilities).
II. Determine when the patient is unable to respond to a standard or complete battery.
III. Select, administer, score and interpret appropriate supplemental assessments of identified communicative dysfunctions based on the outcome of the aphasia battery administered.
IV. Administer, score, and interpret a motor speech examination (e.g. Darley, Aaronson and Brown, Culatta oral mechanism subtests).
V. Interact appropriately with adult neurogenic patients.
VI. Able to design a treatment plan utilizing an appropriate single subject design.
VII. Able to write comprehensive reports and orally communicate the diagnostic and treatment plan to the client/parent/family.
VIII. Plan a home program for neurogenic therapy.
MOTOR SPEECH COMPETENCIES

1. Demonstrate a working knowledge of normative data and instrumentation on respiration.
2. Demonstrate a working knowledge of normative data and instrumentation on laryngeal function.
3. Demonstrate a working knowledge of normative data and instrumentation on rate control.
4. Demonstrate a working knowledge of normative data and instrumentation on velopharyngeal function.
5. Demonstrate a working knowledge of normative data and instrumentation on articulation.
6. Demonstrate interpretation of spectrograms to determine how the results affect speech production in adults, such as intonation, prosody, VOT.
7. Demonstrate a working knowledge of CSL, Nasometer, Aerophone or equivalent instrumental methods.
8. Demonstrate a working knowledge of the assessment of intelligibility of dysarthric speech or equivalent perceptual methods of speech assessment.
9. Design and execute a long-term therapy plan for at least two different types of neurogenic motor speech disorders.
11. Counsel family members of the patients; provide written materials from appropriate community agencies and inform families of community support groups.

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS

Planning, Implementation, Diagnostic, Record Keeping and Professional Competencies
Undergraduate/graduate coursework in topics related to speech production and disorders
Knowledge of inter-intra disciplinary team dynamics
Knowledge of individual differences and multicultural factors

ESSENTIAL ELEMENTS

I. Demonstrate knowledge of normal head and neck anatomy and physiology related to speech production.
II. Demonstrate knowledge of the nervous system related to speech production.
III. Knowledge of cranial nerves V, VII, VIII, IX, X, XI, and XII.
IV. Knowledge of UMN and LMN syndromes
V. Demonstrate ability to operate audio and video recorders for treatment documentation.
VI. Demonstrate collection of a speech patient history.
VII. Demonstrate sterile techniques for examination of the oral cavity.
VIII. Demonstrate ability to determine when the patient is unable to respond to a standard or complete a battery.
IX. Administer, score and interpret a motor speech examination.
X. Screen for neurogenic motor speech disorders.
XI. Interact appropriately with adult neurogenic patients.
XII. Demonstrate a systematic method for recording data that will monitor speech changes during therapy.
XIII. Able to design a treatment plan utilizing an appropriate single subject design.
XIV. Able to write comprehensive reports and orally communicate the diagnostic and treatment plan to the client/parent/family.
XV. Plan a home program for motor speech therapy.
FLUENCY COMPETENCIES
1. Differentiate between fluency shaping, stuttering modification, and integrated approaches to the treatment of stuttering disorders.
2. Use a consistent and systematic reinforcement schedule for the young child who stutters.
3. Counsel the client/family/guardian on establishing an environment conducive to fluency development.
4. Create materials that help demonstrate the concepts covered in fluency therapy for young children.
5. Correctly model fluency strategies such as easy, relaxed speech, cancellations, pullouts, preparatory sets, voluntary stuttering, continuous phonation and negative practice exercises.
6. Assist clients in establishing situational hierarchies through problem solving exercising.
7. Address the affective and cognitive aspects of the stuttering disorder for the older school age, adolescent or adult client.
8. Create treatment plans that facilitate the transfer and maintenance of newly learned fluency skills.

