University of Wisconsin-River Falls

Department of
Communication Sciences & Disorders

Graduate Student Handbook

Class of 2016 – 2018
<table>
<thead>
<tr>
<th></th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Directory</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Mission Statement</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Student Outcomes Data</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>Useful Websites</td>
<td>9</td>
</tr>
<tr>
<td>6</td>
<td>Student Support Services</td>
<td>10</td>
</tr>
<tr>
<td>7</td>
<td>ASHA Code of Ethics</td>
<td>14</td>
</tr>
<tr>
<td>8</td>
<td>Complaint Procedures</td>
<td>25</td>
</tr>
<tr>
<td>9</td>
<td>EEO/AA Information</td>
<td>33</td>
</tr>
<tr>
<td>10</td>
<td>Graduate Degree Plans</td>
<td>36</td>
</tr>
<tr>
<td>11</td>
<td>Teacher Education Portfolio Information</td>
<td>38</td>
</tr>
<tr>
<td>12</td>
<td>Advising</td>
<td>40</td>
</tr>
<tr>
<td>13</td>
<td>Student Assessment Flowchart</td>
<td>49</td>
</tr>
<tr>
<td>14</td>
<td>Formative &amp; Summative Assessments</td>
<td>64</td>
</tr>
<tr>
<td>15</td>
<td>Improvement Plans</td>
<td>70</td>
</tr>
<tr>
<td>16</td>
<td>Speech-Language &amp; Hearing Clinics Information</td>
<td>73</td>
</tr>
<tr>
<td>17</td>
<td>Routine Clinic Documentation</td>
<td>81</td>
</tr>
<tr>
<td>18</td>
<td>Evaluation-Specific Documentation</td>
<td>91</td>
</tr>
</tbody>
</table>
b. Evaluation Planning Form – p. 93
c. Caregiver Conference Form—New Eval – p. 94
d. Evaluation Overview and Report Template – p. 95

   a. Goal-Writing Rubric – p. 102
   b. Writing Goals & Objectives Refresher – p. 103
   c. Technical Writing Tips – p. 104
   d. SOAP Note Checklists – p. 105
   e. SOAP Notes Made Easier – p. 106
   g. Writing Effective Prognosis Statements – p. 110

20. Self-Assessment Video Forms – p. 111

21. Clinical Hours Documentation Information and Forms – p. 115
   a. Guidelines for Documenting Hours – p. 116
   b. Individual Log of Supervised Clinical Hours – p. 117
   c. CALIPSO Instructions for Students – p. 118
Introduction

The faculty and staff of the Department of Communication Sciences & 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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PROGRAM MISSION

&

GOALS
Department of Communication Sciences & Disorders Mission Statement

The Department of Communication Sciences & 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 Communication Sciences & 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 Communication Sciences & Disorders.
STUDENT OUTCOMES 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>2013-2014</td>
<td>18/18</td>
<td>100%</td>
</tr>
<tr>
<td>2014-2015</td>
<td>19/21</td>
<td>90%</td>
</tr>
<tr>
<td>2015-2016</td>
<td>19/20</td>
<td>95%</td>
</tr>
<tr>
<td>Average</td>
<td></td>
<td>95%</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>2013-2014</td>
<td>19/20</td>
<td>95%</td>
</tr>
<tr>
<td>2014-2015</td>
<td>20/20</td>
<td>100%</td>
</tr>
<tr>
<td>2015-2016</td>
<td>20/20</td>
<td>100%</td>
</tr>
<tr>
<td>Average</td>
<td></td>
<td>98.3%</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>2013-2014</td>
<td>18</td>
<td>18</td>
<td>100%</td>
</tr>
<tr>
<td>2014-2015</td>
<td>21</td>
<td>21</td>
<td>100%</td>
</tr>
<tr>
<td>2015-2016</td>
<td>20</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>
USEFUL WEB SITES

Department Web site:  http://www.uwrf.edu/CSD/
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
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
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
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:
500 East Wild Rose Avenue, River Falls
715-425-3962
uwrf@bkstr.com
ASHA CODE OF ETHICS
CODE OF ETHICS
PREAMBLE

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as “The Association”) has been committed to a framework of common principles and standards of practice since ASHA’s inception in 1925. This commitment was formalized in 1952 as the Association’s first Code of Ethics. This Code has been modified and adapted as society and the professions have changed. The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions.

The ASHA Code of Ethics is a framework and focused guide for professionals in support of day-to-day decision making related to professional conduct. The Code is partly obligatory and disciplinary and partly aspirational and descriptive in that it defines the professional’s role. The Code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is applicable to the following individuals:

- a member of the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
- a member of the Association not holding the Certificate of Clinical Competence (CCC)
- a nonmember of the Association holding the Certificate of Clinical Competence (CCC)
- an applicant for certification, or for membership and certification

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one’s professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the
professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

**TERMINOLOGY**


**advertising** – Any form of communication with the public about services, therapies, products, or publications.

**conflict of interest** – An opposition between the private interests and the official or professional responsibilities of a person in a position of trust, power, and/or authority.

