GRADUATE STUDENT
ACADEMIC & CLINICAL HANDBOOK

University of Texas – El Paso
College of Health Sciences
Department of Rehabilitation Sciences
Speech-Language Pathology Program
Speech, Language and Hearing Clinic
(Updated August 2019)

American Speech-Language-Hearing Association
2200 Research Boulevard #310
Rockville, MD 20850
(800) 498-2071
https://caa.asha.org/
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Welcome Statement:
Welcome to the University of Texas El Paso! The program in Speech-Language Pathology offers a program of study, which culminates with the Master of Science Degree. Students who complete the plan qualify for the Texas License as well as the Certificate of Clinical Competence in Speech-Language Pathology. The plan includes 97 semester hours of undergraduate course work, 36 hours of graduate course work, and 15-18 hours of clinical practicum experiences. This is a 6-semester program but the requirements are typically completed within 5 semesters. The Undergraduate students selecting this program are designated as Rehabilitation Science majors with a concentration in Speech-Language Pathology. Applicants with a BA/BS in Speech-Language Pathology, or related degree, from another university may need to take leveling courses in order to enter the graduate program.

Accreditation Statement:
The Master of Science program in Speech-Language Pathology at the University of Texas at El Paso is accredited by the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association (ASHA), 2200 Research Boulevard, #310, Rockville, MD 20850, 800-498-2071 or 301-296-5700. UTEP’s Accreditation is current 04/01/2013 through 03/31/2021 (renewable).

The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) requires that each program post for public review the following information; student completion rate, employment rate for program graduates, number of students enrolled, student pass rate on the Praxis Exam. When CAA approves the yearly CAA report, this information will be posted in such a manner that it complies with FERPA guidelines.

To express questions or concerns regarding UTEP CAA accreditation, visit https://caa.asha.org/.

Regional Accreditation:
The University of Texas at El Paso is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC). For more information on SACSCOC, visit their website at http://www.sacscoc.org. The University of Texas at El Paso was reaccredited in 2016 for the next 10 years.

Call for Public Comment on Applicants for CAA:
ACCREDITATION HANDBOOK—CHAPTER XII: INFORMING THE PUBLIC

In accordance with the CAA’s Public Comment policy and procedures, 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.

How to Submit Comments
Individuals who wish to provide input about a program seeking candidacy or initial accreditation or about a CAA-accredited program, seeking continued accreditation may do so in 2 ways:

1. Submit written comments prior to the accreditation site visit in accordance with the procedures specified in the public comment procedures
2. Provide comments to the site visit team during the program’s scheduled site visit

All comments must...

- Relate to a program’s compliance with the current Standards for Accreditation
• Identify the specific program seeking candidacy, initial accreditation, or continued accreditation with the CAA.

Comments that do not meet these requirements will not be considered, and the individual or group commenting will be notified.

The Standards for Accreditation and the CAA’s Public Comment policy and procedures are available in the Accreditation Handbook. These documents may also be obtained by sending a written request to the Accreditation Office.

COMPLAINTS

A. Complaints Against Graduate Education Programs

Any individual may submit a complaint about any accredited program or program in candidacy status. Criteria for Complaints about programs must meet all of the following criteria:

a. must be against an accredited graduate education program or program in candidacy status in audiology or speech-language pathology;

b. must relate to the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech-Language Pathology [PDF], including the relationship of the complaint to the accreditation standards;

c. must be clearly described, including the specific nature of the charge and the data to support the charge;

d. must be submitted within the timelines specified below:

• if the complaint is being filed by a graduate or former student, or a former faculty or staff member, the complaint must be filed within one year of separation* from the program, even if the conduct occurred more than 4 years prior to the date of filing the complaint;

• if the complaint is being filed by a current student or faculty member, the complaint must be filed as soon as possible, but no longer than 4 years after the date the conduct occurred;

• if the complaint is being filed by other complainants, the conduct must have occurred at least in part within 4 years prior to the date the complaint is filed.

*Note: For graduates, former students, or former faculty or staff filing a complaint, the date of separation should be the date on which the individual was no longer considered a student in or employee of the graduate program (i.e., graduation, resignation, official notice of withdrawal or termination), and after any institutional grievance or other review processes have been concluded. Complaints also must meet the following submission requirements:

a. must 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;

b. must 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;

c. must be signed and submitted in writing via U.S. mail, overnight courier, or hand delivery—not via e-mail or as a facsimile—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.

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.
Philosophy Statement:
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 Clinic, 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 Clinic, 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 assuring that you provide the best service to your client(s).

Vision and Mission Statements:
Vision Statement:
The Speech-Language Pathology faculty and staff provide the highest quality education to prepare speech-language pathologists who will provide leadership, service and scholarship in meeting the needs of a culturally and linguistically diverse population.

Mission Statement:
The program in speech-language pathology is dedicated to the preparation of professional, culturally competent 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.
## Directory:

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<th>Service</th>
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<tr>
<td>Speech-Hearing and Language Clinic</td>
<td>915.747.7250</td>
<td></td>
<td><a href="mailto:splp@utep.edu">splp@utep.edu</a></td>
</tr>
<tr>
<td></td>
<td>Fax: 915.747.8251</td>
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<tr>
<td><strong>Program Director:</strong></td>
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<tr>
<td>Dr. Vannesa Mueller, Ph.D., CCC-SLP</td>
<td>915.747.8221</td>
<td>Rm 415</td>
<td><a href="mailto:vtmueller@utep.edu">vtmueller@utep.edu</a></td>
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<tr>
<td><strong>Administrative Services Coordinator:</strong></td>
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<tr>
<td>Terry Weber</td>
<td>915.747.8181</td>
<td>Rm 407</td>
<td><a href="mailto:tweber@utep.edu">tweber@utep.edu</a></td>
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<tr>
<td><strong>Faculty:</strong></td>
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<tr>
<td>Dr. Patricia Lara, Ph.D., CCC-SLP</td>
<td>915.747.7271</td>
<td>Rm 401</td>
<td><a href="mailto:plara2@utep.edu">plara2@utep.edu</a></td>
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<tr>
<td>Mrs. Gloria Macias-DeFrance, M.A., CCC-SLP</td>
<td>915.747.8220</td>
<td>Rm 403</td>
<td><a href="mailto:gpmacias@utep.edu">gpmacias@utep.edu</a></td>
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<tr>
<td>Mrs. Deena Peterson, M.S., CCC-SLP</td>
<td>915.747.8307</td>
<td>Rm 406</td>
<td><a href="mailto:deenag@utep.edu">deenag@utep.edu</a></td>
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<td>Dr. Amelia Rau, Ph.D., CCC-SLP</td>
<td>915.747.8724</td>
<td>Rm 404</td>
<td><a href="mailto:amrau@utep.edu">amrau@utep.edu</a></td>
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<tr>
<td>Dr. Bess Sirmon-Taylor, Ph.D., CCC-SLP</td>
<td>915.747.7278</td>
<td>Rm 416</td>
<td><a href="mailto:bsfjordbak@utep.edu">bsfjordbak@utep.edu</a></td>
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<tr>
<td>Dr. Benigno Valles, Ph.D., CCC-SLP</td>
<td>915.747.7209</td>
<td>Rm 402</td>
<td><a href="mailto:bvalles@utep.edu">bvalles@utep.edu</a></td>
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<td><strong>Adjunct Faculty:</strong></td>
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**UTEP Help Desk**

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helpdesk@utep.edu
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 indoors by the building.

Remain across the street until the UTEP Police or the El Paso 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 persons with disabilities 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. 915.747.5611
Environmental Health & Safety Department Ext. 915.747.7124
Terry Weber Ext 915.747.8181
Section II: Program Overview

Academic and Clinical Coursework:

Graduate Degree Program:
The plan includes 97 semester hours of undergraduate coursework, 36 hours of graduate coursework, and 15-18 hours of clinical practicum experiences. This is a 6-semester program but the requirements are typically completed within 5 semesters. Practicum and service learning opportunities may be offered outside of the academic calendar. Opportunities scheduled within the academic semester to include weekends are mandatory for all students. Students who sign up for opportunities scheduled outside the academic semester are expected to fulfill the obligation. Failure to comply will reflect on the student’s professional competences.

Required Academic Courses: (36 Credit Hours)
- SPLP 5320 Research Design in Communication Disorders
- SPLP 5330 Differential Diagnosis of Communication Disorders
- SPLP 5359 Fluency Disorders
- SPLP 5360 Aphasia and Related Disorders
- SPLP 5362 Language Disorders in School Aged Children
- SPLP 5363 Phonatory Disorders of Voice
- SPLP 5364 Motor Speech Disorders
- SPLP 5366 Communication Disorders and Literacy
- SPLP 5370 Dysphagia
- SPLP 5372 Problems and Projects in Speech-Language Pathology (Elective Courses: see below)
- SPLP 5377 Treatment Efficacy in Communication Disorders
- SPLP 5380 Augmentative and Alternative Communications

Clinical Practicum Courses: (15 Credit Hours)
- SPLP 5369 Graduate Practicum, SPLP, University Clinic (9 credits)
- SPLP 5379 Graduate Practicum, SPLP, School Setting (3 credits)
- SPLP 5389 Graduate Practicum, SPLP, Hospital/Agency (3 credits)

Elective Courses:
- SPLP 5172 Concussion Management
- SPLP 5172 Autism
- SPLP 5272 Manual Communication
- SPLP 5372 Anatomy – Cadaver Course
- SPLP 5372 Structures of Spanish
- SPLP 5375 Articulation & Phonological Disorders
- SPLP 5376 Multicultural/Multilingual Issues in CD: An Hispanic Focus
- SPLP 5398, 5399 Thesis

Total Graduating Hours: 51 Credit Hours:
Graduate electives may be taken in and outside the Program with advisor’s approval. With the non-thesis option, both mid and final comprehensive examinations are required. All coursework used to meet M.S. degree requirements must be completed within one six-year period prior to the M.S. degree award.
For financial aid, contact:
Office of Student Financial Aid
The University of Texas at El Paso
Mike Loya Academic Services Bldg., Room 204
El Paso, TX 79968-0566
(915) 747-5204
financial@utep.edu
The Graduate Catalog is available at www.catalog.utep.edu/grad/.

For additional information on the academic program and expectations, contact the Graduate Advisor in Speech-Language Pathology,

Pat Lara, Ph.D., CCC-SLP
Clinical Assistant Professor
Graduate Advisor
Speech-Language Pathology Program
1101 N. Campbell Rm. 401
El Paso, TX 79902
915.747.7271
E-mail: plara2@utep.edu
The SPLP graduate program offers specialty certifications in:

Certificate in Bilingual Speech-Language Pathology:
The purpose of this certification is to provide additional educational and practicum experience for speech-language pathologists in the area of diagnosis and treatment of Spanish-only and Spanish/English individuals who are suffering speech-language-voice-swallowing disorders. This certification is designed for individuals seeking a master’s degree in Speech-Language Pathology or practicing graduate students seeking a specialty.

1. Any individual who is pursuing a master’s degree in Speech-Language Pathology, or who has a master’s degree in Speech-Language Pathology, is eligible. Application via a letter of interest should be submitted to the coordinator of the program. Applicant must have a GPA of 3.0 in graduate studies; and must submit a letter of interest, official transcripts, and a summary of their clinical experiences.

2. An individual must complete the following educational courses with a grade of B or higher:
   - SPLP 2313 General Phonetics/Lab
   - LING 3309 Structure of Spanish for Language Professionals or any course substitution approved by the certificate coordinator
   - SPLP 3310 Language Development
   - SPLP 5376 Multicultural/Multilingual Issues in Communication

3. An individual must earn a passing score in the following English and Spanish test of proficiency:
   - Spanish Placement Exam administered at the UTEP Testing Center
   - English Placement Exam (TOEFL) administered at the UTEP Testing Center

4. Clinical Practicum Practice:
The candidate must enroll in SPLP 5369, 5379 or 5389 Practicum until the required contact hours with bilingual clients (English/Spanish) are completed. The candidate must complete at least 75 contact hours with a bilingual population during diagnostic and treatment clinical activities. These hours must be attested to by a supervising speech-language pathologist who holds a Certificate of Clinical Competency in Speech-Language Pathology. The supervisor must also hold the Certificate of Bilingual Speech-Language Pathology, with at least 200 contact hours with bilingual clients following certification.

5. The above is in keeping with ASHA Bilingual Service Provider Guidelines:
   Those guidelines state that to be a bilingual service provider, the speech-language pathologist must be able to speak their primary language and speak/sign another language with native or near-native proficiency in vocabulary, meaning, pronunciation, grammar, and pragmatics during clinical management activities.

6. The graduate student should possess the following knowledge and clinical competence:
   a. Be able to describe the process of normal speech and language acquisition for both bilingual and monolingual individuals, and how those processes are manifested in oral/manual and written language.
   b. Be able to administer and interpret standard and nonstandard assessment procedures to distinguish between communication differences and communication disorders in the client’s languages.
   c. Be able to apply intervention strategies for the treatment of communication disorders in the client’s languages.
   d. Be able to recognize cultural factors that impact the delivery of speech-language services in the client’s language community.

Certificate of Concussion Management:
The purpose of this certification is to provide educational and practicum experiences for professionals in the area of diagnosis and treatment of individuals who experience mild TBI/Concussion. This certification is designed
for students seeking a master’s degree in speech-Language Pathology, or licensed professionals seeking postmaster’s degree certification.

1. **An individual must complete the following educational courses:**
   - SPLP 5360 Aphasia and Related Disorders
   - SPLP 5320 Research Design in Communication Disorders
   - SPLP 5330 Differential Diagnosis of Communication Disorders
   - SPLP 5369 Clinical Practicum (Concussion Management)

**Comprehensive Examinations:**
Two comprehensive examinations are required. Students will not be allowed to sit for the examinations if the student has any outstanding action plans.

The first exam will be held in the first spring semester. Passing rate for this exam is 80% correct. If less than 80% correct is achieved, the exam must be taken again during the University Maymester. Passing rate for the retake is 80%. If less than 80% correct is achieved on the retake, the faculty will assess which areas on the exam need strengthening. This information will be shared with the student. The student will then take part in an oral examination at the end of the summer semester. The oral exam is pass/fail. Students who do not pass the oral examination will be dismissed from the program. Students must pass the exam to take part in off-campus practicum.

The second comprehensive examination will occur in the spring semester of the second year. This exam will be of the written (not oral) variety; it will comprise four to six questions, of which the student must choose three to answer. Grading for this exam is pass/fail. If a student fails this written portion of the exam, s/he will take part in an oral examination at the end of the summer semester. Students must pass the examination in order to graduate.

**Guidelines for Thesis:**
One of the requirements for completion of the UTEP Speech Language Pathology Master’s Degree is the completion of either the second comprehensive examination or a master’s thesis. The thesis option is a 2-year process, which requires ongoing consistent attention on the part of the student. Success is dependent upon continual progress, which is the responsibility of each individual student.

What is a thesis?
- Original research conducted by the student under the umbrella of ongoing research with a professor.

What is the purpose of the thesis?
- 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 thesis 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 binder?
- The purpose of your thesis 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?
The following are suggested timelines; however, the student and the thesis advisor will discuss timelines based on the specifics of the study conducted.

- **1st semester**: Create research questions and methodology for the study. Submit draft of literature review and methods to your professor.
- **2nd semester**: Conduct proposal defense with thesis committee. Begin collecting data. Continue to revise thesis draft.
- **3rd semester**: Conclude data collection and begin analysis. Continue to revise thesis draft including results.
- **4th semester**: Conclude data analysis. Continue to revise thesis including discussion.
- **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.
Section III: Student Support

Orientation:
Approximately one week before the first semester begins in August, the entering graduate students spend an entire day with the Graduate Advisor and faculty to prepare for the upcoming year. The topics covered include the transition to graduate school, study strategies, research and thesis considerations, and time management strategies. While these areas have been reviewed and discussed in the past, renewed efforts will be made to ensure that the 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 needed from the student’s significant other for the student to be successful. The Graduate Advisor will address all topics, as well as respond (“-ing” not needed) to any 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.

Advising Process:
The program’s graduate advisor will meet with students as a group each semester to conduct curriculum advisement. This is to ensure each student is registered for the appropriate classes and is on track to graduate within the published timeframes for the program. Students may also request meetings with the graduate advisor at any time to ask questions, or to seek clarification or guidance. Additionally, the graduate advisor will schedule individual meetings with students if there is concern regarding their performance in the program.

Center for Accommodations and Support Services:
The Center for Accommodations and Support Services offers a variety of services for student’s ADA-related accommodations for coursework, housing, and internships. Students are expected to meet with faculty and staff and discuss any accommodations within the first week of the current semester. For additional information on services, please refer to: https://www.utep.edu/student-affairs/cass/students-parent-faculty/services.html.

Grade Criteria:
1. A “D” or “F” grade in any graduate course will result in immediate dismissal from the graduate program. Consideration of the student for readmission will be addressed on a case-by-case basis.
2. No more than two (2) “C” grades will be permitted. A third “C” will lead to immediate dismissal from the graduate program. Students must maintain a 3.0 grade point average per graduate school requirements immediately following the semester during which 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.

The University of Texas at El Paso Graduate Catalog http://catalog.utep.edu/grad/.

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 the attempt 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 2, Chapter 1.2.2.1.
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 for equal opportunity issues, for sexual harassment and misconduct concerns, and for issues involving 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 Program Director. 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 (1) 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 (2) the Graduate Advisor, if agreement cannot be reached the student will (3) speak with the program Director. If a resolution is not reached at the program level, the student should speak with the Chair of the Student Grievance Committee of the Faculty Senate. Students should contact the Dean of Student’s office for specific information, or download a copy of the grievance form and instructions https://www.utep.edu/student-affairs/dean-of-students-office/resources/grade-grievance.html.

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 Program Director. 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. *Details are available in the University of Texas Graduate Catalog, which is available at [www.catalog.utep.edu/grad/](http://www.catalog.utep.edu/grad/).

**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.

**Remediation Process:**
An Action Plan will be applied to students who show unsatisfactory performance in any area of academic, clinical, or professional competence. The action plan will allow the student an opportunity to demonstrate knowledge and skills required by ASHA standards for certification. Action plan assignments will be provided by the professor of the course where the deficiency was demonstrated, or the clinical supervisor if the deficiency occurred in clinical practicum. The graduate advisor may also provide the student with an action plan assignment if deemed necessary by the faculty. All action plan assignments must be completed before the student can sit for any comprehensive evaluation and participate in off-campus practicum opportunities.
Section IV: Student Evaluation

Forms of Student Evaluation:
The program requires that students evaluate the effectiveness of their own clinical services, as follows:

1. During the fall and spring semesters, at mid-term and final supervisor/student meetings, the students will submit their ratings of their performance, using the multidimensional rating system, which evaluates their performance and clinical independence in providing clinical services. The student will use the same rating system as the supervisor; these ratings will provide the opportunity for the supervisor and student to discuss the effectiveness of the services they have 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 client 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 client 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 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.

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

5. See Graduate student Checklist for assistance in getting started with your on- or off-campus practicum.

Formative Evaluation Activities:
The program engages in a variety of formative evaluation activities to support individual student needs. Below are descriptions of the activities.

Daily Feedback:
Spoken and/or written feedback is provided to students about their clinical performance following each clinical session. 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; then, 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 in the Student’s Clinical Handbook. The grading system is based upon the formative evaluation of the student’s performance level and supervisor input, 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 client staffing. 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 whom s/he is 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. Clinically, each student is expected to present orally at her/his client staffing (per course syllabus). Several classroom courses have a requirement for students to present orally. Feedback is provided to the student following the presentation.

**Written Performance Feedback:**
Each student is expected to demonstrate the ability to write across a variety of settings. Clinically, each student is expected to write session SOAP notes, which are evaluated, and feedback will be provided in a timely manner. Several classroom courses have writing requirements for students. 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’s) to monitor the progress of their treatment procedures. On a weekly basis, students must present their case utilizing the SSTD, as well as at midterm 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.

**Summative Evaluation:**
**Clinical and Knowledge-Based Competencies:**
Students are expected to demonstrate competence on all clinical and knowledge-based competences.

**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 [http://catalog.utep.edu/grad/academic-regulations/curriculum-and-classroom-policies/](http://catalog.utep.edu/grad/academic-regulations/curriculum-and-classroom-policies/).

