University of Wisconsin-River Falls
Department of Communicative Disorders
Graduate Student Handbook
Class of 2013 – 2015
# Graduate Student Handbook

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Introduction

The faculty and staff of the Department of Communicative Disorders at UW-River Falls would like to welcome new and continuing students. This handbook has been compiled to assist students as they work towards the completion of the masters program. The information found in this handbook will assist graduate students in understanding degree plan selections, Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) standards, American Speech-Language-Hearing Association (ASHA) certification requirements, state licensure and certification requirements, clinical practicum procedures, necessary paperwork, and externship information.

We would like to extend our congratulations and welcome you to our program!
Directory
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715-425-3245

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715-425-0672
PROGRAM MISSION

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GOALS
Department of Communicative Disorders Mission Statement

The Department of Communicative Disorders shares in the University of Wisconsin System (UWS) Mission, the University Cluster Core Mission and the Select Mission of the University of Wisconsin-River Falls (UWRF). The select mission of the Department of Communicative Disorders and the UWRF Speech-Language and Hearing Clinic is to ensure, through coursework, laboratories, and practicum experiences, that students demonstrate the knowledge and skills required to become competent and ethical entry-level professionals in the field of speech-language pathology.

Goals:

1. To administer and continually evaluate a developmental curriculum of coursework, laboratories, and practicum experiences that effectively assists students in developing and demonstrating the knowledge and skills delineated in Standard III-(A-H) and Standard IV-G (1,2,3) of the ASHA Standards for the Certificate of Clinical Competence in Speech-Language Pathology.
2. To recruit and retain high quality faculty and staff.
3. The Department will increase its Foundation account to support student scholarships and student travel for conferences.
4. The Department will maintain modern department laboratories and expand laboratory experiences.
5. The Department will expand opportunities for students, faculty and staff to work collaboratively in academic, clinical and research endeavors.
6. The Department will increase research productivity.
7. The Department will expand opportunities for students, faculty and staff to engage in community service.
8. The Department will expand opportunities and develop community partnerships for internal and external practicum experiences.
9. The Department will increase opportunities for study-abroad academic and clinical experiences.
10. The Department will increase student awareness of, and appreciation for, diverse cultures.
11. The Department will increase the diversity of undergraduate and graduate students in the Department of Communicative Disorders.
STUDENT OUTCOMES DATA
UW-River Falls Department of Communicative Disorders
Student Outcome Data

Employment Rates
The following table indicates the percentage of our graduates in the past three years that were employed in the profession within one year of graduation. NOTE: This percentage includes graduates who are either employed or are pursuing further education in the profession.

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Number of Students/Total Number of Students</th>
<th>Employment Rate in Profession</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-2011</td>
<td>14/14</td>
<td>100%</td>
</tr>
<tr>
<td>2011-2012</td>
<td>11/11</td>
<td>100%</td>
</tr>
<tr>
<td>2012-2013</td>
<td>15/15</td>
<td>100%</td>
</tr>
<tr>
<td>Average</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>
Program Completion Rates
The following table indicates the program completion rate of our graduates for the past three years.

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Number of Students/Total Number of Students</th>
<th>Program Completion Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-2011</td>
<td>14/14</td>
<td>100%</td>
</tr>
<tr>
<td>2011-2012</td>
<td>11/14</td>
<td>78.6%</td>
</tr>
<tr>
<td>2012-2013</td>
<td>14/14</td>
<td>100%</td>
</tr>
<tr>
<td>Average</td>
<td></td>
<td>93%</td>
</tr>
</tbody>
</table>
Praxis Examination Pass Rates
The following table indicates our student pass rate on the national examination in speech-language pathology. The UWRF average 3-year passing rate is 100%.

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Number of Students Taking Examination</th>
<th>Number of Students Passing Examination</th>
<th>Percent Passing Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-2011</td>
<td>14</td>
<td>14</td>
<td>100%</td>
</tr>
<tr>
<td>2011-2012</td>
<td>11</td>
<td>11</td>
<td>100%</td>
</tr>
<tr>
<td>2012-2013</td>
<td>15</td>
<td>15</td>
<td>100%</td>
</tr>
</tbody>
</table>
USEFUL WEB SITES

Department Web site:       http://www.uwrf.edu/COMD/
Graduate School Web site   http://www.uwrf.edu/GraduateStudies/
Graduate catalog:          http://www.uwrf.edu/Catalog/DegreeRequirements/Graduate.cfm
College of Education and Professional Studies Web site http://www.uwrf.edu/CEPS/
Wisconsin Speech-Language and Audiology Association-Professional (WSHA) http://www.wisha.org
American Speech-Language-Hearing Association http://www.asha.org
STUDENT SUPPORT SERVICES
Student Services

Ability Services
The University of Wisconsin-River Falls welcomes students with disabilities into its educational programs, activities, residential halls, and everything else it offers. Those who will need academic adjustments or accommodations for a disability should contact Ability Services Office. Decisions to allow adjustments and accommodations are made by the Ability Services Office on the basis of clinical documentation the students provide to sufficiently indicate the nature of their situation.

Contact Information:
http://www.uwrf.edu/AbilityServices/Index.cfm
129 Hagestad Hall
715-425-0740

Student Health and Counseling Services
Student Health and Counseling Services offers on-campus professional mental health counseling services, clinical services contracted through River Falls Medical Clinic and Pierce County Reproductive Health, and holistic educational and preventative initiatives and programming.

Contact Information:
http://www.uwrf.edu/StudentHealthAndCounseling/

Counseling Services: 211 Hagestad Hall
715-425-3884

River Falls Medical Clinic: 1687 East Division Street, River Falls
715-425-6701 (Taxi Service free with UWRF ID)

Reproductive Health Services: 174 Riverwalk, River Falls
715-425-8003 (Taxi Service free with UWRF ID)

Career Services
UWRF provides students with an informative career service center. Students are able perform online job searches, speak with career counselors, get help writing/editing resumes and cover letters and speak with prospective employers at career fairs and mock interviews.

Contact Information:
http://www.uwrf.edu/CareerServices/Index.cfm
211 Hagestad Hall
715-425-3572
**Writing Center**
The Writing Center is a place where students receive friendly, competent assistance to help them improve their writing. The Center provides one-on-one tutorial sessions. The Writing Center staff consists of undergraduate students, from a variety of majors. Writing Center tutors are carefully chosen and trained to help students make improvements in their writing. The Director of the Writing Center is Professor Mialisa Moline of the English Department. The Writing Center is **not** a proofreading, rewriting, or correcting service, or a guarantee of better grades. It is a place where tutors can help students learn to write more effectively on their own.

Contact Information:
[http://www.uwrf.edu/ENGL/Writing-Center.cfm](http://www.uwrf.edu/ENGL/Writing-Center.cfm)
225 Kleinpell Fine Arts Building
715-425-3608

**University Police**
The mission of UWRF Police Department is to protect and serve the university community, visitors and property of the university.

Contact Information:
[http://www.uwrf.edu/Police/index.cfm](http://www.uwrf.edu/Police/index.cfm)
27 South Hall
715-425-3133

**Graduate Studies**
Graduate Studies is part of the Academic Affairs Office and provides oversight for graduate education at the university. This office administers graduate records, policies and other procedures relating to graduate students.

Contact Information:
[http://www.uwrf.edu/GraduateStudies/Index.cfm](http://www.uwrf.edu/GraduateStudies/Index.cfm)
104 North Hall
715-425-0629
Office of the Registrar
The Office of the Registrar supports the enrollment management efforts and the academic programs at the university.

Contact Information:
http://www.uwrf.edu/Registrar/Index.cfm
105 North Hall
715-425-

Falcon Shop Bookstore
The Falcon Shop is located in the University Center and supplies textbooks, other course materials, gifts and apparel.

Contact Information:
http://www.bkstr.com/webapp/wcs/stores/servlet/StoreCatalogDisplay?catalogId=10001&langId=-1&demoKey=d&storeId=10464
500 East Wild Rose Avenue, River Falls
715-425-3962
uwrf@bkstr.com
ASHA CODE OF ETHICS
The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

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

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

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

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

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

**Principle of Ethics I**

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

**Rules of Ethics**

A. Individuals shall provide all services competently.
B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
C. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
D. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.
E. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
F. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.

G. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.

H. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.

I. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

J. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.

K. Individuals shall not provide clinical services solely by correspondence.

L. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.

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

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

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

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

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

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

Principle of Ethics II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.
| **Rules of Ethics** | A. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.  
B. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.  
C. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.  
D. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.  
E. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated. |
| **Principle of Ethics** | Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services. |
| **Rules of Ethics** | A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.  
B. Individuals shall not participate in professional activities that constitute a conflict of interest.  
C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.  
D. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.  
E. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.  
F. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.  
G. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations. |
| **Principle of Ethics IV** | Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines. |
Rules of Ethics

A. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

B. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.

C. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.

D. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.

E. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual’s fitness to serve persons professionally.

F. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.

G. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.

H. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.

I. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

J. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.

K. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.

L. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

M. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.

N. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.
COMPLAINT PROCEDURES

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EQUAL OPPORTUNITY/AFFIRMATIVE ACTION STATEMENT
UW-River Falls Complaint Procedures:

If a student wishes to make a complaint he/she should first discuss the matter with the professor/instructor/supervisor. If the matter is not satisfactorily resolved at this level, the complainant should then discuss the matter with the Program Director. If the matter is not satisfactorily resolved by the Program Director, the complainant should then make a written complaint to the Dean of the College of Education and Professional Studies, including a clear statement of the problem and arguments or evidence to support the complaint. The Dean will discuss the matter with the complainant and Program Director, and will attempt to resolve the matter and render a decision. A final complaint in written form may be made to the Vice Chancellor of Academic Affairs. The complainant may be accompanied by another member of the university community at any stage of the complaint process.

Student Rights and Responsibilities Website:

http://www.uwrf.edu/StudentRightsAndResponsibilities/Index.cfm

Policy for formal complaints of sexual harassment or discrimination:

http://www.uwrf.edu/FacultySenate/Handbook/Chapter7/Handbook7s6.cfm

Procedures for submitting a complaint concerning accreditation (see next page):
VIII. Complaint Procedures

(Updated July 2010)

Procedures for Complaints Against Graduate Education Programs
Procedures for Complaints Against the Council on Academic Accreditation

Procedures for Complaints Against Graduate Education Programs

A complaint about any accredited program or program in candidacy status may be submitted by any student, instructional staff member, speech-language pathologist, audiologist, and/or member of the public.

Criteria for Complaints

Complaints about programs must meet the following criteria:

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

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

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

Complaints must meet the following submission requirements:

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

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

d. will not be accepted by email or facsimile.

The complainant's burden of proof is a preponderance, or greater weight, of the evidence. Complaints against a program may be submitted even if separate action is pending against the program by another body except as outlined above.
Determination of Jurisdiction

Within 15 days of receipt of the complaint, National Office staff will acknowledge receipt of the complaint and will forward a copy of the complaint, from which any information that would reveal the complainant's identity has been redacted, to the Executive Committee of the CAA. The original letter of complaint will be placed in a National Office file separate from the program's accreditation file.

The Executive Committee of the CAA will determine whether the complaint meets the above-specified criteria. Accreditation staff will verify the accreditation status of the program against which the complaint is filed and will distribute the redacted complaint to the Executive Committee. The Executive Committee of the CAA will then vote to determine whether the complaint meets the above criteria. An affirmative vote by two-thirds of the voting members of the Executive Committee, exclusive of the chair, is required to proceed with an investigation of a complaint.

If the Executive Committee of the CAA makes the determination that the complaint does not meet the above listed criteria, the complainant will be informed within 30 days of the letter transmitting the complaint to the Executive Committee that the CAA will not investigate the complaint.

Investigation of Complaint

If the Executive Committee of the CAA determines that the complaint satisfies the above listed criteria, the CAA will investigate the complaint.

a) The chair of the CAA will inform the complainant within 30 days of the letter transmitting the complaint to the Executive Committee that the Council will proceed with an investigation. Because it may be necessary to reveal the identity of the complainant to the affected program or to other potential sources of relevant information, the complainant will be required to sign a waiver of confidentiality within 30 days of the letter indicating that the CAA will proceed with its investigation. The complainant will be given the opportunity to withdraw the complaint during that time. If the complainant does not wish to pursue the matter, the investigation will be concluded. As noted above, if the complainant does not wish to withdraw the complaint, the complainant will be asked to keep the initiation of an investigation confidential by signing the waiver.

b) Within 15 days of receipt of the waiver of confidentiality or after the 30-day period for withdrawing the complaint has elapsed if the waiver was submitted with the complaint, the chair of the CAA will notify the program director and the institution's president or president's designee by certified return receipt mail that a complaint has been registered against the program. The notification will include a copy of the complaint from which the name of the complainant has been redacted. The program's director and the institution's president or president's designee will be requested to provide complete responsive information and supporting documentation that they consider relevant to the complaint within 45 days of the date of the notification letter.

c) Within 15 days of receipt of the program's response to the complaint, the chair of the CAA will forward the complaint and the program's response to the complaint to the CAA. The identities of the complainant and the program under investigation will not be revealed to the members of the CAA or to recipients of requests for information, unless a majority of CAA members consider such disclosure necessary for the proper investigation of the complaint. If the majority of Council members concludes that individuals other than the complainant, the program director, and the institution's president or president's designee may have information relevant to the complaint, the chair of the CAA will request
such information. All conflict of interest policies, as described in the CAA Accreditation Manual, regarding CAA members' participation in investigations will also apply to these complaint procedures.

d) After reviewing all relevant information, the CAA will determine its course of action within 30 days. Such actions include, but are not limited to the following:

- Dismissing the complaint;
- Recommending changes in the program to be implemented within a specified period of time (except for those areas that are solely within the purview of the institution);
- Continuing the investigation through an on site visit to the program;
- Placing the program on probation;
- Withholding/withdrawing accreditation.

e) If the CAA determines that a site visit is necessary, the program director and the institution's president or president's designee will be notified, and a date for the site visit will be expeditiously scheduled. The program is responsible for payment or reimbursement of reasonable expenses associated with the site visit. The site visit team is selected from the current roster of CAA site visitors and includes the required composition of all typical site visit teams. During the site visit, consideration is given only to those standards with which the program is allegedly not in compliance. The site visit team will submit a written report to the CAA no later than 30 days following the site visit. As with all other site visits, only the observations of the site visitors will be reported; site visitors will not make accreditation recommendations. The CAA will forward the report to the program director and the institution's president or president's designee within 15 days of receiving the report from the site visit team. The program or institution shall be given 30 days from the date on which the report is postmarked to the program director and the president or president's designee to provide a written response to the chair of the CAA. The purpose of the response is to comment on the accuracy of the site visit report and respond to it.

f) The CAA will review all evidence before it, including the site visit report and the program's response to the report, and will take one of the following actions within 21 days of receipt of the program's response:

- Dismissing the complaint;
- Recommending modifications of the program to be implemented within a specified period of time (except for those areas that are solely within the purview of the institution);
- Placing the program on probation;
- Withholding/withdrawing accreditation.

g) If the CAA withholds/withdraws accreditation, the program director and the institution's president or president's designee will be informed within 15 days of the CAA decision that accreditation has been withheld/withdrawn. That notification will also include a statement describing the justification for the decision, and shall inform the program of its option to request Further Consideration. Further Consideration is the mechanism whereby the program can present documentary evidence of
compliance with the appropriate standards and ask the CAA to reevaluate its decision to withhold/withdraw accreditation.

h) If the program does not exercise its Further Consideration option in a timely manner, the CAA’s decision to withhold/withdraw accreditation will be final and no further appeal may be taken. If accreditation is withheld/withdrawn, the chair of the CAA will notify the Secretary of the U.S. Department of Education at the same time that it notifies the program of the decision.

i) If the program chooses to request Further Consideration, the CAA must receive the request within 30 days from the date of the notification letter. With the request for Further Consideration, the program must submit additional written documentation to justify why accreditation should not be withheld/withdrawn. No hearing shall occur in connection with Further Consideration requests. The CAA will evaluate the request for Further Consideration and take one of the following actions within 30 days:

- Recommending modifications of the program to be implemented within a specified period of time (except for those areas that are solely within the purview of the institution);
- Placing the program on probation;
- Withholding/withdrawing accreditation.

j) Within 15 days of its decision, the CAA will notify the program and the complainant of its decision.

k) If the CAA decision after Further Consideration is to withhold/withdraw accreditation, the program may appeal the decision in accord with the Appeal Procedures described herein.

**Summary of Time Lines**

The following summarizes the time lines in the complaint process, beginning from the date a complaint is received.

- Complaint is acknowledged within 15 days of receipt and forwarded to CAA Executive Committee.
- If Executive Committee determines that complaint does not meet criteria for complaints, complainant is informed within 30 days that CAA will not investigate.
- If Executive Committee determines that complaint meets criteria, complainant is informed within 30 days of the determination that CAA will proceed with investigation.
- Complainant is given 30 days to sign waiver of confidentiality or withdraw the complaint.
- Within 15 days of receipt of waiver of confidentiality, the complaint is sent to the program for response, which must be submitted within 45 days.
- Within 15 days of receipt of program’s response, the chair forwards complaint and program response to CAA for review.
- Within 30 days, CAA determines course of action.
- If CAA determines that a site visit is necessary, it is scheduled and site visit team submits report to CAA within 30 days of visit.
- Site visit report is forwarded to program for response within 30 days.
- CAA takes action within 21 days of program's response.
- If CAA withholds/withdraws accreditation, program is notified within 15 days of CAA's decision.
- Program has 30 days to request Further Consideration.
- If program does not request Further Consideration, decision is final and CAA notifies Secretary of U.S. Department of Education; if program timely requests Further Consideration, CAA takes action within 30 days.
- CAA informs program and complainant within 15 days of decision following Further Consideration.