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Planning, Implementation, Diagnostic, Record Keeping and Professional competencies
Knowledge of individual and multicultural influences
Undergraduate coursework on normal speech development
Graduate coursework on stuttering disorders, clinical management and diagnostic procedures
Knowledge of types of severity coding systems used for this disorder
Knowledge of the change process and how to make the client responsible for their own change

ESSENTIAL ELEMENTS
I. Interview parents/client to determine:
   A. Description of presenting problem
   B. Historical course of stuttering frequency and severity
   C. Reactions of child and significant others to child’s stuttering
   D. Circumstances associated with increased fluency or dysfluency
   E. Types and effectiveness of intervention approaches attempted by parents/others
   F. Ability/willingness of parents to implement a home program
   G. Environmental factors which could be contributing or maintaining dysfluency

II. Obtain a complete case history from an adult who stutters:
   A. Determine the effect of problem on life
   B. Obtain client’s description of his/her difficulties
   C. Assess client’s attitudes toward stuttering and stuttering therapy

III. Transcribe a taped sample of timed conversational speech to obtain:
   A. Percentage of stuttered syllables in sample
   B. Breakdown of types of dysfluencies, including:
      1. Number of repetitions per instance
      2. Duration of prolongations, blocks
      3. Rate of speech and of dysfluencies
      4. Inflectional patterns; pitch changes
      5. Tension/struggle
      6. Presence/frequency of clustering in speech sample
      7. Presence of secondary symptoms
      8. Consistency of patterns
      9. Stimulability for modification of stuttering

IV. Evaluate client’s fluency patterns to gather the following information:
A. Obtain counts of dysfluency types and severity of instances from taped samples during various tasks:
   1. Off-guard conversation
   2. Spontaneous sentences
   3. Structured sentences
   4. Answering/asking questions
   5. Reading
   6. Imitation
B. Rule out language, articulation or behavioral factors that contribute to or maintain stuttering
C. Differentiate between normal nonfluency and signs of beginning stuttering
D. Determine stuttering severity based on quantitative and qualitative components of stuttering:
   1. Frequency counts
   2. Duration of stuttering episodes
   3. Concomitant behaviors associated with stuttering
   4. Client’s perception of his/her communication difficulties
   5. Impact of stuttering on client’s life
E. Assess client’s ability to modify speech through purposeful changes such as:
   1. Speaking rate
   2. Prolongation of syllables
   3. Rhythmic speech
   4. Light articulatory contacts
   5. Cancellations
   6. Pullouts
   7. Voluntary stuttering
   8. DAF device
F. Formulate a statement of prognosis based on the following:
   1. Client’s age
   2. Severity of stuttering
   3. Age of onset
   4. Reactions to stuttering
   5. Length of time post onset of stuttering
   6. Motivation to work on speech in therapy
V. Determine appropriate treatment components based on assessment findings (e.g. parent counseling, modeling, bouncing, rate control, pull-out and the level of directness to use in a therapy program)
VOICE COMPETENCIES

1. Demonstrate use of clinical procedures to perform voice evaluations to determine or elicit the following: pitch range, habitual pitch, optimal/natural pitch, laryngeal efficiency, pitch and loudness in connected speech, thyroid pressure test (digital manipulation), vocal endurance test, stimulability, respiratory support during breathing and speech.

2. Demonstrate use of clinical procedures to evaluate velopharyngeal (V-P) competency. Assessment will include: tongue anchor test, U-Tube Nasal Manometer Tasks, identify closure patterns utilizing nasopharyngoscopy, and identifying patterns demonstrated on video x-ray.

3. Demonstrate ability to interpret audiograms to determine how the results affect speech and voice production in adults.


5. Demonstrate descriptive judgments of phonation quality and severity including scaling techniques (e.g. hoarseness, harshness, breathiness; Jewish Hospital rating scale).

6. Demonstrate a treatment plan or when applicable, plan and execute therapy for clients exhibiting the following voice impairments:
   a. Laryngeal phonation disorder (e.g. hyperfunction, hypofunction, laryngectomy)
   b. Resonance imbalance

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS

Planning, Implementation, Diagnostic, Record Keeping and Professional competencies
Undergraduate/graduate coursework in topics related to voice production and disorders
Knowledge of inter-intra disciplinary team dynamics
Knowledge of individual differences and multicultural factors
Ability to operate audio and video recorders for pre-op/pre-treatment or post-op/post-treatment documentation

ESSENTIAL ELEMENTS

I. Knowledge of normal head and neck anatomy and physiology

II. Collect voice use/abuse/misuse history.

III. Demonstrate sterile techniques for examination of oral cavity and tracheotomy.

IV. Demonstrate diagnostic evaluation and screening of voice patients.

V. Interpret results to client/parent/family.

VI. Make appropriate referrals for further testing of the vocal apparatus if needed.

VII. Demonstrate a systematic method of recording data that will demonstrate voice change during therapy.

VIII. Counsel client/parent/family in modifications to client’s environment to support changes in voice.

IX. Demonstrate working knowledge of strobvideolaryngoscope (endoscope).

X. Demonstrate working knowledge of CSL or equivalent instrumental methods.
AUDILOGIC COMPETENCIES

1. Perform an otoscopic examination.
2. Administer an immittance measurement screening.
3. Administer a pure tone hearing screening.
4. Administer a pure tone air and bone conduction threshold test.
5. Administer a speech recognition threshold test.
6. Administer a suprathreshold speech recognition test.
7. Interpret audiometric data provided by the audiologist.