**Oral Performance:**
Each student is expected to actively engage in class discussions with both professors and classmates. Additionally, students are required to schedule regular meetings with their clinical supervisor. During this time, the students will present their treatment and data. During group staffings for practicum, students will also present on their experiences in the clinic.
Written Performance:
Students complete written assignments as coursework; plus treatment plans, SOAP notes, and diagnostic reports during practicum. Finally, the second Capstone examination is a written exam in which the student must address three application-based questions within the field of Speech-Language Pathology.

Clinical Application of Scientific Principles:
Student is evaluated through their clinical experiences as to their application of scientific principles. The summative measure is comprised of the comprehensive examination.
Section V: Clinical Practicum

Overview:
Clinical practicum experiences help in the application of academic knowledge into clinical practice. The clinical practicum experiences are designed to help students develop their professional styles and clinical skill sets. Clinical supervisors pave the way through specific direction and demonstrations with clients, and gradually retract support after having direct feedback with repetitions and provision of further clarification of ideas. The goal is to help the graduate student problem solve and operate independently during client care at the end of the six semesters. It is necessary that all students be thoroughly familiar and abide by the American Speech Language and Hearing Association Code of Ethics: https://www.asha.org/Code-of-Ethics/. The clinical practicum experience helps fulfill requirements for ASHA’s Certification of Clinical Competence and for state licensure as a Speech-Language Pathologist. Certification and licensure requirements are included in the appendices. Students will complete a minimum of 400 clock hours.

Clinical practicum is separated into two sections:

On-Campus Clinical Practicum (3-4 semesters) SPLP 5369:
This level of clinical experience is composed of the graduate student’s first year - fall, spring, and summer semesters. Practicum within the in-house Speech, Language, and Hearing Clinic complements academia in its mission to expose students to clinical thinking and to prepare graduate students for increasing responsibility as a practitioner. During this experience, graduate students require supervision by an assigned clinical supervisor who affords them the opportunity to observe, assess, practice documentation, begin treatment planning, and gain rudimentary hands-on experience. The first year can be viewed as the stepping-stone in the synthesis of knowledge and skills. It is important that students be proactive, ask quality questions, and observe other student graduate students’ client sessions. During the first three to four semesters, students will be required to participate in community events such as health fairs, developmental screenings, and/or camps. These experiences are known as Service Learning Opportunities. Many of the Service Learning Opportunities take place within community agencies, which potentially may serve as future off-campus practicum sites or employments for the graduate students.

Service Learning Opportunities (3-4 semesters) SPLP 5369:
Service learning opportunities may be scheduled within or outside of the academic semester dates. Opportunities scheduled within the academic semester to include weekends are mandatory for all students. Students who sign up for opportunities scheduled outside the academic semester are expected to fulfill the obligation. Failure to comply will reflect on the student’s professional competences. Only direct contact with the client or the client’s family in assessment, intervention, and/or counseling (staffing hours) can be counted toward practicum. Hours credited does not equal the total amount of time spent at the site to include set up, transitions, and/or clean up.

Off-Campus Clinical Practicum (2-3 semesters) SPLP 5379 School Setting/5389 Hospital/Agency Setting:
This level of clinical experience comprises the graduate student’s second year - fall, spring, and summer semesters. Off-campus practicum is typically a full-time experience where students commit themselves to the work and holiday/vacation schedule of the site clinical supervisor/agency, not of the university. It is to be followed at all times during the semester, including but not limited to on-call status, weekend, and evening schedules. Graduate students are expected to provide the full scope of Speech and Language Pathology services, ranging from evaluation, intervention planning, provision of services, and interdisciplinary team participation, to discharge planning, and documentation. All duties are performed under the supervision of a licensed and CCC-SLP. Students who have been placed on an action plan are not eligible for an off-campus
placement until the successful completion of the action plan. Students are expected to clear all compliance requirements 60 school days prior to the start of their off campus practicum rotation. If students are not cleared by the deadline, the student will not be able to participate in practicum for that semester. Only direct contact with the client or the client's family in assessment, intervention, and/or counseling (staffing hours) can be counted toward practicum.

Policy and Procedures:

Compliance Requirements:
The College of Health Sciences Clinical Compliance Office works diligently to ensure that all students have met their pre-clinical clearance requirements. If you are a current or prospective student with questions concerning the compliance process, please feel free to contact the office at 915-747-7225. All compliance requirements documentation must be uploaded through the MEDICAT client's portal at the following link: https://utep.medicaconnect.com. Medical requirements can be completed at the UTEP Student Health Center at a reasonable price. The Student Health Center can be reached at 915-747-5624. For additional resource documents and links, please refer to https://www.utep.edu/chs/compliance/resources/documents.html.

On and Off-Campus Compliance Requirements:

<table>
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<tr>
<th>REQUIREMENTS</th>
<th>DEADLINE TO COMPLETE</th>
<th>EXPIRES</th>
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<tbody>
<tr>
<td><strong>Criminal Background Check</strong></td>
<td>Deadline specified by the compliance coordinator</td>
<td>This is a one-time requirement, which must be done prior to the start of classes. The report can be ordered at the same time the drug screen through the mandated vendor, Verified Credentials <a href="https://scholar.verifiedcredentials.com/utep">https://scholar.verifiedcredentials.com/utep</a>. If you have any questions on your background screening process or results, please contact Verified Credentials Client Services at 800.473.4934.</td>
</tr>
<tr>
<td><strong>Drug Screening Test</strong></td>
<td>Deadline specified by the compliance coordinator</td>
<td>This is a one-time requirement and must be done prior to the start of classes. The report can be ordered at the same time as the criminal background check through the mandated vendor, Verified Credentials, <a href="https://scholar.verifiedcredentials.com/utep">https://scholar.verifiedcredentials.com/utep</a>. If you have any questions on your drug screening process or results, please contact Verified Credentials Client Services at 800.473.4934.</td>
</tr>
<tr>
<td><strong>Hepatitis B series of 3 vaccines</strong></td>
<td>6 months to complete; deadline is specified by the compliance coordinator</td>
<td>This is a required series of three vaccines. Students may have documentation of the vaccine administration from a younger age; these results may be submitted into the MEDICAT portal. Documentation of three doses is required, plus <strong>HBsAb (Hepatitis B Surface Antibody) TITER</strong>. *If Hepatitis B Antibody is not positive, it will require a second series of 3 vaccines and a second HBsAb TITER.</td>
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<tr>
<td><strong>Two Step TB Skin</strong></td>
<td>Deadline specified by the compliance coordinator</td>
<td>This is an annual requirement for PPD TB skin test thereafter. Test (2 TB skin tests 7-21 days apart; no earlier than 7 days, no later than 21 days, or student must repeat the process. If the student has a positive</td>
</tr>
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TB skin test, s/he must submit Chest X-ray and TB Assessment/Questionnaire. The TB Chest X-ray is required and is good for 5 years. **TB Assessment is required annually.** Results must be submitted on the MEDICAT portal.

<table>
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<tr>
<th>Influenza vaccine</th>
<th>Deadline specified by the compliance coordinator</th>
<th>This is an annual requirement for the Fall Semester. *Date of Receipt, Manufacturer, Trade Name, Lot#, Expiration Date, and Injection site must be included in the documentation uploaded in the MEDICAT portal. Waivers WILL NOT be permitted unless a physician’s documentation indicates allergic reaction to vaccine (must be provided to Student Health Clinic).</th>
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<tr>
<td>Varicella (Chickenpox), Measles, Mumps, &amp; Rubella (MMR) titters, Hep B titer</td>
<td>One-time requirement; deadline is specified by the compliance coordinator</td>
<td>This is a one-time requirement; if the student has had it before, just submit documentation on the MEDICAT portal. Varicella <strong>TITER ONLY</strong> (Chickenpox, Immunity IgG) * If Varicella titer is not positive, it will require two doses of Booster. MMR (Measles(Rubeola), Mumps and Rubella) <strong>TITERS ONLY</strong> (Immunity IgG) * If MMR titer is not positive, it will require two doses of Booster.</td>
</tr>
<tr>
<td>Tdap</td>
<td>Deadline specified by the compliance coordinator</td>
<td>Expires in 10 years. Results must be submitted on the MEDICAT portal.</td>
</tr>
<tr>
<td>American Heart Association CPR</td>
<td>Deadline specified by compliance coordinator</td>
<td>The Basic Life Support-Healthcare Provider by the American Heart Association course is required, to be renewed every two years. The CPR card issued by the military is accepted. On-line class certifications are not accepted. The card must be uploaded into the MEDICAT portal.</td>
</tr>
<tr>
<td>Community Wide Orientation</td>
<td>Deadline specified by compliance coordinator</td>
<td>This annual requirement must be completed through Blackboard or the epcc.edu website. You will need to achieve at least 90% accuracy to be given credit for this requirement. You must print the certificate at the end of the exam and upload it into the MEDICAT portal.</td>
</tr>
<tr>
<td>Liability Insurance</td>
<td>Deadline specified by compliance coordinator</td>
<td>Insurance is provided by the University of Texas System; the student must enroll for this benefit.</td>
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**NOTE:** Additional vaccines may be required depending on specific circumstances, or at the request of the clinical agencies. The compliance office must receive completed results/reports on or before the deadline in order for students to be cleared for any on-campus and/or any off-campus practicum experiences.

**Confidentiality/Privacy Rights:**
All personal and clinical information pertaining to the client and/or his family is to be guarded for legal and ethical purposes. From the first contact, 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. Information may be released only to the
client and/or client’s legal guardian by the supervisor AFTER a Release of Information form has been signed by the adult client, or by the legal guardian if the client is under the age of majority. Under no circumstances may client information be shared publicly outside of the University clinic via electronic means to include but not limited to social media, text, email, letters/notes, etc. For additional information on confidentiality, please refer to the ASHA website: https://www.asha.org/practice/ethics/confidentiality/. For Off-Campus practicum sites, please adhere to the site-specific HIPPA policy and procedures.

**Professional and Ethical Conduct:**
Students should adhere to the highest standards of professional and ethical conduct by demonstrating accountability, trustworthiness, and responsibility in the execution of their graduate student roles. These skills impact the student’s growth and demeanor as s/he transitions from a graduate student to a Speech-Language Pathologist. These areas are also addressed in the assigned practicum experiences and thus will impact student grade outcomes. An attitude of professionalism must be maintained during all aspects of clinical work. Each student is reminded to treat her/his co-workers and fellow graduate students with consideration and respect during interactions 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 https://www.asha.org/Code-of-Ethics/. Severe and inflexible restrictions in the student’s schedule will be interpreted as a lack of commitment.

The following professional expectations should be noted:

1. Regular and prompt attendance at all clinical staffing and service learning opportunities, as well as therapy and diagnostic sessions, is an integral part of professional demeanor.
2. Personal time off to include but not limited to doctor’s appointments, travel, work schedules, and family commitments must be approved by your clinical supervisor or faculty and/or staff no later than 30 days into the semester. In case of an emergency, due consideration will be provided.
3. All clinical documentation and paperwork related to research and planning is to be submitted in an orderly and timely manner.
4. Scheduled meetings with the assigned clinical supervisor is required. Full adherence to confidentiality rules and professional manners is required also; this includes the acceptance of suggested changes and constructive feedback.
5. Graduate level editing and technical writing skills are mandatory.
6. Participation in discussions regarding evidence-based practice, treatment methods, problem solving, etc., is a requirement. Evidence-based practice information regarding clients is to be included in all clinical documentation.
7. All student work schedules should not interfere with academic coursework, clinical practicum, and/or service learning opportunities.

**Dress Code:**
Maintaining an air of professionalism is a key element of the program. Students must wear the following options to all academic courses, clinical practicum, and/or service learning opportunities:

1. Navy blue scrubs with closed toe shoes for clinic practicum and service learning experiences.
2. Navy, orange and/or white polo with khakis or jeans free from tears or fading.
3. Fridays is considered UTEP school spirit day and University t-shirts and/or University color polos are allowed with khakis or jeans free from tears or fading.

The “4 B Rule” applies: The breasts, buttocks, belly, and back should be covered during class/clinic/practicum/CAGE time. Students who do not adhere to the dress code will be sent home to change and may not be able to participate in the class, clinical practicum, and/or service learning opportunities. Failure to comply with the dress code will affect the student’s professional competence rating.
Students represent the program and the University. Please do not wear your scrubs or University attire outside of the academic setting and program related activities. Graduate students are to appear professional and well-groomed adhering to the following:

**Name Badge:**
Student name badges should be visible to the public and worn at all times.

**Accessories and Jewelry:**
Accessories and jewelry should be reasonable and appropriate for a health care setting, and should not interfere with patient care or detract from clinical performance. Piercings and tattoos need to be covered.

**Personal Hygiene and Grooming:**
Personal hygiene and grooming should be maintained at all times. Students should refrain from use of perfumes and/or colognes. Students should be clean and free of offensive body odors at all times. If offensive body odor is noted by faculty or reported by others, the student will be called into an instructor’s office for a conference. Students are expected to use deodorant.

**Facial Hair and Nails:**
Beards and mustaches should be worn short and neatly trimmed. Long hair should be pulled back neatly and may not obstruct vision nor interfere in any way with the student’s clinical performance. Also, hair color and style must be appropriate for the clinical environment. Nails and artificial nails should be worn with a short length and neutral polish colors. Extravagant artificial nail designs and accessories are not allowed.

**Time Commitment:**
Graduate students must maintain and adhere to the academic and practicum schedules. These roles and responsibilities require a considerable amount of time commitment from the student. The program requirements are equivalent to at least fulltime employment of 40 hours per week. For a 3-credit-hour academic course, you can expect to spend 3 to 4 hours outside of class, reading and studying. Each student graduate student is expected to meet and maintain professional responsibilities even during periods of additional academic pressure or heightened personal problems. **Severe and inflexible restrictions in time commitment will be interpreted as a lack of commitment to the program.** Because of the demands of the program, students are not encouraged to seek part and/or fulltime employment outside the program. Work schedules cannot interfere with class, clinical practicum, or service learning opportunities.

**Attendance:**
The graduate student may not be absent more than three times during any one of the practicum experiences. When the student is absent more than three times for ANY reason not approved by university faculty and staff and site supervisor, the experience may be terminated. If the experience is not terminated, the student will be required to extend his/her practicum for the days missed. **The comprehensive examinations, graduation, and attendance at state and national conventions will not be considered excused days of absence.** These absences need to be planned far in advance, and time needs to be made up. In the event of personal illness or emergency, the student must inform his/her Clinical Supervisor. In addition, off-campus practicum students must also inform the Off-Campus Clinical Coordinator. Tardiness is defined as arriving to the practicum site later than ten minutes after the assigned time. The student graduate student must notify the Off-Campus Clinical Coordinator and her/his Clinical Supervisor whenever s/he is tardy, on the day it occurs. After two instances of tardiness, the student will be expected to extend practicum by one day for each additional tardy arrival. Please refer to the Graduate Catalog for additional information on UTEP’s attendance policy regarding absence for religious holy days, military leave, dead day and final examinations, [http://catalog.utep.edu/grad/academic-regulations/curriculum-and-classroom-policies/](http://catalog.utep.edu/grad/academic-regulations/curriculum-and-classroom-policies/).
Weekly Staffing:
Weekly staff meetings will be held during the semester as per course syllabus. This provides the graduate students with specific time to share ideas regarding case management, to share materials, and to discuss problems encountered during the week. **Graduate students may not be excused from these meetings except in the case of an emergency, as per course syllabus.** Graduate students are to notify clinic director and their clinical supervisor of absence or tardy arrival to weekly staff meetings. These meetings are mandatory, and attendance will be taken.

Observation Hours:
Because this is a training facility, observation of treatment and diagnostic sessions by graduate students is a component of the educational process. At the Speech, Language and Hearing Clinic and at off-campus practicum sites, students will be scheduled to observe therapy and review previously recorded therapy sessions in order to fulfill program requirements. Students are required to complete at least one observation hour of the specific parameter or age group of the case they are assigned prior to initiating client care. A total of 25 observation hours are required to obtain the SLP Intern license. The 25 observation hours will be obtained **throughout the course of the program** at UTEP.
Clinical Hours:
Per Standard V-C, the applicant for certification in Speech-Language Pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of Speech-Language Pathology. 25 hours must be spent in clinical observation, and 375 hours must be spent in direct client/client contact. http://www.asha.org/certification/2014-speech-language-pathology-certification-standards/.

<table>
<thead>
<tr>
<th>Clinical Experience</th>
<th>Carryover Hours</th>
<th>Observation Hours</th>
<th>Staffing Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>325 HOURS</td>
<td>50 HOURS</td>
<td>25 HOURS</td>
<td>25 HOURS</td>
</tr>
<tr>
<td>Only direct contact with the client or the client's family in assessment, intervention, and/or counseling (staffing hours) can be counted toward practicum.</td>
<td>At the discretion of the graduate program, hours obtained at the undergraduate level may be used to satisfy the remainder of the requirement.</td>
<td>Students may use video recordings of client services for observation purposes.</td>
<td>Counseling regarding communication and swallowing disorders to client/s, family, caregivers, and relevant others is permitted.</td>
</tr>
<tr>
<td>Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family.</td>
<td>Hours obtained at the undergraduate level must be accompanied by a session log containing date, time, parameter, feedback and % of supervision provided and signed by a CCC-SLP in order to count towards these hours.</td>
<td>Best practice encourages students to observe client prior to direct contact with the client.</td>
<td>Credit for attendance in medical staffing/rounds and educational IFSP/IEP/ARD meetings is not allowed. The graduate student will only receive credit for time-spent running the meeting and/or reporting on the client's communication and/or swallowing disorders.</td>
</tr>
<tr>
<td>At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in an accredited program.</td>
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<tr>
<td>Up to 20% of direct contact, hours may be obtained through clinical simulation methods (75 hours).</td>
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</table>

It is important to note that the goal of the practicum experience is not to obtain the minimal number of hours required but rather to obtain the greatest number of experience hours in a variety of parameters that will clinically prepare the graduate student. Students should also make note of the hours required to obtain state licensing. Every state requirement differs; and some states have specific hour requirements based on parameters, e.g., North Carolina.

Supervision Requirements:
Direct supervision must be provided by the clinical supervisor in real time and in accordance with Standard V-E for certification. A Clinical Supervisor must be available to consult with a student providing clinical services to the 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.
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/client; and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/clinician.

The Clinical Practicum Process:
Each semester the clinical practicum process comprises a series of events and experiences. Each piece of the process exposes and refines a graduate student’s clinical skillset. Students should familiarize themselves with the events and experiences of the process below. Understand that the events and experiences do not necessarily occur in a sequence and may differ based on the type of client and practicum setting assigned. School and Agency setting processes and procedures will fluctuate per site population, licensing, policy, and procedures. Graduate students must clarify with the off-campus site supervisor the expectations, timing, and requirements of each pending experience.

The information below is a guideline for the graduate student’s use as a guideline when engaging in an on- or off-campus practicum experience.

The Week Before Therapy Begins:
1. Students will receive clinical supervisor and client assignments at the first scheduled weekly staffing (see syllabus for scheduled date and time). Client assignments are subject to change.
2. Students are required to review the client’s file and take notes. Always use the client’s initials. Note the client’s date of birth, age, contact information, diagnostic findings, recommendations, and current plan of care recommendations. If the client has attended the university clinic previously, note what learning outcomes, improvement and therapy techniques have been used and recorded in the logs. Note recommendations from the previous term; however, keep in mind that the notes were written by previous graduate students. Remember that this information is considered Private Health Information. Students must take appropriate precautions to avoid a HIPAA violation. Keep notes in your hanging file in the clinic office.
3. Students should make an appointment to meet with their assigned clinical supervisor. Be prepared to present your recommended treatment plan, and to discuss therapy ideas and possible concerns.
4. Students need to develop the lesson plans, materials, and treatment approaches for their first week of therapy. The therapy plan requires clinical supervisor approval well in advance of the first session. Refer to the “Templates” section as needed.
5. Upon receipt of clinical assignments, prior to their first therapy session, students will be required to make initial contact with their assigned site(s) via telephone and/or email, in order to introduce themselves and confirm therapy times.
6. Students should consider and begin planning for student observations.