**Procedures for Complaints Against the Council on Academic Accreditation**

Complaints against the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) may be filed by any student, instructional staff member, speech language pathologist, audiologist, and/or member of the public.

**Criteria for Complaints**

Complaints against the CAA must meet the following criteria:

a) must relate to the accreditation process, decisions, or actions or activities of the council;
b) clearly describe the specific nature of the conduct being complained about, which must have occurred at least in part within 1 year of the date the complaint is filed, and provide supporting data for the charge.

Complaints must meet the following submission requirements:

a) include the complainant's name, address and telephone contact information in order for the Accreditation Office staff to verify the source of the information,
b) be signed and submitted in writing via U.S. mail, overnight courier, or hand delivery to the following address:

Vice presidents for academic affairs ("Vice Presidents")
American Speech Language-Hearing Association
2200 Research Boulevard, #310
Rockville, MD 20850
c) will not be accepted by email or facsimile.

The complainant's burden of proof is a preponderance or greater weight of the evidence.

**Determination of Jurisdiction**

Receipt of a complaint will be acknowledged by the ASHA National Office staff and forwarded to the Vice Presidents within 15 days of receipt. The original letter of complaint will be filed in the ASHA National Office. The Vice President will determine whether the complaint meets the above-specified criteria. If the Vice President makes the determination that the complaint does not meet the above
criteria, the complainant will be informed within 30 days of transmitting the complaint to the Vice President that the complaint will not be investigated.

Investigation of Complaint

If the Vice Presidents determine that the complaint meets the above criteria, the complaint will be investigated as specified below.

a) The Vice President informs the complainant within 30 days of the letter transmitting the complaint to the Vice President that the investigation will proceed. Because it may be necessary to identify the complainant to the CAA, the Review Committee, or to other sources of relevant information, the complainant will be required to sign a waiver of confidentiality within 30 days of the letter indicating that the complaint will be investigated. The complainant is given the opportunity to withdraw the complaint during that time. If the complainant does not wish to pursue the matter, the process is concluded. If the complainant wishes to proceed, the complainant is asked to keep the initiation of an investigation confidential pending the investigation and processing of the complaint.

b) The Vice Presidents will notify the CAA that a complaint has been registered against the Council and that an investigation is in process within 15 days of receipt of the complainant's waiver of confidentiality. Notification will include a redacted copy of the complaint without revealing the identity of the complainant. The CAA will be requested to provide complete responsive information and supporting documentation that it considers relevant to the complaint within 45 days of the date of the notification letter.

c) The Vice Presidents shall appoint a Review Committee to review the complaint against the Council within 30 days of receipt of the complainant's waiver of confidentiality or after 30 days to withdraw the complaint has elapsed. To assure that the committee is thoroughly familiar with accreditation standards and Council policies and procedures, the Committee shall consist of three past members of the CAA who have served during the preceding 5 years, none of whom shall have any relationship to or conflict of interest with, the complainant. Within 15 days of receipt of the CAA's response to the complaint, the Vice Presidents will forward the complaint and the CAA response to the complaint to the Review Committee.

d) Within 60 days from the date material related to the complaint is mailed to the Review Committee and after reviewing all relevant information, the Review Committee shall report to the Vice Presidents its recommendations. Such recommendations may include, but are not limited to:

- Dismissal of the complaint
- Recommended changes in Council policies and procedures to be implemented within a specified time period
- Other recommended steps.

e) Within 15 days of the conclusion of its investigation of the complaint, the Review Committee will forward its recommendations to the Vice Presidents. Such recommendations will be disseminated to the CAA for its review. A full discussion of the recommendations of the Review Committee shall be placed on the agenda for the next regularly scheduled meeting of the CAA and for consideration of appropriate Council action. In the event that more immediate action is required, the CAA may have a conference call for discussion and consideration of appropriate Council action. The CAA shall strive to incorporate the
The CAA will inform the Vice Presidents of its decision/action plan within 15 days of its final decision.

f) The Vice Presidents will notify the complainant of Council action on the complaint within 15 days of the Council’s decision in the matter. Decisions of the Council relative to complaints may not be appealed.

Summary of Time Lines

- Complaint is acknowledged and forwarded to Vice Presidents within 30 days of receipt.

- If Vice Presidents determine that complaint does not meet criteria for complaints, complainant is informed within 30 days that complaint will not be investigated.

- If the Vice Presidents determine that complaint meets criteria, complainant is informed within 30 days that investigation will proceed.

- Complainant is given thirty (30) days to sign waiver of confidentiality or withdraw the complaint.

- Within 15 days of receipt of waiver of confidentiality after the 30 day period to withdraw the complaint has elapsed, the complaint is sent to the CAA for response within 45 days.

- Within 30 days of receipt of waiver of confidentiality, the Vice Presidents appoint a Review Committee to review complaint.

- Within 15 days of receipt of CAA’s response, the Vice Presidents forward the complaint and the CAA response to the Review Committee.

- Within 60 days, the Review Committee determines the recommended course of action.

- The Review Committee forwards its recommendations to Vice President within 15 days, and Vice Presidents disseminate the Review Committee’s recommendations to CAA.

- CAA discusses The Review Committee recommendations at its next regularly scheduled meeting (or by conference call if immediate action is required) and takes appropriate action. CAA informs the Vice Presidents of action.

- Vice Presidents notify complainant of CAA action within 15 days of CAA decision.
Equal Employment Opportunity/Affirmative Action Statement

The University of Wisconsin-River Falls is committed to a policy of providing equal employment opportunity for all qualified individuals regardless of race, religion, creed, color, sex, gender identity or expression, national origin, ancestry, age, disability, marital status, relationship to other employees, sexual orientation, political affiliation, arrest or conviction record, membership in the national guard, state defense force or any other reserve component of the military forces of the United States or the State of Wisconsin, or other protected status.

Equal employment opportunity applies to all faculty, students, academic staff, classified, limited term and project positions, and to all employment practices including, but not limited to: recruitment, interviewing, screening, hiring, certification, testing, placement, classification, evaluation, transfers, promotions, tenure, training, compensation, benefits, layoffs, non-contract renewals, terminations, retention, and committee assignment. UW-River Falls is committed to making every good faith effort to achieve the goal of equal employment opportunity through implementing federal and state equal employment opportunity/affirmative action laws, executive orders, rules and regulations and University of Wisconsin System equal employment opportunity/affirmative action policies and guidelines. Employment is subject to federal laws that require verification of identity and legal right to work in United States as required by the Immigration Reform and Control Act.

Affirmative Action goes beyond the concept of equal employment opportunity. Affirmative Action policies and programs are required to overcome the present effects of past discrimination and to achieve equal employment opportunity for members of groups that are or have been formerly under-represented. Affirmative Action policies and programs are tools whereby additional efforts are made to recruit, employ and promote qualified members of formerly excluded groups, even if that exclusion cannot be traced to particular discriminatory actions on the part of this University. Through specific and result-oriented activities the university’s goals are to ensure that every person is given full consideration through equal employment opportunity policies and practices and to achieve a representative workforce through its affirmative action efforts.

The university annually prepares and maintains an Affirmative Action Plan* for the recruitment, employment and promotion of women, minorities, and persons with disabilities. The Affirmative Action Plan details the university’s progress toward affirmative action goals and compliance with all relevant policies. Copies of the Affirmative Action Plan are available in the university library, the Chancellor’s Office, and Equity, Affirmative Action and Compliance. A summary of the most recent plan is available on the Equity, Affirmative Action and Compliance website (visit site). Copies are available for distribution upon request. The University Leadership Council and the Affirmative Action Advisory Committee are updated annually on the Affirmative Action Plan and also receive progress reports as needed throughout the year. The report also is submitted to the University of Wisconsin System.

UW-River Falls ensures physical accessibility to work environments for persons with disabilities and provides reasonable accommodation to ensure equal access to employment and all benefits associated
with employment. When requested, reasonable accommodations for religious observances and practices will be provided.

The University of Wisconsin-River Falls periodically examines all employment policies for discrimination and if discrimination is found, takes remedial action to correct the problem. All management personnel share in the responsibility for monitoring all equal employment and affirmative action policies. Evaluation of management includes an assessment of performance effectiveness in assisting the University in achieving its employment goals. The Equity, Affirmative Action and Compliance Officer serves as the Affirmative Action Officer and is responsible for monitoring the effectiveness of equal opportunity and, where necessary, the implementation of affirmative action programs.

Persons seeking to file a complaint of harassment or discrimination should first bring the situation to the attention of their immediate supervisor. However, the employee may bypass their immediate supervisor and directly contact the Equity, Affirmative Action and Compliance Officer.

Harassment is verbal or physical conduct that hinders access to employment; interferes with an individual's work performance; or creates an intimidating, hostile, offensive or demeaning work environment. Harassment by supervisors and/or co-workers on the basis of race, sex, gender identity or expression, sexual orientation, or other discriminatory bases are unlawful employment practices prohibited by state statutes, the Office of State Employment Relations, and UW-River Falls and will not be tolerated. Harassment in any form will be prevented and addressed in a way that eliminates its occurrence. Retaliation against an employee who files a discrimination or harassment complaint, or against anyone who assists in the preparation of or testifies on behalf of an employee, is itself considered a form of discrimination and will be treated as such.

The university's EEO/AA policies and procedures, including processes for the investigation and resolution of discrimination and/or harassment complaints, are detailed in the Faculty and Academic Staff Handbook and the Classified Staff Handbook. Copies are distributed to all employees. The Faculty and Academic Staff Handbook is available on the University website.

Through these policies and procedures, the University of Wisconsin-River Falls continues to reaffirm its commitment to the principle of equality of opportunity in employment and in education. While the University is obligated to develop and sustain a program of equal opportunity, we undertake these actions and adopt these policies, not only because we are required to, but also because it is right and proper that we do so.

Dean Van Galen, Ph.D.
Chancellor

* UW-River Falls' Affirmative Action Plan has been prepared to comply with the requirements of Executive Order 11246, as amended, and the implementing regulations, standards and guidelines contained in 41 CFR Chapter 60-2, Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Commission and the Department of Labor. The plan also complies with affirmative action obligations contained in Title VII of the Civil Rights Act of 1964, as amended, the Equal Pay Act of 1963,

Equity, Affirmative Action and Compliance Officer
201 North Hall
715-425-3833
GRADUATE DEGREE PLANS
Communicative Disorders, MS

Overview of Program

Degree Requirements
Total credits to degree: 54

Required Specialization Courses, 36 credits:
- COMD 715 Research Methods in Communicative Disorders, 3 credits
- COMD 716 Anatomy and Physiology of the Central Nervous System, 2 credits
- COMD 717 Neuropathologies, 3 credits
- COMD 720 Voice and Resonance Disorders, 3 credits
- COMD 730 Audiology II, 3 credits
- COMD 737 Auditory Processing and Auditory Processing Disorder, 2 credits
- COMD 750 Dysphagia, 3 credits
- COMD 762 Developmental Language Disorders, 3 credits
- COMD 764 Augmentative/Alternative Communication Systems, 3 credits
- COMD 765 Aphasia, 3 credits
- COMD 767 Communicative Replacements for Challenging Behaviors, 2 credits
- COMD 770 Case Discussions (Treatment), 2 credits
- COMD 772 Audiology Practicum, 2 credits
- COMD 787 Counseling and Multicultural Issues in Communicative Disorders, 2 credits

Elective Courses, 0-8 credits
- COMD 798 Independent Research, 1-4 credits
- COMD 799 Thesis, 1-4 credits

Required Clinical Experience, 18 credits:
- COMD 579 Clinical Experience Internship, 6 credits
- COMD 773 Practicum in the School, 0 or 6 credits
- COMD 774 Practicum in Rehabilitation Facilities, 6 or 12 credits

Students must choose one of the following plan options.

Plan A
A minimum of 54 semester credits of graduate work including a master's thesis, for which a student may receive up to four graduate credits for research in area of specialization. Final oral exam.

Plan B
A minimum of 54 semester credits of graduate work including a paper/project approved by the program director. Final oral exam.

Plan C
A minimum of 54 semester credits of graduate work. A written comprehensive exam and final oral exam.
Communicative Disorders, MSE

Overview of Program

Degree Requirements
This degree is for individuals interested in pursuing certification as speech language pathologists in schools (assumes that teacher education coursework was accomplished at the undergraduate level).

Total credits to degree: 57-58

**Professional Education Core**, 3-4 graduate credits:
Select one course from:

TED 740 Historical/Philosophical/Multicultural Foundations of American Education, 4 credits
TED 750 Advanced Education Psychology, 3 credits
TED 755 Social Issues in Education, 3 credits

**Required Specialization Courses**, 36 credits:
COMD 715 Research Methods in Communicative Disorders, 3 credits
COMD 716 Anatomy and Physiology of the Central Nervous System, 2 credits
COMD 717 Neuropathologies, 3 credits
COMD 720 Voice and Resonance Disorders, 3 credits
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**Elective Courses**, 0-8 credits
COMD 798 Independent Research, 1-4 credits
COMD 799 Thesis, 1-4 credits

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Plan C
A minimum of 57-58 semester credits of graduate work. A written comprehensive exam and final oral exam.
TEACHER EDUCATION

CERTIFICATION PORTFOLIO MATRIX
### Communicative Disorders (EC/A)

<table>
<thead>
<tr>
<th>Standard</th>
<th>Course(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Teachers know the subjects they are teaching.</strong></td>
<td>COMD 579 Practicum</td>
</tr>
<tr>
<td>The teacher understands the central concepts, tools of inquiry, and</td>
<td></td>
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<tr>
<td>structures of the disciplines she or he teaches and can create</td>
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<tr>
<td>learning experiences that make these aspects of subject matter</td>
<td></td>
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<tr>
<td>meaningful for pupils.</td>
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<tr>
<td><strong>2 Teachers know how children grow.</strong></td>
<td>TED 211 Ed. Psychology –</td>
</tr>
<tr>
<td>The teacher understands how children with broad ranges of ability</td>
<td>Elementary</td>
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<tr>
<td>learn and provides instruction that supports their intellectual, social,</td>
<td></td>
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<tr>
<td>and personal development.</td>
<td></td>
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<tr>
<td><strong>3 Teachers understand that children learn differently.</strong></td>
<td>SPED 330 Exceptional Child</td>
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<tr>
<td>The teacher understands how pupils differ in their approaches to</td>
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<tr>
<td>learning and the barriers that impede learning and can adapt</td>
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<tr>
<td>instruction to meet the diverse needs of pupils, including those with</td>
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<tr>
<td>disabilities and exceptionalities.</td>
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<tr>
<td><strong>4 Teachers know how to teach.</strong></td>
<td>COMD 579 Practicum</td>
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<tr>
<td>The teacher understands and uses a variety of instructional strategies,</td>
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<tr>
<td>including the use of technology, to encourage children’s development</td>
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<tr>
<td>of critical thinking, problem solving, and performance skills.</td>
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<tr>
<td><strong>5 Teachers know how to manage a classroom.</strong></td>
<td>TED 211 Educational Psychology</td>
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<tr>
<td>The teacher uses an understanding of individual and group motivation</td>
<td>– Elementary</td>
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<tr>
<td>and behavior to create a learning environment that encourages positive</td>
<td></td>
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<tr>
<td>social interaction, active engagement in learning, and self-motivation.</td>
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<tr>
<td><strong>6 Teachers communicate well.</strong></td>
<td>COMD 579 Practicum</td>
</tr>
<tr>
<td>The teacher uses effective verbal and nonverbal communication</td>
<td></td>
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<tr>
<td>techniques as well as instructional media and technology to foster</td>
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<tr>
<td>active inquiry, collaboration, and supportive interaction in the</td>
<td></td>
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<tr>
<td>classroom.</td>
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<tr>
<td><strong>7 Teachers are able to plan different kinds of lessons.</strong></td>
<td>COMD 579 Practicum</td>
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<tr>
<td>The teacher organizes and plans systematic instruction based upon</td>
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<tr>
<td>knowledge of subject matter, pupils, the community, and curriculum</td>
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<tr>
<td>goals.</td>
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<tr>
<td><strong>8 Teachers know how to test for student progress.</strong></td>
<td>COMD 579 Practicum</td>
</tr>
<tr>
<td>The teacher understands and uses formal and informal assessment</td>
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<tr>
<td>strategies to evaluate and ensure the continuous intellectual, social,</td>
<td></td>
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<tr>
<td>and physical development of the pupil.</td>
<td></td>
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<tr>
<td><strong>9 Teachers are able to evaluate themselves.</strong></td>
<td>TED 252 Found. Of Multicultural</td>
</tr>
<tr>
<td>The teacher is a reflective practitioner who continually evaluates</td>
<td>Ed</td>
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<tr>
<td>the effects of his or her choices and actions on pupils, parents,</td>
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<tr>
<td>professionals in the learning community and others who actively seeks</td>
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<tr>
<td>out opportunities to grow professionally.</td>
<td></td>
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<tr>
<td><strong>10 Teachers are connected with other teachers and the community.</strong></td>
<td>COMD 579 Practicum</td>
</tr>
<tr>
<td>The teacher fosters relationships with school colleagues, parents,</td>
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<tr>
<td>and agencies in the larger community to support pupil learning and</td>
<td></td>
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<tr>
<td>well-being and acts with integrity, fairness and in an ethical manner.</td>
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</tbody>
</table>
ADVISING
Graduate Advising

The Program Director will assign you an advisor. With your advisor, you will create a plan of study (Tentative Degree Plan). Your Tentative Degree Plan must be filed in the Graduate Office by the end of the first term of your enrollment. You may change advisors upon request. The Program Director typically advises all students who choose Option C on their Tentative Degree Plans. Students who choose Option A (Thesis) or Option B (Plan B Paper) will be assigned an advisor with expertise in the area of interest.