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Undergraduate and graduate coursework in basic audiological assessment of the auditory system
Knowledge of the use of clinical equipment
Planning competencies 1, 2, 3, 4, 5

ESSENTIAL ELEMENTS
I. Demonstrate knowledge of the normal auditory system, including the outer, middle and inner ear, 8th nerve and central system.
II. Demonstrate knowledge of the types and degrees of hearing loss.
III. Demonstrate knowledge of the symbols used on the audiogram.
IV. Demonstrate knowledge of the causes of each type of hearing loss (e.g. conduction, sensorineural, and mixed).
V. Demonstrate knowledge of test procedures.
VI. Demonstrate knowledge of the operation of audiological equipment.
VII. Know the differences between a screening and diagnostic evaluation.
VIII. Demonstrate knowledge of the sequence of audiological tests.
IX. Explain post-audiological step(s) an individual with a hearing loss needs to follow.
X. Explain the necessity of calibrated equipment and general calibration tests performed.
XI. When presented different audiograms and completed evaluation results, demonstrate an ability to interpret those findings.
DYSPHAGIA COMPETENCIES

1. Demonstrate protocol for bedside screening for dysphagia.
2. Demonstrate various swallowing maneuvers and compensatory strategies.
3. Demonstrate sterile techniques for examination of oral cavity and tracheostoma.
4. Plan and execute a long term therapy plan for a neurogenic patient with dysphagia.
5. Counsel client/parent/family members regarding dysphagia.

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Planning, Implementation, Diagnostic, Record Keeping and Professional Competencies
Undergraduate/graduate coursework in related topics
Knowledge of inter-intra disciplinary team dynamics
Knowledge of individual differences and multicultural factors

ESSENTIAL ELEMENTS
I. Knowledge of normal head and neck anatomy and physiology.
II. Collect a dysphagia history.
III. Knowledge of dysphagia assessments and treatment plans.
IV. Plan a home program for the dysphagic patient.
V. Use systematic recording of data to monitor changes during therapy.
VI. Have working knowledge of videolaryngoscope (endoscope).
VII. Interpret results to client/parent/family members.
VIII. Make appropriate referrals for further testing if needed.
ALTERNATIVE AND AUGMENTATIVE COMMUNICATION SYSTEMS COMPETENCIES

1. Perform assessments to determine which type of communication system is appropriate (e.g. signal, sign language, communication book/board, augmentative device).

2. Design and develop a communication book/board as an alternate means of communication by doing the following:
   a. Determine a symbol system
   b. Select vocabulary
   c. Collect display items
   d. Choose the format

3. Teach client to use a pointing response required for the use of a communication book/board.

4. Train client in the use of a communication book/board by teaching the following tasks:
   a. Find the proper vocabulary section
   b. Learn the location of the individual items
   c. Use the system to communicate

5. Train client in the operation of an augmentative device by teaching the following tasks:
   a. Turn device on/off
   b. Find the proper vocabulary/key
   c. Learn locations
   d. Use the system to communicate

6. Plan and execute therapy to teach sign language as an alternate means of communication.

7. Consider variables which may affect efficacy of augmentative communication therapy (e.g. social, emotional, physical, and mental development).

8. Perform a family needs assessment in order to facilitate the incorporation of the augmentative system into the client’s home environment.

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS

Skill in the differential diagnosis of speech and language disorders
Skill in the treatment of speech and language disorders
Skill in the prognosis across a variety of speech and language disorders in the spoken and written modes
Skill in obtaining and interpreting a case history
Skill in participating in different models of service delivery

ESSENTIAL ELEMENTS

I. Demonstrate ability to assess individuals whose impairments preclude their use of speech and/or writing as a primary means of communication.