The First Week of Therapy:
1. Students should complete all required clinic forms at the beginning of the client’s initial therapy session. Provide a copy of Clinic Rules/Regulations and explain each item. Review client-identifying sheet and make sure all information is current. Present the parent/client with 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 s/he understands 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. Provide the client with a parking pass and review the clinic rules as needed. 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 front lobby or the Arizona street entrance to escort them to the SLP Clinic; later, you may accompany them to the same location.

3. For the graduate student’s convenience, the clinic administrative staff will handle all billing issues. Please do not attempt to answer client questions about billing nor to collect any payments. Direct all billing questions to the clinic administrative staff or the clinic coordinator. Present the client/parent/caregiver with information regarding fee schedule and payment arrangements. Ascertain from the client’s parent/caregiver (or adult client), that s/he has checked into the clinic via the administrative staff.

4. Establish rapport and collect baseline data as applicable.

5. Submit your SOAP note, using the approved template, via email to your clinical supervisor. All SOAP notes are due within 24 hours of the session completion. Be sure to check your email for draft input, suggested changes, and constructive criticism from your session.

6. Meet with your clinical supervisor as needed to adjust the treatment plan.

7. The student must confirm the next appointment date and time and should remind the family of the importance of continuity of care.

At Midterm:
1. Students are expected to review the client’s progress with their assigned clinical supervisor, so that recommendations for continued case management and treatment can be made to the client and/or caregiver/family.

2. Students should meet with the assigned clinical supervisor to discuss data collection and needed Treatment Plan adjustments.

3. Students should discuss whether dismissal from therapy is warranted and schedule the reevaluation if necessary. Discussion of the process for closing out a client file should be completed as needed.

4. Students will submit graduate student ratings on the competences template via email to the assigned clinical supervisor; and will schedule a 1:1 meeting to discuss clinical performance and competence ratings.

5. Students will complete client continuation forms and will submit these to the clinic administrative staff.

The Final Week of Therapy:
1. Students are to review the client’s progress with the assigned clinical supervisor so that recommendations for continued case management and treatment can be made to the client and/or caregiver/family.

2. If the client is to continue therapy at the university clinic, students should verify that all information about the client is correct and current.

3. Students should remind the client and/or family/caregiver to check in with the clinic administrative staff to ensure they are cleared for the end of the semester.

4. Discussion of the process for closing out a client file should be completed if therapy is no longer warranted.

5. Students are required to type up a short email with recommendations and comments for the next graduate student, in order to ensure a smooth transition and continuity of care.

6. Students will submit graduate student ratings on the final competences template via email to the assigned clinical supervisor; and will schedule a 1:1 meeting to discuss clinical performance, competence ratings and assigned grade.

7. The following must be turned in to the teaching assistant: attendance records, weekly hour logs, and semester hour logs. The following must be turned in to the clinical supervisor by the end of the semester: Clinical/Knowledge Competencies Form, Evaluation of Clinic Services Form, Student Evaluation of Clinical Supervision Form, and Continuing/Discharge Client Form. Students will also receive an online survey that needs to be completed.
The Student’s Role in Major Clinical Decisions:
Major clinical decisions are communicated or implemented by student graduate students only after approval by the on- and/or off-campus Site Clinical Supervisor. Clinical Supervisors accept full responsibility for the evaluation and treatment of clients given by students. The clinical supervisor must approve major decisions involving client management prior to counseling about the diagnosis of a communication disorder; those involving the need for referral to other professionals for additional evaluation; those decisions concerning the contents of an individualized treatment plan, including objectives and rationale for the plan; those decisions made involving admission, retention and dismissal of clients; and any decisions pertaining to the content of a program for home and/or classroom management.

Diagnostics:
Diagnostics will be performed by an assigned diagnostic team comprising two graduate students.
A. A brief SOAP note is due 24 hours after completion of the diagnostic process.
B. The first draft of the diagnostic report is due 48 hours after completion of the diagnostic process.
C. Diagnostic report revisions are due 24 hours after clinical supervisor input is provided via email using track changes in the same document.
D. Diagnostic evaluations will be scheduled as needed. Students are required to meet with the clinical supervisor to discuss appropriate tests to be administered. All diagnostic team members should familiarize themselves with tests to become comfortable with both administration and scoring. Diagnostics require a minimum of 25% supervision by the clinical supervisor.

Graduate students 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 a report. Each graduate student on the team is expected to collaborate in the writing of a complete diagnostic report using the approved template. Client initials are to be used on diagnostic report until final approval is given by the clinical supervisor.

Upon final approval of report, two copies will be printed on UTEP letterhead. Graduate student(s) will sign the report and practice reviewing the report before providing results to client and/or family.

On-Campus Practicum Policy and Procedures:
Clinic Parking:
If students have a UTEP parking tag, 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.

Graduate students’ Mailboxes:
All assignments (SOAPs, reports, etc.) are to be turned in to supervisor via email in accordance with paperwork schedule. 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 ensure your UTEP email account is working. Failure to have checked your box and/or e-mail is not considered a valid reason for not completing assigned tasks. Email inquiries from your assigned clinical supervisor require a 24-hour turn-around time.

Client 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/her therapy program should be documented. Contact notes are necessary documentation to 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. These notes are filed in the permanent chart. Make sure each entry has been signed by you and your Supervisor.

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. All final diagnostic reports need to be printed on university department letterhead. One copy of the diagnostic report should be provided to the adult client, or to the younger client’s parent or caretaker; the other copy should be added to the clinic file.

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

F. **Audiology:** Audiological evaluation and/or screenings should go in this section.

G. **Miscellaneous information:** All relevant reports, correspondences, notes, or literature which have been attained from other professionals and/or agencies – i.e., all outside data, which pertain to the client’s case management -- should be included in this section.

H. **Clinic Forms:** Consent and semester clinic forms are to be completed by the client or client’s legal guardian. These are to be filed in the client’s folder once completed.

**Graduate student Working Folder:**

Hour logs and attendance sheets are filled out daily and reviewed weekly. Hour logs must be turned in to T.A. every week (see syllabus for due dates). Hour logs are the graduate student’s responsibility to keep track of and fill out correctly. It is the graduate student’s responsibility to see that hour logs are initialed weekly by the clinical 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. Hours earned that are submitted outside of the current semester will be voided (i.e., not accepted).**

**Client Assignments:**

Upon receipt of your client 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 in the clinic file room. 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 photocopied.

**Clinical Supervisor Assignments:**

Your assigned Supervisor is based on the needs of the clinic. Please note that the instructor of record may not be the same as your Clinical Supervisor. Your final grade will be determined by your Clinic Supervisor based on your performance in your clinical competencies. Your Clinical Supervisor will provide your grade, to be entered by the instructor of record. Any issues that may arise with regards to your grades need to be addressed with your Clinical Supervisor. Students who have multiple supervisors will be given one grade after the supervisors have met to discuss student performance.

**Clinic and Graduate student’s Schedule:**

The clinic is open during fall, spring, and summer semesters for scheduled appointments on Tuesdays and Thursdays between 8 a.m. and 6 p.m. Clients are usually seen on alternating days for either 30- or 60-minute sessions, based on medical necessity. Clinic meetings are held weekly (see syllabus for schedule). All university
holidays are observed. The clinic coordinator will make every effort to accommodate you and your clients during the scheduling process. However, the graduate student must recognize that the schedules of the clients, the supervisors, and the graduate students must ALL coincide. This is to ensure that ASHA’s supervision requirements are fulfilled. Therefore, final caseload assignment will be based upon space, availability of clients, and availability of supervisors. It is recognized that the graduate student 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.

**Scheduled Client Appointments:**
Graduate students are expected to arrive at the clinic at least 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 five minutes before the next one is scheduled to enter your room. This allows you a few minutes to remove therapy materials from the room and to return your client to the waiting room. When finished, please leave the room ready for the next graduate student to prepare for his/her client. Any informal feedback regarding therapy performance may be discussed in the therapy room, or graduate student 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 clinical supervisors.

**Practicum Paperwork and Deadlines:**
All paperwork must be submitted by the specified time (see handbook and course syllabus). Late paperwork will affect the graduate student's grade. There is a next-day turnaround period, which means that once the graduate student turns in paperwork, s/he must check email for revisions or re-writes, and must make those corrections **immediately**, to be returned to the clinical supervisor. Missed and make-up sessions need to be documented on a SOAP note. Please follow the deadlines outlined below for practicum paperwork.

A. **Hour logs** – are due 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** – are due within 24 hours of session.
C. **Diagnostic reports** – are due within 48 hours following final evaluation session.
D. **All midterm/final competencies and paperwork** – are due on date assigned (see syllabus)
E. **The client’s attendance sheet** – must be maintained **after each session, along with the amount of time spent in therapy.** Keep track of all sessions attended and indicate those that were missed. This is very important as it is used for billing purposes. You must have one attendance log per client.

**Absences:**
**Client:** If client cancels therapy, graduate student is to notify the clinical supervisor. We will attempt to offer a make-up session when a client cancels an appointment. **Graduate student:** Therapy may be canceled by the graduate student in case of illness or emergency; however, the student must receive permission from her/his clinical supervisor **IN ADVANCE** of canceling the appointment. When the graduate student cancels an appointment, s/he must offer a make-up session. Document absences and make-up sessions in SOAP notes and in attendance log. Make appropriate arrangements to ensure all obligations are covered. Make-up sessions need to be cleared by the clinical supervisor.

**Clinical Academic Graduate Education (CAGE) Lab and University Clinic Treatment Rooms:**
The Clinical Academic Graduate Education Lab is located in the basement, Room B 09. This is a common workspace that has been created for daily use. Students will find a resource library along with a wide variety of therapy materials. Books; therapy materials, to include workbooks and manuals; and/or toys must remain in the clinic or in B 09. Diagnostic materials and protocols are housed and must remain in the university clinic. You may check out tests with clinical supervisor approval, yet these materials must remain in the building. They
may be checked out with the clinic administrative staff and must be returned at the end of the day. Tests returned with missing items (not including protocol) will not be accepted until the student replaces the missing items. Students must keep all treatment and working areas tidy, organized, and disinfected. Please disinfect all materials prior to returning them to the CAGE lab after use; and check to ensure that treatment rooms are free and clear of materials for the following session. Students need to regularly clean the refrigerator and microwave after each use. We encourage students to eat in the common eating area located at the entrance of the building.

**Video-Recording:**

Graduate students are encouraged to use audio/digital recorders to record their therapy sessions for self-evaluation, and to ask guardian consent for recording client responses. Before video recording any client, you must have a signed copy of the Video Recording Consent Form in the client’s permanent file. At the beginning, middle, and end of each term, you will be required to video record sessions (for a minimum of three 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 graduate student and client behavior. This is intended to develop skills of self-evaluation and affect graduate student-initiated change.

**Email Communication:**

All students are required to maintain a current UTEP email address, for official business use only. Personal emails will not be allowed for the exchange of academic or client information. Students are required to check their UTEP email to check for clinic, clinical supervisor, and program communications. It is expected that students respond to any inquiry within 24 hours of receipt of email.
Off-Campus Practicum Policy and Procedures:
Clinical practicum policies and procedures are going to be reflective of the site assignment, setting, and specific policies and procedures. Students are required to assimilate into the site culture and should begin their rotation by attending orientation at the assigned site. 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 Off-Campus Clinical Affiliations Coordinator:
The Off-campus Clinical Affiliations coordinator is also known as the Off-Campus Clinical Coordinator. The Monitor’s role is to serve as a liaison between existing and potential affiliation sites. The affiliations coordinator initiates and facilitates all affiliation agreements, which are processed by higher-level administration at the University. These agreements create clinical practicum sites and clinical specialty experiences for the graduate students. These experiences help bridge the gap between the classroom instruction and real-life expectations.

Additionally, the Clinical Affiliations coordinator serves as a liaison between the graduate student and the site clinical supervisor. The Off-Campus Clinical Coordinator will be the contact person for any questions or concerns from the agency, site supervisor, and/or student. The Clinical Affiliations coordinator will conduct field visits where direct observation of therapy by the University Coordinator is appropriate but not required. The main goal of the field visits is to determine how satisfactory the placement appears to be to both supervisor and graduate student, and to make suggestions for adjustment toward solving any problems that may have arisen. If at any time, the site has concerns about the student’s performance; the coordinator should be contacted immediately.

The Off-Campus Clinical Coordinator is also responsible for scheduling diverse Service Learning Opportunities and for teaching a weekly staffing course to second-year student graduate students.

Responsibilities of the Off-Campus Site Clinical Supervisor:
Off-campus site clinical supervisors are valuable members of the Paso del Norte Area professional community. They are committed to contributing toward 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 should 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 planning lessons, reporting of client progress, completion of diagnostic reports, and writing of final client summaries).

Each term, site Clinical Supervisors are encouraged to attend the supervisor training session at the university to receive updates and resources in the areas of mentorship and supervision. All supervising SLPs must verify they hold the current Certificate of Clinical Competence (CCC) from ASHA. The program keeps a record of the supervisor’s name, copies of the ASHA Certification Number, and the State License, as required by the Council on Academic Accreditation (CAA). Clinical Supervisor qualifications are at the discretion of the university program and based on ASHA’s guideline. The guideline recommends the site clinical supervisor to have completed the Clinical Fellowship (CF), plus at least one year of fully-certified (post-CF) professional experience. Currently, clinical educators are encouraged to take two hours of clinical education training every two years. It is predicted that this will be mandatory by 2020. These trainings may be in the form of pre-service or in-service curricular offerings, continuing education at professional meetings, practicum at universities, self-study, and/or research.
Responsibilities of the Graduate student:
Graduate students must abide by all rules and regulations of the university, college, and program. ASHA guidelines should always be followed. Students are expected to follow policy and procedures for the practicum setting as noted in this handbook. Student graduate students in an off-campus setting should follow clinical procedures prescribed by the site clinical supervisors; and should conform to all the rules and regulations of the site at which the practicum takes place.

Placement Confirmations:
Placement confirmations will be emailed to you and the site contact. Be sure to review the attachments contained in the electronic communication carefully. All site assignments are final. Please confirm your site supervisor’s contact information and email it to the Off-Campus Clinical Coordinator.

Initial Site Communication:
Initial contact with sites must be established four to six weeks prior to the rotation. It is recommended that you call and make an appointment to meet your site supervisor. Inquire about any site-specific additional requirements, including but not limited to, orientation, preparation/additional readings, paperwork, constructive criticism and feedback, practicum schedule, and site-specific applicable policy and procedures.

Clinical Practicum Forms:
The clinical practicum forms packet should be reviewed and completed with your site supervisor the first week of rotation. Student graduate students should refer to the Clinical Affiliations Checklist to help them complete the Clinical Practicum Forms Packet. The packet needs to be turned at the beginning of the semester (see syllabus). Students need to become familiar with the Graduate Student Checklist (Table 1) and the Off-Campus Supervisor Checklist (Table 2). Students should refer to the clinical affiliations checklist to help them complete the clinical practicum forms packet. See “Clinical Practicum Forms” Section.

Practicum Documentation, Paperwork, and Deadlines:
Students are required to learn and follow documentation and billing requirements of the facility based on approval from their clinical supervisor. All documentation must be completed on site prior to the student graduate student’s departure for the day, even if this requires the student to remain on campus awhile longer, within reason. Documentation must be completed and returned to the Clinical Supervisor right away, on site, since the submitting of documentation through email is prohibited. Emailing of documentation drafts is not permitted due to the nature and sensitivity of records. All privacy and confidentiality precautions must be exercised. Paperwork which is submitted beyond its timeline will affect the grade of the graduate student responsible.

Client Assignments:
Prior to initiating client contact hours, students are required to complete observations of their site supervisor and setting. Workload and caseload assignments are made at the discretion of the site clinical supervisor. Upon receipt of your client assignments, you will want to familiarize yourself with your client’s history and plan of care by reviewing his/her case folder.

Clinical Supervisor Assignments:
Students are expected to work and report to the assigned site clinical supervisor. An alternate site Clinical Supervisor must be cleared through the Off-Campus Clinical Coordinator prior to your engaging with them and their caseload. Students are not to engage with clients if their supervisor or alternate supervisor is not in the building.
Practicum Schedule:
Graduate students are required to follow the site Clinical Supervisor work schedule, to include evening, weekend, and/or on-call shift work. **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.

Weekly Site Staffing:
Students are responsible for submitting a practicum schedule to the Off-Campus Clinical Coordinator at the beginning of the semester. Students are required to meet with their site supervisor on a weekly basis. The schedule must identify the day and time of the weekly feedback session. Feedback should be submitted on the Written Feedback Form. Students are also required to attend all appropriate staffings, rounds, IEP conferences, seminars and workshops as deemed necessary by the site clinical supervisor.

Resources for Supervision and ASHA Standards:
- Code of Ethics for the American Speech-Language-Hearing Association:
- Supervision of Student Graduate students: Modeling Ethical Practice for Future Professionals:
- Supervision of Student Graduate students:
  [http://www.asha.org/Practice/ethics/Supervision-of-Student-Graudate-students/](http://www.asha.org/Practice/ethics/Supervision-of-Student-Graudate-students/)
- Clinical Supervision in Speech-Language Pathology: ASHA Position Statement:
- Clinical Education and Supervision:
Section VI: On-Campus Forms

University Clinic Forms:
University clinic forms are used to organize and complete case management for assigned clients. Students are required to make note of the following information and to familiarize themselves with the forms.

General Information:
The General Information Form is provided so that graduate students might answer any questions from clients and/or their family members and caregivers.

Clinic Regulations:
The program is committed to providing the best possible services within the on-campus clinic setting. Please make note of the clinic regulations to ensure a positive experience for both the client and the graduate student.

Consent for Observation and Taping:
Without exception, each client must complete the form on her/his first visit for the current term.

Therapy Schedule:
The therapy schedule is disseminated the first week of the semester. Graduate students need to review this information with each client and the family and/or caregiver.

Well Clinic Letter:
This form emphasizes the importance of always taking universal precautions. Graduate students should always focus on infection control.

Client Identifying Information and Placement Confirmation:
All clients will fill out this information prior to placement confirmations. Graduate students should update this information as needed throughout the semester.

Consent to Disclose Confidential Information:
All graduate students must complete this form with their client to enable the confidential receipt and sharing of additional information from other sources.

Evaluation of Clinic Therapy Services:
All clients will complete this rating scale at the end of the semester. It is important for the clinic to gather feedback so to ensure its continued success with quality service delivery.

Parent/Caregiver Contact Log:
All communication contacts should be registered on the log with details to support case management.
The UTEP Speech, Language and Hearing Clinic provides quality diagnostic and therapy services for UTEP students, faculty, staff and their families as well as for community members who may have communicative disorders. The clinic is located on the first floor of the College of Health Sciences building.

University graduate students studying speech-language pathology complete their first practicum experience within the clinic itself. Every student graduate student is assigned one or two clients for each of two 12-week sessions during the fall and Spring Semesters, and for one 6-week session during summer. Student graduate students provide diagnostic and therapeutic services to clients under the direct supervision of the clinic Director or a clinical faculty member. All supervisors must hold a current ASHA Certificate of Clinical Competence and Texas License in Speech-Language Pathology.

Speech-Language and Hearing Evaluations: Evaluations are provided for children and adults who may have one or more of the various types of communicative disorders, such as those of articulation, language, fluency, voice, and hearing. Clients are scheduled for diagnostic evaluations upon referral from the medical community, from the educational community, or from themselves and/or family members (“self-referral”). The usual procedure includes the following components:
1. Completion of a Case History prior to the initial appointment and evaluation.
2. Scheduling of an appointment by the clinic Director for a speech and language evaluation or for a hearing evaluation.
3. Testing at the clinic, which usually involves a complete speech-language and/or hearing evaluation.
4. Explanation to the client and/or parents, at the close of evaluation, of test findings and recommendations.
5. Completion of a written report of the findings and recommendations.

Treatment:
Treatment is provided for all types of communicative disorders on a space-available basis and as in keeping with the needs of the University training program. Clients may be seen for treatment Mondays through Thursdays between the hours of 8:00 a.m. and 6:00 p.m. Individual treatment is scheduled weekly or biweekly, for one 30- to 60-minute session per visit. Frequency and duration are based on the client’s individual needs and on the clinical judgement of the evaluating team.

