Section VII: Off-Campus Forms
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
RELEASE AND INDEMNIFICATION AGREEMENT
CONVENIO DE LIBERACIÓN DE RESPONSABILIDAD E INDEMNIZACION
(Adult Participant/Participante Adulto)

Participant/Participante:
(Name and Address)/(Nombre y Domicilio)
__________________________________________________________________________
__________________________________________________________________________

Institution/Institución: The University of Texas at El Paso
Department/Departamento: College of Health Sciences,
Dept. of Rehab Sciences, Speech Language Pathology Program

Description of Activity or Trip / Descripción de la Actividad o Viaje: Location/Lugar: Date(s)/Fecha(s): Participation in Off –Campus Practicum at assigned site:___________________________________for Semester Dates:___________________________________

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: ________________________________
SUPPLEMENTARY INFORMATION FOR EMERGENCIES

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student ID:</th>
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<tbody>
<tr>
<td>Home Phone:</td>
<td>Cell Phone:</td>
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<td>Address:</td>
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<td>City/State/Zip:</td>
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<td>Primary Doctor:</td>
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<td>Hospital of Preference:</td>
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<td>Insurance:</td>
<td>Policy #:</td>
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<td>Policy is in name of:</td>
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<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

<table>
<thead>
<tr>
<th>Graduate student Name:</th>
<th>Semester:</th>
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<tbody>
<tr>
<td>Site:</td>
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<tr>
<td>Site Supervisor:</td>
<td>ASHA #:</td>
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<td>State Lic #</td>
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<td>Cell Phone:</td>
<td>Email:</td>
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SCHEDULE:

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<th>DAY</th>
<th>ARRIVAL TIME</th>
<th>LUNCH/BREAK</th>
<th>DISMISSAL TIME</th>
<th>COMMENTS</th>
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<td>WEDNESDAY</td>
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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 Signature  Date

__________________________  __________________________
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 Signature ____________________ Date ____________________

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 Signature Date

_________________________ ______________________
Site Supervisor Signature Date
**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

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

<table>
<thead>
<tr>
<th>Graduate student:</th>
<th>Site:</th>
<th>Semester:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Supervisor:</td>
<td>Alternate Supervisor: (off campus only)</td>
<td>Week: (off campus only)</td>
</tr>
</tbody>
</table>

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

**Age Group:**  
C-Child (birth to 17:11)  
A-Adult (18 & over)

**MINIMUM 25% SUPERVISION REQUIRED!**

<table>
<thead>
<tr>
<th>Date</th>
<th>Client/Group Initials</th>
<th>Age Group</th>
<th>Bilingual Y/N</th>
<th>Parameter(s)</th>
<th>Minutes</th>
<th>Direct Supervision Minutes</th>
<th>Supervisor's Initials</th>
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**For University use only.**

<table>
<thead>
<tr>
<th>TOTAL MINUTES</th>
<th>Total Minutes Supervised</th>
<th>Percent Supervision</th>
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</table>
Graduate student Name: ___________________________ Semester: ___________ 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.  


<table>
<thead>
<tr>
<th>SPEECH / LANGUAGE</th>
<th>Hours of Evaluation/Treatment</th>
<th>Supervisor(s) Print Name(s)</th>
<th>Date</th>
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<tbody>
<tr>
<td>Children</td>
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</tr>
<tr>
<td>Adults</td>
<td></td>
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</tbody>
</table>

| AUDIOLOGY         |                               |                            |      |
| Evaluation (15 hours) |                               |                            |      |
| Screening         |                               |                            |      |
| May be supervised by CCC-SLP |

| STAFFING HOURS    |                               |                            |      |
| TRANSFER HOURS    |                               |                            |      |
| From previous institutions or employment |

| SEMESTER TOTAL    |                               |                            |      |
| TOTAL EVALUATION/TREATMENT HOURS TO DATE |

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

<table>
<thead>
<tr>
<th>Combined Evaluation/Treatment and Observation</th>
<th>Semester Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester Total</td>
<td></td>
</tr>
<tr>
<td>TOTAL HOURS TO DATE</td>
<td></td>
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</tbody>
</table>

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 Signature  ASHA Number  Date

_____________________________  ________________  ____________
Site Supervisor Signature  ASHA Number  Date
### 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>

- **Pre-Affiliation Student Visit**
  - Completed Date:
  - Did the student have to complete orientation, packet, readings, other: ____________

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

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 – 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. 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.