II. Demonstrate ability to determine the purpose(s) of AAC assessment.

III. Demonstrate ability to conduct a comprehensive needs assessment and/or a discrepancy analysis.

IV. Demonstrate ability to use authentic assessment procedures to assess and determine an individual’s communication behavior and needs.

V. Determine ability to identify the need for and referral to professionals in other disciplines in order to conduct an assessment.

VI. Demonstrate the ability to include clients and families in all decision making to the greatest extent possible.
AURAL HABILITATION/REHABILITATION COMPETENCIES

1. Explain assistive listening devices to a client (e.g. availability, sources, and operation).
2. Perform auditory/visual inspections of the client’s amplification system throughout the treatment program.
3. Counsel individuals and/or families regarding the management of hearing impairment and resulting communicative disorders.
4. Develop and implement an intervention program compatible with the hearing impaired client’s communicative skills and needs.
5. Demonstrate a system for measuring and monitoring results of intervention.
6. Demonstrate awareness of available resources for hearing impaired clients (e.g. TDD, interpreters).

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Undergraduate/graduate coursework related to speech-language processing and hearing
Knowledge of how an impaired auditory system can adversely affect a person’s communication
Planning competencies 2, 4, 6, 7
Implementation competencies 2, 3, 6, 7
Professional competencies 1, 4

ESSENTIAL ELEMENTS

I. Demonstrate knowledge of the normal auditory system.
II. Demonstrate knowledge of hearing loss.
III. Determine pre- and post-therapy communication performance through:
    A. Self-assessment questionnaires
    B. Speech reading assessment
    C. Auditory training assessment
    D. Bisensory assessment
    E. Hearing aid performance
    F. Early childhood speech and language assessment
IV. Knowledge of assistive listening devices (ALD) and where to obtain them.
V. Knowledge of amplification systems and basics for troubleshooting problems.
VI. Knowledge of referral sources for non-functioning ALD and amplification devices.
VII. Plan an intervention program for the appropriate age and hearing loss of the client.
VIII. Counsel regarding hearing loss, assessment results and treatment.
IX. Demonstrate knowledge of resources where individuals can obtain further assistance.
CROSS CULTURAL/INTERPRETER KNOWLEDGE COMPETENCIES

1. Demonstrate native or near-native fluency in both the target language and English.
2. Proficient in vocabulary, meaning, pronunciation, grammar, and pragmatics in target language and English.
3. Demonstrate the ability to describe the process of normal speech and language acquisition for both bilingual and monolingual individuals and how the processes are manifested in oral and written language.
5. Demonstrate the ability to administer and interpret standard and non-standard assessment procedures to distinguish between communication differences and communication disorders in minority populations.
6. Recognize the effects of ethnic, racial and cultural diversity on the etiologies, assessment of communication disorders, and prevalence of communication disorders.
7. Demonstrate the ability to design a treatment plan based on the results of the assessment of ethnically, culturally and linguistically different populations.
8. Recognize cultural factors that affect the delivery of speech-language pathology services to the minority language speaking community.
9. Recognize the communication mismatches that can occur during the therapy, counseling, and other clinical situations.
10. Describe the role of linguistic heterogeneity in minority populations, especially among Spanish-speaking populations.
11. Translator/interpreter speaks their primary language and speaks (or signs) another language with native or near-native proficiency in vocabulary, meaning, pronunciation, grammar and pragmatics.
12. Translator/interpreter plans meetings insuring confidentiality and neutrality, accepts clinician’s leadership, and works with facility staff.
13. Translator/interpreter completes acculturation scale to be included in the planning of diagnostic or therapeutic materials.
15. Translator/interpreter establishes rapport with client and family, assists in obtaining a complete history, and remains conscious of role during client and team interactions.
16. During interpretations (interviews, standard/non-standard tests, and parent conferences) interpreting clinician guards against: omissions, substitutions, additions and transformations.
17. Clinician provides interpreter with methods and materials for speech and language productions and non-verbal behaviors.
18. Clinician provides professionally recognized standards for training and supervision for occasional on-call interpreter and designated interpreter.

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Native or home language is a language other than English
Undergraduate or graduate coursework in a language other than English
Undergraduate or graduate coursework in diagnostic procedures
Undergraduate or graduate coursework in multicultural issues in communication disorders
Knowledge of ethnic, linguistic, and cultural differences among minority populations.