**crime** – Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another. For more details, see the “Disclosure Information” section of applications for ASHA certification found on www.asha.org/certification/AudCertification/ and www.asha.org/certification/SLPCertification/.

**diminished decision-making ability** – Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

**fraud** – Any act, expression, omission, or concealment—the intent of which is either actual or constructive—calculated to deceive others to their disadvantage.

**impaired practitioner** – An individual whose professional practice is adversely affected by addiction, substance abuse, or health-related and/or mental health-related conditions.

**individuals** – Members and/or certificate holders, including applicants for certification.

**informed consent** – May be verbal, unless written consent is required; constitutes consent by persons served, research participants engaged, or parents and/or guardians of persons served to a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks.

**jurisdiction** – The “personal jurisdiction” and authority of the ASHA Board of Ethics over an individual holding ASHA certification and/or membership, regardless of the individual’s geographic location.

**know, known, or knowingly** – Having or reflecting knowledge.

**may vs. shall** – May denotes an allowance for discretion; shall denotes no discretion.

**misrepresentation** – Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false or erroneous (i.e., not in accordance with the facts); any statement made with conscious ignorance or a reckless disregard for the truth.

**negligence** – Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s);
failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

nolo contendere – No contest.

plagiarism – False representation of another person’s idea, research, presentation, result, or product as one’s own through irresponsible citation, attribution, or paraphrasing; ethical misconduct does not include honest error or differences of opinion.

publicly sanctioned – A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

reasonable or reasonably – Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

self-report – A professional obligation of self-disclosure that requires (a) notifying ASHA Standards and Ethics and (b) mailing a hard copy of a certified document to ASHA Standards and Ethics (see term above). All self-reports are subject to a separate ASHA Certification review process, which, depending on the seriousness of the self-reported information, takes additional processing time.

shall vs. may – Shall denotes no discretion; may denotes an allowance for discretion.

support personnel – Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders).

telepractice, teletherapy – Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service.

written – Encompasses both electronic and hard-copy writings or communications.

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 clinical services and scientific activities competently.
B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.

D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.

E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

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

H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.

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

J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.

K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.

M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.

N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.

O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be
allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.

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

S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.

T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

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 who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.

B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.

C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.

D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.

E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member’s certification status, competence, education, training, and experience.

F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member’s independent and objective professional judgment.
G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

**PRINCIPLE OF ETHICS III**

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

**RULES OF ETHICS**

A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.
D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
E. Individuals’ statements to the public shall provide accurate and complete 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.
F. Individuals’ statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.
G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

**PRINCIPLE OF ETHICS IV**

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

**RULES OF ETHICS**

A. Individuals shall work collaboratively, when appropriate, with members of one’s own profession and/or members of other professions to deliver the highest quality of care.
B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.
C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical
harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.
COMPLAINT PROCEDURES

&

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):
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
Review Committee's recommendations and to make a final determination that is consistent with the Review Committee's recommendations and that is in accordance with the requirements for the CAA's external recognition. 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 away 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
Communication Sciences & Disorders, MS

Overview of Program

Degree Requirements
Total credits to degree: 54

**Required Specialization Courses**, 36 credits:
- CSD 715 Research Methods in Communication Sciences & Disorders, 3 credits
- CSD 716 Anatomy and Physiology of the Central Nervous System, 2 credits
- CSD 717 Cognitive Disorders in Adults, 3 credits
- CSD 720 Voice and Resonance Disorders, 3 credits
- CSD 730 Audiology II, 3 credits
- CSD 737 Auditory Processing and Auditory Processing Disorder, 2 credits
- CSD 750 Dysphagia, 3 credits
- CSD 762 Developmental Language Disorders, 3 credits
- CSD 764 Augmentative/Alternative Communication Systems, 3 credits
- CSD 765 Aphasia, 3 credits
- CSD 767 Communicative Replacements for Challenging Behaviors, 2 credits
- CSD 770 Articulation/Phonology & Fluency Disorders, 2 credits
- CSD 771 Audiology Practicum 1, 1 credit
- CSD 772 Audiology Practicum 2, 1 credit
- CSD 787 Counseling and Multicultural Issues in Communication Sciences & Disorders, 2 credits

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

**Required Clinical Experience**, 18 credits:
- CSD 579 Clinical Experience Internship, 6 credits
- CSD 773 Practicum in the School, 0 or 6 credits
- CSD 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.
TEACHER EDUCATION

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

University Requirements

Needs: 54.00 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:

Communicative Disorders - Plan A
54 CREDITS NEEDED

--> Needs: 54.00 credits 4 Sub-reqs

- 1) SELECT THE FOLLOWING COURSES:
   Needs: 36.00 credits
   Select from: CSD 715, 716, 717, 720, 730, 737, 750,
   CSD 762, 764, 765, 767, 770, 771, 772, 787

2) ELECTIVE COURSES: (0-8 CREDITS)

- 3) REQUIRED CLINICAL EXPERIENCE:
   Select from: CSD 579, 773, 774

- 4) THESIS

- 5) FINAL ORAL EXAM

--------------------------------------------
GENERAL ELECTIVES - Note - this area is not required.
--------------------------------------------

IN-PROGRESS COURSES

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~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.

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.