The Program Director will meet with you at least once per semester during the first year of your studies (fall, spring, summer) to discuss your progress on your: (1) Tentative Degree Plan, (2) Program knowledge outcomes, (3) ASHA certification requirements, (4) State licensure requirements, and/or (5) Public school certification requirements. The Program Director will meet with you in groups and via email and phone calls during the second year of your studies. Individual meetings are also available.

The Clinic Director will meet with you at least once per semester to discuss your progress in meeting program skills outcomes. A public school liaison will monitor your public school externship during the second year. The Clinic Director will monitor your medical/rehabilitation externship during the second year.
This evaluation has been prepared to assist you in determining the academic progress of your degree at UW - River Falls. While efforts are made to ensure its accuracy, final responsibility for meeting graduation and/or certification requirements resides with you.

The Office of the Registrar will certify the successful completion of degree requirements. This is not an official university document.

If you have questions or concerns regarding this Degree Audit Report (DAR), please contact your Advisor immediately.

WARNING: FEDERAL LAW PROHIBITS TRANSMITTAL TO A THIRD PARTY.

LEGEND

NO = Requirement not complete
OK = Requirement complete
IP = In Progress
IP= In Progress Transfer
R = Mandatory Sub-requirement
+ = Sub-requirement complete or IP
- = Sub-requirement not completed
* = Sub-requirement not required but courses have been assigned
(R) = Required course
>C = Course credit reduced
>R = Repeatable course
>-= Credits reduced
>S = Split course
WA = Waived
WC = Waived course
(d) = Diversity course
(h) = Honors credit awarded
(T) = Transfer credit
(g) = Global perspectives course
(SP) = Satisfactory Progress (Will need a final letter grade)
(NR) = Not Reported (Will need a final letter grade)
(N) = No grade or credits reported

----> At Least One Requirement Has Not Been Completed <---

NO MASTER OF SCIENCE-COMMUNICATIVE DISORDERS
54 CREDITS NEEDED
---> Needs: 54.00 credits 2 Sub-reqs

1) SELECT THE FOLLOWING COURSESES:
   Needs: 36.00 credits
   Select from: COMD 715, 716, 717, 720, 730, 737, 750,
               COMD 762, 764, 765, 767, 770, 772, 787

2) ELECTIVE COURSES: (0-8 CREDITS)
- 3) REQUIRED CLINICAL EXPERIENCE:
   Select from: COMD 579, 773, 774

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GENERAL ELECTIVES - Note - this area is not required.

----------------------------------------------------------

IN-PROGRESS COURSES

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~~~~~~~~~~~~~~~~~~~~END OF DAR ANALYSIS~~~~~~~~~~~~~~~~~~~~

Page 2 of 2
This evaluation has been prepared to assist you in determining the academic progress of your degree at UW - River Falls. While efforts are made to ensure its accuracy, final responsibility for meeting graduation and/or certification requirements resides with you.

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(T) = Transfer credit
(g) = Global perspectives course
(SP)= Satisfactory Progress (Will need a final letter grade)
(NR)= Not Reported (Will need a final letter grade)
(N) = No grade or credits reported

----> At Least One Requirement Has Not Been Completed <---

NO UNIVERSITY REQUIREMENTS
Earned: .00 credits
--> Needs: 57.00 credits

- 3.000 CUMULATIVE GPA REQUIRED. THIS INCLUDES ALL UW-RF GRADUATE COURSES TAKEN FOR A GRADE, WHETHER OR NOT USED TO SATISFY SPECIFIC DEGREE REQUIREMENTS. YOU HAVE EARNED:

NO MASTER OF SCIENCE ED-SECONDARY COMMUNICATIVE DISORDERS
57 CREDITS NEEDED

--> Needs: 57.00 credits 3 Sub-reqs

- 1) SELECT ONE COURSE FROM THE FOLLOWING:
   PROFESSIONAL EDUCATION CORE
   Needs: 3.00 credits
   Select from: TED 740 or 750 or 755

- 2) PLEASE SELECT FROM THE FOLLOWING COURSES:
   REQUIRED SPECIALIZATION COURSES
   MINIMUM OF 36 CREDITS ARE REQUIRED
   Needs: 36.00 credits
   Select from: COMD 715, 716, 717, 720, 730, 737, 750,
   COMD 762, 764, 765, 767, 770, 772, 787

- 3) PLEASE SELECT FROM THE FOLLOWING ELECTIVE COURSES:
   MINIMUM OF 0-8 CREDITS ARE REQUIRED
   Select from: COMD 798, 799

- 4) PLEASE SELECT FROM THE FOLLOWING COURSES:
   REQUIRED CLINICAL EXPERIENCE
   MINIMUM OF 18 CREDITS ARE REQUIRED
   Needs: 18.00 credits
   Select from: COMD 579, 773, 774

-----------------------------------------------
GENERAL ELECTIVES - Note - this area is not required.
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IN-PROGRESS COURSES
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~~~~~~~~~~~~~~END OF DAR ANALYSIS~~~~~~~~~~~~~~

Page 2 of 2
University of Wisconsin-River Falls  
Department of Communicative Disorders  
Wisconsin Department of Public Instruction (DPI) Checklist

☐ Course in Educational Psychology  
☐ Course in Multicultural Education  
☐ Diversity Field Experience  
☐ Course in Teaching Reading  
☐ Course in Introduction to Special Education  
☐ Course in Public School Methods/Techniques  
☐ Training in Speech Disorders  
☐ Training in Language Disorders  
☐ Training in Hearing Disorders and Hearing Evaluation  
☐ Training in Augmentative/Alternative Communication  
☐ Public School Practicum (minimum of 100 clock hours)  
☐ Successful completion of Praxis II examination  
☐ DPI e-portfolio
UW-River Falls Department of Communicative Disorders
Student Assessment Flowchart

ASHA Knowledge and Skills Requirements
(Basis for UWRF Learner Outcomes)

UWRF Learner Outcomes

Formative and Summative Assessments
(Are Used to Assess Learner Outcomes)

- Not Met
  - Improvement/Remediation Plan
    - Fail

- Emerging
  - Improvement/Remediation Plan
    - Fail

- Entry Level
  - Improvement/Remediation Plan
    - Fail
UNIVERSITY OF WISCONSIN –RIVER FALLS
DEPARTMENT OF COMMUNICATIVE DISORDERS

KNOWLEDGE OUTCOMES

Standard III-A:

The student’s official transcript provides evidence of coursework at the college level (non-remedial; passing grades) in each of the following:

**Biological Sciences**

Course Title: ___________________________ Semester: ________ Grade: ________

**Physical Sciences**

Course Title: ___________________________ Semester: ________ Grade: ________

**Social/Behavioral Sciences**

Course Title: ___________________________ Semester: ________ Grade: ________

**Statistics**

Course Title: ___________________________ Semester: ________ Grade: ________
STANDARDS III-B, III-C, and III-D: KNOWLEDGE OUTCOMES

<table>
<thead>
<tr>
<th>Standard III-B:</th>
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<th>Entry Level</th>
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<tbody>
<tr>
<td>The student will demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases:</td>
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### BIOLOGICAL BASIS AND NEUROLOGICAL BASIS

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<tr>
<th>Item</th>
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<tbody>
<tr>
<td>Students will define terminology relating to anatomy and physiology of the respiratory system (COMD 720)</td>
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<tr>
<td>Students will define terminology relating to the anatomy and physiology of the laryngeal, articulatory and nervous systems. (COMD 716, 717, 720, 765)</td>
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<tr>
<td>Students will identify anatomical landmarks of the respiratory, laryngeal, articulatory and nervous systems. (COMD 716, 717, 765)</td>
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<tr>
<td>Students will identify the physiological functions of the respiratory, laryngeal, articulatory and central nervous systems. (COMD 716, 717)</td>
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<tr>
<td>Students will identify the anatomy and physiology of normal (and dysfunctional) swallowing. (COMD 750)</td>
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<tr>
<td>Students will identify anatomical structures of the auditory system, and comprehend concepts underlying the physiology and biophysics of those structures. (COMD 730)</td>
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### ACOUSTIC BASIS

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<tr>
<th>Item</th>
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<tbody>
<tr>
<td>Students will demonstrate knowledge of the physics of sound, sound classification acoustic cues and dynamic aspects of speech (COMP).</td>
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<tr>
<td>Students will describe the acoustic theory of speech production (COMP)</td>
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<tr>
<td>Students will demonstrate competency using computer software for acoustic analysis (COMD 720)</td>
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<tr>
<td>PSYCHOLOGICAL BASIS</td>
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<td>Emerging</td>
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<tr>
<td>Students will demonstrate knowledge of the principles of applied behavior analysis (COMD 767)</td>
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<tr>
<td>Students will describe the psycholinguistic model (COMD 765)</td>
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<tr>
<td>DEVELOPMENTAL BASIS</td>
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<tr>
<td>Students will describe articulatory-phonological development in children (COMP).</td>
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<tr>
<td>Students will describe processes of language development (COMP)</td>
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<td>Students will describe processes of cognitive development (COMP)</td>
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<td>Students will describe processes of socioemotional development (COMP)</td>
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<tr>
<td>Students will describe processes of motor development (COMD 750)</td>
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<tr>
<td>Students will describe the process of normal deglutition development from utero through childhood (COMD 750)</td>
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<tr>
<td>LINGUISTIC BASIS</td>
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<tr>
<td>Students will demonstrate understanding of the interaction of the major components of language (phonology, semantics, syntax, morphology, pragmatics). (COMD762)</td>
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<tr>
<td>Students will demonstrate transcription competence transcribing normal and disordered speech using the International Phonetic Alphabet (IPA) (COMD 579,COMP).</td>
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<td>CULTURAL BASIS</td>
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<tr>
<td>Students will describe cultural differences with regard to human communication (COMP)</td>
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<tr>
<td>Students will describe social and cultural differences within families as they contribute to language acquisition. (COMD 762)</td>
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<tr>
<td>Students will identify strategies for evaluation and intervention of individuals who are culturally diverse (COMD 787)</td>
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<tr>
<td>Students will demonstrate knowledge of ASHA’s policies and protocols for working with individuals who are culturally-linguistically diverse (COMP).</td>
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</table>
**Standard III-C**

The student will demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates.

and

**Standard III-D**

The student must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental and linguistic and cultural correlates of the disorders.

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<thead>
<tr>
<th>ARTICULATION/PHONOLOGY</th>
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<tbody>
<tr>
<td>Students will describe etiological factors related to articulatory-phonological disorders. (COMD 770)</td>
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<tr>
<td>Students will differentiate the characteristics of articulation disorders, phonological disorders, and developmental apraxia of (COMD 770)</td>
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<tr>
<td>Students will describe methods of prevention as they relate to articulatory-phonological disorders . (COMD 770)</td>
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<tr>
<td>Students will be able to describe comprehensive methods of articulatory-phonological evaluation. (COMD 770)</td>
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<tr>
<td>Students will describe principles of articulation/phonological remediation approaches (COMD 770).</td>
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<tr>
<td>Students will develop intervention plans based on analysis of assessment data for individuals with articulation disorders phonological disorders and apraxia of speech. (COMD 770).</td>
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<td>FLUENCY</td>
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<tr>
<td>Students will describe theories of stuttering development (including etiological factors) (COMD 770).</td>
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<td>Students will identify the characteristics of stuttering. (COMD 770)</td>
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<td>Students will identify variables that affect the stuttering response. (COMD 770)</td>
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<td>Students will describe prevention activities as they relate to stuttering. (COMD 770)</td>
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<tr>
<td>Students will describe and use methods of fluency assessment. (COMD 770)</td>
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<tr>
<td>Students will describe approaches to remediate fluency disorders. (COMD 770)</td>
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<th>VOICE AND RESONANCE</th>
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<tbody>
<tr>
<td>Students will describe functional and organic etiological factors relating to voice and resonance disorders (COMD 720)</td>
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<tr>
<td>Students will describe characteristics of acoustic deviations in voice disorders (pitch, loudness, vocal quality and resonance quality) (COMD 720)</td>
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<tr>
<td>Students will describe methods of prevention as they relate to voice and resonance disorders (COMD 720)</td>
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<tr>
<td>Students will describe methods of assessment of voice and resonance disorders. (COMD 720).</td>
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<tr>
<td>Students will describe principles of remediation for individuals with voice and resonance disorders. (COMD 720).</td>
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<tr>
<td>RECEPTIVE AND EXPRESSIVE LANGUAGE (PHONOLOGY, MORPHOLOGY, SYNTAX, SEMANTICS, AND PRAGMATICS) IN SPEAKING, LISTENING, READING, WRITING, AND MANUAL MODALITIES</td>
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<tr>
<td>Students will describe etiological factors relating to developmental, receptive and expressive language disorders (COMD 762)</td>
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<tr>
<td>Students will describe characteristics of developmental, receptive and expressive language disorders. (COMD 762)</td>
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<tr>
<td>Students will discriminate between various developmental language disorders based on language characteristics, behavioral characteristics, and etiological factors (COMD 762)</td>
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<tr>
<td>Students will describe methods of prevention as they relate to developmental, receptive and expressive language disorders (COMD 762)</td>
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<tr>
<td>Students will identify appropriate developmental language assessment tools and provide a rationale for the chosen tools (COMD 762)</td>
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<tr>
<td>Students will competently analyze a language sample and provide a rationale for the use of nonstandardized/descriptive assessment (COMD 762)</td>
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<td>Students will describe the difference between language disorder and language difference (COMD 762)</td>
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<tr>
<td>Students will describe principles and methods of remediation for individuals with developmental receptive and expressive language disorders. (COMD 762)</td>
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<tr>
<td>Students will describe academic, social, and vocational outcomes of an adolescent with developmental language disorder (COMD 762)</td>
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<tr>
<td>Students will analyze and synthesize current research in language disorders (COMD 762).</td>
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<tr>
<td>Students demonstrate competent use of the manual alphabet and a basic vocabulary of 75 signs (COMD 764).</td>
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<tr>
<td>Students will describe etiological factors relating to aphasia (COMD 765)</td>
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<tr>
<td>Students will discriminate between various aphasia subtypes based on language characteristics, behavioral characteristics, and etiological factors (COMD 765)</td>
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<tr>
<td>Students will describe methods of prevention as they relate to aphasia (COMD 765)</td>
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<tr>
<td>Students will identify appropriate aphasia assessment tools and provide a rationale for the chosen tools (COMD 765)</td>
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<tr>
<td>Students will describe principles and methods of remediation for individuals aphasia (COMD 765)</td>
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<tr>
<td>Students will analyze and synthesize current research in adult language disorders (COMD 765).</td>
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<tr>
<td>HEARING, INCLUDING THE IMPACT ON SPEECH AND LANGUAGE</td>
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<tr>
<td>Students will demonstrate competence performing hearing screenings according to the ASHA 1997 guidelines for school age children, 5 through 18 years (COMD 772).</td>
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<tr>
<td>Students will demonstrate competence obtaining pure tone threshold and conducting immittance, acoustic reflex, and audiometric speech testing (COMD 772).</td>
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<td>Students will demonstrate the ability to perform an earmold impression as an enhancement experience (COMD 772).</td>
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<tr>
<td>Students will provide evidence that they comprehend concepts underlying outer ear, middle ear, and inner ear mechanics by achieving a passing grade on a written examination. (COMD 730)</td>
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<tr>
<td>Students will provide evidence that they understand concepts/procedures related to classical, operant, immittance, ABR and OAE audiometric tests. (COMD 730).</td>
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<tr>
<td>Students will demonstrate the ability to administer, score, and interpret results of the SCAN-C/Revised auditory processing test (COMD 737).</td>
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<tr>
<td>SWALLOWING</td>
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<tr>
<td>Students will describe etiological factors and characteristics of pediatric and adult dysphagia. (COMD 750).</td>
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<tr>
<td>Students will identify etiologies of, and contraindications for, dysphagia (COMD 750).</td>
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<tr>
<td>Students will describe methods of prevention for dysphagia (COMD 750).</td>
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<tr>
<td>Students will identify and differentiate assessment methods for dysphagia. (COMD 750).</td>
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<tr>
<td>Students will identify and differentiate intervention strategies for dysphagia (COMD 750).</td>
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<tr>
<td><strong>COGNITIVE ASPECTS OF COMMUNICATION (ATTENTION, MEMORY, SEQUENCING, PROBLEM-SOLVING, EXECUTIVE FUNCTION)</strong></td>
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<tr>
<td>Students will identify etiologies of cognitive communication disorders (language and cognition) (COMD 717)</td>
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<tr>
<td>Students will describe characteristics of cognitive communication disorders (language and cognition) (COMD 717)</td>
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<tr>
<td>Students will describe speech and language characteristics of cognitive impairments in children (COMD 762)</td>
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<tr>
<td>Students will describe methods of prevention of cognitive communication disorders (language and cognition)(COMD 717)</td>
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<tr>
<td>Students will describe assessment protocols for cognitive communication disorders (language and cognition) (COMD 717).</td>
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<tr>
<td>Students will describe intervention strategies for cognitive communication disorders (language and cognition) (COMD 717).</td>
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<tr>
<td>SOCIAL ASPECTS OF COMMUNICATION</td>
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<tr>
<td>Students will describe the functions/etiologies of socially motivated challenging behavior (COMD 767).</td>
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<tr>
<td>Students will describe procedures for manipulating antecedents to prevent socially motivated challenging behavior (COMD 767).</td>
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<tr>
<td>Based on case study vignettes, students will assess challenging behavior to determine the function(s) of those behaviors (assessment to include scatterplot, ABC analysis, functional observation analysis, and functional manipulations) (COMD 767).</td>
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<tr>
<td>Students will analyze and synthesize assessment data and develop technically sound intervention programs for socially motivated challenging behavior (COMD 767).</td>
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<tr>
<td>Students will describe social, academic, and vocational outcomes for children/adolescents with developmental language disorders (COMD 762)</td>
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<tr>
<td>Students will describe the social skills of children with specific language impairment (COMD 762)</td>
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<tr>
<td>COMMUNICATION MODALITIES</td>
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<td>Entry Level</td>
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<tr>
<td>Students will describe the advantages and disadvantages of the vocal/verbal, gestural, and graphic modes of communication (COMD 764)</td>
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<tr>
<td>Students will describe the available range of aided and unaided symbols (COMD 764).</td>
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<tr>
<td>Students will describe the Participation Model of assessment as it relates to augmentative/alternative communication (COMD 764).</td>
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<tr>
<td>Students will demonstrate how to teach a general request, explicit request, and reject response in the verbal, gestural, and graphic modes of communication (COMD 764)</td>
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<tr>
<td>Students will describe the range prompting strategies that are available in the vocal/verbal, gestural and graphic modes of communication (COMD 764)</td>
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<tr>
<td>Students will demonstrate competency using the Boardmaker™ clip art program (COMD 764).</td>
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<td>Students will describe how to integrate simple technology into daily routines (COMD 764).</td>
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<tr>
<td>Students will demonstrate competency using the manual alphabet and a basic vocabulary of 75 signs (COMD 764)</td>
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**Standard III-E**