Faculty and Staff:
The University clinic provides observation and clinical practicum experiences for University students majoring in Speech-Language Pathology. As part of their practicum training, graduate students in Speech Pathology are responsible for the planning and execution of therapy for each client. Students work under the close supervision of the clinic Director and/or clinical faculty supervisor(s). The University program is committed to the high standards of the profession as well as to the provision of quality services.

For additional information contact:
Benny Valles, Ph.D., M.S., CCC-SLP, UTEP Clinic Director, bvalles@utep.edu
Speech-Language Pathology Program, 1101 N. Campbell, Rm 402 79902, 915-747-7209
La Universidad de Texas en El Paso
Programa de Patología del Habla y Lenguaje
Clínica del Habla, Lenguaje y Audición

La clínica de terapia del habla y lenguaje de UTEP provee servicios de calidad diagnósticos y terapéuticos a estudiantes, facultad, personal de la universidad y a sus familiares como también a miembros de la comunidad con trastornos comunicativos. La clínica se encuentra en el primer piso del edificio Campbell del colegio de ciencias de salud.

Estudiantes de postgrado en patología del habla y lenguaje completan su primer año de experiencia clínica dentro de esta clínica. A cada estudiante se le asigna de uno a dos clientes por dos términos de 12-semanas dentro del semestre de otoño y primavera y por un término de 6-semanas durante el semestre de verano. Estudiantes clínicos diagnostican y proveen servicios terapéuticos a clientes bajo la supervisión directa del coordinador clínico o miembro de la facultad. Todos los supervisores deben de contar con certificación de competencia clínica por ASHA y licencia de Texas en patología del habla y lenguaje.

Evaluaciones del habla, lenguaje y audición:
Se proveen evaluaciones para niños y adultos que pudieran tener uno o más tipos de trastornos comunicativos como trastornos de articulación, lenguaje, fluidez, voz, y audición. Los clientes son citados para una evaluación cuando son referidos por la comunidad médica, educacional, o por si mismos y/o por un familiar (auto-referirse).

Los procedimientos usuales incluyen los siguientes componentes:
1. Completar un historial clínico antes de la cita inicial de evaluación.
2. Hacer cita con el coordinador clínico para una evaluación del habla, lenguaje, o auditiva.
3. Evaluación en la clínica que usualmente incluye una evaluación comprensiva del habla y lenguaje y/o evaluación auditiva.
4. Explicación de los resultados y recomendaciones al cliente y/o padres al terminar la evaluación.
5. Completar un reporte por escrito de los resultados y recomendaciones.

Tratamiento:
El tratamiento se provee para todo tipo de trastornos comunicativos siempre y cuando haya plazas disponibles y basadas en las necesidades del programa de enseñanza universitario. Los clientes serán atendidos los martes y jueves entre 8:00 a.m. a 6:00 p.m. El tratamiento individual se cita una o dos veces por semana, de 30 a 60 minutos por sesión. La frecuencia y duración se basan en las necesidades individuales y en el juicio clínico del equipo evaluador.

Facultad y Personal:
La clínica universitaria provee observación y prácticas clínicas para estudiantes universitarios matriculados en patología del habla y lenguaje. La planificación y tratamiento de cada cliente es responsabilidad de los estudiantes de post-grado de patología del habla y lenguaje como parte de su formación clínica. Estos estudiantes trabajan bajo la supervisión del coordinador clínico o supervisor(es) clínico(s). La universidad se compromete a la provisión de servicios de calidad y estándares superiores de la profesión.

Para más información contacte a:
Benny Valles, Ph.D., M.S., CCC-SLP, UTEP Clinic Director, bvalles@utep.edu
Speech-Language Pathology Program, 1101 N. Campbell, Rm 402 79902, 915-747-7209
Welcome to the UTEP Speech, Language and Hearing and Clinic. We are committed to provide the best possible service to you and to provide the best possible training for our students. To make this a rewarding experience for everyone, please note the following clinic regulations:

1. Please be on time for all appointments.

2. Please keep all appointments. Because regular attendance is vital to clinical success, clients who have missed more than three sessions during the semester will be dismissed. We will contact you to reschedule missed sessions as time and space should allow.

3. Please notify the clinic in advance of all absences. We would very much appreciate that you notify us 24 hours in advance of an expected absence. You may call the Clinic Office at (915) 747-7250, or the Clinic Director at (915) 747-7209.

4. We ask that you please remain on the premises while your child is in therapy, in order that you might offer your child the physical and emotional support s/h will need in the case of an emergency.

5. Food and drink are not allowed in the clinic area.

6. Please be aware that other sessions may be in progress at the same time as your child’s; therefore, we ask that you keep your conversations to a minimum in the waiting and observation areas.

7. While your child is in therapy, please keep your remaining children under close supervision in the waiting room. Please discourage your children from engaging in disruptive activities (e.g., yelling, talking loudly, or running), for it may distract therapy efforts and interfere with clinic operations.

8. You are welcome to observe your child’s therapy anytime. Clinic Supervisors will be happy to schedule specific times to observe with you and to discuss your child's therapy.

9. A parking permit is required if you wish to park in the lot. This may be requested from your graduate student the first day of therapy.

Thank you for your cooperation. I will be happy to answer your questions anytime.

Benny Valles, Ph.D., M.S., CCC-SLP, UTEP Clinic Director, bvalles@utep.edu
Speech-Language Pathology Program, 1101 N. Campbell, Rm 402 79902, 915-747-7209
Bienvenidos a la clínica del Habla, Lenguaje y Audición de UTEP. Estamos comprometidos a proveer el mejor servicio posible a ustedes y proveer el mejor entrenamiento posible a los estudiantes. Para que esto sea una experiencia agradable para todos, se les pide lo siguiente:

1. Por favor llegue a tiempo para todas las citas.

2. Por favor asista a todas las citas. Porque la asistencia regular es vital para el éxito clínico, clientes que falten más de tres sesiones durante el semestre serán dados de alta. También, cancelaciones de sesiones serán repuestas si el tiempo y salones de terapia están disponibles.


4. Nunca abandone el edificio mientras este su hijo/a en terapia. Es necesario estar aquí en caso de emergencia si algo llegara a pasar. También puede ser espantoso para los niños cuando por alguna razón salen a buscar a sus padres y no están ahí.

5. No se permite alimentos ni bebidas dentro de la clínica.

6. Por favor este consiente de otras terapias que se estén llevando acabo. Por eso se les pide que mantengan su conversación al mínimo dentro del área de observación.

7. Favor de mantener a sus otros hijos/as bajo estricta supervisión mientras este su hijo/a en terapia. Por favor no permita que el comportamiento (gritar, hablar fuerte, correr) de sus hijos interrumpan la terapia.

8. Usted es bienvenido a observar la terapia de su hijo/a cuando guste. Los supervisores con gusto podrán hacen una cita con usted para repasar el progreso de su hijo/a en terapia.


Gracias por su cooperación. Con gusto le contestare sus preguntas.

Respetuosamente,
Benny Valles, Ph.D., M.S., CCC-SLP
Director Clínico
Speech-Language Pathology Program
1101 N. Campbell, Rm 402 79902
915-747-7209
bvalles@utep.edu
CONSENT FOR OBSERVATION AND RECORDING

Consent for Observation and Audio/Video Recording of Evaluation and Therapy Sessions

Client Name: _________________________________________________________________

Parents (if client is a minor): _____________________________________________________

Address, City, State, Zip: ________________________________________________________

DOB: _______________________________________________________________________

In consideration of the educational function of the Speech, Language and Hearing Clinic, I give consent for myself (ourselves) or my child to be observed for research and/or educational purposes while receiving services at this center. I understand that the staff and faculty members, observers, and students involved will treat any information revealed during such examinations or demonstrations as privileged communication, and that they will hold such information in strict confidence, unless I (we) expressly authorize its release to the appropriate medical, social, educational, health, or allied agency.

I (we) also give consent for audio and/or video recordings to be made for client records and/or for use in education or research. I understand that in such cases, clients will not be identified by name. I (we) attest that a full explanation has been given to me (us) concerning the contents of this form; that I (we) understand them fully; and that I (we) offer my (our) complete, well-informed consent.

________________________________________________        ______________
Print Client or Legal Guardian Name (if client is a minor)        Date

________________________________________________        ______________
Signature of Client or Legal Guardian (if client is a minor)        Date
CONSENTIMIENTO PARA OBSERVACION Y GRABACION

Consentimiento para Observación y Audio/Vídeo Grabación de Sesiones de Evaluación y Terapia

Nombre del Cliente: ___________________________________________________________

Padres (si cliente es menor): _____________________________________________________

Domicilio/Dirección: ___________________________________________________________

Fecha de Nacimiento: ___________________________________________________________

En consideración a la función educacional de la Clínica del Habla, Lenguaje y Audición, yo doy consentimiento de que yo (nosotros) o mi hijo/a sea observado para investigación y/o propósitos educativos mientras recibamos servicios en este centro. Se entiende que el personal, observadores, y estudiantes considerarán cualquier información revelada durante estas evaluaciones o demostraciones como comunicación privilegiada y mantendrá tal información en confidencia, excepto cuando sea autorizado por mi (nosotros) para ser comunicado a entidades médicas, sociales, educacionales, de salud u otras entidades.

Yo (nosotros) también doy mi consentimiento para que el audio y/o video grabaciones puedan ser hechas para el expediente del cliente y/o para uso educacional o de investigación. Se entiende que, en tales casos, los clientes no serán identificados por nombre.

Se me ha dado una explicación completa a mi (nosotros) concerniendo el contenido de esta forma y yo (nosotros) estoy de acuerdo que su contenido ha sido entendido.

_________________________ __________________________
Nombre del Cliente o Guardián Legal (si cliente es menor) Fecha

_________________________ __________________________
Firma del Cliente o Guardián Legal (si cliente es menor) Fecha
Dear Parents/ Clients:

On behalf of the UTEP Speech-Language Pathology Program, I would like to welcome you to another semester and to thank you for your patience with the scheduling process. The following schedule for therapy sessions will be as follows:

<table>
<thead>
<tr>
<th>FIRST WEEK OF THERAPY</th>
<th>NO THERAPY</th>
<th>LAST WEEK OF THERAPY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have any questions regarding the schedule, please see the clinic administrative staff at the front desk. Absences should be reported with 24 hours notice if possible so that we can make every effort to reschedule the visit. 3 consecutive absences will result in dismissal from the program. Once again, we the Clinical Staff thank you for supporting our program and for allowing us the opportunity to serve you.

The UTEP Speech-Language and Hearing Clinic does not discriminate on the basis or race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender expression, gender identity, marital status, familial status, parental status, genetic information, and political beliefs.

Thank you for supporting our program in the clinical education of our graduate students.

Respectfully,

Benny Valles, Ph.D., M.S., CCC-SLP
UTEP Clinic Director
Speech-Language Pathology Program
1101 N. Campbell, Rm 402 79902
915-747-7209
bvalles@utep.edu
Estimados padres/clientes:

En nombre del programa de Patología del Habla y Lenguaje de UTEP, les doy la bienvenida a un nuevo semestre y les doy las gracias por su paciencia durante el proceso del horario. El siguiente horario para las sesiones de terapia es el siguiente:

<table>
<thead>
<tr>
<th>TERAPIA</th>
<th>NO HAY TERAPIA</th>
<th>TERAPIA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Si usted tiene alguna pregunta sobre el horario síéntase libre de contactar a el personal administrativo de la clínica en la recepción. Faltas deberían de ser reportadas con 24 horas de anticipación si le es posible para poder reponerle su cita. Más de 3 faltas consecutivas resultaran en darle baja del programa. Una vez más, gracias por apoyar a nuestro programa y por darnos la oportunidad de servirles.

La Clínica del Habla-Lenguaje y Audición de UTEP no discrimina en base a raza, origen nacional, color, credo, religión, sexo, edad, discapacidad, estatus de veterano, orientación sexual, expresión de género, identidad de género, estatus matrimonial, estatus familiar, estatus paternal, información genética, y creencia política.

Una vez más, gracias por apoyar a nuestro programa en la enseñanza clínica de nuestros estudiantes de post- grado.

Respetuosamente,

Benny Valles, Ph.D., M.S., CCC-SLP
UTEP Clinic Director
Speech-Language Pathology Program
1101 N. Campbell, Rm 402 79902
915-747-7209
bvalles@utep.edu
Dear Clients/Caregivers,

In light of the recent influenza (flu) epidemic, we ask that all persons, including the client and/or caregiver, who are experiencing the following symptoms, please stay home:

- Fever of any grade
- Severe headache
- Muscle pain
- Weakness
- Diarrhea
- Vomiting
- Abdominal (stomach) pain
- Unexplained hemorrhage (bleeding or bruising)

EVERYONE who enters the clinic must use UNIVERSAL PRECAUTIONS! Should you have any questions, please speak to Dr. Valles, Clinic Director. We thank you sincerely for your understanding and courtesy.

Respectfully,

Benny Valles, Ph.D., M.S., CCC-SLP
UTEP Clinic Director
Speech-Language Pathology Program
1101 N. Campbell, Rm 402 79902
915-747-7209
bvalles@utep.edu
La Universidad de Texas en El Paso  
Programa de Patología del Habla y Lenguaje  
Clínica del Habla, Lenguaje y Audición

ESTA ES UNA CLÍNICA DE SALUD!

Estimados Clientes/Guardián,

A raíz del a epidemia de la Gripe, se les pide a todos (Clientes y Guardianes) que se estén en casa si tienen cualquiera de los siguientes síntomas:

- Fiebre a cualquier grado
- Dolor Severo de Cabeza
- Debilidad
- Diarrea
- Vomito
- Dolor Abdominal (estomago)
- Hemorragia Inexplicable (sangrado o moretón)

TODA persona que entre a la clínica deberá usar PRECAUCIONES UNIVERSALES! Si tiene alguna pregunta, favor de hablar con el Dr. Valles, Director Clínico. Gracias por su comprensión y cooperación.

Respetuosamente,

Benny Valles, Ph.D., M.S., CCC-SLP
Director Clínico
Speech-Language Pathology Program
1101 N. Campbell, Rm 402 79902
915-747-7209
bvalles@utep.edu
CLIENT IDENTIFYING INFORMATION AND PLACEMENT CONFIRMATION

Client: ___________________________ DOB: ______________ Age: __________

Parents/Caregiver Name: __________________________ Phone: ______________________

Address/City/State/Zip: __________________________

E-mail: __________________________ Alternative Phone: ______________________

Home Language(s): __________________________ Language of Proficiency: __________________________

Medical Diagnosis: __________________________ Allergies: __________________________

Services which the client currently receives: __________________________

Semester: __________________________ Student Graduate Assignment: __________________________
CONSENT TO DISCLOSE CONFIDENTIAL INFORMATION

Client Name: ___________________________________________ DOB: __________________

I give permission to. . . To share my information with. . .

<table>
<thead>
<tr>
<th>Entity/Agency:</th>
<th>Entity/Agency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

Please share the following information:

_____ Evaluations or treatment notes for speech, language, and/or hearing therapy.
_____ ARD (Admission, Review, and Dismissal) Reports/IEP (Individual Education Plan)
_____ Medical Reports
_____ Other: _______________________________________________________________________________

(The information may be shared in writing, via phone, and/or in audio-video format.)

Name: ______________________________ Signature: ______________________________

Relation to Client: ____________________________ Date: ____________________________

Address/City/State/Zip: __________________________________________________________

Phone: __________________________________________________________________________
CONSENTIMIENTO PARA DISEMINACION DE INFORMACION CONFIDENCIAL

Nombre del Cliente:_______________________________________Fecha de Nacimiento:_________________

Yo doy mi permiso a:

<table>
<thead>
<tr>
<th>Nombre/Agencia:</th>
<th>Nombre/Agencia:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dirección:</td>
<td>Dirección:</td>
</tr>
<tr>
<td>Teléfono:</td>
<td>Teléfono:</td>
</tr>
</tbody>
</table>

Para dar mi información a:

Favor de dar la siguiente información:

_____ Evaluaciones o tratamientos del habla, lenguaje y audición.
_____ Reportes del ARD (Admisión, Revisión, Despedida)/IEP (Plan Educativo Individual)
_____ Reportes Médicos
_____ Otros: _______________________________________________________________________________

(La información puede ser compartida por escrito, vía telefónica, y/o en formato de audio-video.)

**********************************************************************************

Nombre:________________________________________Firma:_____________________________________
Relación al Cliente:_______________________________Fecha:_____________________________________
Dirección: _________________________________________
Teléfono: _________________________________________
EVALUATION OF CLINIC THERAPY SERVICES
SEMESTER: ___________ YEAR: ___________

Rating Scale:

1= Poor  2 = Fair  3 = Satisfactory  4 = Very Good  5 = Excellent  N/A = Not Applicable

<table>
<thead>
<tr>
<th>Characteristics Evaluated</th>
<th>Please circle one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assistance and courtesy shown when therapy was scheduled.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>2. Assistance and courtesy shown when arriving for therapy.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>3. Punctuality in beginning and ending therapy sessions.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>4. Clear understanding of the purpose of therapy.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>5. Clear understanding of the therapy goals.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>6. Communication with the graduate student and/or supervisor about problems that might have arisen regarding scheduling, meeting appointments, or other aspects of the therapy process.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>7. Communication with the graduate student and/or supervisor about progress made during the semester and recommendations.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>8. Quality of overall services.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
</tbody>
</table>

Client/Caregiver Comments:  __________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
La Universidad de Texas en El Paso  
Programa de Patología del Habla y Lenguaje  
Clínica del Habla, Lenguaje y Audición

**EVALUACION DE SERVICIOS TERAPEUTICOS**  
SEMESTRE: _______________ AÑO: ____________

**Escala:**  
1= Muy Bajo  2 = Bajo  3 = Satisfactorio  4 = Muy Bien  5 = Excelente  N/A = No Aplica

<table>
<thead>
<tr>
<th>Caracteristicas Evaluadas</th>
<th>Favor de Circular Uno</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demuestro de la asistencia y la cortesía al fijar los horarios de terapia.</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>2. Demuestro de la asistencia y la cortesía al llegar a la terapia.</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>3. Puntualidad al iniciar y terminar la sesión de terapia.</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>4. Claro entendimiento del propósito de la terapia.</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>5. Claro entendimiento del propósito de las metas.</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>6. Comunicación con el/la terapeuta y/o supervisor sobre problemas que hayan surgido sobre el horario, citas, u otros aspectos del proceso terapéutico.</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>7. Comunicación con el/la terapeuta y/o supervisor sobre el progreso logrado durante el semestre y con las recomendaciones. recomendaciones.</td>
<td>1  2  3  4  5  N/A</td>
</tr>
<tr>
<td>8. Calidad de servicios en general.</td>
<td>1  2  3  4  5  N/A</td>
</tr>
</tbody>
</table>

**Comentarios del Cliente o Persona Responsable:**  
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

54
EVALUATION OF CLINIC DIAGNOSTIC SERVICES
SEMESTER:_______________ YEAR:__________

Your cooperation in completing this evaluation of the services received in the evaluation this semester will help us monitor and control the quality of our program.

Rating Scale:

1= Poor   2 = Fair   3 = Satisfactory   4 = Very Good   5 = Excellent   N/A = Not Applicable

<table>
<thead>
<tr>
<th>Characteristics Evaluated</th>
<th>Please circle one</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assistance and courtesy shown when appointment was requested and scheduled.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>2. Assistance and courtesy shown upon arrival for the appointment.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>3. Punctuality in beginning of the evaluation.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>4. Manner in which the interview was conducted.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>5. Manner in which the testing was conducted.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>6. Clearness of the counseling of understanding results and recommendations.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>7. Quality of overall services</td>
<td>1 2 3 4 5 N/A</td>
</tr>
</tbody>
</table>

Client/Caregiver Comments: _____________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Su cooperación para completar esta evaluación de los servicios que recibieron en la evaluación este semestre nos ayudará a supervisar y controlar la calidad de nuestro programa.