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

NO UNIVERSITY REQUIREMENTS

---> Needs: 54.00 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 MS-COMMUNICATIVE DISORDERS-PLAN B
54 CREDITS NEEDED

--> Needs: 54.00 credits  4 Sub-reqs

- 1) SELECT THE FOLLOWING COURSES:
   Needs: 36.00 credits
   Select from: CSD 715, 716, 717, 720, 730, 737, 750,
   CSD 762, 764, 765, 767, 770, 771, 772, 787

2) ELECTIVE COURSES: (0–8 CREDITS)

- 3) REQUIRED CLINICAL EXPERIENCE:
   Select from: CSD 579, 773, 774

- 4) PAPER/PROJECT

- 5) FINAL ORAL EXAM

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

NO = Requirement not complete
OK = Requirement complete
IP = In Progress
IPIP= 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 UNIVERSITY REQUIREMENTS

--> Needs: 54.00 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:
54 CREDITS NEEDED

--> Needs: 54.00 credits  

3 Sub-reqs

- 1) SELECT THE FOLLOWING COURSES:
   Needs: 36.00 credits
   Select from: CSD 715, 716, 717, 720, 730, 737, 750,
   CSD 762, 764, 765, 767, 770, 771, 772, 787

- 2) ELECTIVE COURSES: (0-8 CREDITS)

- 3) REQUIRED CLINICAL EXPERIENCE:
   Select from: CSD 579, 773, 774

- 4) COMPREHENSIVE EXAM AND FINAL ORAL EXAM

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

Page 2 of 2
University of Wisconsin-River Falls
Department of Communication Sciences & 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 Communication Sciences & 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

Emerging

Entry Level

Improvement/Remediation Plan

Fail

Fail
UNIVERSITY OF WISCONSIN –RIVER FALLS
DEPARTMENT OF COMMUNICATION SCIENCES & DISORDERS

KNOWLEDGE OUTCOMES

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

#### Standard III-B:
The student will demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.

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

<table>
<thead>
<tr>
<th>ACOUSTIC BASIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students will demonstrate knowledge of the physics of sound, sound classification acoustic cues and dynamic aspects of speech. (COMP)</td>
</tr>
<tr>
<td>Students will describe the acoustic theory of speech production. (COMP)</td>
</tr>
<tr>
<td>Students will demonstrate competency using computer software for acoustic analysis. (CSD 720)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PSYCHOLOGICAL BASIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students will demonstrate knowledge of the principles of applied behavior analysis. (CSD 767)</td>
</tr>
<tr>
<td>Students will describe the psycholinquistic model. (CSD 765)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEVELOPMENTAL BASIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students will describe articulatory-phonological development in children. (COMP)</td>
</tr>
<tr>
<td>Students will describe processes of language development. (COMP)</td>
</tr>
<tr>
<td>Students will describe processes of cognitive development. (COMP)</td>
</tr>
<tr>
<td>Students will describe processes of socioemotional development. (COMP)</td>
</tr>
<tr>
<td>Students will describe processes of motor development. (CSD 750)</td>
</tr>
<tr>
<td>Students will describe the process of normal deglutition development from utero through childhood. (CSD 750)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LINGUISTIC BASIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students will demonstrate understanding of the interaction of the major components of language (phonology, semantics, syntax, morphology, pragmatics). (CSD 762)</td>
</tr>
<tr>
<td>Students will demonstrate transcription competence transcribing normal and disordered speech using the International Phonetic Alphabet (IPA). (CSD 579, CO)</td>
</tr>
</tbody>
</table>

In Remediation | Met
**CULTURAL BASIS**

| Students will describe cultural differences with regard to human communication. (COMP) |
| Students will describe social and cultural differences within families as they contribute to language acquisition. (CSD 762) |
| Students will identify strategies for evaluation and intervention of individuals who are culturally diverse. (CSD 787) |
| Students will demonstrate knowledge of ASHA’s policies and protocols for working with individuals who are culturally-linguistically diverse. (COMP) |