**Students will demonstrate knowledge of standards of ethical conduct.**

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<tbody>
<tr>
<td>Students will describe components of the ASHA Code of Ethics. (COMD 770)</td>
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<tr>
<td>Students will use the ASHA recommended decision flow chart when presented with hypothetical ethical dilemmas. (COMD 770)</td>
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**Standard III-F**

**Students will demonstrate knowledge of processes used in research and the integration of research principles into evidence-based clinical practice.**

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<tbody>
<tr>
<td>Students will critique research in communicative disorders and discuss research from a clinical perspective (COMD 715)</td>
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<tr>
<td>Students will describe research designs/research strategies used for validating the effectiveness of interventions (COMD 715, 764)</td>
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<tr>
<td>Students will describe the components of evidence based research (COMD 715)</td>
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<td>Standard III-G</td>
<td>Not Met</td>
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<tr>
<td>Students will demonstrate knowledge of contemporary professional issues.</td>
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<tr>
<td>Students will describe professional issues in communicative disorders. (COMD 770).</td>
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<tr>
<th>Standard III-H</th>
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<tbody>
<tr>
<td>Students will demonstrate knowledge about certification, specialty recognition, licensure, and other relevant professional credentials</td>
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<td>Students will demonstrate knowledge of professional credentialing in communicative disorders (including CCC requirements, state certification and licensure, and specialty recognition) (COMD 770).</td>
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</tbody>
</table>
University of Wisconsin-River Falls
Department of Communicative Disorders
Skills Outcomes

- Evaluation
- Intervention
- Interaction and Personal Skills
- Oral and Written Communication

Student: _______________________

ID#: W_______________________

Practicum Site: Campus Clinic

Supervisors Completing Review: ____________________________________________

Semester and Year: ______________________

Suggested Grade (midterm/final): ______________________
Standard IV-G: SKILLS OUTCOMES
The student will complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes (in addition to clinical experiences, skills may be demonstrated through successful performance on academic course work and examinations, independent projects, or other appropriate alternative methods):

<table>
<thead>
<tr>
<th>EVALUATION The student will demonstrate the ability to:</th>
<th>Course</th>
<th>Not Met</th>
<th>Emerging</th>
<th>Entry Level</th>
<th>A</th>
<th>F</th>
<th>V</th>
<th>L</th>
<th>H</th>
<th>D</th>
<th>C</th>
<th>S</th>
<th>M</th>
<th>Growth Suggestions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. conduct screening and prevention procedures (including prevention activities).</td>
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<tr>
<td>b. collect case history information from clients/patients, family, caregivers, teachers, relevant others, and other professionals.</td>
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<tr>
<td>c. select and administer appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures.</td>
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<tr>
<td>d. adapt evaluation procedures to meet client/patient needs.</td>
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<tr>
<td>e. interpret, integrate and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.</td>
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<tr>
<td>f. complete administrative and reporting functions necessary to support evaluation.</td>
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<td>g. refer clients/patients for appropriate services.</td>
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A = Articulation/Phonology; F = Fluency; V = Voice and Resonance; L = Receptive and Expressive Language; H = Hearing, including the impact on speech/language; D = Dysphagia/Swallowing; C = Cognitive aspects of communication; S = Social aspects of communication; M = Communicative modalities
Standard IV-G: SKILLS OUTCOMES
The student will complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes (in addition to clinical experiences, skills may be demonstrated through successful performance on academic course work and examinations, independent projects, or other appropriate alternative methods):

<table>
<thead>
<tr>
<th>INTERVENTION</th>
<th>Course</th>
<th>Not Met</th>
<th>Emerging</th>
<th>Entry Level</th>
<th>A</th>
<th>F</th>
<th>V</th>
<th>L</th>
<th>H</th>
<th>D</th>
<th>C</th>
<th>S</th>
<th>M</th>
<th>Growth Suggestions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student will demonstrate the ability to:</td>
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</tr>
<tr>
<td>a. develop setting-appropriate intervention plans with measurable and achievable goals that meet clients’/patients’ needs.</td>
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<tr>
<td>b. implement intervention plans (involve clients/patients and relevant others in the intervention process).</td>
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<tr>
<td>c. select, develop and use appropriate materials and instrumentation for prevention and intervention.</td>
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<tr>
<td>d. measure and evaluate clients’/patients’ performance and progress.</td>
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<tr>
<td>e. modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.</td>
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<tr>
<td>f. complete administrative and reporting functions necessary to support intervention.</td>
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<tr>
<td>g. identify/refer clients/patients as appropriate.</td>
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Standard IV-G: Skills outcomes

The student will complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes (in addition to clinical experiences, skills may be demonstrated through successful performance on academic course work and examinations, independent projects, or other appropriate alternative methods):

<table>
<thead>
<tr>
<th>INTERACTION AND PERSONAL SKILLS</th>
<th>Course</th>
<th>Not Met</th>
<th>Emerging</th>
<th>Entry Level</th>
<th>A</th>
<th>F</th>
<th>V</th>
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<th>M</th>
<th>Growth Suggestions:</th>
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<tbody>
<tr>
<td>The student will demonstrate the ability to:</td>
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<tr>
<td>a. communicate effectively, recognizing the needs, values, preferred mode(s) of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.</td>
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<tr>
<td>b. collaborate with other professionals in case management.</td>
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<tr>
<td>c. provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.</td>
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<td>d. adhere to the ASHA Code of Ethics</td>
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<table>
<thead>
<tr>
<th>Course</th>
<th>Not Met</th>
<th>Emerging</th>
<th>Entry Level</th>
<th>Growth Suggestions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student must achieve a passing grade in a college level (non-remedial) oral communication course as demonstrated by college transcript.</td>
<td></td>
<td>MET</td>
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<tr>
<td>Student must achieve a passing grade in a college level (non-remedial) English composition course as demonstrated by college transcript.</td>
<td></td>
<td>MET</td>
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<tr>
<td>Student will attend and respond appropriately during patient/family consultation as evaluated by clinical supervisor.</td>
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<tr>
<td>Student will use language appropriate for audience during interactions with patients/clients and family members as evaluated by clinical supervisor.</td>
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<tr>
<td>Student will use accurate and concise information in written reports as evaluated by clinical supervisors.</td>
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<tr>
<td>Student will use correct mechanics in written reports as evaluated by clinical supervisors.</td>
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</tr>
<tr>
<td>Student will use language appropriate for audience in written reports as evaluated by clinical supervisors.</td>
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</tbody>
</table>
University of Wisconsin-River Falls
Department of Communicative Disorders

Skills Outcomes Rubric

EVALUATION
Standard IV-G: SKILLS OUTCOMES
The student will complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes (in addition to clinical experiences, skills may be demonstrated through successful performance on academic course work and examinations, independent projects, or other appropriate alternative methods):

Skill outcome a. The student will demonstrate the ability to conduct screening and prevention procedures (including prevention activities).

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Emerging</th>
<th>Professional Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The student has difficulty using screening tools and prevention procedures</td>
<td>• The student demonstrates some difficulty using screening tools and prevention procedures, but adapts following supervisor suggestions</td>
<td>• The student consistently uses screening tools and prevention procedures effectively</td>
</tr>
<tr>
<td>• The student has difficulty scoring and interpreting screening results</td>
<td>• The student makes occasionally errors when scoring and interpreting screening results</td>
<td>• The student rarely makes errors when scoring and interpreting screening results</td>
</tr>
</tbody>
</table>

Skill outcome b. The student demonstrates the ability to collect case history information from clients/patients, family, caregivers, teachers, relevant others, and other professionals.

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Emerging</th>
<th>Professional Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The student shows little confidence when relating to interviewees</td>
<td>• The student sometimes has difficulty relating to interviewees</td>
<td>• The student consistently collects and records case history information effectively</td>
</tr>
<tr>
<td>• The student misses a large quantity of relevant information during interview sessions</td>
<td>• The student misses some relevant information that could be valuable in designing assessment and intervention sessions</td>
<td>• The student rarely misses relevant information.</td>
</tr>
</tbody>
</table>
**Skill outcome c.** The student demonstrates the ability to select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Emerging</th>
<th>Professional Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The student appears unable to select appropriate evaluation materials and procedures based on pre-assessment data&lt;br&gt;- The student makes numerous technical errors while administering evaluations procedures</td>
<td>- The student is often unable to select and administer appropriate evaluation procedures&lt;br&gt;- The student adjusts appropriately based on supervisor feedback</td>
<td>- The student is consistently selects and administers appropriate evaluation procedures&lt;br&gt;- The student rarely makes technical errors, and recognizes when errors are made</td>
</tr>
</tbody>
</table>

**Skill outcome d.** The student demonstrates the ability to adapt evaluation procedures to meet client/patient needs.

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Emerging</th>
<th>Professional Entry Level</th>
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</thead>
<tbody>
<tr>
<td>- The student chooses the same materials/procedures, regardless of individual client needs&lt;br&gt;- The student does not recognize the need to adapt materials/procedures based on the client’s physical, sensory, or cognitive differences/disorders</td>
<td>- The student often chooses materials/procedures based on individual client needs&lt;br&gt;- The student appears to recognize the need for adaptations after suggestions are made by the supervisor</td>
<td>- The student consistently chooses proper materials/procedures based on individual client needs&lt;br&gt;- The student seeks valid resources when unsure of how to incorporate adaptations</td>
</tr>
</tbody>
</table>
**Skill outcome e.** The student demonstrates the ability to interpret, integrate and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Emerging</th>
<th>Professional Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The student makes numerous errors when determining raw scores, percentile ranks, standard scores and age/grade equivalents; the student makes numerous errors when recording from behavioral checklists and/or instrumentation results</td>
<td>• The student occasionally makes errors when determining raw scores, percentile ranks, standard scores and age/grade equivalents; the student occasionally makes errors when recording from behavioral checklists and/or using instrumentation</td>
<td>• The student accurately determines raw scores, percentile ranks, standard scores and age/grade equivalents; the student accurately records when using behavioral checklists and/or instrumentation</td>
</tr>
<tr>
<td>• The student is not able to differentiate when a client is in need of intervention or is within normal range</td>
<td>• The student is often able to determine whether a client is in need of intervention or is within normal range</td>
<td>• The student is consistently able to determine whether a client is in need of intervention or is within normal range</td>
</tr>
<tr>
<td>• The student is unable to make proper recommendations based on assessment results</td>
<td>• The student can make proper recommendations after consultation with the supervisor</td>
<td>• The student consistently makes proper recommendations based on test results</td>
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</tbody>
</table>

**Skill outcome f.** The student demonstrates the ability to complete administrative and reporting functions necessary to support evaluation.

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Emerging</th>
<th>Professional Entry Level</th>
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</thead>
<tbody>
<tr>
<td>• The student often makes spelling errors and/or grammatical errors when writing assessment reports.</td>
<td>• The student makes few spelling errors and/or few grammatical errors when writing assessment reports</td>
<td>• The student writes technically sound assessment reports</td>
</tr>
<tr>
<td>• The student has difficulty (orally) explaining assessment results and recommendations to clients/caregivers.</td>
<td>• The student sometimes has difficulty (orally) explaining assessment results and recommendations to clients/caregivers.</td>
<td>• The student is able to consistently (orally) explain assessment results to clients/caregivers</td>
</tr>
<tr>
<td>• The content of the student’s written narrative and/or oral explanation of results do not reflect the quantitative and qualitative findings from the assessment</td>
<td>• The content of the student’s written narrative and/or oral explanation of assessment results often reflects the quantitative and qualitative findings from the assessment</td>
<td>• The content of the students written and oral explanations of assessment results consistently reflect the quantitative and qualitative findings from the assessment</td>
</tr>
</tbody>
</table>
Skill outcome g. The student demonstrates the ability to refer clients/patients for appropriate services.

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Emerging</th>
<th>Professional Entry Level</th>
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</thead>
<tbody>
<tr>
<td>• The student does not recognize when referral for other services is indicated</td>
<td>• The student understands the need for referral to other services after consultation with supervisor</td>
<td>• The student consistently makes appropriate referrals based on assessment results</td>
</tr>
<tr>
<td>• The student has difficulty understanding and/or following referral procedures</td>
<td>• The student understands and/or follows proper referral procedures after consultation with supervisor</td>
<td>• The student consistently understands and/or follows referral procedures</td>
</tr>
</tbody>
</table>
Skills Outcomes Rubric

INTERVENTION
Standard IV-G: SKILLS OUTCOMES: INTERVENTION

**Skill outcome a.** The student will develop setting-appropriate intervention plans with measurable and achievable goals that meet clients’/patients’ needs.

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Emerging</th>
<th>Professional Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The student has difficulty writing measurable goals/objectives</td>
<td>• The student can write measurable goals/objectives following feedback from supervisor</td>
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</tr>
<tr>
<td>• The student writes goals/objectives that address skills the client can already perform and/or skills that are not achievable</td>
<td>• The student writes goals/objectives that are achievable</td>
<td></td>
</tr>
<tr>
<td>• The student writes goals/objectives that do not relate to assessment results</td>
<td>• The student writes goals that are based on assessment results</td>
<td></td>
</tr>
<tr>
<td>• The student has difficulty writing goals/objectives that follow a logical sequence</td>
<td>• The student writes goals/objectives that follow a logical sequence</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Emerging</th>
<th>Professional Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The student has difficulty motivating clients and caregivers during intervention sessions</td>
<td>• The student often motivate clients and caregivers during intervention sessions</td>
<td>• The student consistently motivates clients and caregivers during intervention sessions</td>
</tr>
<tr>
<td>• The student has difficulty following his/her written goals/objectives</td>
<td>• The student often follows his/her written goals/objectives</td>
<td>• The student consistently follows his/her written goals/objectives</td>
</tr>
<tr>
<td>• The student has difficulty using prompting strategies during interventions sessions</td>
<td>• The student often uses effective prompting strategies during interventions sessions</td>
<td>• The student consistently uses effective prompting strategies during interventions sessions</td>
</tr>
<tr>
<td>• The student has difficulty using appropriate/consistent reinforcement strategies during intervention sessions</td>
<td>• The student often uses appropriate/consistent reinforcement strategies during intervention sessions</td>
<td>• The student typically uses appropriate/consistent reinforcement strategies during intervention sessions</td>
</tr>
</tbody>
</table>

**Skill outcome b.** The student demonstrates the ability to implement intervention plans (involve clients/patients and relevant others in the intervention process).

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Emerging</th>
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</thead>
<tbody>
<tr>
<td>• The student has difficulty motivating clients and caregivers during intervention sessions</td>
<td>• The student often motivate clients and caregivers during intervention sessions</td>
<td>• The student consistently motivates clients and caregivers during intervention sessions</td>
</tr>
<tr>
<td>• The student has difficulty following his/her written goals/objectives</td>
<td>• The student often follows his/her written goals/objectives</td>
<td>• The student consistently follows his/her written goals/objectives</td>
</tr>
<tr>
<td>• The student has difficulty using prompting strategies during interventions sessions</td>
<td>• The student often uses effective prompting strategies during interventions sessions</td>
<td>• The student consistently uses effective prompting strategies during interventions sessions</td>
</tr>
<tr>
<td>• The student has difficulty using appropriate/consistent reinforcement strategies during intervention sessions</td>
<td>• The student often uses appropriate/consistent reinforcement strategies during intervention sessions</td>
<td>• The student typically uses appropriate/consistent reinforcement strategies during intervention sessions</td>
</tr>
</tbody>
</table>
**Skill outcome c.** The student demonstrates the ability to select, develop and use appropriate materials and instrumentation for prevention and intervention

<table>
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<tr>
<th>Not Met</th>
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<th>Professional Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The student has difficulty selecting materials, instrumentation and procedures that are appropriate for meeting the clients’ needs</td>
<td>• The student often selects materials, instrumentation and procedures that are appropriate for meeting the clients’ needs</td>
<td>• The student consistently selects materials, instrumentation and procedures that are appropriate for meeting the clients’ needs</td>
</tr>
<tr>
<td>• The student has difficulty using materials, instrumentation and procedures and instrumentation appropriately</td>
<td>• The student often uses materials, procedures and instrumentation appropriately</td>
<td>• The student consistently uses materials, procedures and instrumentation appropriately</td>
</tr>
<tr>
<td>• The student lacks creativity when planning and implementing intervention</td>
<td>• The student often shows creativity when planning and implementing intervention</td>
<td>• The student consistently shows creativity when planning and implementing intervention</td>
</tr>
</tbody>
</table>

**Skill outcome d.** The student demonstrates the ability to measure and evaluate clients’/patients’ performance and progress.