ESSENTIAL ELEMENTS
I. Demonstrate proficiency in the second language and in English.
II. Demonstrate understanding of the normative processes in the target language.
III. Demonstrate ability to differentially diagnose communication differences/disorders in minority populations.
IV. Demonstrate ability to apply intervention strategies for treatment of ethnically, culturally and linguistically different populations.
V. Demonstrate sensitivity to cultural factors that affect the delivery of speech and language services.
VI. Demonstrate the ability to translate/interpret (oral/signed language communication) as needed.
GROUP THERAPY COMPETENCIES

1. Present instructions to a group of children or adults effectively.
2. Plan and implement group activities (aural rehabilitation, preschool, learning/resource classroom, student teaching) which address targeted goals for each member.
3. Demonstrate record keeping procedures that can be implemented in a group setting.
4. Demonstrate ability to deal with motivation, resistance, and behavioral issues in a group setting.
5. Demonstrate effective transition from one activity to another in a group setting.

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Demonstrate ability to plan, implement, evaluate and produce generalization of speech and language behavior in the treatment of individual clients.
Demonstrate ability to design and monitor treatment effects for evaluating efficacy and outcome measures.
Demonstrate ability to implement treatment procedures that facilitate generalization of speech and language behaviors to contexts outside the clinic situation.

ESSENTIAL ELEMENTS
   I. Demonstrate ability to measure efficacy and outcomes associated with group therapy.
   II. Demonstrate ability to design treatment to maximize generalization of communication behavior.
   III. Demonstrate ability to consider the psychosocial adjustment, speech-language treatment and counseling parameters that impact clients.
   IV. Demonstrate ability to implement the following group treatment approaches, as necessary:
       A. Direct language treatment groups
       B. Indirect language treatment groups
       C. Sociolinguistic groups
       D. Transition groups
       E. Maintenance groups
ORAL COMPETENCIES

ASHA Standard:  IV-B

COMPETENCY
Plans appropriately prior to an oral presentation and all other situations that require oral interaction. Presents information in an organized manner that facilitates an understanding of the material by the public and other professionals. Uses appropriate vocabulary, syntax, pragmatic behaviors. Motor speech is intelligible and does not draw attention.

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Has undergraduate and graduate experience in oral presentations
Knowledge of the rules of grammar and organizational behavior
Knowledge of audience expectations

ESSENTIAL ELEMENTS
I. Demonstrates ability to organize an oral presentation and other professional oral interactions.
II. Demonstrates an ability to speak spontaneously across a variety of academic and professional topics.
III. Demonstrates an ability to speak spontaneously without insertion of inappropriate utterances such as, “you know”, “ah-ah”, “ummmm”, etc.
IV. Demonstrates ability to use appropriate terminology contingent upon the audience.
V. Demonstrates intelligible motor speech behavior, consistently models accurate pronunciation, loudness, intonational patterns, etc., within diagnostic and treatment sessions.
VI. Demonstrates appropriate pragmatic behavior: eye contact, physical framing, listening, facial and physical expression, etc., in and out of diagnostic and treatment sessions.
VII. Demonstrates appropriate use of English syntax and grammatical rules in all settings and audiences.
VIII. Demonstrates the ability to speak within an assigned time frame.
IX. Demonstrates the ability to provide examples, as needed, to explain the message.
WRITING COMPETENCIES

ASHA Standard: IV-B

COMPETENCY
Plans appropriately prior to writing by doing a completed outline. Presents information in an organized manner that facilitates an understanding of the material by the public and other professionals. Uses appropriate vocabulary, syntax and grammatical rules.

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Has undergraduate and graduate experience in writing papers and reports
Knowledge of the rules of grammar and organizational behavior
Knowledge of audience expectations

ESSENTIAL ELEMENTS
I. Demonstrates ability to create an outline before writing and creates an organized written product.
II. Demonstrates ability to write spontaneously across a variety of academic and professional topics and settings.
III. Demonstrates ability to use appropriate terminology contingent upon the audience.
IV. Demonstrates appropriate use of English syntax and grammatical rules.
V. Demonstrates appropriate use of APA style when writing reports/papers.
Appendix A
Remediation Procedures
**Academic**

**PROGRESSION**

Certain minimal academic performance is required in order to progress through the master’s program. Graduate students in speech-language pathology must be able to meet the minimum grade point average of 3.0.