**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.

<table>
<thead>
<tr>
<th>ARTICULATION/PHONOLOGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students will describe etiological factors related to articulatory-phonological disorders. (CSD 770)</td>
</tr>
<tr>
<td>Students will differentiate the characteristics of articulation disorders, phonological disorders, and developmental apraxia of speech. (CSD 770)</td>
</tr>
<tr>
<td>Students will describe methods of prevention as they relate to articulatory-phonological disorders. (CSD 770)</td>
</tr>
<tr>
<td>Students will be able to describe comprehensive methods of articulatory-phonological evaluation. (CSD 770)</td>
</tr>
<tr>
<td>Students will describe principles of articulation/phonological remediation approaches. (CSD 770)</td>
</tr>
<tr>
<td>Students will develop intervention plans based on analysis of assessment data for individuals with articulation disorders phonological disorders and apraxia of speech. (CSD 770)</td>
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<tr>
<td>------------------------</td>
</tr>
<tr>
<td><strong>FLUENCY</strong></td>
</tr>
<tr>
<td>Students will describe theories of stuttering development (including etiological factors). (CSD 770)</td>
</tr>
<tr>
<td>Students will identify the characteristics of stuttering. (CSD 770)</td>
</tr>
<tr>
<td>Students will identify variables that affect the stuttering response. (CSD 770)</td>
</tr>
<tr>
<td>Students will describe prevention activities as they relate to stuttering. (CSD 770)</td>
</tr>
<tr>
<td>Students will describe and use methods of fluency assessment. (CSD 770)</td>
</tr>
<tr>
<td>Students will describe approaches to remediate fluency disorders. (CSD 770)</td>
</tr>
<tr>
<td><strong>VOICE AND RESONANCE</strong></td>
</tr>
<tr>
<td>Students will describe functional and organic etiological factors relating to voice and resonance disorders. (CSD 720)</td>
</tr>
<tr>
<td>Students will describe characteristics of acoustic deviations in voice disorders (pitch, loudness, vocal quality and resonance quality). (CSD 720)</td>
</tr>
<tr>
<td>Students will describe methods of prevention as they relate to voice and resonance disorders. (CSD 720)</td>
</tr>
<tr>
<td>Students will describe methods of assessment of voice and resonance disorders. (CSD 720)</td>
</tr>
<tr>
<td>Students will describe principles of remediation for individuals with voice and resonance disorders. (CSD 720)</td>
</tr>
<tr>
<td>RECEPTIVE AND EXPRESSIVE LANGUAGE (PHONOLOGY, MORPHOLOGY, SYNTAX, SEMANTICS, AND PRAGMATICS) IN SPEAKING, LISTENING, READING, WRITING, AND MANUAL MODALITIES</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Students will describe etiological factors relating to developmental, receptive and expressive language disorders. (CSD 762)</td>
</tr>
<tr>
<td>Students will describe characteristics of developmental, receptive and expressive language disorders. (CSD 762)</td>
</tr>
<tr>
<td>Students will discriminate between various developmental language disorders based on language characteristics, behavioral characteristics, and etiological factors. (CSD 762)</td>
</tr>
<tr>
<td>Students will describe methods of prevention as they relate to developmental, receptive and expressive language disorders. (CSD 762)</td>
</tr>
<tr>
<td>Students will identify appropriate developmental language assessment tools and provide a rationale for the chosen tools. (CSD 762)</td>
</tr>
<tr>
<td>Students will competently analyze a language sample and provide a rationale for the use of nonstandardized/descriptive assessment. (CSD 762)</td>
</tr>
<tr>
<td>Students will describe the difference between language disorder and language difference. (CSD 762)</td>
</tr>
<tr>
<td>Students will describe principles and methods of remediation for individuals with developmental receptive and expressive language disorders. (CSD 762)</td>
</tr>
<tr>
<td>Students will describe academic, social, and vocational outcomes of an adolescent with developmental language disorder. (CSD 762)</td>
</tr>
<tr>
<td>Students will analyze and synthesize current research in language disorders. (CSD 762)</td>
</tr>
<tr>
<td>Students demonstrate competent use of the manual alphabet and a basic vocabulary of 75 signs. (CSD 764)</td>
</tr>
<tr>
<td>Students will describe etiological factors relating to aphasia. (CSD 765)</td>
</tr>
<tr>
<td>Students will discriminate between various aphasia subtypes based on language characteristics, behavioral characteristics, and etiological factors. (CSD 765)</td>
</tr>
<tr>
<td>Students will describe methods of prevention as they relate to aphasia. (CSD 765)</td>
</tr>
<tr>
<td>Students will identify appropriate aphasia assessment tools and provide a rationale for the chosen tools. (CSD 765)</td>
</tr>
<tr>
<td>Students will describe principles and methods of remediation for individuals with aphasia. (CSD 765)</td>
</tr>
<tr>
<td>Students will analyze and synthesize current research in adult language disorders. (CSD 765)</td>
</tr>
</tbody>
</table>
**HEARING, INCLUDING THE IMPACT ON SPEECH AND LANGUAGE**

<table>
<thead>
<tr>
<th>Students will demonstrate competence performing hearing screenings according to the ASHA 1997 guidelines for school age children, 5 through 18 years. (CSD 772)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students will demonstrate competence obtaining pure tone threshold and conducting immittance, acoustic reflex, and audiometric speech testing. (CSD 772)</td>
</tr>
<tr>
<td>Students will demonstrate the ability to perform an earmold impression as an enhancement experience. (CSD 772)</td>
</tr>
<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. (CSD 730)</td>
</tr>
<tr>
<td>Students will provide evidence that they understand concepts/procedures related to classical, operant, emittance, ABR and OAE audiometric tests. (CSD 730)</td>
</tr>
<tr>
<td>Students will demonstrate the ability to administer, score, and interpret results of the SCAN-C/Revised auditory processing test. (CSD 737)</td>
</tr>
</tbody>
</table>

**SWALLOWING**

<table>
<thead>
<tr>
<th>Students will describe etiological factors and characteristics of pediatric and adult dysphagia. (CSD 750)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students will identify etiologies of, and contraindications for, dysphagia. (CSD 750)</td>
</tr>
<tr>
<td>Students will describe methods of prevention for dysphagia. (CSD 750)</td>
</tr>
<tr>
<td>Students will identify and differentiate assessment methods for dysphagia. (CSD 750)</td>
</tr>
<tr>
<td>Students will identify and differentiate intervention strategies for dysphagia. (CSD 750)</td>
</tr>
</tbody>
</table>