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Emerging</th>
<th>Professional Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The student has difficulty developing data sheets</td>
<td>• The student often develops appropriate data sheets</td>
<td>• The student consistently develops appropriate data sheets</td>
</tr>
<tr>
<td>• The student does not collect useful and/or accurate data</td>
<td>• The student often collects useful and/or accurate data</td>
<td>• The student consistently collects useful and/or accurate data</td>
</tr>
<tr>
<td>• The student has difficulty visually inspecting data to determine level of client performance</td>
<td>• The student often visually inspects data to determine level of client performance</td>
<td>• The student consistently visually inspects data to determine level of client performance</td>
</tr>
<tr>
<td>• The student has difficulty determining when a goal/objective has or has not been met</td>
<td>• The student often is able to determining when a goal/objective has or has not been met</td>
<td>• The student consistently determines when a goal/objective has or has not been met</td>
</tr>
</tbody>
</table>
**Skill outcome e.** The student demonstrates the ability to modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Emerging</th>
<th>Professional Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The student has difficulty determining when intervention strategies are not effective</td>
<td>• The student often determines when intervention strategies are not effective</td>
<td>• The student consistently determines when intervention strategies are not effective</td>
</tr>
<tr>
<td>• The student has difficulty modifying procedures during intervention sessions</td>
<td>• The student often modifies procedures during intervention sessions</td>
<td>• The student consistently modifies procedures during intervention sessions</td>
</tr>
<tr>
<td>• The student is not flexible with the use of strategies, materials and/or instrumentation</td>
<td>• The student is often flexible with the use of strategies, materials and/or instrumentation</td>
<td>• The student is consistently flexible with the use of strategies, materials and/or instrumentation</td>
</tr>
</tbody>
</table>

**Skill outcome f.** The student demonstrates the ability to complete administrative and reporting functions necessary to support intervention.

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Emerging</th>
<th>Professional Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The student has difficulty maintaining client charts</td>
<td>• The student often maintains client charts</td>
<td>• The student consistently maintains client charts</td>
</tr>
<tr>
<td>• The student has difficulty documenting client progress</td>
<td>• The student is often effective when documenting client progress</td>
<td>• The student is consistently effective when documenting client progress</td>
</tr>
<tr>
<td>• The student has difficulty writing progress notes</td>
<td>• The student is often effective when writing progress notes</td>
<td>• The student is consistently effective when writing progress notes</td>
</tr>
<tr>
<td>• The student has difficulty writing discharge reports</td>
<td>• The student is often effective when writing discharge reports</td>
<td>• The student is consistently effective when writing discharge reports</td>
</tr>
<tr>
<td>• The content of the student’s written reports and/or oral explanations do not reflect the quantitative and qualitative data from intervention sessions</td>
<td>• The content of the student’s written reports and/or oral explanations often reflects the quantitative and qualitative data from intervention sessions</td>
<td>• The content of the student’s written reports and/or oral explanations consistently reflects the quantitative and qualitative data from intervention sessions</td>
</tr>
</tbody>
</table>
**Skill outcome g.** The student demonstrates the ability to identify/refer clients/patients as appropriate.

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Emerging</th>
<th>Professional Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The student has difficulty recognizing when referral for other services is indicated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The student has difficulty understanding and/or following referral procedures</td>
<td>• The student understands the need for referral to other services after consultation with supervisor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The student understands and/or follows proper referral procedures after consultation with supervisor</td>
<td>• The student consistently makes appropriate referrals based on assessment results</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The student consistently understands and/or follows referral procedures</td>
</tr>
</tbody>
</table>


University of Wisconsin-River Falls
Department of Communicative Disorders

Skills Outcomes Rubric

INTERACTION AND PERSONAL SKILLS
Standard IV-G: SKILLS OUTCOMES: INTERACTION AND PERSONAL SKILLS

**Skill outcome a.** The student will demonstrate the ability to communicate effectively, recognizing the needs, values, preferred mode(s) of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Emerging</th>
<th>Professional Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ The student does not communicate effectively&lt;br&gt;❑ The student does not adjust communication style based on needs, values, preferred mode(s) of communication and/or cultural/linguistic backgrounds</td>
<td>❑ The student often communicates effectively&lt;br&gt;❑ The student often adjusts communication style based on needs, values, preferred mode(s) of communication and/or cultural/linguistic backgrounds&lt;br&gt;❑ The student adjusts communication style after feedback from supervisor</td>
<td>❑ The student consistently communicates effectively&lt;br&gt;❑ The student consistently adjusts communication style based on needs, values, preferred mode(s) of communication and/or cultural/linguistic backgrounds</td>
</tr>
</tbody>
</table>

**Skill outcome b.** The student will demonstrate the ability to collaborate with other professionals in case management.

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Emerging</th>
<th>Professional Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ The student does not use other professionals as resources&lt;br&gt;❑ The student does not provide information to other professionals&lt;br&gt;❑ The student is unaware of the goals/objectives of other professionals</td>
<td>❑ The student often uses other professionals as resources&lt;br&gt;❑ The student often provides information to other professionals&lt;br&gt;❑ The student often shows awareness of other professionals’ goals/objectives</td>
<td>❑ The student does consistently use other professionals as resources&lt;br&gt;❑ The student consistently provides information to other professionals&lt;br&gt;❑ The student shows consistent awareness of the goals/objectives of other professionals&lt;br&gt;❑ The student is able to incorporate other professionals’ goals/objectives during speech-language intervention (when appropriate)</td>
</tr>
</tbody>
</table>
**Skill outcome c.** The student will demonstrate the ability to provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Emerging</th>
<th>Professional Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ The student has difficulty providing reasonable statements of prognoses</td>
<td>❑ The student often provides reasonable statements of prognoses</td>
<td>❑ The student consistently provides reasonable statements of prognoses</td>
</tr>
<tr>
<td>❑ The student has difficulty informing others of the nature and possible effects of assessment and intervention</td>
<td>❑ The student often appropriately informs others of the nature and possible effects of assessment and intervention</td>
<td>❑ The student consistently and appropriately informs others of the nature and possible effects of assessment and intervention</td>
</tr>
<tr>
<td>❑ The student has difficulty responding to others’ queries regarding assessment and intervention outcomes</td>
<td>❑ The student often responds appropriately to others’ queries regarding assessment and intervention outcomes</td>
<td>❑ The student consistently responds appropriately to others’ queries regarding assessment and intervention outcomes</td>
</tr>
<tr>
<td>❑ The student has difficulty guiding others in implementing home programs</td>
<td>❑ The student is often able to guide others in implementing home programs</td>
<td>❑ The student is consistently able to guide others in implementing home programs</td>
</tr>
</tbody>
</table>

**Skill outcome d.** The student will demonstrate the ability to adhere to the ASHA Code of Ethics

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Emerging</th>
<th>Professional Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ The student does not appear to be familiar with the ASHA Code of Ethics</td>
<td>NOT APPLICABLE</td>
<td>❑ The student consistently demonstrates familiarity with the ASHA Code of Ethics</td>
</tr>
<tr>
<td>❑ The student engages in behavior that does not adhere to the ASHA Code of Ethics</td>
<td></td>
<td>❑ The student consistently engages in behavior that adheres to the ASHA Code of Ethics</td>
</tr>
</tbody>
</table>
Standard IV-G: SKILLS OUTCOMES: ORAL AND WRITTEN COMMUNICATION

The applicant must possess skill in oral and written or other forms of communication sufficient for entry into professional practice.

Skill outcome a. The student will attend and respond appropriately during patient/family consultation as evaluated by clinical supervisor.

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Emerging</th>
<th>Professional Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The student shows little confidence during patient/family consultations</td>
<td>The student often shows confidence during patient/family consultations</td>
</tr>
<tr>
<td></td>
<td>The student does not show evidence of active listening skills</td>
<td>The student often shows evidence of active listening skills</td>
</tr>
<tr>
<td></td>
<td>The student relies on the supervisor during patient/family consultations</td>
<td>The student often provides accurate information and often responds appropriately during patient/family consultations</td>
</tr>
</tbody>
</table>

Skill outcome b. The student will use language appropriate for audience during interactions with patients/clients and family members as evaluated by clinical supervisor.

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Emerging</th>
<th>Professional Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The student uses technical language that is confusing to patients/clients and family members</td>
<td>The student often adjusts technical language to fit the needs of the client/patient and family members</td>
</tr>
<tr>
<td></td>
<td>The student uses language that is condescending to patients/clients and family members</td>
<td>The student often uses language appropriate for the audience</td>
</tr>
<tr>
<td></td>
<td>The student uses poor grammar during interactions with patients/clients and family members</td>
<td></td>
</tr>
</tbody>
</table>
**Skill outcome c.** The student will use accurate and concise information in written reports as evaluated by clinical supervisors.

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Emerging</th>
<th>Professional Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ The student writes reports that do not correspond to assessment and intervention data</td>
<td>□ The student often writes reports that correspond to assessment and intervention data</td>
<td>□ The student consistently writes reports that correspond to assessment and intervention data</td>
</tr>
<tr>
<td>□ The student writes reports in which the content is difficult to ascertain</td>
<td>□ The student often writes reports in which the content is often easy to ascertain</td>
<td>□ The student consistently writes reports in which the content is often easy to ascertain</td>
</tr>
<tr>
<td>□ The student writes reports that are not concise</td>
<td>□ The student often writes reports that are concise</td>
<td>□ The student consistently writes reports that are concise</td>
</tr>
</tbody>
</table>

**Skill outcome d.** The student will use correct mechanics in written reports as evaluated by clinical supervisors.

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Emerging</th>
<th>Professional Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ The student makes several/numerous spelling errors in written reports</td>
<td>□ The student makes few spelling errors in written reports</td>
<td>□ The student consistently writes technically sound written reports</td>
</tr>
<tr>
<td>□ The student makes several/numerous grammatical errors in written reports</td>
<td>□ The student makes few grammatical errors in written reports</td>
<td></td>
</tr>
<tr>
<td>□ The student makes several/numerous organizational errors in written reports</td>
<td>□ The student makes few organizational errors in written reports</td>
<td></td>
</tr>
</tbody>
</table>
Skill outcome e. The student will use language appropriate for audience in written reports as evaluated by clinical supervisors.

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Emerging</th>
<th>Professional Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The student uses technical language that is confusing to patients/clients and family members</td>
<td>- The student often adjusts technical language to fit the needs of the client/patient and family members</td>
<td></td>
</tr>
<tr>
<td>- The student uses language that is condescending to patients/clients and family members</td>
<td>- The student often uses language appropriate for the audience</td>
<td>- The student consistently adjusts language to fit the needs of the client/patient and family members</td>
</tr>
<tr>
<td>- The student uses poor grammar during interactions with patients/clients and family members</td>
<td></td>
<td>- The student consistently uses language appropriate for the audience</td>
</tr>
</tbody>
</table>
FORMATIVE & SUMMATIVE

ASSESSMENTS

&

RELATED FORMS
Formative Assessment—Ongoing measurement during educational preparation for the purpose of improving student learning. Formative assessment yields critical information for monitoring an individual’s acquisition of knowledge and skills. Such assessment must evaluate critical thinking, decision-making, and problem solving skills. Measures should include oral and written components, as well as demonstrations of clinical proficiency. **NOTE: Formative Assessment is used to assess Learner Outcomes.** See below for examples of Formative Assessments (i.e., how to verify Learner Outcomes).

- Graded papers
- Case study analyses
- Reports
- Self-reflection papers
- Video-recording analysis and self-reflection of performance on recordings
- Unit tests
- Graded laboratory assignments and self-reflections
- Research project manuscripts
- Competency checklists
- Transcripts
- Pre-clinic formative assessment process
- Semester intervention plan feedback
- Daily lesson plan feedback
- Semester progress report feedback
- Brief oral examination of student knowledge
- Mid-term and final evaluation from supervisor(s)

Summative Assessment—Comprehensive evaluation of learning outcomes at the culmination of educational preparation. Summative assessment yields critical information for determining and individual’s achievement of knowledge and skills. **NOTE: Summative Assessment is equivalent to outcomes on the Communicative Disorders Comprehensive Examinations and Praxis Examinations.**
Pre-Clinic Formative Assessment
UW-River Falls Department of Communicative Disorders

Name (student): ____________________ Date: __________________
Supervisor: ______________________
Client (initials only): _____________ Disorder: _______________________

**** Supervisors: This form is to be used to indicate student preparation for clinical work with a specific
client/group. Do NOT make notations about individual clients’ identifying
information/conditions/deficits in the ‘comment’ sections of this form. ****

☐ Student has completed coursework related to this communication disorder.
☐ Student has NOT completed coursework related to this communication disorder.

[ ] Supervisor initial here to indicate he/she will provide more modeling and intensive
guidance, as needed, if student has not completed coursework.

1. What are potential etiologies with regard to this disorder? What was the etiology (or etiologies) of
the disorder with regard to this particular client?

<table>
<thead>
<tr>
<th>Student preparation for this question:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
</tr>
</tbody>
</table>

Supervisor Comment:

2. What are the major characteristics of this disorder (in general AND with this particular client)?

<table>
<thead>
<tr>
<th>Student preparation for this question:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
</tr>
</tbody>
</table>

Supervisor Comment:

3. What methods of prevention could be conducted regarding this disorder (if any)?

<table>
<thead>
<tr>
<th>Student preparation for this question:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
</tr>
</tbody>
</table>

Supervisor Comment:

4. What assessments have been conducted with regard to this client (if any)?
What assessments will you need to conduct this semester (if any)?

<table>
<thead>
<tr>
<th>Student preparation for this question:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
</tr>
</tbody>
</table>

Supervisor Comment:

More questions on the back
5. Describe appropriate **objectives** to target with this client.

<table>
<thead>
<tr>
<th>Student preparation for this question:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>Fair</td>
</tr>
</tbody>
</table>

Supervisor Comment:

6. What **intervention strategies have been implemented** with this client (if any)? What **intervention strategies do you consider appropriate** for this semester?

<table>
<thead>
<tr>
<th>Student preparation for this question:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>Fair</td>
</tr>
</tbody>
</table>

Supervisor Comment:

7. Describe in detail the **intervention strategies you plan to use** with this client.

<table>
<thead>
<tr>
<th>Student preparation for this question:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>Fair</td>
</tr>
</tbody>
</table>

Supervisor Comment:

---

**Review of 'Client Enrollment Information' (CEI) form**
Form is located on the right side of the client’s file, near the top.

<table>
<thead>
<tr>
<th>Section</th>
<th>Student demonstrates knowledge of client needs &amp; preferences in this area</th>
<th>Not Applicable</th>
<th>Form is not in the client’s file, but should be (see exceptions in previous column and notify the office that the file is missing the CEI form)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
<td>Yes</td>
<td>Review of CEI form is not required for preschool group or clients enrolled for FAR therapy</td>
<td></td>
</tr>
<tr>
<td>Medical conditions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of seizures/cardiac</td>
<td></td>
<td>Supervisor initial if review of form is not required:</td>
<td></td>
</tr>
<tr>
<td>Mobility Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Prep Preferences</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holidays/Occasions Preferences</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy in common areas</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Supervisor Comment:

Supervisor: Please put the original copy of this form in the ‘Graduate Filing’ box in the main office.
**Supervision Feedback Form**

Clinician: ___________________________ Date: _________________  
Supervisor: ___________________________
Client Name (first name, last initial): _____________________ Diagnosis: _____________________

<table>
<thead>
<tr>
<th>Skills Outcome Level</th>
<th>Entry Level</th>
<th>Emerging</th>
<th>Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>↓Aspect of Session↓</td>
<td>Excellent:</td>
<td>Good:</td>
<td>Average:</td>
</tr>
<tr>
<td>Preparation/Planning:</td>
<td></td>
<td></td>
<td>Fair:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Poor:</td>
</tr>
<tr>
<td>Organization:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Materials:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching Methods:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pace/Time Management:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutic Opportunities:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reinforcement/Feedback:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Collection:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Conduct:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Appearance:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Caregiver Education:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Strengths of Session:

Weaknesses of Session:

Suggestions for Improvement:
The Skills Outcomes form is frequently and consistently used throughout the program for formative assessment purposes. Please see previous sections in this handbook for copies of that form and its associated rubrics.
University of Wisconsin-River Falls
Department of Communicative Disorders

Professional Demeanor Rubric
For Clinic Use

Student: _________________________________________

ID#: W _________________________________________

Practicum Site: UWRF Clinic

Semester/Year Program Begin: ________________

Semester Notations:
F=Fall
Sp=Spring
S=Summer

Revised May 2013
<table>
<thead>
<tr>
<th>Professionalism</th>
<th>Not Met—Does not demonstrate</th>
<th>Emerging—Demonstrates inconsistently</th>
<th>Professional Entry Level—Demonstrates consistently</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projects a professional image</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abides by set policies and procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Projects a positive attitude</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains appropriate conversational topics with clients and caregivers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepts designated workload or service assignment without complaint</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shows respect for classmates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shows respect for faculty</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shows respect for clients/families</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takes responsibility for actions/choices</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates dependability &amp; punctuality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meets deadlines</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acts ethically (according to ASHA standards)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem-Solving</th>
<th>Not Met—Does not demonstrate</th>
<th>Emerging—Demonstrates inconsistently</th>
<th>Professional Entry Level—Demonstrates consistently</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critiques own skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applies feedback in subsequent sessions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiates and implements solutions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reconciles differences of opinion in a respectful manner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deliberates the consequences of an action or solution??</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Effective Use of Time/Resources</th>
<th>Not Met—Does not demonstrate</th>
<th>Emerging—Demonstrates inconsistently</th>
<th>Professional Entry Level—Demonstrates consistently</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creatively uses resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordinates schedule effectively</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balances workload effectively</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not Met—Does not demonstrate</td>
<td>Emerging—Demonstrates inconsistently</td>
<td>Professional Entry Level—Demonstrates consistently</td>
<td>Comments</td>
</tr>
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</tr>
<tr>
<td><strong>Interpersonal Skills</strong></td>
<td></td>
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<tr>
<td>Demonstrates active listening</td>
<td></td>
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<tr>
<td>Initiates appropriate verbal communication</td>
<td></td>
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</tr>
<tr>
<td>Uses nonverbal communication that is consistent with intended message</td>
<td></td>
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<tr>
<td>Motivates others</td>
<td></td>
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<tr>
<td>Presents info in a logical, articulate manner</td>
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<tr>
<td>Demonstrates positive attitude toward learning</td>
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<tr>
<td>Demonstrates compassion and sensitivity</td>
<td></td>
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<tr>
<td>Uses a respectful tone/manner when asking questions or voicing concerns</td>
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<tr>
<td>Demonstrates ability to be strong ambassador for the clinic/program</td>
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<tr>
<td><strong>Working Relationship</strong></td>
<td></td>
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<tr>
<td>Receives feedback openly</td>
<td></td>
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<tr>
<td>Demonstrates flexibility in working with others</td>
<td></td>
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</tr>
<tr>
<td>Demonstrates effective collaboration to accomplish tasks</td>
<td></td>
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<tr>
<td>Effectively mentors UG students in clinical experience</td>
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<tr>
<td>Demonstrates ability to work well with colleagues</td>
<td></td>
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<tr>
<td>Engages in tasks equally with others</td>
<td></td>
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<tr>
<td><strong>Self-Care</strong></td>
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<tr>
<td>Appropriately dresses for setting</td>
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<tr>
<td>Is clean without use of heavy scents</td>
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<tr>
<td>Correctly and regularly follows infection control protocols</td>
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Revised May 2013

s:\clinic stuff\handbook items\professional demeanor rubric.docx
IMPROVEMENT PLANS
Guidelines for Remediation/Improvement Plans

Faculty and Clinical staff must use the Learner Outcome Improvement Plan Contract that was approved April 11, 2013 (see attached). Although methods of completion can vary among learner outcomes (e.g., repeating a course, repeating a clinical experience, completing a competency checklist, repeating a test, writing a paper, etc.) they must be consistent among students. For example, if two students fail to meet a particular knowledge or skill outcome, the method of completion should be consistent for those students.