**Escala:**
1 = Muy Bajo   2 = Bajo   3 = Satisfactorio   4 = Muy Bien   5 = Excelente   N/A = No Aplica

<table>
<thead>
<tr>
<th>Características Evaluadas</th>
<th>Favor de Circular Uno</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Asistencia y cortesía demostrada al fijar la cita de la evaluación.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>2. Asistencia y cortesía demostrada a la llegada de su cita.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>3. Puntualidad al comienzo y al final de la sesión de la evaluación.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>4. Claro entendimiento del propósito de la evaluación.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>5. Calidad entera de los servicios.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
</tbody>
</table>

**Comentarios del Cliente o Persona Responsable:** ________________________________

____________________________________

____________________________________

____________________________________

____________________________________
CONTINUING CLIENT FORM
FORMA DE CONTINUACION

Date:_________________ Client Name:___________________________________ DOB:________ Age:____
Fecha: Nombre del Cliente: Fecha de Nacimiento Edad:

Parameter:____________________ Phone:_________________hm_______________cell_______________wk
Parametro: Telefon de casa celular trabajo

Parents’ Names:__________________________________________________ Email:___________________
Nombre de Padres: Correo Electrónico:

Address:_______________________________ City:_______________ State:_______________ Zip:__________
Domicilio: Ciudad: Estado: Código Postal:

Would you like to continue therapy for the _______________ semester: __Yes __No
¿Le gustaría continuar con servicios de terapia para el semestre de: _______________ __Si __No

Do you need an afterschool slot? __Yes __No
¿Necesita una cita después de escuela? __Si __No

What are your preferred day and time slots for appointments?
¿Qué horario prefiere para sus citas? Anote los días y los horarios.

Option 1: Days:_________________________________________ Times:______________________________
Opción 1:        Dias: Horarios:

Option 2: Days:_________________________________________ Times:______________________________
Opción 1:        Dias: Horarios:

Comments/Comentarios:_____________________________________________________________________
___________________________________________
______________________________________________
P A R K I N G    P E R M I T

VALID:
__ Spring Semester _____ IC-24, 25
__ Summer Semester _____ IC-24, 25
__ Fall Semester _____ IC-24, 25

Car Model:________________________
Year:_____________________________
License Plate:______________________

Benny Valles, Ph.D., M.S., CCC-SLP
UTEP Clinic Director
Speech-Language Pathology Program
1101 N. Campbell, Rm 402 79902
915-747-7209
bvalles@utep.edu
Client Name: __________________    Parents (if client is a minor): __________________

<table>
<thead>
<tr>
<th>DATE</th>
<th>Person Contacted</th>
<th>TYPE OF CONTACT</th>
<th>Comments</th>
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I hereby authorize The University of Texas at El Paso, and those acting pursuant to its authority to:
(a) Record my likeness and voice on a video, audio, photographic, digital, electronic or, any other medium.
(b) Use my name in connection with these recordings.
(c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW) these recordings, in whole or in part, without restrictions or limitations for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including educational, promotional or advertising efforts, and distribution to third parties including media outlets.
I release the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. This release is executed gratuitously and/or for any self-satisfaction which I may derive from any publication or programs in which my likeness or voice will appear. I understand that all such recordings, in whatever medium, shall remain the property of the University. This document is executed in the English and Spanish languages, in the event of controversy between the English and Spanish versions, the English version shall prevail.
I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THIS RELEASE.

Name/Nombre: __________________________________________________________ Phone: ______________________
Address: ______________________________________________________________ City: __________ State: __________ Zip: __________
Printed Name: __________________________ Signature: ______________________ Date: __________
Parent/Guardian Signature (if under 18): ___________________________________________ Date: __________
Section VII: Off-Campus Forms

Clinical Practicum Forms:
Logs and forms are used to track the mandated hours for certification. Additionally, practicum forms are used for organizational purposes and to verify and document student site placement. Students are expected to know the following information and use the forms appropriately. Additional resources and information are included below:

Additional Practicum Forms:
Students should use the Clinical Affiliations checklist to complete the following additional practicum forms:
- Safe and Effective Health Care Practice Policy
- Release and Indemnification Agreement
- Supplementary Information for Emergencies
- Waiver for Hepatitis B Vaccine
- Off-Campus Practicum Schedule
- On- and Off- Campus Practicum in Speech Language Pathology Policies and Procedures

Written Feedback of Supervision Form:
First-year graduate students will receive written feedback from their clinical supervisors on this form following every observation of a client treatment session. Second-year graduate students will receive written feedback from their site clinical supervisors on this form on a weekly basis for the first five weeks of the semester. If a site supervisor feels the student graduate student requires more feedback, this form may be used to document any and all support efforts. This input serves as documentation of attempts to support and/or correct clinical performance.

Student Observation Form:
Students are required to complete 25 hours of observation throughout their clinical experience. Students may use video recordings of client services for observation purposes. A best practice encourages students to observe the client, prior to establishing direct contact with him/her. Upon completion of an observation, a student must use this form to document her/his experience.

Observations Log:
Student observation forms should accompany the log upon submission of observation hours completed per term.

Hour Log:
Hour logs are used to track weekly clinical practicum hours in any setting. They are kept in a location accessible to the clinical supervisor and student. On the log form, the student enters the client’s CODE/initials (not name), age, parameter(s), and time spent in therapy. The clinical supervisor checks the logs daily to enter percentages of supervision and to track the student’s progress in accumulating clinic hours.

The clinical supervisor must record evidence of direct supervision, which must be commensurate with the student’s knowledge, skills, and experience; must account for no less than 25% of the student’s total contact with each client/client; and must take place periodically throughout the experience. Supervision must be sufficient to ensure the welfare of the client/client. The percentage of supervision is documented on the weekly hour logs.
At the end of the semester, the original set of weekly logs is stored at UTEP, with copies retained by the student and by the clinical 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 set of the client or group, thus facilitating completion of the composite semester hour log.

**Semester Hours Summary Form:**
The Semester Hours Summary Form is completed at the end of the term and provides a summary of the weekly hour logs. The summary should be typed or written legibly in black ink. The Semester Hours Summary is signed by all clinical supervisors. The original is filed at UTEP, with a copy provided for the student and clinical supervisor. Semester hour logs must be signed by the off-campus clinical supervisor prior to their submission to the Off-Campus Clinical Coordinator. Originals of the hours log and semester hour summaries must be submitted by the student to the Off-Campus Clinical Coordinator with the final evaluation.

**Midterm and Final Competence Evaluations of Practicum:**
The Midterm and Final Competences Evaluation is based on the student’s final level of applicable clinical competences. The midterm/final evaluation form to be used by in and/or off-campus practicum sites is provided by the student graduate student with their personal ratings. These forms must be submitted (the original, NOT a copy, typed or written legibly in ink) by the student to the Off-Campus Clinical Coordinator by the date specified during 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 Off-Campus Clinical Coordinator. Each student will receive a final evaluation based on the clinical competency levels expected by the On-campus and/or Off-campus Clinical Supervisor(s). The final grade will be assigned by the Off-Campus Clinical Coordinator.
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 client/client family, which promotes health.

Safe and Effective Health Care Practice is defined as all of the following: The student demonstrates knowledge about client’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 client’s condition, within the parameters of the student’s discipline of study;
- The student accurately performs, interprets, reports and records all client 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.); and
- The student demonstrates responsibility for safeguarding the client’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 clients/clients, the faculty of the College of Health Sciences reserves the right to refuse the opportunity to a student to care for clients 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 s/he is enrolled at that time.

Therefore, it is 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 clients.

Graduate student Printed Name ____________________________ Graduate Student Signature ____________________________ Date ____________

Site Supervisor Printed Name ____________________________ Site Supervisor Signature ____________________________ Date ____________
I, the above named participant, am 18 years of age or older and have voluntarily applied to participate in the above 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. I hereby release the above named Institution, its governing board (The University of Texas System Board of Regents), officers, employees and representatives, in their individual and official capacities, 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 INSTITUTION, ITS GOVERNING BOARD (THE UNIVERSITY OF TEXAS SYSTEM BOARD OF REGENTS), OFFICERS, EMPLOYEES, OR REPRESENTATIVES, OR OTHERWISE.

I further agree to indemnify and hold harmless the above-named Institution and its governing board (The University of Texas System Board of Regents), officers, employees, and representatives, in their individual and official capacities, 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 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/Firma del Participante:  
Date/Fecha:

_______________________________
Witness/Testigo:  
Date/Fecha:
The University of Texas at El Paso  
Speech-Language Pathology Program  
Speech-Hearing and Language Clinic

SUPPLEMENTARY INFORMATION FOR EMERGENCIES

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<td>Policy is in name of:</td>
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<tr>
<td>Claims should be addressed to:</td>
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*Please note: It is the student's responsibility to update the information on this form every semester.*
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.

____________________________________
Printed Name

____________________________________
Signature

____________________________________
Date

____________________________________
Witness
The University of Texas at El Paso  
Speech-Language Pathology Program  
Speech-Hearing and Language Clinic  

OFF-CAMPUS PRACTICUM SCHEDULE

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<tr>
<th>Graduate student Name:</th>
<th>Semester:</th>
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<tbody>
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<td>Site:</td>
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<td>Site Supervisor:</td>
<td>ASHA #:</td>
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<td>State Lic #</td>
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<td>Alternate Supervisor:</td>
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**SCHEDULE:**

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<td>SATURDAY</td>
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Weekly Supervisor Meeting Day/ Time:

- Students may not be absent more than three times during each off-campus practicum experience. The student must inform the Off-Campus Clinical Coordinator 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 Off-Campus Clinical Coordinator.
- Students are expected to arrive on time for the experience. Off-campus supervisor and/or student must notify the Off-Campus Clinical Coordinator when a student arrives late more than two times during the semester.
- The work and vacation schedule of the site supervisor/agency, **not the university**, is to be followed at all times during the semester, including but not limited to on-call, weekend, and evening schedules.
- **Off-Campus Clinical Coordinator is to be notified of temporary changes to the schedule** – permanent changes **must be submitted in writing**.

---

Graduate student Printed Name ____________________________ Graduate student Signature ____________________________ Date __________

Site Supervisor Printed Name ____________________________ Site Supervisor Signature ____________________________ Date __________
ON AND OFF-CAMPUS PRACTICUM IN SPEECH-LANGUAGE PATHOLOGY
POLICIES AND PROCEDURES FORM

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 Off-Campus Clinical Coordinator, either before or on the date of said 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 being tardy two times (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 graduate students will be expected to maintain a full client schedule by midterm. The number of hours student graduate students 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. Graduate students will research diagnostic and therapy techniques that will enhance client treatment. Graduate students 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 graduate students.

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

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

10. The work and vacation schedule of the site supervisor/agency, not of the university, is to be followed at all times during the semester, to include but not limited to on-call, weekend, and evening schedules.

_______________________________  ________________________________  ___________
Graduate student Printed Name   Graduate student Signature    Date

_______________________________  ________________________________  ___________
Site Supervisor Printed Name    Site Supervisor Signature       Date
WRITTEN FEEDBACK OF SUPERVISION FORM

Graduate student Name:_________________________ Date:__________ Semester:______________

Clinical Supervisor Name:_______________________ Site:_________________ Time Supervised:_____

Client Initials:___________________ Parameter:_______________ Circle: Child  Adult   Time:_____ to _____

Observed Strengths:

Suggestions for Improvement:

_______________________________

_______________________________

_______________________________

Graduate student Printed Name  Graduate student Signature  Date

Site Supervisor Printed Name  Site Supervisor Signature  Date
STUDENT OBSERVATION FORM

Graduate student Name: __________________________ Date: ________ Semester: ________________

Clinical Supervisor Name: __________________________ Site: ________________ Time Supervised: ______

Client Initials: _______________ Parameter: _______________ Circle: Child  Adult  Time: _____ to _____

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:

______________________________  ___________________________  ___________________________
Graduate student Printed Name  Graduate student Signature  Date

______________________________  ___________________________  ___________________________
Site Supervisor Printed Name  Site Supervisor Signature  Date
The University of Texas at El Paso
Speech-Language Pathology Program
Speech-Language and Hearing Clinic

OBSERVATIONS LOG

Graduate student Name:_________________________ Date:_________ Semester:________________

Clinical Supervisor Name:__________________________ Site:__________________________________

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

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<th>CLOCK HOURS</th>
<th>PARAMETER</th>
<th>AGE GROUP</th>
<th>SUPERVISOR’S INITIALS</th>
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*Please attach the Student Observation Forms to this log prior to submitting form.*
The University of Texas at El Paso
Speech-Language Pathology Program
Speech-Hearing and Language Clinic

HOURS LOG

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<th>Semester:</th>
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<td>Alternate Supervisor: (off campus only)</td>
<td>Week: (off campus only)</td>
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<th>A-Adult (18 &amp; over)</th>
<th>MINIMUM 25% SUPERVISION REQUIRED!</th>
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<tr>
<td>Date</td>
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<td>Age Group</td>
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For University use only.

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The University of Texas at El Paso
Speech-Language Pathology Program
Speech-Hearing and Language Clinic

SEMESTER HOURS SUMMARY FORM

Graduate student Name:______________________________  Semester:______________________________

Clinical Supervisor Name:______________________________  Site:______________________________

SPEECH-LANGUAGE PATHOLOGY

Standard V-C  The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech language pathology. 25 hours must be spent in clinical observation, and 375 hours must be spent in direct client/client contact. [http://www.asha.org/certification/2014-speech-language-pathology-certification-standards/]

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<td>Adults</td>
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<td>AUDIOLOGY</td>
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<td>Evaluation (15 hours)</td>
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<td>Screening</td>
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<td>May be supervised by CCC-SLP</td>
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<td>From previous institutions or employment</td>
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<td>OBSERVATION (25 clock hours)</td>
<td></td>
</tr>
<tr>
<td>SEMESTER OBSERVATION TOTAL</td>
<td></td>
</tr>
<tr>
<td>TOTAL OBSERVATION HOURS TO DATE</td>
<td></td>
</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.

Clinical Supervisor Printed Name ______________________  Clinical Supervisor Signature ____________  ASHA Number ______  Date ____________

Site Supervisor Printed Name ______________________  Site Supervisor Signature ____________  ASHA Number ______  Date ____________

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The University of Texas at El Paso  
Speech-Language Pathology Program  
Speech-Hearing and Language Clinic  

**CLINICAL AFFILIATIONS CHECKLIST**

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affiliation Dates:</td>
<td>Site:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pre-Affiliation Student Visit</th>
<th>Completed Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the student have to complete orientation, packet, readings, other:</td>
<td>____________</td>
</tr>
</tbody>
</table>

| Compliance Clearance Confirmed | student can start rotation. |

| Safe and Effective Health Care Practice Policy Form | provide copy to site supervisor. |

| Release and Indemnification Agreement Form |

| Suggested Supplementary Information for Emergencies Form | provide copy to site supervisor. |

| Waiver for Hepatitis B Vaccine Form | N/A |

| Off-Campus Practicum Schedule Form | provide copy to site supervisor. |

| On- and Off-Campus Practicum in Speech Language Pathology Policies and Procedures Form | provide copy to site supervisor. |

| Supervisor Credentials | copies of ASHA card and state licensing card required. |

| Is alternate supervisor needed? Y/N |

| Alternate Site Supervisor on File? Y/N |
| Supervisor Name: | Asha# | TX # |
| Phone: | |
| Copies of ASHA card and state licensing card required. |

| Written Feedback of Supervision | needs to be submitted weekly by supervisors for first 5 weeks of rotation. |

| Student Observation Form and SPLP Observation Log | (25 hours)- due once all hours are completed to TA. |

| Speech Language Pathology Program Hour Logs | Original forms due weekly to TA no later than Mondays 7 p.m. |

| Semester Hour Summary | due at end of term (see syllabus) |

| Supervisor Evaluation Form | due at end of term (see syllabus) |

| Competences Form | due at midterm and at end of term (see syllabus) |

| Staffing Hours to Date: |

| Bilingual Hours to Date: |

| Observation Hours to Date: |

| DX Hours to Date: |

| Service Learning Opportunities Hours to Date: |

| Off- Campus Visit Date Completed: |

| Other: |
The University of Texas at El Paso
Speech-Language Pathology Program
Speech-Hearing and Language Clinic

GRADUATE STUDENT CHECKLIST

Before practicum begins:
• _____ Complete all compliance requirements and obtain clearance from the compliance department prior to initiating client care.
• _____ Verify receipt of site placement confirmation.
• _____ Attend orientation meeting with Off-Campus Clinical Coordinator.
• _____ Read and understand all information in the handbook.
• _____ Contact site and site supervisor 4-6 weeks prior to the rotation and inquire about additional site requirements for clearance, orientation, and paperwork.

During First Week of Practicum:
• _____ Submit a daily schedule to the Off-Campus Clinical Coordinator by date indicated on syllabus.
• _____ Read, sign and submit a copy of the Policies and Procedures document to the university monitor by date indicated on syllabus. The site supervisor and student may retain copy for reference.
• _____ Students and site supervisor in a medical setting will read and sign the Safe and Effective Health Care Practice Policy and submit to the Off-Campus Clinical Coordinator by date indicated on syllabus. The site supervisor and student may retain copy for reference.
• _____ Learn rules, regulations, policies and procedures and attend orientation of practicum site.
• _____ Read and sign any additional documents required by the practicum site.
• _____ Complete required observations prior to initiating client care.

Daily:
• _____ Make all entries on the weekly hour logs and have them signed by supervisor.
• _____ Keep weekly hour logs accessible to the off-campus supervisor at all times.
• _____ Complete all daily documentation at the site. Do not email documentation, make copies, and/or take home any client care related paperwork.

Weekly:
• _____ Turn in weekly hour logs to T.A. as outlined on syllabus.
• _____ Attend weekly staff meeting as scheduled by Off-Campus Clinical Coordinator.
• _____ Meet weekly with supervisor and discuss ongoing progress and areas of clinical development.
• _____ Obtain feedback from your site supervisor via the Written Feedback of Supervision Form.

At Midterm:
• _____ Complete midterm self-evaluation of applicable competencies.
• _____ Have off-campus supervisor complete evaluation of student using applicable competencies. Meet with supervisor to review evaluation.
• _____ Meet with Off-Campus Clinical Coordinator to discuss competency evaluations.

During Final two weeks of practicum:
• _____ Complete final self-evaluation ratings of applicable competencies.
• _____ Have supervisor complete final evaluation of applicable competencies. Meet with supervisor to review final evaluation.
• _____ Complete supervisor evaluation form and turn in to Off-Campus Clinical Coordinator.
• _____ Complete audit of semester hour log with T.A. and have off-campus supervisor sign log.
• _____ Deliver signed originals (typed or in black ink) of your semester hour summary, final evaluations and clinical competencies to the Off-Campus Clinical Coordinator by date specified.
• _____ Schedule meeting with Off-Campus Clinical Coordinator to review final evaluations and receive final grade.
## OFF-CAMPUS SITE CLINICAL SUPERVISOR CHECKLIST

### During First Week of Practicum:
- Orient the student graduate student and introduce the student to other site 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 Off-Campus Clinical Coordinator by the date assigned. Keep copy for records.
- Retain copy of the [UTEP Policies and Procedures Document](https://example.com) – which student signs and turns in to Off-Campus Clinical Coordinator.
- Medical setting – supervisor and student sign and retain copies of the [Safe and Effective Health Care Practice Policy](https://example.com). Student will submit to Off-Campus Clinical Coordinator 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 prior to initiating client care as per ASHA requirements.
- Students should not initiate client care until they have been cleared by the university compliance department.

### Daily
- Direct supervision of a minimum of 25% of student’s total contact with clients/clients, 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 using the Written Feedback of Supervision Form.
- 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 Off-Campus Clinical Coordinator 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 Off-Campus Clinical Coordinator.
- Complete weekly written feedback forms (due weekly during 1st five weeks of clinical practicum).

### At 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.

### During 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 Off-Campus Clinical Coordinator to discuss the student’s performance.
Section VIII: Documentation Templates

All documentation should be Calibri font, size 12.
SOAP NOTE

Client Name: Initials only
Chronological Age:
Parameter:
Graduate Student:
Time: (Start and End Time)

Single Subject Design:

S:
Subjective information
Report if anyone accompanied the client
May include the client’s behavior prior to entering the treatment session
May include any relevant client and caregiver report: updated health/medical information, events that may affect the client’s behavior, etc.

O:
Objective information
All of the data
Descriptive and relevant client behavior
Must include the goal/s targeted during the session.