**COGNITIVE ASPECTS OF COMMUNICATION (ATTENTION, MEMORY, SEQUENCING, PROBLEM-SOLVING, EXECUTIVE FUNCTION)**

<table>
<thead>
<tr>
<th>Students will identify etiologies of cognitive communication disorders (language and cognition). (CSD 717)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students will describe characteristics of cognitive communication disorders (language and cognition). (CSD 717)</td>
</tr>
<tr>
<td>Students will describe speech and language characteristics of cognitive impairments in children. (CSD 762)</td>
</tr>
<tr>
<td>Students will describe methods of prevention of cognitive communication disorders (language and cognition). (CSD 717)</td>
</tr>
<tr>
<td>Students will describe assessment protocols for cognitive communication disorders (language and cognition). (CSD 717)</td>
</tr>
<tr>
<td>Students will describe intervention strategies for cognitive communication disorders (language and cognition). (CSD 717)</td>
</tr>
</tbody>
</table>
**SOCIAL ASPECTS OF COMMUNICATION**

Students will describe the functions/etiologies of socially motivated challenging behavior. (CSD 767)

Students will describe procedures for manipulating antecedents to prevent socially motivated challenging behavior. (CSD 767)

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). (CSD 767)

Students will analyze and synthesize assessment data and develop technically sound intervention programs for socially motivated challenging behavior. (CSD 767)

Students will describe social, academic, and vocational outcomes for children/adolescents with developmental language disorders. (CSD 762)

Students will describe the social skills of children with specific language impairment. (CSD 762)

**COMMUNICATION MODALITIES**

Students will describe the advantages and disadvantages of the vocal/verbal, gestural, and graphic modes of communication. (CSD 764)

Students will describe the available range of aided and unaided symbols. (CSD 764)

Students will describe the Participation Model of assessment as it relates to augmentative/alternative communication. (CSD 764)

Students will demonstrate how to teach a general request, explicit request, and reject response in the verbal, gestural, and graphic modes of communication. (CSD 764)

Students will describe the range prompting strategies that are available in the vocal/verbal, gestural and graphic modes of communication. (CSD 764)

Students will demonstrate competency using the Boardmaker™ clip art program. (CSD 764)

Students will describe how to integrate simple technology into daily routines. (CSD 764)

Students will demonstrate competency using the manual alphabet and a basic vocabulary of 75 signs. (CSD 764)
<table>
<thead>
<tr>
<th>Standard III-E:</th>
<th>In Remediation</th>
<th>Met</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Students will demonstrate knowledge of standards of ethical conduct.</strong></td>
<td></td>
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<tr>
<td>Students will describe components of the ASHA Code of Ethics. (CSD 770)</td>
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<tr>
<td>Students will use the ASHA recommended decision flow chart when presented with hypothetical ethical dilemmas. (CSD 770)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard III-F:</th>
<th>In Remediation</th>
<th>Met</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Students will demonstrate knowledge of processes used in research and the integration of research principles into evidence-based clinical practice.</strong></td>
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<tr>
<td>Students will critique research in communication sciences &amp; disorders and discuss research from a clinical perspective. (CSD 715)</td>
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</tr>
<tr>
<td>Students will describe research designs/research strategies used for validating the effectiveness of interventions. (CSD 715, 764)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students will describe the components of evidence based research. (CSD 715)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard III-G:</th>
<th>In Remediation</th>
<th>Met</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Students will demonstrate knowledge of contemporary professional issues.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students will describe professional issues in communication sciences &amp; disorders. (CSD 770)</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard III-H:</th>
<th>In Remediation</th>
<th>Met</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Students will demonstrate knowledge about certification, specialty recognition, licensure, and other relevant professional credentials</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students will demonstrate knowledge of professional credentialing in communication sciences &amp; disorders (including CCC requirements, state certification and licensure, and specialty recognition). (CSD 770)</td>
<td></td>
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</tr>
</tbody>
</table>
CALIPSO Performance Evaluation Information
Performance Evaluation

- **Evaluation has been finalized and cannot be edited. (Except by an admin.)**

**Supervisor:** Undergraduate Supervisor

- **Patient population:**
  - Young Child (0-5)
  - Child (6-17)
  - Adult (18-64)
  - Older adult (65+)

- **Evaluation Type:** Final

- **Semester:** 2015 Summer

- **Course number:** School Practicum

**Client(s)/Patient(s) Multicultural Aspects (check all that apply):**

- Ethnicity
- Race
- Culture
- National origin
- Socioeconomic status
- Gender identity
- Sexual orientation
- Religion
- Exceptionality
- Other

**Client(s)/Patient(s) Linguistic Diversity (check all that apply):**

- English
- English Language Learner
- Primary English dialect
- Secondary English dialect
- Bilingual
- Polyglot
- Sign Language (ASL or SEE)
- Cognitive / Physical Ability
- Other

**Performance Rating Scale**

Click to see Rating Scale

Please refer to the Performance Rating Scale for grading criteria. Use a score between 1 and 5, in 0.25 increments (1.25, 1.5 etc.)