Remediation/Improvement plans for knowledge outcomes should be shared with the Program Director so that the Director can document on the student’s Knowledge Outcomes Form.

Remediation/Improvement plans for skill outcomes should be shared with the Clinic Director so that the Director can document on the student’s Skill Outcomes Form.
Learner Outcome Improvement Plan Contract for Academic and Clinical Knowledge and Skills
Department of Communicative Disorders
University of Wisconsin-River Falls

Name: __________________________  W#____________________ Semester: __________  Course_____________  Date________________

(Check One) Knowledge Outcome ________ Skill Outcome________

<table>
<thead>
<tr>
<th>Learner Outcome and ASHA Standard</th>
<th>Method of Completion</th>
<th>Date of Completion</th>
<th>Outcome (Pass/Fail)</th>
<th>Plan of Action (Resolved/Additional Remediation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learner Outcome</td>
<td></td>
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<tr>
<td>ASHA Standard</td>
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<tr>
<td>(Numeral and sub-skill number)</td>
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</tbody>
</table>

Initial Improvement Plan Meeting

Instructor’s Signature / Date

Follow up Improvement Plan Meeting

Instructor’s Signature / Date

Student’s Signature / Date
SPEECH-LANGUAGE & HEARING CLINICS

INFORMATION
DIRECTIONS TO THE UWRF SPEECH-LANGUAGE & HEARING CLINIC

From Prescott:
- Enter River Falls on Hwy 29 East
- Turn right/east at 3rd stoplight (Cascade Avenue, also labeled Hwy 29/35)
- Proceed ~ 4 blocks and turn right/south at the 2nd roundabout onto South 6th Street (just past Centennial Science Hall)
- Turn right at next road, which will take you past the University Center; the next building on your right will be the Wyman Education Building (WEB)
- Continue to Wyman Education Building and park near building on circular drive (‘U’ lot)
  - Lot has one row for parking
  - Meters are good for 15 minutes with one quarter ($0.25) and may be used for a maximum of 30 minutes
  - Park in visitor parking section if clinic has sent you a permit; permits are NOT valid for meter spots

From Ellsworth/Spring Valley/Baldwin:
- Enter River Falls on Hwy 29/35/Cascade Avenue
- From Cascade Ave, take the roundabout around to turn left onto South 6th Street
- Turn right at next road, which will take you past the University Center; the next building on your right will be the Wyman Education Building (WEB)
- Continue to Wyman Education Building and park near building on circular drive (‘U’ lot)
  - Lot has one row for parking
  - Meters are good for 15 minutes with one quarter ($0.25) and may be used for a maximum of 30 minutes
  - Park in visitor parking section if clinic has sent you a permit; permits are NOT valid for meter spots

From MN or Hudson:
- Take Main Street River Falls exit from Hwy 35 South
- Turn left/east at 5th stoplight (Cascade Avenue, also labeled Hwy 29 east)
- Proceed ~ 4 blocks and turn right/south at the 2nd roundabout onto South 6th Street (just past Centennial Science Hall)
- Turn right at next road, which will take you past the University Center; the next building on your right will be the Wyman Education Building (WEB)
- Continue to Wyman Education Building and park near building on circular drive (‘U’ lot)
  - Lot has one row for parking
  - Meters are good for 15 minutes with one quarter ($0.25) and may be used for a maximum of 30 minutes
  - Park in visitor parking section if clinic has sent you a permit; permits are NOT valid for meter spots
Where is It?

Location of important items in clinic:

Materials room – B36:
- Timers
- Toys
- Games
- Workbooks/worksheets
- **Cleaner for toys**
- Clean/Dirty toy boxes
- Lost parts box
- Some craft supplies—also check main office behind door for markers, etc.
- **FIRST AID KIT and bandages**

File room – B37:
- Test recording forms
- Faculty/Staff Mailboxes
- Client files (keep in clinic!)
- Large paper cutter
- Copier (must use code)
- Small laminating machine—dept. pays for first roll; students buy more as needed

Director Office—B34:
- Test materials/checkout cabinet
- Professional Resource Library materials—great reference books & therapy software—see list on D2L

Supervisor office – B30:
- In cabinet near window:
  - Flashlights
  - Personal listening devices/amplifiers and headphones
  - Contact paper for labeling items in environment

AAC Lab – B25:
- All AAC-related items/supplies/devices
- “BoardMaker” on Mac computer

Big Therapy Room – B28:
- Large motor toys/materials

Computer Lab – B24
- Can crusher
- Bin with towels to fold
- Computers for report-writing and room recording scheduling/review

Educational Technology Center (ETC) – 1st floor:
- Large laminating machine—see ETC staff to use; pay when done
- Copier (use student account to pay for copies)

Hallway near materials room:
- Child Development Poster (handy for evaluations!)

Student Room (B26):
- Student Mailboxes
- Clinical/billing forms
  - clock hours
  - daily lesson forms
  - daily/weekly progress forms
  - video forms
  - etc.
- Digital recorders and sign-out sheet (in mailbox stack)

Voice Lab/Storage (B18B—across hall)
- Phone to for calls to clients

Main office/reception desk – B31:
- Office supplies (behind door)
  - glue
  - markers
  - crayons
  - stationery/letterhead
  - envelopes
  - Velcro (for AAC or visual schedules)
- Batteries
- 3-hole punch
- Printer paper (pay Linda to get)
- **Client paperwork filing bin**
- Outgoing mail bin
- Phone books
- Shredder (if you have large amounts of shredding to do, give to Linda—she will take to a larger machine that can handle it)
- Extra gloves, tissues, antibacterial wipes for rooms—ask Linda for help
- Client schedule
- Staff/class schedule
- Directions to clinic

COMD 579 D2L Page:
- Staff directory
- Cancellation instructions
- Report templates and tips
- Inventory list—clinic materials and tests
- Required forms
- Helpful checklists
Clinic Conduct Expectations
UW - River Falls Speech-Language & Hearing Clinics

Appearance & Attire:
Your appearance in campus clinic is a representation of it as a business. You are expected to follow these guidelines in consideration for the clients we serve.

1. Wear nametag for all sessions unless excused by supervisor
2. No strong perfumes/hairspray
3. No low-cut shirts
4. No midriff skin showing
5. No tight leggings alone—must have something covering ‘bottom’
6. No shorts
7. No denim jeans
8. No halter/camisole-type tops with thin straps
9. No logo/printed apparel
10. Flip-flop-type shoes must be clean and in good condition

Failure to follow these guidelines may result in:
- First time – verbal warning
- Second time – clinician sent home and lose clinical hour
- Third time – standard uniform code for all clinicians

Tattoos and piercings must not attract undue attention away from the clinical purpose of sessions. You may be asked to cover tattoos or remove piercings at the discretion of a supervisor or the Clinic Director.

Attendance/Cancellation Policy:
Strict adherence to the clinic schedule is a MUST. You are expected to be on time, organized and all major decisions should be made with your supervisor’s guidance. If your client cancels a session, no make-up session is expected. If you/clinician must cancel a session (no matter what the reason) you must schedule a make-up session.

You (the students) are responsible for keeping a list of your clients’ phone numbers with you and if you must cancel a session, calling the clinic to ask that your client be notified.

Any changes in client schedule must be first cleared with your supervisor.

Confidentiality/File Maintenance:
- No files or any items of paperwork with client identifying info. are allowed to leave the department
- Sign out file if you will be using it
- Be careful of loud talking in student room, hallways
- DO NOT discuss client specifics/cases outside of the clinic

Professionalism:
- Watch your attitude—keep it positive with clients, peers, and supervisors
- Respect the client and their family, no matter the situation
- Respect diversity
- Keep relationships with clients/caregivers professional only
INFECTION CONTROL

BLOODBORNE PATHOGENS

&

HANDWASHING
**Infection Control:**

All graduate students are required to complete training within clinic classes to learn about infection control and bloodborne pathogens precautions.

The following information is meant to supplement that training and pertains specifically to the campus clinic setting. Any questions about this information or clinic policies should be directed to the Clinic Director.
Video: Break The Chain, Copyright 2008, IlluminAge Communication Partners

Covers:

- How infections spread (bloodborne, airborne, droplet, contact)
- Facts about HIV, HBV, HCV, TB, MRSA, Scabies, C Difficile, VRE, Norovirus
- Bloodborne Pathogens (how spread; understanding risk; using appropriate precautions)
- How/when to use PPE (personal protective equipment)
- Hand hygiene (handwashing procedures, alcohol gel procedures, fingernails)
- Needlestick/infection precautions/reporting
- Vaccination
- The ways that infection control is a part of every employee’s job

So….what does this mean for ME?

Handwashing

- THE single-most important aspect of infection control---for YOUR benefit and your clients', too!
  - before and after each therapy session
  - at minimum, use alcohol cleanser until able to wash

During Sessions

1. Wear gloves for all oral examinations or anytime oral secretions may be present (oral motor exercises, etc). Use sterile technique when removing gloves. If a glove is torn during use, immediately remove it and wash your hands.
2. Any toys or items exposed to blood/saliva/mucous should be cleaned according to clinic cleaning guidelines (posted in materials room). Keep this in mind with clients who obviously have cold or respiratory infection, but no overt body fluid spill
3. Keep dedicated oral-motor items (i.e. not to be re-used by other clients) in Ziploc or other appropriate plastic labeled with client name
4. In case of any major spill of bodily fluids, notify supervisor and custodian immediately---do NOT attempt to clean up blood spills without proper equipment/materials/procedure
5. Clean all surfaces (tabletops and chairs, as able) after each therapy session

Required Immunizations—
http://www.uwrf.edu/StudentHealthAndCounseling/StudentHealthServices/Immunizations.cfm (list of campus clinics and cost)

1. Measles, Mumps, Rubella
2. Tuberculosis/Mantoux testing
3. Hepatitis B—3 shot series
4. Tetanus booster—every 10 years—keep current
5. Varicella (chicken pox)—required proof of immunity or of immunization
6. Influenza—suggested
ROUTINE CLINIC DOCUMENTATION
**Speech & Hearing Clinic Routine Paperwork Summary:**

<table>
<thead>
<tr>
<th>Report/Form</th>
<th>Function</th>
<th>When due?</th>
<th>Where it goes</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Semester) Therapy Plan</td>
<td>Gives background, previous tx, goals for semester, objectives</td>
<td>Consult Semester Timeline</td>
<td>Copy to family (with standard cover letter); orig in file</td>
</tr>
<tr>
<td>Daily Lesson Plan and Self-Assessment (back)</td>
<td>Provides session-specific goals, objectives, materials; reflective practice</td>
<td>At least 24 hrs prior to session; self-assessment given to supervisor within 24 hours after session</td>
<td>n/a—for student use only</td>
</tr>
<tr>
<td>Daily/Weekly Flow Sheet</td>
<td>Data for each session as it relates to goals; weekly summary of progress; dynamic plan</td>
<td>Monday for prior week’s session(s); Thursdays in summer</td>
<td>n/a—for student info only. No revisions necessary—is NOT put in client file</td>
</tr>
<tr>
<td>Monthly SOAP (Progress Note)</td>
<td>Summary of month’s progress in one document; analysis of approach</td>
<td>Last day of the month</td>
<td>Copy to client’s file (via ‘client filing’ basket in office)</td>
</tr>
<tr>
<td>(Semester) Progress Report</td>
<td>Narrative review of background, goals, and objectives with look at semester progress info and recommendations for next therapist</td>
<td>Consult Semester Timeline</td>
<td>Copy to family (with standard cover letter); orig in file</td>
</tr>
</tbody>
</table>

**Note:** Many of these reports/forms cover the same or similar information. They each have a distinct function, however, and must be completed regardless of redundancy.
<table>
<thead>
<tr>
<th>OBJECTIVES FOR SESSION</th>
<th>PROCEDURES AND MATERIALS</th>
<th>RESULTS, DATA, REVISIONS</th>
</tr>
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<tbody>
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</table>
### Unit/Code Approval

<table>
<thead>
<tr>
<th>Hours: Min</th>
<th>Category</th>
<th>Sup Initials or Edits/Suggestions</th>
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<tbody>
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#### Self-assessment of Clinician

Clinician strengths this session:

Clinician limitations this session:

Proposed changes based upon above information:
**UW-River Falls Speech-Language and Hearing Clinic**

**Speech Therapy Daily/Weekly Documentation**

<table>
<thead>
<tr>
<th>Subjective: →</th>
<th>Objective/Goals: ↓</th>
</tr>
</thead>
<tbody>
<tr>
<td>S:</td>
<td>O:</td>
</tr>
<tr>
<td>Patient or family subjective statement of problem</td>
<td>baseline, probe or treatment?</td>
</tr>
<tr>
<td>Statement about client behavior</td>
<td>percentage of performance</td>
</tr>
</tbody>
</table>

**STG #1 Example:**
90% medial and final /s/ at sentence level without cues/model

- baseline, probe or treatment?
- percentage of performance
- cueing/modeling level?

**NO INTERPRETATION**

<table>
<thead>
<tr>
<th>STG#2</th>
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<tr>
<th>STG#3</th>
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<th>STG#4</th>
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<th>STG#5</th>
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<tr>
<th>STG#6</th>
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</table>

**Units/Signature:**
Eval(Sp/L)
Speech/Lang. Tx

<table>
<thead>
<tr>
<th>A:</th>
<th>P:</th>
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</thead>
<tbody>
<tr>
<td>interpret percentages/progress here</td>
<td>goals and objectives, if changed, for upcoming week</td>
</tr>
<tr>
<td>progress (or lack thereof) in goals and why---DO NOT re-state numbers!</td>
<td>homework? referral? consultation?</td>
</tr>
<tr>
<td>prognosis statement</td>
<td></td>
</tr>
</tbody>
</table>

**Signature (for weekly note):**

**Semester:** Fall Spring Summer Year:___________

**Client:**

**Clinician:**

**Supervisor:**
<table>
<thead>
<tr>
<th>Date:</th>
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<td>S:</td>
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</tbody>
</table>

**Objective/Goals:**

- **O:** STG #1
- STG#2
- STG#3
- STG#4
- STG#5

**Units/Signature:**

- Eval (Sp/L)
- Speech/Lang. Tx

**A:**

**P:**

**Signature (for weekly note):**

**Semester:** Fall  Spring  Summer  **Year:**

**Client:**

**Clinician:**

**Supervisor:**
Semester Therapy Plan Format

Semester Therapy Plan

Name:          Semester/Year:
Date of Birth:  Clinician:
Parent / Spouse:  Supervisor:
Address:          Referral Source:
Phone:

Background Information:
• Date of speech and language evaluation, where evaluation took place, who referred patient for
evaluation and why. Results of hearing screening and/or testing. Past therapy and location and
list of other therapies received in the past or currently (PT, OT).
• Pregnancy and birth history (if child)
• Developmental milestones (if child)
• Medical history
• Past evaluations / therapy (if any)
• Educational background and occupation (if adult)
• Family

Summary of Previous Speech and Language Therapy (if it pertains):
Brief and general. Do not list all past goals. Summarize and be sure to state what the client’s
progress was in that therapy, in general.

Current Therapy Recommendations:
Specify the frequency and type (group or individual) of therapy you are recommending for the
semester.
Add this statement: If your child is seen for therapy in the public schools, Wisconsin Department
of Public Instruction eligibility criteria will dictate the frequency and duration of services provided
for that setting. This may differ from the recommendations given at the UW-River Falls Speech-
Language & Hearing Clinic due to public law criteria in the public schools.