A:
Assessment
Clinical judgement
Patterns
Comparisons

P:
The plan for the next session --Must include goals

__________________________________________
Name
 Graduate Student
Supervisor Name, MA/MS/PhD, CCC-SLP
Clinical Supervisor

References
Include all assessments/protocols
Evidence to support assessment and treatment
INITIAL SPEECH/LANGUAGE EVALUATION

Name: (Use initials until the clinical supervisor approves the report)
Address:
Telephone:
Email:
Date of birth:
Chronological age:
Parent’s/caregiver’s name:
Referral:

Date of evaluation:

Diagnosis:
- Diagnostic Category
- ICD-10 Code
- CPT Code

Case History:
Include the following: Current level of functioning, referral source, reason for evaluation, plus relevant background and medical information, and forms of assessment used

Hearing Screening:
Reason for screening, standards used, results. Is further evaluation necessary?

Oral Facial Mechanism Exam:
Reason for exam, forms of assessment used, results, interpretation, and may also include DDK

Feeding/Swallowing: (If Applicable)
Reason for evaluation, forms of evaluation, results, interpretation

SPEECH:
Articulation:
Reason for evaluation, forms of evaluation, results (Standard Scores if available), and interpretation

Voice:
Reason for evaluation, forms of evaluation, results, and interpretation

Fluency:
Reason for evaluation, forms of evaluation, results, interpretation

LANGUAGE:
Expressive Language:
Reason for evaluation, forms of evaluation, results (Standard Scores if available) and interpretation
Receptive Language:
Reason for evaluation, forms of evaluation, results (Standard Scores if available) and interpretation

Summary:
Summarize the results and interpretations, clinical assessment, and diagnosis
Recommendations/Treatment Plan:
Recommended treatment approach, recommended treatment schedule, and referrals

Prognosis:
Include with and without intervention. Include any positive or negative prognostic indicators.

______________________________  ______________________________
Name                          Supervisor Name, MA/MS/PhD, CCC-SLP
Graduate student              Clinical Supervisor, Texas License Number

References
Include all assessments/protocols
Evidence to support assessment and treatment
RE-EVALUATION

Name: (Use initials until the clinical supervisor approves the report)
Address:
Telephone:
Email:
Date of birth:
Chronological age:
Parent's/caregiver name:
Referral:

Date of evaluation:

Diagnosis:
  Diagnostic Category
  ICD-10 Code
  CPT Code

Case History:
Brief current level of functioning, reason for re-evaluation, therapy data review, plus relevant updated background and medical information

Hearing Screening: (if applicable)
Reason for screening, standards used, and results. Is further evaluation necessary?

Oral Facial Mechanism Exam: (if applicable)
Reason for exam, forms of assessment used, results, interpretation, and may also include DDK

Feeding/Swallowing: (If Applicable)
Reason for evaluation, forms of evaluation, results, interpretation

SPEECH:
Articulation:
Reason for evaluation, forms of evaluation, results (Standard Scores if available), and interpretation

Voice:
Reason for evaluation, forms of evaluation, results, and interpretation

Fluency:
Reason for evaluation, forms of evaluation, results, interpretation

LANGUAGE:
Expressive Language:
Reason for evaluation, forms of evaluation, results (Standard Scores if available) and interpretation
Receptive Language:
Reason for evaluation, forms of evaluation, results (Standard Scores if available) and interpretation

Summary:
Summarize the results and interpretations, clinical assessment, and diagnosis

**Recommendations/Treatment Plan:**
Recommended treatment approach, recommended treatment schedule, and referrals

**Prognosis:**
Include with and without intervention. Include any positive or negative prognostic indicators.

____________________________  ____________________________
Name  Supervisor Name, MA/MS/PhD, CCC-SLP
Graduate student  Clinical Supervisor, Texas License Number

References
Include all assessments/protocols
Evidence to support assessment and treatment
ICD-10 (International Classification of Diseases) DIAGNOSIS CODES (updated 12/2016)

F98.5 Adult onset fluency disorder
F63.3 Trichotillomania
R45.1 Restlessness and agitation
F81.0 Specific reading disorder
F80.1 Expressive language disorder
F80.2 Mixed receptive-expressive language disorder
H93.25 Central auditory processing disorder
F80.4 Speech and language development delay due to hearing loss
F80.81 Childhood onset fluency disorder
F80.0 Phonological disorder
F80.82 Social pragmatic communication disorder
F80.89 Other developmental disorders of speech and language
H90.5 Unspecified sensorineural hearing Loss
I69.923 Fluency disorder following unspecified cerebrovascular disease
R47.01 Aphasia

R49.9 Unspecified voice and resonance disorder
R49.1 Aphonia
R49.0 Dysphonia
R49.21 Hypernasality
R49.22 Hyponasality
R49.8 Other voice and resonance disorder
R47.1 Dysarthria and anarthria
R47.82 Fluency disorder in conditions classified elsewhere
R47.02 Dysphasia
R47.81 Slurred speech
R47.89 Other speech disturbances
R48.0 Dyslexia and alexia
R48.1 Agnosia
R48.2 Apraxia
R48.8 Other symbolic dysfunctions
R13.0 Aphagia
R13.10 Dysphagia, unspecified

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 92527
Group Speech Therapy 92508
DIAGNOSTIC PLAN

Name: (Use initials until the clinical supervisor approves the report)
Address:
Telephone:
Email:
Date of Birth:
Chronological age:
Parent’s/caregiver name:
Referral:
Medical Diagnosis: (if applicable)

Date of evaluation:
Graduate Student/s:
Supervisor:

Case History:
Forms of assessment/protocols

Hearing Screening:
Reason for screening and standards to be used

Oral Facial Mechanism Exam:
Reason for exam, forms of assessment used

Feeding/Swallowing:
Reason for exam, forms of assessment used

SPEECH:
Articulation:
Reason for exam, forms of assessment used

Voice:
Reason for exam, forms of assessment used

Fluency:
Reason for exam, forms of assessment used

LANGUAGE:
Receptive Language:
Reason for exam, forms of assessment used

Expressive Language:
Reason for exam, forms of assessment used

Pragmatics:
Reason for exam, forms of assessment used
Name, BA/BS
Graduate Student

Name, BA/BS
Graduate Student

References
Include all assessments/protocols
Evidence to support assessment and treatment
TREATMENT PLAN

Client Name: Initials only  Semester:
Chronological Age:  Date:
Parameter:  ICD-10:
Graduate Student:  Single Subject Design:
Supervisor:

Case History:
Include the following: Current level of functioning, referral source, reason for evaluation, relevant background and medical information, and forms of assessment used

Plan/Rationale:
Evidence based practice, Rationale for selected design and treatment approach, and additional data to support rationale

Goals:
LTG1:  
A: (Antecedent)
B: (Behavior)

STG1:  
A: (Antecedent) 
B: (Behavior)
C: (Consequence) For treatment only.

STG2:  
A: (Antecedent) 
B: (Behavior)
C: (Consequence) For treatment only.

____________________________  ______________________________________
Name  Supervisor Name, MA/MS/PhD, CCC-SLP
Graduate Student Clinician  Clinical Supervisor

References
Include all assessments/protocols 
Evidence to support assessment and treatment
DISCHARGE SUMMARY

Client Name: Initials only
Chronological Age:
Parameter:
ICD-10:

Semester:
Date:
Graduate Student:
Supervisor:

Single Subject Design:

Case History:
Brief current level of functioning, relevant updated background and medical information

Progress to date:
Therapy data review to date - To include graphs, goals met/unmet and data/percentages, must justify reason for discharge

Recommendations:
Recommendations post treatment; for example, re-evaluation, home program, etc.

__________________________________________________________
Name
Graduate Student

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

References
Include all assessments/protocols
Evidence to support assessment and treatment
Section IX: Clinical Skills and Knowledge Based Competencies

Clinical Competencies
Planning
Implementation
Record Keeping
Professional Competency
Writing
Oral Competence
Diagnostic Competency
Cultural Competence

Knowledge-Based Competencies
Articulation and Phonology
Language
Group Therapy
Neurogenic Disorders
Motor Speech
Voice
Fluency
Dysphagia
Audiology
Aural Habilitation/Rehabilitation
Alternative & Augmentative Communication

Clinical Competence: PLANNING

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, birthdate, 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 as recommended by ASHA’s Evidence Based Practice  
https://www.asha.org/Research/EBP/Evidence-Based-Practice/  

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, changing criterion, alternating treatment, simultaneous treatment) design.  

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS  
Coursework – Operant Conditioning and/or Research and Efficacy  
Planning Competency  
Record Keeping Competency  
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. Measures 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 graduate student 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 graduate student 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, graduate students 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 sequential objectives for treatment goals.

**SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS**
Coursework – Normal language development, Aural Rehabilitation, Fluency Disorders, Dysphagia, Adolescent and Adult disorders
Knowledge of Learning and Assessment theories
Therapeutic methods for each disorder
Knowledge of published and graduate student made materials
Familiarity with materials stored at the UTEP Speech, Language 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 graduate student 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 graduate student 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. Arranges materials to be easily accessible.
B. Able to view client through observation window and on videotaped sessions.

PLANNING COMPETENCY 5
Understands the rationale for the outline of treatment procedures

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Planning competency
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
   A. Selects appropriate teaching method:
      4. Published vs. Therapist-made

2. Direct vs. Indirect
   II. 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.
   III. Outlines teaching sequence for each objective. (See Planning 8)
   IV. 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 6**
Determines criteria for acceptable treatment outcome.

**SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS**
Planning competencies
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 7**
Plans, selects, and arranges therapy materials which have been appropriate for client age and specific goals.

**SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS**
Coursework – Normal language development, Aural Rehabilitation, Fluency Disorders, Dysphagia, Adolescent and Adult disorders
Knowledge of Learning and Assessment theories
Therapeutic methods for each disorder
Knowledge of published and graduate student 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 graduate student 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 graduate student 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. Arranges materials to be easily accessible.
   B. Able to view client through observation window and on videotaped sessions.

PLANNING COMPETENCY 8
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/are 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 graduate student should select from the following hierarchy: intrinsic, social, 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 graduate student plans appropriate activities and materials for the selected type of reinforcement (See Planning 4).
      4. The graduate student considers satiation point.
   B. Schedules
      1. Graduate student schedules the contingent event(s), considering whether new behavior is being established or learned behavior is being maintained.
2. Graduate student selects from the following possible schedules: fixed ratio, fixed interval, varied ratio, and varied interval.
3. Graduate student moves from fixed ratio or interval to varied ratio 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 9
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 graduate students?)
   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
   C. Plans arrangements between graduate student 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) Graduate student selects observable or identifiable behavior
            2) Graduate student plans the method of reporting, such as:
               a) Digital or 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

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 graduate student 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

PLANNING COMPETENCY 10
Communicates plan for contacts with family, teachers and other professionals

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Planning
Implementation
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 ensure 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 ensure 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 graduate student 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 perceptions 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).
Clinical Competence: IMPLEMENTATION

IMPLEMENTATION COMPETENCY 1
Instructs client(s) appropriately using terminology and examples they understand.

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Planning Competencies

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 – OWL=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 antecedent/stimulus.

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Knowledge of principles of mentalist, social, behavioral and structural learning theories.
Planning competencies

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/graduate student speaking ratio is appropriate. Uses appropriate amount of talking based on client’s comprehension and MLU.

IMPLEMENTATION COMPETENCY 3
Records behavioral 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
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 reinforcements and treatment hierarchy effectively.

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Planning competency
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 graduate student
      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 client’s errors systematically

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Implementation competency

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 in changing activities.

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Knowledge of social, mentalist and structural learning theories
ESSENTIAL ELEMENTS
I. Systematically consequates (scores and provides feedback for) 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
Implementation of competencies

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, cueing, 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

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

Implements home program and explains its use

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS

Planning competency
Knowledge of a variety of service delivery systems
Awareness of family counseling and education

ESSENTIAL ELEMENTS

1. 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 the following:
         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 graduate student 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

IMPLEMENTATION COMPETENCY 11
Initiates and maintains contact with parents/family, teachers and/or other professionals

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Knowledge of principles of inter- and intradisciplinary 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
      4. Informs parent/client of days, time, length of session, and important dates (holidays, final session, etc.)
      5. Ensures 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. Maintains positive, descriptive comments
C. Informs supervisor of significant or problematic areas of parent/graduate student 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 regarding 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. Presents+ information to others in clear, concise, relevant terms:
   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
Clinical Competence: RECORD KEEPING

RECORD KEEPING COMPETENCY 1
Writes and submits behavioral objectives/goals.

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Planning competencies
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 (graduate student, 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 and submits treatment plan.

SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS
Record Keeping Competency
Planning Competencies
Implementation Competencies
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. Graduate student’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 graduate student 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 and submits SOAP notes. Files in client’s folder.

**SUGGESTED BACKGROUND KNOWLEDGE AND SKILLS**
Knowledge of conceptual framework of a SOAP note
Planning Competencies
Implementation Competencies

**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.

RECORD KEEPING COMPETENCY 5
Updates and maintains client folder (daily attendance sheets, reports, SOAPs, medical and educational records, etc.)

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”
Clinical Competence: PROFESSIONAL COMPETENCIES

PROFESSIONAL COMPETENCY 1
Communicates and executes professional responsibilities with clients, supervisors, peers, and other professionals.

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 Pathologists 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 clients (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, supervisors, peers and other professionals.

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 client 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.
V. Keeps appointments with supervisor(s).
VI. Participates with supervisor in discussions related to therapy and diagnosis.
VII. Participates in clinic meetings, ARD meetings and staffing as appropriate.
VIII. Recognizes own professional limitations and stays within boundaries of training.
IX. 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 client/client and graduate student 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.
**Clinical Competence: WRITING**

ASHA Standard: IV-B

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. Creates an outline before writing and creates an organized written product.

II. Writes spontaneously across a variety of academic and professional topics and settings.

III. Uses appropriate terminology contingent upon the audience.

IV. Uses English syntax and grammatical rules appropriately.

V. Uses APA style when writing reports/papers appropriately.
Clinical Competence: ORAL
ASHA Standard: IV-B
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, and 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. Organizes an oral presentation and other professional oral interactions.
II. Speaks spontaneously across a variety of academic and professional topics.
III. Speaks spontaneously without insertion of inappropriate utterances such as, “you know”, “ah-ah”, “ummmm”, etc.
IV. 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. -- both during and outside of diagnostic and treatment sessions.
VII. Demonstrates appropriate use of English syntax and grammatical rules among all settings and audiences.
VIII. Speaks within an assigned time frame.
IX. Provides examples as needed to explain the message.
Clinical Competence: DIAGNOSTIC

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 prior to the evaluation.
II. Communicates plan to supervisor for screening procedures.
III. Communicates plan to supervisor for standardized and non-standardized tests/procedure selections; 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
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. Utilizes 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
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 Disorder, 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, Typical 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- and intradisciplinary team dynamics

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 timeline.

DIAGNOSTIC COMPETENCY 9
Participates in Diagnostic and/or ARD staffing when appropriate

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Undergraduate and graduate coursework in diagnostic procedures
Knowledge of inter- and intradisciplinary relationships
Diagnostic Competencies

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 by other agencies, e.g., Parent Child Incorporated).

DIAGNOSTIC COMPETENCY 10 and 11
Conducts assessments using culturally-sensitive, culturally-responsive practices and procedures.
Interprets standard and non-standard assessment results to differentiate between communication differences and disorders.

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Multicultural course(s)
Life experiences related to individual differences
Competence in differentially diagnosing the communication disorder or concern
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. Make 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, any 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.
Cultural Competence: CULTURAL COMPETENCIES

1. Makes clinical decisions consistent with the current evidence on etiologies, assessment, and prevalence of communication disorders among culturally- and linguistically-diverse populations.
2. Designs treatment plans appropriate for culturally- and linguistically-diverse populations.
3. Recognizes cultural factors that affect the delivery of speech-language pathology services to culturally and linguistically diverse populations.
4. Recognizes own cultural biases that may influence clinical service delivery.
5. When using an interpreter, [the graduate student] directly speaks and maintains eye contact with the client/patient, not with the interpreter.
6. When using an interpreter, [the graduate student] reviews assessment or treatment procedures with the interpreter prior to and after the session.
7. When using a professional or untrained interpreter, (e.g., a family member), [the graduate student] follows professional and ethical standards.
8. Conducts service delivery in a non-discriminatory fashion regardless of race, ethnicity, sex, gender identity/ gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.

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.
Knowledge-Based Competence: ARTICULATION AND PHONOLOGY

1. Differentiate between traditional and phonological approaches to the treatment of speech disorders.

2. Plan and execute treatment for phonetic-articulatory disorders at the following stages:
   a. Following hierarchical sequences in treatment of individual sounds (e.g. eliciting a new phonetic-articulatory behavior, 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 opportunities that incorporate gradual changes in length and complexity of utterance.

6. Create appropriate materials, those which help demonstrate the concepts covered in phonological therapy for young children.

7. Modify therapy plans as needed through the manipulation of various treatment 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 Kwiatkowski, 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 articulatory/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.
Knowledge-Based Competence: LANGUAGE
1. Plans and executes treatment 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, behavior management techniques, etc.)
   b. Preschool age child (e.g. reactive play therapy, pragmatic functions, structured language and/or cognitively based language treatment, and/or behavior modification techniques)
   c. School age child (e.g. structured language and/or cognitively based language intervention, pragmatic functions, literacy, narrative or expository intervention, behavior modification, etc.)
2. Considers variables which may affect efficacy of language therapy (e.g. social, emotional, physical, cognitive, and environmental).
3. Describes the process of typical language acquisition and how the processes are manifested in oral and written language.
4. Describes the evidence-based treatment approach used during language intervention.
5. Demonstrates ongoing assessment of the client’s overall language abilities, in addition to recording data specific to targeted behaviors.
6. Demonstrates a method for recording data that will demonstrate language change during treatment.
7. Demonstrates ability to move to increasingly complex language targets (behaviors) along the developmental spectrum as the client makes progress.
8. Modifies 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. sensorimotor skills, cognitive play evaluation, SICD
   B. Preschool age child; e.g. SICD, language sample, PPVT
   C. School age child; e.g. TOLD, CELF, WORD, CELI, TACL, discourse analysis
   D. Pre-adolescent/adolescent; e.g. TOAL, TOLD-I2, CELF, 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, and conversational repairs (Miller, 1978)

IV. Address the appropriate Piagetian stages when planning and executing therapy.
Knowledge-Based Competence: GROUP THERAPY
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
Knowledge-Based Competence: NEUROGENIC

1. Differentiates between aphasia types, dementia, TBI, and right hemisphere damage.
2. Demonstrates use of appropriate screening for neurogenic communicative disorders.
3. Differentially diagnoses neurogenic communication disorders.
4. Designs and executes an appropriate treatment plan for neurogenic communication disorders.
5. Counsels family members of the clients 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- and intradisciplinary team dynamics
Knowledge of individual differences and multilingual/multicultural 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 client 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 clients.

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.
Knowledge-Based Competence: MOTOR SPEECH

1. Differentiates between dysarthria types and acquired apraxia of speech.
2. Demonstrates use of normative data and instrumentation related to motor speech disorders (rate control, laryngeal function, velopharyngeal function, articulation, and respiration).
3. Demonstrate interpretation of spectrograms to determine how the results affect speech production in adults, such as intonation, prosody, VOT.
4. Demonstrate a working knowledge of CSL, Nasometer, Visipitch, or equivalent instrumental methods.
5. Demonstrate use of the assessment of intelligibility of dysarthric speech, or equivalent perceptual methods of speech assessment.
6. Design and execute a treatment plan for motor speech disorders.
7. Design and execute a motor speech rehabilitation plan for a client exhibiting a traumatic brain injury.
8. Counsel family members of the clients; 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-and intradisciplinary team dynamics
Knowledge of individual differences and multicultural factors

ESSENTIAL ELEMENTS

I. Demonstrate knowledge of normal head and neck anatomy/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 client history.
VII. Demonstrate sterile techniques for examination of the oral cavity.
VIII. Demonstrate ability to determine when the client 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 clients.
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.
Knowledge-Based Competence: VOICE

1. Demonstrates 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. Demonstrates use of clinical procedures to evaluate velopharyngeal (V-P) competency.


4. Demonstrates descriptive judgements of phonation quality and severity, including scaling techniques (e.g. hoarseness, harshness, breathiness).