Schedule of Advisement: The student is advised at the beginning and end of each semester at a regularly scheduled meeting. The Graduate advisor must sign off on the student’s course registration forms before they are permitted to register.

Orientation: In July prior to new graduate students entering the program, they spend a morning as a group with the Graduate Advisor reviewing their degree plan and the procedures for advising and registering. The Graduate Advisor then spends time with them answering any questions the students might have.

Approximately one week before their first semester begins in August; the entering graduate students spend an entire day with the Graduate Advisor and faculty preparing for the coming year. The topics covered are professional behavior expectations, reading strategies, and time management strategies. While these areas have been reviewed and discussed in the past, renewed efforts will be made to ensure students appreciate the significance of these expectations. Students are asked to invite their significant others (e.g., parents, spouses) to a luncheon that day. At the luncheon, guests are given information about the student’s schedule, the expected time commitment, and the support need from the student’s significant other in order to be successful. All topics are addressed as well as responding to the questions raised by family members. The expectations of the program are clearly and repeatedly reviewed for the students and their significant others during this day-long orientation.

During each semester the Graduate Advisor holds regularly scheduled office hours. Each instructor also has regularly scheduled office hours posted on their respective course syllabi and outside their offices.

The student is responsible for:
- Attaining the academic content, clinical and knowledge competencies associated with a course
- Keeping track of his/her performance as the semester progresses

Students are well-aware that any/all concerns about successful completion of a course should be immediately brought to the attention of and discussed with the instructor. To show mastery of these competencies and meet graduate program requirements students must attain a grade of B or better.

**REMEDIATION**

If the student seeks assistance or an instructor refers the student for remediation the student is expected to follow through with the referral. If necessary, the instructor and the student will develop a remediation plan for the student. The remediation plan will be reviewed with department faculty. When the student has successfully completed the assigned and agreed upon remediation activities, the instructor will notify the Graduate Advisor in writing that the student has demonstrated the required competencies. If the student fails to make progress he/she will be referred to the Graduate Advisor to be followed by meetings with the Program Chair and/or Assistant Dean for Student Affairs if there is still no progress.

*No more than 2 grades of “C” will be permitted. A third “C” will result in immediate dismissal from the graduate program and no reconsideration of the student for readmission will be taken. If a grade of “C” is earned, it must be matched with a grade of “A” in a course within the program’s required SPLP courses and this
must be accomplished the semester (Fall/Spring/Summer) immediately following the semester the “C” was earned, to meet the university’s graduate program requirement of 3.0 GPA.

**NOTE:** The following pertains to any academic, practica and/or professional behavior issues. The student is encouraged to first meet with his/her immediate class instructor or practica supervisor to discuss any difficulty he/she may be encountering. If the issue(s) is not resolved to the satisfaction of the student then they should consult with the Graduate Advisor, Clinic Director, and/or Off-Campus Coordinator as appropriate. Please see the figures that follow.
Academic

Identify Student Issue
Instructor/Supervisor/Self-referral

Meet with Student
Discuss concerns/Develop remediation plan
Instructor

Review remediation plan w/ faculty

Meet as outlined in remediation plan

Success
On Track

Fail
Meet with Graduate Advisor

Success
On Track

Fail
Meet with Chair or Asst Dean of Student Affairs
Clinical

PROGRESSION

Certain minimal skills (Clinical and Knowledge Competencies) are required in order to progress through and complete the graduate program. Graduate students in speech-language pathology must be able to meet the minimum Performance and Supervisory Input standards as detailed in the Student Clinical Handbook. [http://chs.utep.edu/speechlanguagepathology/pdf/Handbook%20with%20Forms.pdf](http://chs.utep.edu/speechlanguagepathology/pdf/Handbook%20with%20Forms.pdf)

The student is responsible for:
- Attaining the skills associated with the clinical practica
- Keeping track of his/her clinical skills as the semester progresses

Clinical Advising: Graduate program faculty serves as supervisors during students’ on-campus clinical practicum. They provide feedback in spoken form, and/or written notes following each therapy/diagnostic session. SOAP notes are reviewed and written feedback is provided before the day of the next therapy/diagnostic session. Each week during the on-campus practicum class students present information on their clients during a two hour clinical meeting/staffing period. Each client is reviewed, with feedback provided by supervisors along with input from other students.