Long Term Goals
Must write in technical format

Short Term Objective 1
Must write in technical format and be clear about terms (i.e. define ‘minimum’, etc)
(4 parts of a goal: do statement, condition, criteria, consistency)
Procedure
Include type of teaching method and outcome if correct/incorrect response as well as any
cueing hierarchy you will use

Repeat the above sequence for all short term objectives

Student Clinician’s Name / Degree  Supervisor’s Name, Degree, Credentials
Graduate Student Clinician  Clinical Supervisor

Cc: (parent names, address; or, others who will receive copy)
Progress Report Format

Semester Progress Report

Name: 
Date of Birth: 
Parent / Spouse: 
Address: 
Phone: 

Semester/Year: 
Clinician: 
Supervisor: 
Referral Source: 

Background Information:
- (Same as in semester therapy plan)

Summary of Previous Speech and Language Therapy (if it pertains):
Brief and general. Do not list all past goals. Summarize and be sure to state what the client’s progress was in that therapy, in general.

Current Therapy Recommendations:
Specify the frequency and type (group or individual) of therapy that was conducted this semester. USE PAST TENSE

Long Term Goals
Must write in technical format.

Short Term Objective 1
Must write in technical format and be clear about terms (i.e. define ‘minimum’, etc)
(4 parts of a goal: do statement, condition, criteria, consistency)

Procedure
Specify in past tense terms.

Progress: Has objective been met? If not, at what % is client currently functioning? Comment on any issues hindering progress.

Repeat the above sequence for all short term objectives

Summary
Summarize the semester. DO NOT restate progress in each goal

Recommendations
Further therapy? Discharge? Home program? What information does the next therapist need to know to be successful in continuing therapy without interruption? What activities/cues are best for the client?
Include prognosis statement.
Add this statement at the end: If your child is seen for therapy in the public schools, Wisconsin Department of Public Instruction eligibility criteria will dictate the frequency and duration of services provided for that setting. This may differ from the recommendations given at the UW-River Falls Speech-Language & Hearing Clinic due to public law criteria in the public schools.

Student Clinician’s Name / Degree
Graduate Student Clinician

Supervisor’s Name, Degree, Credentials
Clinical Supervisor

Cc: (parent names, address; or, others who will receive copy)
University of WI – River Falls Speech and Hearing Clinic
Caregiver Conference Form:
Semester Begin

Date: ______________________
Client Name: _________________________      Clinician Name: ________________________
Caregiver/Parent Name(s): _______________________   Supervisor: _____________________

Main Areas of Emphasis:
☐ Speech: _____________________________________________________________
☐ Language/Cognition: _________________________________________________
☐ Hearing: ____________________________________________________________
☐ Oral/Swallow: _______________________________________________________

Recent assessments/testing and results (within past year):

Recent therapy results (summarize last semester):

Suggested emphasis/goals this semester (per therapist):

Caregiver/parent questions or input:

Proposed changes or referrals based upon this conference (including who is responsible for such):

☐ Review the Client Enrollment Information in client’s file with client/caregiver and date(initial)
University of WI – River Falls Speech and Hearing Clinic
Caregiver Conference Form:
Semester End

Date: ______________________
Client Name: _________________________      Clinician Name: ________________________
Caregiver/Parent Name(s): _______________________   Supervisor: _____________________

Goals addressed and progress noted this session (include baseline and current measures):

Assessments/testing and results this session, if any:

Caregiver/parent questions/comments:

Recommendation (check all that apply):
  o Home therapy activities assigned
  o Continue speech therapy at UW-River Falls Speech and Hearing Clinic next session
  o Referral to: _____________________________________________________________
  o Discontinue(d/c) speech therapy services due to: ________________________________
    _______________________________________________________________________
  o Other: _________________________________________________________________
EVALUATION/DIAGNOSTIC-SPECIFIC

INFORMATION, GUIDES AND FORMS
New Evaluation Flow Sheet

Client Name: _______________________
Clinician Name: _____________________
Date of Evaluation: ___________________

Before the Evaluation:
☐ Receive copy of intake sheet from Linda/Sarah—this means the file has been created and is ready for review (i.e. the client’s case history and any associated documents are in the file)
☐ Meet with other assigned student (if assigned to a pair) and supervisor to determine evaluation day and time options; schedule within a timely manner (1-2 weeks max)
☐ Check/schedule room for evaluation (on room doors) using a post-it note
☐ Call the family to confirm a date/time for the evaluation.
☐ Inform Linda of the evaluation date, time and room
☐ Ask the family/client to park in visitor lot at time of diagnostic and then come in and get parking permit to put in window at that time—if they park elsewhere or do not get permit, they may receive a parking ticket!
☐ Read through case history (in file) and determine an assessment protocol (i.e. come up with a plan on your own first)
☐ Meet with your supervisor to complete a ‘Pre-Clinic Formative Assessment’ and review the assessment protocol (use Diagnostic Planning Form or similar)—use the ‘Evaluation Protocol’ and/or ‘Evaluation Advice’ documents to guide you in preparing.
☐ Practice the test(s) prior to the diagnostic date—know the test well!
☐ Write-up any additional questions for the family interview & submit Diagnostic Planning Form to supervisor at least 24 hours prior to scheduled evaluation
☐ Check the audiometer; practice the screening protocol for hearing
☐ If needed, arrange in advance for someone to play with the client while you interview the parent/caregiver the day of the evaluation

Day of the evaluation:
☐ Prep room/materials; check with supervisor before evaluation for any last minute needs/questions
☐ Greet the caregiver/client when they arrive—introduce supervisor
☐ Perform the evaluation according to your planning form schedule
☐ Meet briefly with supervisor at end of evaluation before presenting initial impressions to parent/caregiver—use ‘Family/Parent Conference Form: Diagnostic’ to guide your discussion.
☐ Decide (with the client/caregiver) on potential days/times for ongoing therapy, if appropriate
☐ If appropriate for therapy,
  o Inform Sarah to determine clinician/supervisor, which may vary from the initial
  o Inform Linda so that she can update master schedules/calendars

ASAP following the evaluation:
☐ Score test(s), meet with supervisor regarding interpretation/recommendations
☐ Write up evaluation report using the ‘Eval Report Overview and Template’ as a guide; submit to supervisor for review within 48 hours (NOT on letterhead)
☐ Revise report and re-submit until appropriate for all signatures—complete edits PROMPTLY!
☐ ONCE ALL EDITS HAVE BEEN APPROVED, put finished original with front page on letterhead (use a paper clip--NOT STAPLED) into “Client Filing” box behind office door
☐ Linda mails copy of report to family; Linda or front desk workers file original in client chart
# Evaluation Planning Form

Client:  
Student Clinicians:  
Supervisor:  
Date:  

<table>
<thead>
<tr>
<th>Facilitator/time</th>
<th>Activities/Materials</th>
<th>Objective</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Break Time – Supervisor/Clinician Discussion  
- Discuss assessment

Other things to watch for:
Client Name:________________________ Clinician Name:____________________

Parents: _____________________________ Supervisor:_______________________

Semester:___________________________

**Smile & COMPLIMENT or ‘Thank you for coming in today’**

*We will need more time to score the tests we gave today, but we can give you some general impressions from what we’ve seen so far.*

<table>
<thead>
<tr>
<th>Activities Used:</th>
<th>Purpose:</th>
<th>Impressions/How client performed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Recommendations / Plan:**

- ☐ Therapy ___x/week
- ☐ No further therapy recommended
- ☐ Suggest return for re-evaluation in ___________ months
- ☐ Referral to _______________

**What happens next...**

**Parent / Family Questions to Follow Up On:**
Speech and Language Evaluation Overview

Name: ___________________________ Date of Evaluation: ___________________________
Date of Birth: ____________________ Clinicians: ___________________________
Chronological Age: _______________ Supervisor: ___________________________
Parent(s): ________________________ Referred by: ___________________________
Address: _________________________ Phone: ________________________________

Statement of Problem:
State where and when the client was seen and what s/he was seen for. State who referred the client as well as additional concerns the caregiver has expressed regarding the reason for the assessment.

Background Information:
Summarize information from the case history form as well as additional information gathered from the caregiver/clinician conference.

Evaluation Procedures and Results
State when the evaluation occurred and list which tests were administered.

Oral Motor Skills
State whether or not oral motor skills were formally or informally assessed. If not assessed, state the reason. If assessed informally, describe informal observations. If formally assessed, describe the test and state the results.

Language
Test Name
State the description of test as well as the results and interpretations of the assessment.

Hearing
State whether or not hearing was formally or informally assessed. If not assessed, state the reason. If assessed informally, describe informal observations. If formally assessed, describe the test and state the results.

Articulation
Test Name
State the description of test as well as the results and interpretations of the assessment. When listing sounds in errors, it is helpful to represent the position of the sound and the specific error made (i.e. /b/ substituted for /v/) in a table.

Cognition
State whether or not cognition was formally or informally assessed. If not assessed, state the reason. If assessed informally, describe informal observations. If formally assessed, describe the test and state the results.

Prosody
State whether or not prosody was formally or informally assessed. If not assessed, state the reason. If assessed informally, describe informal observations. If formally assessed, describe the test and state the results.
Fluency
State whether or not fluency was formally or informally assessed. If not assessed, state the reason. If assessed informally, describe informal observations. If formally assessed, describe the test and state the results.

Voice
State whether or not voice was formally or informally assessed. If not assessed, state the reason. If assessed informally, describe informal observations. If formally assessed, describe the test and state the results.

Resonance:
State whether or not resonance was formally or informally assessed. If not assessed, state the reason. If assessed informally, describe informal observations. If formally assessed, describe the test and state the results.

Behavior Observations
State whether or not behavior observations were formally or informally assessed. If not assessed, state the reason. If assessed informally, describe informal observations. If formally assessed, describe the test and state the results.

Summary
Summarize the test results and interpretations. State communication diagnosis. Include positive prognostic information including: stimulability, responsiveness to directions, cooperation, friendly/enthusiastic demeanor, strong family support, attentiveness, intelligence, etc.

Recommendations
State recommendations for intervention based on assessment results and interpretations.
Speech and Language Evaluation TEMPLATE

Name: _____________________________ Date of Evaluation: ____________
Date of Birth: ______________________ Clinicians: ______________________
Chronological Age: ____________ Supervisor: ______________________
Parent(s): ______________________ Referred by: ______________________
Address: ______________________ Phone: ______________________
_____________________________________________________________________________________

Statement of Problem:
________ was seen at the University of Wisconsin-River Falls Speech, Language and Hearing clinic on (date) for a language assessment. S/he was referred to the clinic by ________. The client’s mother also expressed concern about ________________.

Background Information:
________ is a _____ year old (male/female) born (describe pregnancy and birth). ________ was diagnosed with ________ at the age of ________ and also has history of __________. S/he is currently taking __________ medication that treats __________. Some of the side effects related to speech and language that are associated with this medication include ________________. According to the client’s mother, most developmental milestones were met at appropriate ages with the exception of ________________. The client’s mother reported that that s/he struggles with ___________ (related to communication). S/he was evaluated by ____________ in May 2009 but did not qualify for services. The client currently attends the UW-River Falls CHILD Center, where the staff is aware of her/his communication difficulties and adapts to meet her/his needs. The client lives at home with _______:- __________, ___________ and ___________.

Evaluation Procedures and Results
__________’s speech and language skills were evaluated at the University of Wisconsin-River Falls Speech, Language and Hearing Clinic on _________________. The following formal and informal tests were administered:

• Oral Peripheral Exam
• Informal Language Sample
• Peabody Picture Vocabulary Test 4th Edition (PPVT4)
• Preschool Language Scale – 4 (PLS-4)
• Goldman-Fristoe Test of Articulation – (GFTA-2)
• Hearing Screening
• Informal observations for fluency, cognition, voice, prosody and behavior

Oral Motor Skills
An oral peripheral examination of the oral structures (lips, teeth, tongue, hard palate, and velum) was completed. All structures and movements were within normal limits.

Language

Informal Language Sample
An informal language sample was collected. It consisted of __________ interacting with his mom, the clinicians, as well as new and familiar toys. During the sample, __________ demonstrated __________ skills through the following actions: __________.

After transcribing and analyzing the language sample, the mean length of utterance (MLU) was calculated to be approximately __________ morphemes, with his longest utterance being __________ morphemes. This average places client _______ standard deviation of the mean for his age group, indicating a short utterance length.

The Peabody Picture Vocabulary Test 4th Edition (PPVT4)
The PPVT tests receptive vocabulary skills. __________ received a raw score of _____ which corresponds to a standard score of _______. This placed __________ in the ________ percentile, which means _________________. The age equivalent was _______. This test is normed on typically developing children and was used to determine __________’s current level of vocabulary comprehension for purposes of future comparison.

PLS-4
The Preschool Language Scale (PLS-3) was administered to assess the client’s auditory comprehension and expressive communication abilities. The client’s raw scores and percentiles were as follows:

<table>
<thead>
<tr>
<th></th>
<th>Raw Score</th>
<th>Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditory Comprehension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expressive Communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Language Score</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

These scores indicated that ____________________________________________________.

Hearing
 __________’s hearing was assessed at 1k, 2k, and 4k Hz at 20dB. Results were __________. Tympanometry was also used to assess function of the middle ear and was _________________.

Articulation
Goldman-Fristoe Test of Articulation 2nd Edition
The GFTA-2 was given to assess the client’s ability to accurately produce speech sounds in the initial, medial, and final positions of words. __________ received a raw score of _____ which corresponds to a standard score of _______. This placed ______ in the ________ percentile, which means that she scored ________________ in relation to her peers. The test-age equivalence was _______. The GFTA-2 is normed on typically developing children. The following sounds were found to be in error for the client.

<table>
<thead>
<tr>
<th>Sounds in Error</th>
<th>Initial Position</th>
<th>Medial Position</th>
<th>Final Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>/n/</td>
<td>Deletion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>/sh/</td>
<td>Substituted /s/</td>
<td>Substituted /s/</td>
<td></td>
</tr>
<tr>
<td>/ch/</td>
<td>Substituted /t/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>/v/</td>
<td>Substituted /b/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>/l/</td>
<td>Substituted /w/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>/sw/</td>
<td>Deleted /w/</td>
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</tbody>
</table>

Cognition
Cognition was not formally assessed, but __________’s mother reports that s/he has been formally tested elsewhere and found to be functioning at _______________ level.
Prosody
Explain whether assessed (formally or informally) and, if so, what evidence you have of your judgment about this area.

Fluency
Explain whether assessed (formally or informally) and, if so, what evidence you have of your judgment about this area.

Voice
Explain whether assessed (formally or informally) and, if so, what evidence you have of your judgment about this area.

Resonance
Explain whether assessed (formally or informally) and, if so, what evidence you have of your judgment about this area.

Behavior Observations
_________ was cooperative during testing and responded well to cueing from clinician. S/he was friendly and enthusiastic. Mother reports that s/he responds well to redirection as long as there is a reward after the task and that s/he has difficulty sharing and taking turns appropriately with other children.

Summary
The four main areas that were assessed were ___________, ___________, ____________, ___________. The first three formal assessments tools placed the client with age equivalence between ________ and ________ years of age. The results of this evaluation are consistent with a diagnosis of ___________. Based on the results from this evaluation, it was determined that working on ___________ would be the primary goal for intervention. It should also be noted that the results listed under the ________________ section could be influencing ___________’s speech intelligibility.

Recommendations
It is recommended that the client receive speech and language therapy services ________ times per week for ________ minutes per session. Therapy should focus on ________ and _________. Depending on the information received from the client’s previous speech and language therapy providers, ___________ may need to be more formally assessed. Therapy should begin with _____ because ________________.

If your child is seen for therapy in the public schools, Wisconsin Department of Public Instruction eligibility criteria will dictate the frequency and duration of services provided for that setting. This may differ from the recommendations given at the UW-River Falls Speech-Language & Hearing Clinic due to public law criteria in the public schools.

__________________________________  __________________________________
(clinician name and credentials)  (supervisor name and credentials)
Student Clinician  Clinical Supervisor

__________________________________
(clinician name and credentials)
Student Clinician

Cc: (Name and address of who this report will be sent to)
### Goal-writing Rubric

<table>
<thead>
<tr>
<th>“do” statement</th>
<th>condition</th>
<th>criteria</th>
<th>consistency</th>
</tr>
</thead>
<tbody>
<tr>
<td>“(Client name) will (what do you want them to do/produce correctly?)”</td>
<td>in (what level of production) with/without (what cues) &amp; (in what situation?)</td>
<td>from a stable baseline of ___% to ___% accuracy</td>
<td>over ___ trials/sessions”</td>
</tr>
<tr>
<td>Measurable verbs to consider:</td>
<td>Level of production, for example, with traditional artic. would be (from lowest to highest):</td>
<td>Always good to include baseline/initial measurement for reference</td>
<td>Consider what is realistic for this client. If client only comes 1x/wk, then setting 3 sessions to meet the goal is going to take too much of the semester. Setting the number of trials allows you to be more flexible because you can do more than one trial in a session, if needed.</td>
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<tr>
<td>- identify</td>
<td>1. discrimination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- articulate</td>
<td>2. isolation</td>
<td></td>
<td></td>
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<tr>
<td>- respond</td>
<td>3. nonsense syll</td>
<td></td>
<td></td>
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<tr>
<td>- ask</td>
<td>4. word</td>
<td></td>
<td></td>
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<tr>
<td>- imitate</td>
<td>5. phrase</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- discriminate</td>
<td>6. sentence</td>
<td></td>
<td></td>
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<tr>
<td>- follow</td>
<td>7. conversation/</td>
<td></td>
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<tr>
<td>- recall</td>
<td>(don’t forget—if artic, what position of word? initial, medial, final?)</td>
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<td></td>
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<tr>
<td>- repeat</td>
<td>Cueing hierarchy might be (easiest to more difficult)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- answer</td>
<td>1. with model (imitating/repeating after clinician)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- write</td>
<td>2. auditory/phoneme sound cue</td>
<td></td>
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<tr>
<td>- vocalize</td>
<td>3. placement cue</td>
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<tr>
<td>- use</td>
<td>4. gestural cue</td>
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<tr>
<td>- attend</td>
<td>5. wait time only</td>
<td></td>
<td></td>
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<tr>
<td>- initiate</td>
<td>6. independent/spontaneous prod</td>
<td></td>
<td></td>
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<tr>
<td>- demonstrate</td>
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</table>
Writing Goals and Objectives
A Refresher!