5. Designs and executes an appropriate treatment plan for voice disorders/differences.

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-and intradisciplinary 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. Demonstrate knowledge of normal head and neck anatomy/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 clients.
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.
Knowledge-Based Competence: FLUENCY

1. Differentiates between typical dysfluencies, borderline stuttering, and confirmed stuttering.
2. Differentiates between fluency shaping, stuttering modification, and integrated approaches to the treatment of stuttering disorders.
3. Uses a consistent and systematic reinforcement schedule for the young, preschool child who stutters.
4. Counsels the client/family/guardian on establishing an environment conducive to fluency development.
5. Creates materials that help demonstrate the concepts covered in fluency therapy for young children.
6. Correctly models fluency strategies such as easy, relaxed speech, cancellations, pullouts, preparatory sets, voluntary stuttering, continuous phonation, and negative practice exercises.
7. Assists clients in establishing situational hierarchies through problem solving exercises.
8. Addresses the affective and cognitive aspects of the stuttering disorder for the older school age, adolescent, or adult client.
9. Creates 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 to, 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 its 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 and blocks
      3. Rate of speech and of dysfluencies
      4. Inflectional patterns; pitch changes
      5. Tension/struggle
      6. Presence/frequency of clumping 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)
Knowledge-Based Competence: DYSPHAGIA
1. Demonstrates appropriate bedside assessment procedures for dysphagia (screenings, MBSS, FEES, etc.).
2. Demonstrates knowledge of various treatment techniques for oral, pharyngeal, and esophageal dysphagia.
3. Demonstrates use of universal precautions for examination and treatment procedures.
4. Plans and executes an appropriate treatment plan for dysphagia.
5. Counsels client/parent/family members of the patient with dysphagia.

SUGGESTED BACKGROUND KNOWLEDGE OR SKILLS
Planning, Implementation, Diagnostic, Record Keeping, and Professional Competencies
Undergraduate/graduate coursework in related topics
Knowledge of inter and intradisciplinary 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 client with dysphagia.
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.
Knowledge-Based Competence: AUDIOLOGICAL

1. Perform an otoscopic examination.
2. Administer an immittance measurement screening.
3. Administer a pure tone hearing screening for adults.
4. Administers a pure tone hearing screening for infants using visual reinforcement (VRA).
5. Administers a pure tone hearing screening for children using conditioned play.
6. 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

ESSENTIAL ELEMENTS

I. Demonstrate knowledge of the normal auditory system, including the outer-, middle-, and inner ear structures; the 8th nerve; and the 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. conductive, sensorineural, and mixed).
V. Demonstrate knowledge of test procedures for infants, children and adults.
VI. Demonstrate knowledge of the operation of audiological equipment.
VII. Demonstrate knowledge of the differences between a screening and a diagnostic evaluation.
VIII. Demonstrate knowledge of the sequence of audiological tests.
IX. Explain the post-audiological step(s) which an individual with a hearing loss needs to follow.
X. Explain the necessity of calibrated equipment, and of the general calibration tests performed.
XI. When presented different audiograms and completed evaluation results, demonstrate an ability to interpret those findings.
Knowledge-Based Competencies: AURAL HABILITATION/ REHABILITATION

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 (e.g. listening checks, visual inspection of device, Ling 6 Sound Test).
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 the manner in which an impaired auditory system can adversely affect a person’s communication
Planning competencies
Implementation competencies
Professional competencies

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. Bi-sensory 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.
**Knowledge-Based Competence: ALTERNATIVE AND AUGMENTATIVE COMMUNICATION SYSTEMS**

1. Perform AAC assessment to determine client’s participation in his/her environment and barriers to communication.
2. Perform a capabilities assessment of cognitive, linguistic, and literacy skills to determine appropriate AAC intervention.
3. Perform a capabilities assessment of physical abilities to determine access methods (direct select vs. scanning).
4. Chooses appropriate vocabulary and messages for a client.
5. Create a program to address a variety of pragmatic uses of language.
6. Train client in the operation of an augmentative device to obtain linguistic, operational, and social competence.

**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 with 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 willingness to refer to, professionals in other disciplines for assessment.
VI. Demonstrate the ability to include clients and families in all decision making to the greatest extent possible.
COMPETENCY RATING FORMS
The University of Texas at El Paso  
Speech-Language Pathology Program  
Speech, Language and Hearing Clinic

**CLINICAL SKILLS AND KNOWLEDGE BASED COMPETENCIES**

<table>
<thead>
<tr>
<th>Graduate student Name: ________________________________</th>
<th>Semester: __________________</th>
<th>Site(s): ________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Supervisor: _________________________________</td>
<td>ASHA #: ____________________</td>
<td></td>
</tr>
</tbody>
</table>

**Midterm:** Date: ___________  Hours to Date: ___________  
**Final:** Date: ___________  Hours to Date: ___________  

**Expected Levels:**

<table>
<thead>
<tr>
<th>Performance Level</th>
<th>1-2</th>
<th>2+</th>
<th>2+</th>
<th>2+</th>
<th>2+</th>
<th>2+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisory Input</td>
<td>1-2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Clinical Hours</td>
<td>0-10</td>
<td>11-30</td>
<td>31-50</td>
<td>51-70</td>
<td>71-90</td>
<td>91-100+</td>
</tr>
</tbody>
</table>

**Grading:**

- **“A”** = 90%-100% of skills are at expected performance and supervisory input levels.
- **“B”** = 80%-89% of skills are at expected performance and supervisory input levels.
- **“C”** = 70%-79% of skills are at expected performance and supervisory input levels.
- **“D”** = 60%-69% of skills are at expected performance and supervisory input levels.
- **“F”** = less than 60% of the skills are at expected performance and supervisory input levels.

**Core Clinical Competencies:**

- Planning  
- Professionalism  
- Neurogenic Implementation  
- Writing  
- Articulation & Phonology  
- Motor Speech  
- Dysphagia  
- Aural Habilitation/Rehabilitation  
- Oral Language  
- Fluency  
- Group  
- Cultural  

**Knowledge Based Competencies:**

- Voice  
- Audiological  
- Diagnostic  
- Cultural  

**Directions:** If the student’s levels of performance and supervisory input for that competency are **at the expected levels**, **only rate the overall skill**. If the student’s levels are **below/above the expected levels**, then use the specific items below each competency to justify your rating.

**Comments:**

________________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

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_______________________________  ______________________________

Supervisor Signature (Midterm)  Supervisor Signature (Final)

_______________________________  ______________________________

Student’s Signature (Midterm)  Student’s Signature (Final)
Table A: Graduate Student Performance Levels:

<table>
<thead>
<tr>
<th>Performance Levels</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Failing, unsatisfactory performance.</td>
</tr>
<tr>
<td>1</td>
<td>Inconsistent performance.</td>
</tr>
<tr>
<td>2</td>
<td>Consistently performs well.</td>
</tr>
<tr>
<td>3</td>
<td>Consistently performs above expectation.</td>
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</tbody>
</table>

Table B: Graduate Student Expected Levels of Independence:

<table>
<thead>
<tr>
<th>Hours</th>
<th>Supervisory Input</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10</td>
<td>1,2</td>
<td>Maximum Supervisory Input- Needs supervision with specific, detailed clarification via demonstration (i.e., role play with client or with supervisor), repetition of instruction, and/or verbal/written feedback. Supervisory input may or may not alter behavior.</td>
</tr>
<tr>
<td>11-30</td>
<td>3</td>
<td>Maximum-Moderate Supervisory Input- Needs supervision with specific clarification via demonstration (i.e., role play with client or with supervisor), repetition of instruction, and/or verbal/written feedback. Supervisory input changes behavior.</td>
</tr>
<tr>
<td>31-50</td>
<td>4</td>
<td>Moderate Supervisory Input-- Needs supervision with specific to general clarification via demonstration (i.e., role play with client or with supervisor), repetition of instruction, and/or verbal/written feedback. Supervisory input changes behavior.</td>
</tr>
<tr>
<td>51-70</td>
<td>5</td>
<td>Moderate-Minimum Supervisory Input- Needs supervision with general clarification via verbal and/or written feedback. Supervisory input changes behavior.</td>
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<tr>
<td>71-90</td>
<td>6</td>
<td>Minimum Supervisory Input-50%+ independent. Needs supervision via limited verbal and/or written feedback. Supervisory input changes behavior.</td>
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<tr>
<td>91-100</td>
<td>7</td>
<td>70% Independent- Via limited guidance, the student can be led to problem solve. May seek general direction/clarification from supervisor.</td>
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<tr>
<td>100+</td>
<td>8</td>
<td>80% Independent- Student operates independently via consultation with supervisor. May seek general direction/clarification.</td>
</tr>
<tr>
<td>100+</td>
<td>9</td>
<td>90%+ Independent- Student operates independently via consultation with supervisor. May seek general direction/clarification. <em>Graduate student will achieve full independence (100%) after successful completion of CFY and obtaining CCC.</em></td>
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</table>
## Planning Clinical Competency

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<thead>
<tr>
<th>Overall Planning Clinical Competencies Rating</th>
<th>Student</th>
<th>Supervisor</th>
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<td>Midterm</td>
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<tr>
<td>Students to rate each competency separately</td>
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<td>Final</td>
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<td>Students to rate each competency separately</td>
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</table>

1. Familiarizes self with chart/folder thoroughly.

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

3. Plans behaviors to baseline, procedures and sequences as per single subject (multiple baseline, changing criterion, alternating treatment, simultaneous treatment) design.

4. Plans sequential objectives for treatment goals.

5. Understands the rationale for the outline of treatment procedures.

6. Determines criteria for acceptable treatment outcome.

7. Plans, selects & arranges therapy materials appropriate for client age and specific goals.

8. Plans reinforcement types and schedules contingent upon client’s behavior.


10. Communicates plan for contacts with family, teachers and other professionals.
## Implementation Competency

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<tr>
<th>Implementation Competency</th>
<th>Student</th>
<th>Supervisor</th>
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<td>Midterm</td>
<td>Final</td>
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<td></td>
<td>Student Performance Levels</td>
<td>Supervisory Input</td>
</tr>
</tbody>
</table>

**Overall Implementation Competencies Rating**

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

2. Controls delivery of antecedent/ stimulus.

3. Records behavioral responses accurately and effectively.

4. Delivers reinforcements and treatment hierarchy effectively.

5. Corrects client’s errors systematically.


7. Obtains appropriate baseline information using correct sequence.

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

9. Implements an appropriate behavioral management system.

10. Implements home program and explains its use.

11. Initiates and maintains contact with parents/family, teachers or other professionals.
# Record Keeping Competency

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<tr>
<th>Overall Record Keeping Competencies Rating</th>
<th>Student</th>
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</tbody>
</table>

1. Writes and submits behavioral objectives/goals.

2. Writes and submits treatment plan.

3. Maintains response sheets for each session/graph responses.

4. Writes and submits SOAP notes. Files in client’s folder.

5. Updates and maintains client folder (daily attendance sheets, reports, SOAPS, medical and educational records, etc.)
## Professional Competency

<table>
<thead>
<tr>
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</tbody>
</table>

1. Communicates and executes professional responsibilities with clients, supervisors, peers, and other professionals.

2. Demonstrates awareness of professional ethics and behavior.

3. Demonstrates appropriate interpersonal skills when interacting with client/parents/family, supervisors, peers, and other professionals.


## Writing Competency

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<th>Overall Writing Competencies Rating</th>
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<tbody>
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<td>Students to rate each competency separately</td>
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</table>

1. Creates an outline before writing and creates an organized written product.

2. Writes spontaneously across a variety of academic and professional topics and settings.

3. Uses appropriate terminology contingent upon the audience.

4. Uses English syntax and grammatical rules appropriately.

5. Uses APA style when writing reports/papers appropriately.
## Oral Competency

<table>
<thead>
<tr>
<th>Overall Oral Competencies Rating</th>
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</table>

1. Organizes oral presentations and other professional oral interactions.
2. Speaks spontaneously across a variety of academic and professional topics.
3. Speaks spontaneously without insertion of inappropriate utterances such as, “you know”, “ah=ah”, “ummmm”, etc.
4. Uses appropriate terminology contingent upon the audience.
5. Demonstrates intelligible motor speech behavior; consistently models accurate pronunciation, loudness, intonational pattern, etc., within diagnostic and treatment sessions.
6. Demonstrates appropriate pragmatic behavior; eye contact, physical framing, listening, facial and physical expression, etc., in and out of diagnostic and treatment sessions.
7. Demonstrates appropriate use of English syntax and grammatical rules in all settings and audiences.
8. Speaks within an assigned time frame.
9. Provides examples, as needed, to explain the message.
## Diagnostic Competency

<table>
<thead>
<tr>
<th>Overall Diagnostic Competencies Rating</th>
<th>Student Midterm</th>
<th>Student Final</th>
<th>Supervisor Midterm</th>
<th>Supervisor Final</th>
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</table>

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

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

3. Administers standardized tests appropriately.

4. Administers non-standardized tests when appropriate (i.e. oral facial/mechanism examination, observational, criterion referenced, dynamic, etc.).

5. Differentially diagnoses the communication disorder.

6. Interprets results to parent, family/client.

7. Recognizes need for appropriate referrals for placement or follow-up.

8. Writes comprehensive report.

9. Participates in Diagnostic and/or ARD staffing when appropriate.


11. Interprets standard and non-standard assessment results to differentiate between communication differences and disorders.
<table>
<thead>
<tr>
<th>Overall Cultural Knowledge Competencies Rating</th>
<th>Student Performance Levels</th>
<th>Supervisory Input</th>
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<tbody>
<tr>
<td><strong>1.</strong> Makes clinical decisions consistent with the current evidence on etiologies, assessment and prevalence of communication disorders in culturally and linguistically diverse populations.</td>
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<td><strong>2.</strong> Designs treatment plans appropriate for culturally and linguistically diverse populations.</td>
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<td><strong>3.</strong> Recognizes cultural factors that affect the delivery of speech-language pathology services to culturally and linguistically diverse populations.</td>
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<td><strong>4.</strong> Recognizes own cultural biases that may influence clinical service delivery.</td>
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<td><strong>5.</strong> When using an interpreter, the graduate student speaks directly to the client/patient (including eye contact) and not to the interpreter.</td>
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<td><strong>6.</strong> When using an interpreter, reviews assessment or treatment procedures with the interpreter prior to and after the session.</td>
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<td><strong>7.</strong> When using a professional or untrained interpreter, (e.g. family member), follows professional and ethical standards.</td>
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<tr>
<td><strong>8.</strong> Conducts service delivery in a non-discriminatory fashion regardless of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language or dialect.</td>
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</table>
## Cultural Competency

*For diagnostic CLD competencies, see Diagnostic Competency.*

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<tr>
<th>Overall Cultural Competencies Rating</th>
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<tr>
<td>1. Makes clinical decisions consistent with the current evidence on etiologies, assessment and prevalence of communication disorders in culturally and linguistically diverse populations.</td>
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<td>2. Designs treatment plans appropriate for culturally and linguistically diverse populations.</td>
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<td>5. When using an interpreter, the graduate student speaks directly to the client/patient (including eye contact) and not to the interpreter.</td>
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<td>6. When using an interpreter, reviews assessment or treatment procedures with the interpreter prior to and after the session.</td>
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<td>7. When using a professional or untrained interpreter, (eg family member), follows professional and ethical standards.</td>
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<td>8. Conducts service delivery in a non-discriminatory fashion regardless of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language or dialect.</td>
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</table>

Students to rate each competency separately

Students to rate each competency separately
# Articulation & Phonology Knowledge Competency

<table>
<thead>
<tr>
<th>Overall Articulation &amp; Phonology Knowledge Competencies – Rating</th>
<th>Student</th>
<th>Supervisor</th>
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<table>
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<tr>
<th></th>
<th>Midterm</th>
<th>Final</th>
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<td></td>
<td>Student Performance Levels</td>
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</tbody>
</table>

1. Differentiates between traditional and phonological approaches to the treatment of speech disorders.

2. Plans and executes treatment for phonetic-articulatory disorders at the following stages.
   a. Follows hierarchical sequences in treating individual sounds (e.g. eliciting a new phonetic-articulatory behavior, 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, 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. Plans and executes therapy for phonological process disorders (e.g. Hodson and Paden’s Cycles and Modified Cycles approach; minimal pairs; maximal opposites; etc.).

4. Counsels the client or parent on establishing an environment conducive to articulation/phonological development.

5. Creates opportunities that incorporate gradual changes in length and complexity of utterance.

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

7. Modifies therapy plans as needed through the manipulation of various therapy variables to enhance client success.
## Overall Language Knowledge Competencies – Treatment Rating

1. Plans and executes treatment for language-impaired individuals at the following developmental levels:
   a. Pre-linguistic child (e.g. play therapy, pragmatic functions, home program suggestions to parents and/or behavior management, etc.)
   b. Preschool age child (e.g. play therapy, pragmatic functions, structured language and/or cognitively based language treatment, and/or behavior modification techniques, etc.).
   c. School age child (e.g. structured language and/or cognitively based language intervention, pragmatic functions, literacy, narrative or expository intervention, behavior modification, etc.)

2. Considers variables which may affect efficacy of language therapy (e.g. social, emotional, physical, cognitive, environmental).

3. Describes the process of typical language acquisition and how the processes are manifested in oral and written language.

4. Describes the evidence based treatment approach used during language intervention.

5. Demonstrates ongoing assessment of the client’s overall language abilities in addition to recording data specific to targeted behaviors.

6. Demonstrates a method for recording data that will demonstrate language change during treatment.

7. Demonstrates ability to move to increasingly complex language targets (behaviors) along the developmental spectrum as the client makes progress.

8. Modifies intervention plan to assure language improvement and overall client success.

<table>
<thead>
<tr>
<th>Overall Language Knowledge Competencies – Treatment Rating</th>
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<tr>
<td>a. Pre-linguistic child (e.g. play therapy, pragmatic functions, home program suggestions to parents and/or behavior management, etc.)</td>
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<td>b. Preschool age child (e.g. play therapy, pragmatic functions, structured language and/or cognitively based language treatment, and/or behavior modification techniques, etc.).</td>
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<tr>
<td>c. School age child (e.g. structured language and/or cognitively based language intervention, pragmatic functions, literacy, narrative or expository intervention, behavior modification, etc.)</td>
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<td>2. Considers variables which may affect efficacy of language therapy (e.g. social, emotional, physical, cognitive, environmental).</td>
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<tr>
<td>3. Describes the process of typical language acquisition and how the processes are manifested in oral and written language.</td>
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<tr>
<td>4. Describes the evidence based treatment approach used during language intervention.</td>
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<tr>
<td>5. Demonstrates ongoing assessment of the client’s overall language abilities in addition to recording data specific to targeted behaviors.</td>
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<td>6. Demonstrates a method for recording data that will demonstrate language change during treatment.</td>
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<tr>
<td>7. Demonstrates ability to move to increasingly complex language targets (behaviors) along the developmental spectrum as the client makes progress.</td>
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<tr>
<td>8. Modifies intervention plan to assure language improvement and overall client success.</td>
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## Group Therapy Knowledge Competency

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<thead>
<tr>
<th>Overall Group Therapy Knowledge Competencies Rating</th>
<th>Student</th>
<th>Supervisor</th>
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<td>Midterm</td>
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<tr>
<td>Students to rate each competency separately</td>
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</table>

1. Presents instructions to a group of children or adults effectively.

2. Plans and implements group activities, which address targeted goals for each member.

3. Demonstrates record keeping procedures that can be implemented in a group setting.

4. Demonstrates ability to deal with motivation, resistance, and behavioral issues in a group setting.

5. Demonstrates effective transition from one activity to another in a group setting.
<table>
<thead>
<tr>
<th>Overall Neurogenic Knowledge Competencies Rating</th>
<th>Student</th>
<th>Supervisor</th>
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<tbody>
<tr>
<td>Students to rate each competency separately</td>
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</table>

|   | Student Midterm | Student Final | Supervisor Midterm | Supervisor Final |
|---|-----------------||-------------------|------------------|
|   | Supervisory Input | Supervisory Input | Supervisory Input | Supervisory Input |

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<tbody>
<tr>
<td>1.</td>
<td>Differentiates between aphasia types, dementia, TBI, and right hemisphere damage.</td>
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<tr>
<td>2.</td>
<td>Demonstrates use of appropriate screening for neurogenic communicative disorders.</td>
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<tr>
<td>3.</td>
<td>Differentially diagnoses neurogenic communicative disorders.</td>
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<tr>
<td>4.</td>
<td>Designs and executes an appropriate treatment plan for neurogenic communicative disorders.</td>
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<tr>
<td>5.</td>
<td>Counsels family members of the patients seen; provides written materials from appropriate community agencies and informs families of community support groups.</td>
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</table>
### Motor Speech Competency

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<tr>
<th>Overall Motor Speech Competencies Rating</th>
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<td>Midterm</td>
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<tr>
<td>Students to rate each competency separately</td>
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</tbody>
</table>

1. Differentiates between dysarthria types and acquired apraxia of speech.

2. Demonstrates use of normative data and instrumentation related to motor speech disorders (rate control, laryngeal function, velopharyngeal function, articulation, and respiration).