Clinical supervisors have posted office hours and will arrange advising meetings via appointment. Before the start of each semester the students are assigned the clients they will see and their charts/records are reviewed in collaboration with the supervisor. Beside these regularly occurring opportunities, students can make appointments with their on- or off-campus supervisor as appropriate to review any concerns they may have about their clinical performance or assessment of their clients’ performance.

Any/all concerns about successful clinical practica performance should be immediately brought to the attention of and discussed with the clinical supervisor.

Students must attain a grade of B (3.0) or better in each of the clinical practica, both on- and off-campus, in order to advance to the next practicum.

On and off campus practica supervisors, the Clinic Director and/or the Off-Campus Coordinator monitor each graduate student’s clinical performance at least twice, at mid-term and at the end of the semester.

REMEDIATION

It is expected that the student, in consultation with clinical supervisor, will be responsible for ensuring that he/she has adequately met the required clinical skills. The department faculty has determined that a final grade of B or better in clinic coursework indicates that specific clinical skills have been acquired. At any time during the practicum if the student fails to satisfy the required clinical competencies, he/she must consult with the clinical supervisor, clinic director, and/or off-campus coordinator to establish a remediation plan to target individual objectives. The plan will vary depending on the specific competency targeted. For example a student may be required to do multiple observations of a particular disorder to practice reliable identification of specific behaviors. The remediation plan will be reviewed with department faculty. At a minimum student will meet weekly with supervisor to review progress. If the student fails to make progress he/she will be referred to the Graduate Advisor to be followed by meetings with the Program Chair and/or Assistant Dean for Student Affairs if there is still no progress. Please refer to the figure below.
*A grade of “C” in any of the clinical practicum will necessitate the repetition of the clinical practicum semester for which a “C” was earned and the student will need to earn a “B” or better the following semester. Hours obtained during the practicum in which a “C” was earned will not count toward the total number of hours required for graduation.
Clinical

Identify Student Issue
Instructor/Supervisor/Self-referral

Meet with Student
Discuss concerns/Develop remediation plan
Instructor/Supervisor

Review remediation plan w/ faculty

Meet weekly w/ student to review progress
Supervisor

Success
On Track

Fail
Meet with Graduate Advisor

Success
On Track

Fail
Meet with Chair or Asst Dean of Student Affairs
Professional Behavior

PROGRESSION

Certain minimal skills such as Professional Competencies and the Code of Ethics are required in order to progress through the master’s program. Graduate students must be able to meet these minimal standards as stipulated in the UTEP Clinical and Knowledge Competencies which can be found at the following link. http://chs.utep.edu/speechlanguagepathology/pdf/2-COMPETENCY%20RATING%20FORMS.pdf

Faculty will monitor student disposition in the classroom and in clinic practica. Students must develop effective and appropriate relationships with faculty, supervisors, staff, peers, individual clients/parents/caregivers, and other professionals. Students must adhere to the Code of Ethics of the American Speech-Language-Hearing Association (ASHA) and be professional at all times. Students must exercise good judgment, complete duties and assignments in a timely manner, maintain client confidentiality, communicate effectively, and are culturally appropriate.

REMEDICATION

Students must participate in a dialogue about their own performance and will work with faculty to develop plans to do so. For example identifying the specific behavior(s) in question, identify the circumstances in which this behavior occurred, identify specific alternatives to the behavior in question, model more appropriate behavior under the direct supervision of supervisor/instructor. If this is not successful the students may be referred to appropriate university support services, such as mental health services, as part of a remediation plan. If referred, the student will follow up with an appropriate faculty member to discuss results. At a minimum, the student will meet weekly with appropriate faculty to discuss progress. If the student fails to make progress he/she will be referred to the Graduate Advisor to be followed by meetings with the Program Chair and/or Assistant Dean for Student Affairs if there is still no progress.

*Students who are unable to communicate successfully and develop effective and appropriate relationships with faculty, supervisors, staff, peers, individual clients/parents/caregivers, and other professionals following remediation will be dismissed from the program.
Professional Behavior

Identify Student Issue
Instructor/Supervisor/Self-referral

Meet with Student
Discuss concerns/Develop remediation plan
Instructor/Supervisor

Meet weekly w/student
to review progress
Instructor/Supervisor

Review remediation plan
w/ faculty

Success
On Track

Fail
Meet with Graduate Advisor

Success
On Track

Fail
Meet with Chair or Asst Dean of Student Affairs

Refer to appropriate University Student Support Services

Meet w/Student for results