Long term goal: Ultimate goal you see for your client (typically 1 year out)
Short term objective: Based on 15 week semester

Format: Example:
- Do Statement Billy will correctly articulate /ʃ/
- Condition in the initial position of single words in a structured setting without clinician cues
- Criteria 80% of the time
- Consistency over 3 consecutive sessions

Remember: Your Do Statement MUST be therapeutic and be directly related to speech, language, oral/motor, cognition, swallowing, voice, fluency, etc.

Your goals and objectives MUST be measurable! The verb in your Do Statement must be something you can measure (see below for list of measurable verbs).

Examples: DON’T: Jack will hear and provide a response to 1-2 step oral directions as noted during therapy and classroom activities.
DO: Jack will accurately follow 1-step verbal directions in unstructured settings within the classroom without cues 80% of the time over 3 consecutive sessions.
DON’T: Respond to “Wh” questions and yes/no questions.
DO: Jack will accurately respond to “Wh” questions within a structured environment with moderate verbal cues 70% of the time over 3 consecutive sessions.
DON’T: Jack will facilitate initial /p/ in sentences.
DO: Jack will produce /p/ in the initial position of words within a sentence during structured play with minimal verbal cues with 75% accuracy over 3 consecutive sessions.
DON’T: Chris will accurately play UNO without clinician model.
DO: Chris will accurately verbalize directions for UNO during structured play with minimal verbal cues 60% of the time over 4 consecutive sessions.

Measurable Verbs: (just to name a few)
Identify Imitate Repeat Use
Articulate Discriminate Answer Attend
Respond Follow directions Write Initiate
Ask Recall Vocalize Demonstrate
Technical Writing Tips

1. Avoid writing in a conversational style (i.e., “He did not appear to understand the task.” versus “He just didn’t get the point.”).

2. Use correct spelling, grammar, and punctuation. Always write complete sentences.

3. Write in the third person:
   
a. “The Clinical Evaluation of Language Fundamental-4 (Semel, Wiig, & Secord, 2003) was administered.”

   versus

   b. “I administered the Clinical Evaluation of Language Fundamental-4 (Semel, Wiig, & Secord, 2003).”

4. Avoid use of contracted verbs such as isn’t, can’t, doesn’t, etc.

5. Provide full names of tests when first mentioned before using acronyms and other abbreviations in the remainder of the report.

6. Express information in past tense (i.e., “He followed two step directions.” versus “He is able to follow two step directions.”).

7. Present information in chronological order (especially background information).

8. Differentiate information reported by others from information gathered directly from clinical observation.

9. Provide all data (e.g., test scores, baseline measures, language sample information, etc.) prior to interpretation of those data.

10. Discuss clients’ strengths as well as weaknesses.

11. Avoid presenting new information in the summary.

12. Write reports to communicate with colleagues using professional terminology, but include simple explanations and clear examples to make reports meaningful to family members and other nonprofessionals.

13. Use language that is specific (i.e., “He demonstrated language skills characteristic of a four year-old child.” versus “He demonstrated poor language skills.”).

14. Use direct language; avoid maybe, kind of, sometimes, etc.

15. Avoid exaggerations and overstatements (e.g., “completely uncooperative,” “very smart child,” etc.).

16. Avoid redundancy when providing information.

17. Always provide the communication diagnosis in the Results Section after discussing your interpretation of testing. The diagnosis should be supported in the summary section.
SOAP note checklist:

S:  __ judgment or other statement from client/family/clinician

O:  __ fact/objective only—numbers, numbers, numbers!
    __ includes baseline reference
    __ includes information about performance with cueing or other strategies attempted
    __ if using average, includes range (avg 72% with range of 50-83%)
    __ in table format, if possible, for readability

A:  __ provides analysis for improvement/change or lack thereof
    __ does not re-state numbers
    __ does not describe session
    __ information about carryover provided
    __ prognosis statement clearly provided

P:  __ continue or d/c goals stated
    __ reason provided (keep functional!)
    __ homework/referral/consultation stated as needed
SOAP Notes Made Easier

- May be initial, daily, weekly, monthly. Initial would be longest, but least common and often refer to other documents. Monthly least common—usually report this info in form of recertification report or periodic IEP
- Provides structure for info—prevent rambling
- As short as possible without compromising information
- Don’t use first person (I, me, my)
- “If you can't explain it simply, you don't understand it well enough.” — Albert Einstein

General Guide

S=Subjective:
★ contains: patient/family subjective judgement of problem; info re: patient or family’s attitude; statement about client behavior (if relevant to progress)
- Initial Note Example: “John’s family expressed concern that he might have suffered a stroke. They have noticed increased slurred speech”
- Daily Note Example: “Jane appeared very tired today; unable to stay awake for full session”
- Weekly Note Example: “Jake appears pleased with his new augmentative device, using it to greet others in hallway”
- Monthly Note Example: “Jada’s mother states that she looks forward to coming to therapy”

O=Objective:
★ contains: baseline, numbers, percent, measurement
- NO INTERPRETATION/ANALYSIS
- include baseline info
- include information on cues/strategies attempted and client response/performance
- use table format for data to improve readability
- be concise—might not use complete sentences, esp. in healthcare setting

A=Analysis/Assessment:
★ contains: interpretation of ‘O’ and ‘S’ information
- progress in goals?
- if no change, discuss possible reason/change in program (save specific plan change for ‘P’ section)
- if decrease in performance, not possible reason/change (again, save specifics for ‘P’ section)
- DO NOT re-state numbers
- DO NOT describe session(s)

P=Plan:
★ contains: goals and objectives
- continue therapy or discharge (d/c)?
- why continue and what goals (change?)—make sure to state functional need!!!
plans for homework, referrals, consultation go here, too

“Insanity: doing the same thing over and over again and expecting different results.” Albert Einstein

Note Examples

- Initial Note Example:

  S: Client referred by mother, who is concerned about possible language delay (compared to other children she knows)
  O: Mean Length of Utterance=1.43. One-word declarative statements composed 75% of 100 utterance sample. In remaining 25 utterances, the following semantic relations were present: Nomination-15%, Recurrence-50%, etc, etc. Baseline of J’s use of /s/ in initial and final position in words in spontaneous speech:
    - Initial: 16/20 opportunities (70%)
    - Final: 10/20 opportunities (50%)
  A: Janey exhibits severe delay in semantic/syntactic skills (word and sentence level). Her MLU (1.43) is well below normal (3.5) for her age. Previous goals addressed use of /s/ in initial position in words. Currently uses /s/ in word-final position in spont. speech, although not at mastery level. Some generalization to /s/ word-initial position, which is significant improvement since last semester.
  P: Recommend tx 2x/wk for 60 minutes to improve functional use of communication board to convey needs in environment.

- Daily Note Example:

  Date: 05/24/2004
  S: John appeared alert today. Greeted clinician w/smile.
  O: Responded to 20 yes/no questions with 70% accuracy (baseline 30%). Imitated CV words 60% accurately (baseline 50%).
  A: Pt. demo’d progress in both tx tasks today and is beginning to demo more attempts at spontaneous speech. Responsiveness improved with posture changes implemented today.
  P: Continue plan. Baseline spontaneous attempts for later comparison. Susie Speech Path, SLP

- Weekly Note Example:

  S: Sally appeared excited to attend all tx sessions. Mother reports occas. self-correction of artic. errors in some home situations.
O: Progress in goals as follows:

<table>
<thead>
<tr>
<th>Goal</th>
<th>Baseline 4/4/05</th>
<th>Tx 4/6/05</th>
<th>Tx 4/8/05</th>
<th>Tx 4/11/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of pronouns 90% in structured play, no model</td>
<td>40%</td>
<td>45%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>/r/ 90% accurate, medial, sentence level, with model</td>
<td>70%</td>
<td>72%</td>
<td>70%</td>
<td>70%</td>
</tr>
<tr>
<td>Irreg. past tense 90% accurate in sent. complet. tasks</td>
<td>20%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

A: Improvement noted in use of pronouns, likely due to Sally’s intense interest in photo representations of pronoun stimuli. Articulation progress unchanged, possibly due to structured nature of activities used with this goal so far. Goal #3 not addressed due to time constraints.

P: Cont. tx 3x/wk for 30-minute sessions. Continue work in all goal areas, with focus on providing more active learning opportunities for articulation goals to stimulate interest. Introduce treatment strategies for goal #3.

- Monthly Note:
  - not as common
  - same as weekly, but for longer time frame
  - ‘big picture’ more important in analysis section as you cannot restate everything
Report/Documentation Checklist:

- Title the report so that it can be easily filed according to the standard tabs in each client file. Use the following titles:
  - *Semester Therapy Plan
  - *Evaluation Summary (or Evaluation Report)
  - *Semester Progress Report (or Progress Summary)
  - Monthly Progress Note (don’t call it a SOAP note---student helpers don’t know where to file it if you do)
  * a copy goes to parents/family

- Be sure the date/semester is on the top so that it will be filed in the correct order in the chart.

- Double-check that the address/name at top are correct; this is especially important if you have copied/pasted the format from a different report.

- If the client is a child, be sure the report has the parents’ actual names (not “Mr & Mrs”). If client is an adult, just their name and full address is enough.

- Include FULL address (including zip code) so we can easily send them a copy.

- Watch the font/margins; allow room at the top of the first page for letterhead (* reports above) and don’t let the last page be names/lines only.

- If it is a Semester Progress Report, word the Therapy Recommendations and Procedures (below each goal) sections into past tense to reflect what you did during the semester, rather than what should/will be done.
Writing Effective Prognosis Statements:

Your analysis/interpretation/'A' section of reports (SOAP, Progress, etc) should always include a statement of prognosis/potential. Here's some info to guide you:

A prognostic statement is a therapist's best guess given what he/she knows about the client and their current condition. It is NOT a guarantee of any particular outcome---ASHA's code of ethics specifically forbids us to guarantee outcomes.

Factors that may affect prognosis include (keep in mind these are examples---the possible factors are endless):

**Positive indicators:**
- age
- nature of disorder
- other associated problems (mental or physical)
- support of significant others/family/friends
- client motivation/attitude
- progress thus far in treatment
- increased awareness of deficits
- responsiveness to cueing
- etc.
- etc.

**Negative indicators:**
- poor attention
- inability to imitate
- cognitive deficits
- lack of motivation
- uncooperative behaviors
- lack of responsiveness
- chronic nature of deficits
- complicating conditions
- poor family support
- poor response to previous treatment
- etc.
- etc.

A typical prognostic statement might look like this:
"Prognosis for continued benefit from therapy is judged to be excellent, due to Fred's high level of motivation and strong family support system"

So...without the specifics it looks like:
**Prognosis for continued benefit/gains in therapy is judged to be**
________(excellent/good/fair/poor?) due to ________________________ (what supports your guess?).

Of course, there are other ways to write these---this is just an example. Use this format if it helps. That's it---it doesn't have to be anything fancy. It's just a guess, but a very important one, especially to insurance companies/payor sources.
SELF-ASSESSMENT VIDEO FORMS
Clinician: ____________________
Client initials: ________________
Date of session used for this review: ________________

Self-Assessment/Video #1

Procedure:
- Utilize one session recorded during the week indicated on the clinic timeline
- Watch the session video objectively and complete this self-assessment, including personal goals
- Turn this form in to your clinical supervisor as indicated on the clinic timeline

Assessment:

State/explain at least two of your clinical strengths:

1. 

2. 

State/explain at least two strengths of the clinician/client interaction:

1. 

2. 

State at least two areas of growth which could improve your clinical skills

1. 

2. 

Based on the above growth areas, state at least two personal goals which will facilitate your clinical growth (goals must be objective and measurable). Include baseline measurement if appropriate.
Example: “I will increase my pause time after questioning from <2 to 7 seconds to allow the client ample time to respond.”

1. 

2.
Self-Assessment/Video #2

Procedure:
- Utilize one session recorded during the week indicated on the clinic timeline
- Watch the session video objectively and complete this self-assessment, including personal goals
- Turn this form in to your clinical supervisor as indicated on the clinic timeline

Assessment:

State/explain at least two of your clinical strengths in this session:

1. 
2. 

State/explain at least two strengths of the clinician/client interaction in this session:

1. 
2. 

State the goal areas you set for yourself from Self-Assessment Video #1:

1. 
2. 

Explain your progress in each area:

1. 
2. 

What are two remaining weaknesses in your skills which will continue to be growth areas in future clinician/client interactions?:

1. 
2.
**Clinician:** ____________  **Client Initials:** _______  **Date of Conference:** ____________  **Who attended?** ________________________

**Self-Assessment/Video; Parent Conference**

**Procedure:**
- Record your parent/caregiver conference
- Watch objectively and complete this form
- Forward this form to your clinical supervisor

**Assessment:**
Comment on ALL of the following aspects of your conference:

<table>
<thead>
<tr>
<th></th>
<th>Was this an area of... (circle one)</th>
<th>Why? (evidence)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your preparedness for the conference</td>
<td>strength     weakness</td>
<td></td>
</tr>
<tr>
<td>Your organization</td>
<td>strength     weakness</td>
<td></td>
</tr>
<tr>
<td>Your explanation of goals or progress</td>
<td>strength     weakness</td>
<td></td>
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<tr>
<td>Your listening skills</td>
<td>strength     weakness</td>
<td></td>
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<tr>
<td>The language/terms you used for this audience</td>
<td>strength     weakness</td>
<td></td>
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<tr>
<td>Your grammar</td>
<td>strength     weakness</td>
<td></td>
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<tr>
<td>Your voice loudness, tone, etc.</td>
<td>strength     weakness</td>
<td></td>
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<tr>
<td>Other</td>
<td>strength     weakness</td>
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</table>

Based on the above information, what are two changes you can make in future parent conferences in order to improve? (these must be concrete, objective and specific explanations/solutions)

1. 
2. 
DOCUMENTING CLINICAL HOURS
Documenting Clinical Hours

1. After each session, determine time spent in client/caregiver contact as well as the category(s) and document/log this on the back of your Daily Therapy/Lesson Plan above your self-assessment and turn it in to your supervisor for approval. You may claim time in multiple categories within a session, as long as they add up to the accurate total of time spent.

2. Once your supervisor has approved or edited the time/category, log them on the Individual Log Hours Form. Keep one of these for each client/group.

3. All clinical hours are logged as hours and/or minutes and written in the H:M format. For example, a session of 25 minutes would be recorded as :25. A session of 1 hour and 5 minutes would be recorded as 1:05. This is necessary to keep consistent for the purpose of entering time into the CALIPSO database.

4. If you are running a session with someone else (or sharing an evaluation), you can only claim hours for the portion of the session in which YOU were engaged in therapeutic or diagnostic activities with the client or their family. Speak with your supervisor to determine how to divide/claim your hours for this.

5. If you have an undergraduate student helping in your sessions, you will be claiming the majority of the time as yours (for ASHA purposes), but they will be allowed to claim the time during the one session that they plan and run, usually during the end of the semester. During that session, you will be considered the ‘helper’ and will not claim ASHA clinical hours.

6. Be aware of the different types of hours that may be claimed. As examples, education to a caregiver can sometimes count as prevention hours and language intervention often involves social skills. Consult your supervisor for advice on your particular situation.

7. If you engage in prevention activities during a session directly with a client or caregiver, that time should be recorded in the appropriate category as either evaluation or treatment time. If you engage in prevention activities that are NOT direct client/caregiver contact, such as an inservice or education task, you can record that on the Prevention row in CALIPSO. Time recorded in this manner is NOT direct contact and thus will not be applied toward your required number of ASHA clinical hours. However, prevention activities are an integral part of our scope of practice and should be recorded as such!

8. Experience that is ‘related’ to clinical skills, but not necessarily spent with a client or in therapeutic activity (but is essential to your education) can be documented on a Related Experiences Log and turned in each semester. An example of this may be attendance at support groups or IEP/care-planning meetings.

9. You will be instructed in entering your clinical hours into a computer program that totals all of the categories. The most important thing to keep in mind as you begin now is to get in the habit of regularly logging your hours—do not wait to document everything later or you will likely miss out on hours or make mistakes.
INDIVIDUAL LOG OF SUPERVISED CLINICAL HOURS

Student Name: ______________________________________  ID#:  W_______________________________

Graduate: _________  Undergraduate: __________  Semester:  F  SP  SUM  20_____

Client/Group Name: ___________________________________  Circle One:  Child (0-17)  Adult (18+)

Use this form to keep a log of your clinical clock hours for EACH client session or group session. Record your hours in hours:minutes format. (For example, a session of 25 minutes would be written as :25). At least 50% of each evaluation session and at least 25% of total treatment time (each client) must be observed directly by your supervisor.

<table>
<thead>
<tr>
<th>Date</th>
<th>Site</th>
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<th>F</th>
<th>V/R</th>
<th>L</th>
<th>H</th>
<th>S</th>
<th>Cog</th>
<th>Soc</th>
<th>Mod</th>
<th>Supervisor Last Name</th>
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Enter hours:min in appropriate category. If evaluation, indicate with ‘E’ before the time.
University of Wisconsin-River Falls  
Department of Communicative Disorders  
Speech-Language & Hearing Clinic  
Clinically Related Experiences Log  

Graduate Student Name: _____________________________  
Semester/Year: _____________________________  

<table>
<thead>
<tr>
<th>Date</th>
<th>Units</th>
<th>Category/Code</th>
<th>Description</th>
<th>Supervisor name</th>
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Examples of activities that might be recorded on this form include, but are not limited to:  
- Attendance at support groups (where you are not facilitating the activities)  
- Providing education to caregivers who are not parents/family members of clients (i.e. staff at a school or healthcare facility)