3. Demonstrates interpretation of spectrograms to determine how the results affect speech production in adults, such as intonation, prosody, VOT.

4. Demonstrates use of CSL, Nasometer, Visipitch or equivalent instrumental methods.

5. Demonstrates use of the assessment of intelligibility of dysarthric speech or equivalent perceptual methods of speech assessment.

6. Designs and executes a treatment plan for motor speech disorders.

7. Counsels family members of the patients seen, provides written materials from appropriate community agencies and informs families of community support groups.
## Voice Competency

<table>
<thead>
<tr>
<th>Overall Voice Competencies Rating</th>
<th>Student</th>
<th>Supervisor</th>
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<tr>
<td>1.</td>
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<td>Students to rate each competency separately</td>
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<td>4.</td>
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<tr>
<td>5.</td>
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<td>Students to rate each competency separately</td>
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</table>

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

2. Demonstrates use of clinical procedures to evaluate velopharyngeal (V-P) competency.


4. Demonstrates descriptive judgments of phonation quality and severity including scaling techniques (e.g. hoarseness, harshness, breathiness).

5. Designs and executes an appropriate treatment plan for voice disorders/differences.
# Fluency Knowledge Competency

## Overall Stuttering Knowledge Competencies – Treatment Rating

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<thead>
<tr>
<th></th>
<th>Student</th>
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<tbody>
<tr>
<td><strong>Midterm</strong></td>
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<td><strong>Midterm</strong></td>
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<tr>
<td>Student Performance Levels</td>
<td>Supervisory Input Levels</td>
<td>Student Performance Levels</td>
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<tr>
<td>Students to rate each competency separately</td>
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</table>

1. Differentiates between typical dysfluencies and borderline stuttering.

2. Differentiates between fluency shaping, stuttering modification, and integrated approaches to the treatment of stuttering disorders.

3. Uses a consistent and systematic reinforcement schedule for the young, preschool child who stutters.

4. Counsels the client/family/guardian on establishing an environment conducive to fluency development.

5. Creates materials that help demonstrate the concepts covered in fluency therapy for young children.

6. Correctly models fluency strategies such as easy, relaxed speech, cancellations, pullouts, preparatory sets, voluntary stuttering, continuous phonation, and negative practice exercises.

7. Assists clients in establishing situational hierarchies through problem solving exercising.

8. Addresses the affective and cognitive aspects of the stuttering disorder for the older school age, adolescent, or adult client.

9. Creates treatment plans that facilitate the transfer and maintenance of newly learned fluency skills.
## Dysphagia Competency

<table>
<thead>
<tr>
<th>Overall Dysphagia Competencies Rating</th>
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<td>Supervisory Input</td>
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<tr>
<td>Midterm</td>
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</table>

1. Demonstrates appropriate bedside assessment procedures for dysphagia (screenings, MBSS, FEES, etc).
2. Demonstrates knowledge of various treatment techniques for oral, pharyngeal, and esophageal dysphagia.
3. Demonstrates use of universal precautions for examination and treatment procedures.
4. Plans and executes an appropriate treatment plan for dysphagia.
5. Counsels client/parent/family members of the patient with dysphagia.
## Audiological Knowledge Competency

### Overall Audiological Knowledge Competencies Rating

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<th></th>
<th>Student Performance Levels</th>
<th>Supervisory Input Levels</th>
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</table>

1. Performs an otoscopic examination.
2. Administers an immittance measurement screening.
3. Administers a pure tone hearing screening for adults.
4. Administers a pure tone hearing screening for infants using visual reinforcement (VRA).
5. Administers a pure tone hearing screening for children using conditioned play.
6. Interprets audiometric data provided by the audiologist.

Students to rate each competency separately

Students to rate each competency separately
<table>
<thead>
<tr>
<th>Overall Aural Habilitation/Rehabilitation Competencies Rating</th>
<th>Student</th>
<th>Supervisor</th>
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<tr>
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</table>

| 1. Explains assistive listening devices to a client (e.g. availability, sources, and operation). |         |            |
| 2. Performs auditory/visual inspections of the client’s amplification system throughout the treatment program. (e.g. listening checks, visual inspection of device, Ling 6 sound test). |         |            |
| 3. Counsels individuals and/or families regarding the management of hearing impairment and resulting communicative disorders. |         |            |
| 4. Develops and implements an intervention program compatible with the hearing impaired client’s communicative skills and needs. |         |            |
| 5. Demonstrates a system for measuring and monitoring results of intervention. |         |            |
| 6. Demonstrates awareness of available resources for hearing impaired clients (e.g. TTD, interpreters). |         |            |
## Alternative/Augmentative Communication Systems Competency

(Facial expressions, gestures, sign language, picture communication, low, mid and high tech speech generating devices)

### Overall Augmentative Communication Competencies Rating

1. Performs AAC assessment to determine client’s participation in his/her environment and barriers to communication

2. Perform a capabilities assessment of cognitive, linguistic, and literacy skills to determine appropriate AAC intervention.

3. Perform a capabilities assessment of physical abilities to determine access methods (direct select vs. scanning).

4. Chooses appropriate vocabulary and messages for a client.

5. Creates a program to address a variety of pragmatic uses of language.

6. Trains client in the operation of an augmentative device to obtain linguistic, operational, and social competence.

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<tr>
<th>Competency</th>
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<tr>
<td>Overall Augmentative Communication Competencies Rating</td>
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Section X: Program Completion

Graduation Guidelines:
In order to graduate in your desired semester, it is important to meet all deadlines and ensure all relevant forms and steps are completed. The UTEP Graduate School website has all the information and forms necessary as well. Please see https://www.utep.edu/graduate/graduation/how-to-graduate.html.

Required Forms:
Application for Graduate Degree
Final Degree Plan
Thesis Completion/Defense Form (only for students completing a master’s thesis)
Application for Graduate Certificate (only for students seeking Bilingual Speech-Language Pathology or Concussion Management certification)

Timelines:
1. Review the final degree plan with your advisor to determine your graduation eligibility.
   1. The final degree plan lists the courses you must successfully complete to meet degree requirements as determined by your Graduate Studies Committee and the Graduate Catalog. The final degree plan should only include courses that fulfill degree requirements.
   2. All coursework as stated on the Final Degree Plan must be completed by the end of the final semester of study, demonstrating a 3.0 or higher cumulative GPA.
   3. N grades, P grades and I grades received for graduate credit coursework must be changed to a Standard or Pass/Fail grade and posted on the transcript by the conclusion of the final semester of study. In regard to P grades for thesis hours, check with the instructor of record and ensure that a standard or Pass/Fail grade is assigned to your last enrollment in thesis hours. Assignment of a final grade will prompt Banner to update all P grades in thesis hours.
2. Verify your enrollment status. Graduate School policy requires students to be enrolled during the final term of study.
3. After your final degree plan is approved, submit the graduation application by posted graduation deadlines.
   1. The graduate advisor of your program and your college dean must approve your graduation application. Graduation applications submitted to the Graduate School without graduate advisor and college dean signature approval and final degree plan will not be processed.
   2. Ensure that all required information including scheduled defense date and committee membership is included in the application.
   3. The Graduate School sends email notification upon approval of the application. Please note that at this stage you are only a graduation candidate.
4. For students completing a master’s thesis, verify your thesis defense date.
   1. Summer candidates please refer to posted deadlines and to your committee to schedule your defense date.
   2. Summer candidates who do not select to participate in spring commencement may participate in fall commencement.
4. For students completing a master’s thesis, submit thesis to the Graduate School before the defense for formatting approval.
   1. All theses must be formatted the same way, and the most comprehensive guide for this may be found on the Graduate School website.
   2. Please note that the signature page will not be accepted or approved by the Graduate School if the format is inconsistent or varies from established Graduate School formatting guidelines.
5. For students completing a master’s thesis, defend the thesis and have committee members sign the thesis defense/completion form.
   1. Have your form completed and ready for signatures at your defense, so that you can submit it to the Graduate School immediately after the defense.
   2. Submit the thesis for final format review after you defend and have made any final edits as recommended by your committee.
   3. After you receive approval from the Graduate School you may proceed with the final submission of the thesis.

6. For students completing a master’s thesis, submit final copy of your thesis to the Graduate School and ProQuest.
   1. After you receive approval from the Graduate School you may proceed with the final submission of the thesis.
   2. Submit one complete copy of your thesis in PDF format on a CD in a case along with a hard copy of the signature page to the Graduate School by the deadline stated in graduation deadlines. Label the CD with your name, graduation term and indicate that it is a thesis.
   3. You must also upload the Graduate School approved thesis at the ProQuest/UMI website for online publication - http://dissertations.umi.com/utep .
   4. The UMI website requires that you create a unique personal password for submission purposes. Traditional Publication was billed to your Goldmine account when you applied for graduation, so there are no additional fees associated with uploading the thesis. Any additional charges incurred at the UMI/ProQuest website are for services you have chosen to purchase and must be paid directly to UMI/ProQuest. Please note that you are not obligated to purchase any additional service and any additional purchases you do make are strictly between you and UMI/ProQuest.

7. Pay all relevant fees that have not been paid.
   1. After your graduation application is approved, the required fees (diploma fee and thesis publication fee) will be assessed to your account. You must pay these before graduating.
   2. Fees may be paid by accessing your Goldmine account on-line through My.UTEP.edu, or in person at the Bursar’s Office.

8. Register for Commencement
   1. Sometime after your application for graduation has been processed, you will receive an email generated by the Registration & Records Office with instructions on accessing the Marching Order website. Once access has been granted, please register at the Marching Order website to RSVP your participation in commencement. Any questions or concerns regarding the RSVP or Marching Order need to be addressed with the Registration & Records Office.
   2. Only the names of students who have applied for graduation in time to meet Printer's Deadline will appear in the Commencement program. The Printer's deadline is a very strict deadline, so exceptions for late submissions cannot be made. Check your student record for a "Confidential" indicator. A "Confidential" indicator prevents your name from being published in the Commencement program and in other graduation announcements. To release the "Confidential" indicator, please go to the Registration & Records Office.
   3. The name which appears in the program and on the diploma and transcript is your official name as it appears in your Goldmine record. Please refer to the Records & Registration Office for instructions on filing a name change.

9. Pre-Commencement Ceremony
   1. Often, the Graduation Celebration and Hooding Ceremony for the College of Health Science takes place on the afternoon of commencement, before the commencement ceremony in the Magoffin Auditorium on the UTEP Campus.

10. Graduation
1. Degrees are awarded and posted on the final transcript approximately 60 days after the official degree conferral date.

2. Email notification is sent by the Graduate School as soon as your degree posts. Official transcripts with the posted degree can be ordered from the Registration & Records Office – [http://www.utep.edu/records](http://www.utep.edu/records).

3. The diploma lists your awarded major and degree only. The final transcript lists the officially awarded degree, major and concentration if applicable.

4. Diplomas are mailed to your Mailing Address as listed in Goldmine in approximately 90 days after the official degree conferral date. Make sure you update your Mailing Address in Goldmine to ensure accurate delivery of the diploma. Diplomas will not be mailed outside the United States unless alternative arrangements are made through the Records Office. Additional fees will apply for shipping outside the U.S.A.

5. The diploma and transcript will not be released if you have an outstanding financial obligation to the University. Refer ALL inquiries regarding diplomas and transcripts directly to the Registration & Records Office.

Proper Regalia must be worn to the pre-commencement ceremony and commencement. Information for ordering can also be found on the UTEP Graduate School website.

PRAXIS Examination:
The Praxis Examination in Speech-Language Pathology (5331) is an integral component of ASHA certification standards. The development of the exam is commissioned by ASHA and facilitated by the Educational Testing Service (ETS) to provide a system of thorough, fair, and carefully validated assessments. The speech-language pathology Praxis exam is owned and administered by ETS as part of The Praxis II®: Subject Assessments; however, ASHA’s Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) appoints subject matter experts, makes a final determination for the passing score, and reviews Praxis Exam Policies [PDF] for fairness. Individuals are eligible to apply for certification once they have completed all graduate-level academic course work and clinical practicum and been judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards. Once certification has been applied for, applicants have 2 years in which to complete the certification process, which includes passing the Praxis exam. The CFCC requires that all applicants must pass the national examination in the area for which the Certificate of Clinical Competence (CCC) is sought. It is recommended that individuals register and take the Praxis exam no earlier than the completion of their graduate coursework and graduate clinical practicum or during their first year of clinical practice following graduation. Applicants should take into consideration any state licensing requirements regarding completion of the exam. For additional information, resources, and forms please refer to the American Speech-Language-Hearing Association website: [https://www.asha.org/certification/praxis/about-the-speech-language-pathology-praxis-exam/](https://www.asha.org/certification/praxis/about-the-speech-language-pathology-praxis-exam/).

<table>
<thead>
<tr>
<th>THE PRAXIS SPEECH LANGUAGE PATHOLOGY EXAM (5331)</th>
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<tr>
<td>Access the ETS website to obtain information about the test <a href="https://www.ets.org/praxis">https://www.ets.org/praxis</a>. You can also obtain information about fees, test takers whose primary language is not English and test takers with disabilities.</td>
</tr>
<tr>
<td>Exam is broken down into 3 sections and consists of 132 questions that need to be completed in 150 minutes and is computer-delivered exam. 3 Sections- 44 questions in each I. Foundations and Professional Practice II. Screening, Assessment, Evaluation, and Diagnosis III. Planning, Implementation, and Evaluation of Treatment</td>
</tr>
<tr>
<td>The current passing score for purposes of ASHA certification is 162 (on a 100–200 scale). Scores older than 5 years will not be accepted for certification.</td>
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</table>
Applicants who fail the examination may retake it; however, if the exam is not successfully passed within the 2-year application period, the applicant’s certification file will be closed. If the exam is passed at a later date, the individual will have to reapply for certification under the standards in effect at that time.

Before you register for the test, confirm your state or agency’s testing requirements at www.ets.org/praxis/states.

Testing schedules may differ, so see the Praxis Web site for more detailed test registration information at www.ets.org/praxis/register.

Designated Score Recipient(s) or R-Code—Using the Audiology/Speech Language Pathology Attending Institution/Recipient Codes, find the codes preceded by an R or RA for up to three institutions that you designate to receive your exam score and enter the code numbers on the registration form. For ASHA certification, exam results must be sent directly to ASHA from ETS select code R5031 and enter 5031. It is recommended that you have your score sent to your academic institution.

Practice materials are available for purchase for many Praxis tests at www.ets.org/praxis/testprep. Test prep materials include sample questions and answers with explanations.


Free ASHA podcasts can be used to study http://asha.peachnewmedia.com/ashapodcast

Free 1 week free trial site https://praxis.magoosh.com/?utm_source=praxisblog&utm_medium=blog&utm_campaign=praxishome&utm_term=endofpost&utm_content=freetrial

Link for practice test: https://www.examedge.com/PRAXIS/Speech/?gclid=EAIaIQobChMIy6qY7NG32QIIVBDFpCh0qGQytEAAYBCAAEgLHHFf_DwE

Asha- https://www.asha.org/Certification/praxis/About-the-Speech-Language-Pathology-Praxis-Exam/

https://www.ets.org/praxis/about/fees/fee waivers

The Speech-Language Pathology Clinical Fellowship:
The speech-language pathology clinical fellowship (CF) is the transition period between being a student enrolled in a communication sciences and disorders (CSD) program and being an independent provider of speech-language pathology clinical services. The CF involves a mentored professional experience after the completion of academic course work and clinical practicum. For additional information, resources, and forms please refer to the American Speech-Language-Hearing Association website: https://www.asha.org/certification/Clinical-Fellowship/.

Clinical Fellowship Requirements:

- 36 weeks of full-time (35 hours per week) experience (or the equivalent part-time experience), totaling a minimum of 1260 hours. Part-time work can be completed, as long as the clinical fellow works more than 5 hours per week. Working more than 35 hours per week will not shorten the minimum requirement of 36 weeks.
- Mentoring by an individual holding ASHA certification in speech-language pathology. It is the responsibility of the clinical fellow to verify certification of the mentoring SLP, and it can be done through the online ASHA Certification Verification System or by contacting the ASHA Action Center at 1-800-498-2071.
• A score of "3" or better on the core skills in the final segment of the experience, as rated by the Speech-Language Pathology Clinical Fellowship (SLPCF) mentor using the SLP Clinical Fellowship Skills Inventory (CFSI) form.
• 80% of time must be spent in direct clinical contact (assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of disordered that fit within the ASHA Speech and Language Pathology Scope of Practice.
• Submission of an approvable SLPCF Report and Rating Form.

TDLR State Licensing Information:
In preparation for graduation, students will need to access the Texas Department of Licensing and Regulation website: https://www.tdlr.texas.gov/slp/slp-intern-apply.html to obtain information on how obtain an intern in speech-language pathology license. The purpose of this is to complete the necessary requirements to obtain a speech-language pathology license. The website will provide information regarding:
• Application and Fee
• Educational Requirements
• Supervisory Requirements
• Examination Requirements
• Criminal History Evaluation, and how to
• Upgrade to a Speech-Language Pathologist license.

Please note: It is imperative that students make a note of the hours required to obtain state licensing. Every state requirement differs and some states have specific hour requirements based on parameters, e.g., North Carolina.
Section XI: Acknowledgements

All graduate students are required to review the Student Handbook, and to sign and submit the acknowledgements found below to the Clinic Director.
I, _____________________________ (print name), attest that I have read the Student Handbook and acknowledge an understanding of the information contained in it, such as the program overview, on and off-campus clinical practicum policies and procedures, evaluation of clinical competences, and all other information contained in this handbook.

I understand that questions regarding any portion of this manual should be discussed with the Program Director, Clinic Director, and/or my existing Clinical Supervisor. I will abide by the policies and procedures therein. I understand that there are times, however, that changes in the content of the handbook may occur, and I acknowledge that I will be notified of changes through various means, such as email, clinic meetings, notices via student mailbox, or staffings with a clinical supervisor. I further acknowledge that it is my responsibility as a student to request clarification if I am uncertain about changes that may have occurred.

__________________________  
Student Signature  
__________________________  
Date

__________________________  
Clinical Supervisor  
__________________________  
Date
NOTICE OF POTENTIAL INELIGIBILITY FOR LICENSE

Texas law:

- restricts the issuance of occupational licenses based on a license applicant’s criminal history; and
- authorizes the Texas Department of Licensing and Regulation (TDLR) in some cases, to consider a person convicted, even though the person was only on probation or community supervision without a conviction.

As an applicant/enrollee in an educational or training program that prepares individuals for issuance of an occupational license, I have been provided with notice by The University of Texas at El Paso Speech-Language Pathology Program of the following:

- If I have been convicted of an offense or placed on probation, I might not be eligible for an occupational license issued by TDLR after I complete this educational or training program;
- I have the right to request a criminal history evaluation letter from TDLR, which is explained in more detail at www.tdlr.texas.gov/crimhistoryeval.htm.

TDLR’s criminal history guidelines are available at www.tdlr.texas.gov/crimconvict.htm and include restrictions or guidelines TDLR uses to determine eligibility for an occupational license; and

Section 53.152, Occupations Code, requires that notice be provided to each applicant and enrollee regardless of whether the applicant or enrollee has been convicted of an offense.

REFUND AND ORDERED PAYMENTS. State law requires TDLR to order an educational program provider to refund tuition, license application fees, and examination fees if:

- TDLR determines the provider failed to provide notice to me; and
- My license application was denied because of my criminal history.

ACKNOWLEDGEMENT

By my signature below, I, (Print Name of Applicant/Enrollee) _____________________________, certify that I have read and understand the information above.

___________________________
Signature of Applicant/Enrollee    Date