1 - Not evident
2 - Emerging
3 - Present
4 - Adequate
5 - Consistent

**Score totals:**

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Articulation</th>
<th>Fluency</th>
<th>Voice</th>
<th>Language</th>
<th>Hearing</th>
<th>Swallowing</th>
<th>Cognition</th>
<th>Social Aspects</th>
<th>Communication Modalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conducts screening and prevention procedures (std IV-D, std V-B, 1a)</td>
<td>[ ]</td>
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<tr>
<td>2. Collects case history information and integrates information from clients/patients and/or relevant others (std V-B, 1b)</td>
<td>[ ]</td>
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<tr>
<td>3. Selects appropriate evaluation instruments/procedures (std V-B, 1c)</td>
<td>[ ]</td>
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<tr>
<td>4. Prepares appropriate questions and effectively uses them to gather case history information in a pre-evaluation interview with the client/family.</td>
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<tr>
<td>5. Administers and scores diagnostic tests correctly (std V-B, 1c)</td>
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</tr>
<tr>
<td>6. Adapts evaluation procedures to meet client/patient needs (std V-B, 1d)</td>
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<tr>
<td>7. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std IV-C)</td>
<td>[ ]</td>
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<tr>
<td>8. Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses (std V-B, 1e)</td>
<td>[ ]</td>
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<tr>
<td>9. Makes appropriate recommendations for intervention (std V-B, 1e)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>10. Completes administrative and reporting functions necessary to support evaluation (std V-B, 1f)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>11. Refers clients/patients for appropriate services (std V-B, 1g)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Score totals:

0 0 0 0 0 0 0 0 0

**Session times out in: 1:34:27**

https://www.calipsoclient.com/userf/evaluations/show?id=1
## Performance Evaluation

**Intervention**

Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develops setting-appropriate intervention plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process (std V-B, 2a)</td>
<td></td>
</tr>
<tr>
<td>2. Implements intervention plans (involves clients/patients and relevant others in the intervention process) (std V-B, 2b)</td>
<td></td>
</tr>
<tr>
<td>3. Selects or develops and uses appropriate materials/instrumentation (std V-B, 2c)</td>
<td></td>
</tr>
<tr>
<td>4. Sequences tasks to meet objectives</td>
<td></td>
</tr>
<tr>
<td>5. Provides appropriate introduction/explanation of tasks</td>
<td></td>
</tr>
<tr>
<td>6. Measures and evaluates clients'/patients' performance and progress (std V-B, 2d)</td>
<td></td>
</tr>
<tr>
<td>7. Uses appropriate models, prompts or cues. Allows time for patient response.</td>
<td></td>
</tr>
<tr>
<td>8. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (std V-B, 2e)</td>
<td></td>
</tr>
<tr>
<td>9. Completes administrative and reporting functions necessary to support intervention (std V-B, 2f)</td>
<td></td>
</tr>
<tr>
<td>10. Identifies and refers patients for services as appropriate (std V-B, 2g)</td>
<td></td>
</tr>
</tbody>
</table>

Score totals:

- Total number of items scored: 0
- Total number of points: 0
- Section Average: 0

### Preparedness, Interaction, and Personal Qualities

<table>
<thead>
<tr>
<th>Skill</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Possesses foundation for basic human communication and swallowing processes (std IV-B)</td>
<td></td>
</tr>
<tr>
<td>2. Possesses the knowledge to integrate research principles into evidence-based clinical practice (std IV-F)</td>
<td></td>
</tr>
<tr>
<td>3. Possesses knowledge of contemporary professional issues and advocacy (includes trends in professional practice, ASHA practice policies and guidelines, and reimbursement procedures) (std IV-G)</td>
<td></td>
</tr>
<tr>
<td>4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std V-B, 3a)</td>
<td></td>
</tr>
<tr>
<td>5. Establishes rapport and shows sensitivity to the needs of the patient</td>
<td></td>
</tr>
<tr>
<td>6. Uses appropriate rate, pitch, and volume when interacting with patients or others.</td>
<td></td>
</tr>
<tr>
<td>7. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (std V-B, 3c)</td>
<td></td>
</tr>
<tr>
<td>8. Collaborates with other professionals in case management (std V-B, 3b)</td>
<td></td>
</tr>
<tr>
<td>9. Displays effective oral communication with patient, family, or other professionals (std V-A)</td>
<td></td>
</tr>
<tr>
<td>10. Displays effective written communication for all professional correspondence (std V-A)</td>
<td></td>
</tr>
<tr>
<td>11. Uses accurate and concise information in written reports</td>
<td></td>
</tr>
<tr>
<td>12. Uses correct mechanics in written reports</td>
<td></td>
</tr>
<tr>
<td>13. Adheres to the ASHA Code of Ethics and conducts him or herself in a professional, ethical manner (std IV-E, std V-B, 3d)</td>
<td></td>
</tr>
</tbody>
</table>

Score totals:

- Total number of items scored: 0
- Total number of points: 0
- Section Average: 0

### Professional Demeanor

<table>
<thead>
<tr>
<th>Skill</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Projects a professional image, including positive attitude towards learning and clients</td>
<td></td>
</tr>
<tr>
<td>2. Abides by set policies and procedures</td>
<td></td>
</tr>
<tr>
<td>3. Maintains appropriate conversational topics with clients and caregivers</td>
<td></td>
</tr>
<tr>
<td>4. Accepts designated workload or service assignment without complaint</td>
<td></td>
</tr>
</tbody>
</table>

Score totals:

- Total number of items scored: 0
- Total number of points: 0
- Section Average: 0

https://www.calipsoclient.com/uwrf/evaluations/show?id=1
Performance Evaluation | CALIPSO

5. Shows respect for others (clients/family, coworkers, supervisors, etc.)
6. Takes responsibility for actions/choices
7. Is dependable, punctual, and meets deadlines

Problem-Solving
1. Critiques own skills & deliberates consequences of an action/solution
2. Applies feedback in subsequent sessions
3. Initiates and implements solutions

Effective Use of Time/Resources
1. Creatively uses resources
2. Coordinates schedule effectively (including balancing workload)

Interpersonal Skills
1. Demonstrates active listening
2. Initiates appropriate verbal communication
3. Uses non-verbal communication that is consistent with intended message
4. Presents info in a logical, articulate manner
5. Uses a respectful tone/manner with supervisor
6. Demonstrates ability to be a strong ambassador for the program/department

Working Relationship
1. Receives feedback openly
2. Demonstrates flexibility/collaboration in working with others (supervisors, other professionals, students)
3. Engages in tasks equally with others

Self-Care
1. Appropriately dresses for setting
2. Is clean without use of heavy scents
3. Correctly and regularly follows infection control protocol

Improvements Since Last Evaluation:

Strengths / Areas Needing Improvement:

Recommendations for Improvement:

Total points (all sections included): 0
Adjustment: 0.0
Divided by total number of items: 0
Evaluation score: 0
Letter grade: F
Quality points: N/A

By entering the student's name, I verify that this evaluation has been reviewed and discussed with the student prior to final submission.

Student name: Jane Doe
Date reviewed: 9/29/14

I verify that this evaluation is being submitted by the assigned clinical supervisor and that I have supervised the above named student.

*Supervisor name: Undergraduate Supervisor
*Date completed: 9/29/14

Final submission (if this box is checked, no more changes will be allowed!)

Standards referenced herein are those contained in the Membership and Certification Handbook of the American Speech-Language-Hearing Association. Readers are directed to the ASHA Web site to access the standards in their entirety.

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

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

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

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

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

5  **Consistent:** Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor serves as consultant in areas where student has less experience; Provides guidance on ideas initiated by student (skill is present >90% of the time).
<table>
<thead>
<tr>
<th>Autumn: 1st Semester</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4.00-5.00</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>3.66-3.99</td>
<td>A-</td>
<td></td>
</tr>
<tr>
<td>3.35-3.65</td>
<td>B+</td>
<td></td>
</tr>
<tr>
<td>3.04-3.34</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td>2.73-3.03</td>
<td>B-</td>
<td></td>
</tr>
<tr>
<td>2.42-2.72</td>
<td>C+</td>
<td></td>
</tr>
<tr>
<td>2.11-2.41</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>1.80-2.10</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>1.00-1.79</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spring/Summer: 2nd/3rd Semester</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4.27-5.00</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>3.96-4.26</td>
<td>A-</td>
<td></td>
</tr>
<tr>
<td>3.65-3.95</td>
<td>B+</td>
<td></td>
</tr>
<tr>
<td>3.34-3.64</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td>3.03-3.33</td>
<td>B-</td>
<td></td>
</tr>
<tr>
<td>2.72-3.02</td>
<td>C+</td>
<td></td>
</tr>
<tr>
<td>2.41-2.71</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>2.10-2.40</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>1.00-2.09</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Off-Campus: 5th/6th Semester</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4.57-5.00</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>4.26-4.56</td>
<td>A-</td>
<td></td>
</tr>
<tr>
<td>3.95-4.25</td>
<td>B+</td>
<td></td>
</tr>
<tr>
<td>3.64-3.94</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td>3.33-3.63</td>
<td>B-</td>
<td></td>
</tr>
<tr>
<td>3.02-3.32</td>
<td>C+</td>
<td></td>
</tr>
<tr>
<td>2.71-3.01</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>2.40-2.70</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>1.00-2.39</td>
<td>F</td>
<td></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 Communication Sciences & Disorders Comprehensive Examinations and Praxis Examinations.**
Pre-Clinic Formative Assessment
UW-River Falls Department of Communication Sciences & 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>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</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>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</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>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</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>section name</td>
<td>student answer</td>
<td>initial</td>
<td>review</td>
</tr>
<tr>
<td>Allergies</td>
<td>Yes</td>
<td>No: ask student to review and return with information. Supervisor initial when completed.</td>
<td>Review of CEI form is not required for preschool group or clients enrolled for FAR therapy</td>
</tr>
<tr>
<td>Medical conditions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of seizures/cardiac</td>
<td></td>
<td></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></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preparation/Planning:</strong> (lesson plans on time; lesson plan reflects individual client needs; goals reasonable and measurable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Organization:</strong> (enough activities; materials readily available; sequence of activities; placement of client in room)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Materials:</strong> (variety; age-appropriate; of interest)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Teaching Methods:</strong> (clear directions; appropriate grammar/language; enthusiasm/engage client; modify to meet cultural/linguistic needs of client; modify for cognitive level)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pace/Time Management:</strong> (doesn’t rush activities; use of wait time for responses; good transitions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Therapeutic Opportunities:</strong> (actively structure session; recognize &amp; utilize all possible opportunities for teaching)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reinforcement/Feedback:</strong> (reinforcement/correction effective &amp; provided appropriately)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Data Collection:</strong> (utilize baseline/probe; accuracy; consistency; develop and use efficient form; develop visual display to summarize, completes results and self assessment)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Professional Conduct:</strong> (on time for sessions; timely f/u to caregiver requests; respect client cultural differences; seek help when needed; ASHA Code of Ethics; collaborate w/ other professionals)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Professional Appearance:</strong> (name tag; clothing/dress appropriate for session/client)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Parent/Caregiver Education:</strong> (explanation of client progress/concerns; homework provided regularly; phone conversations; accuracy of info)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Strengths of Session:

Weaknesses of Session:

Suggestions for Improvement:
The CALIPSO Performance Evaluation is frequently and consistently used throughout the program for formative assessment purposes. Please see previous sections in this handbook for a copy of that evaluation tool.
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 Communication Sciences & 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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASHA Standard</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Initial Improvement Plan Meeting**

Instructor’s Signature / Date ____________________________  
Student’s Signature / Date ____________________________

**Follow up Improvement Plan Meeting**

Instructor’s Signature / Date ____________________________  
Student’s Signature / Date ____________________________
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 in the ‘U’ lot spaces
  - Lot has one row for parking
  - Meters are good for 20 minutes with one quarter ($0.25)
  - Park in visitor parking section if clinic has sent you a permit. If you are coming for a first-time speech/language evaluation, we will give you a permit to use when you arrive.

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 in the ‘U’ lot spaces
  - Lot has one row for parking
  - Meters are good for 20 minutes with one quarter ($0.25)
  - Park in visitor parking section if clinic has sent you a permit. If you are coming for a first-time speech/language evaluation, we will give you a permit to use when you arrive.

From MN or Hudson:
- Take Main Street River Falls exit from Hwy 35 South
- Proceed approx. 1.8 miles and turn left/east at 7th 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 onto Wild Rose Ave., which will take you past the University Center; the next building on your right after that will be the Wyman Education Building (WEB)
- Continue to Wyman Education Building and park near building in the ‘U’ lot spaces
  - Lot has one row for parking
  - Meters are good for 20 minutes with one quarter ($0.25)
  - Park in visitor parking section if clinic has sent you a permit. If you are coming for a first-time speech/language evaluation, we will give you a permit to use when you arrive.
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:
- Faculty/Staff Mailboxes
- Client files (keep in clinic!)
- Large paper cutter
- Copier (use ID card for personal/coursework copying—ask for card for client copying)
- Small laminating machine
- Shredder (if you have large amounts of shredding to do, give to Jerry or Sarah to use larger machine elsewhere)

Director Office—B34:
- Test materials cabinet & test recording forms (file cabinet to left of test cabinets)
- Professional Resource Library materials—great reference books & therapy software—see list on D2L
- Extra gloves, tissues, antibacterial wipes for therapy rooms

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

AAC Lab – B25:
- All AAC-related items/supplies/devices, including iPads
- “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:
  o Copier (use student ID to pay for copies)
  o Computers (do NOT use for client reports)

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

Student Room (B26):
  o Student Mailboxes
  o Clinical/billing forms
    o clock hours
    o daily lesson forms
    o daily/weekly progress forms
    o video forms
    o etc.

Voice Lab (B18B—across hall)
  o Computerized Speech Lab (CSL)
  o Voice analysis equipment
  o Research materials

Main office/reception desk – B31:
  o Office supplies (behind door)
    o glue
    o markers
    o crayons
    o stationery/letterhead
    o envelopes
    o Velcro (for AAC or visual schedules)
  o Batteries
  o 3-hole punch
  o Client paperwork filing bins
  o Outgoing mail bin
  o Phone books
  o Client schedule
  o Staff/class schedule
  o Directions to clinic

COMD 579 D2L Page:
  o Staff directory
  o Cancellation instructions
  o Report templates and tips
  o Inventory list—clinic materials and tests
  o Required forms
  o Helpful checklists
  o Class lecture notes
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.
## DAILY LESSON PLAN

CLIENT: _____________________   CLINICIAN: ______________________   DATE: _______   TIME: _____   ROOM: ______

<table>
<thead>
<tr>
<th>OBJECTIVES FOR SESSION</th>
<th>PROCEDURES AND MATERIALS</th>
<th>RESULTS, DATA, REVISIONS</th>
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<tbody>
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</table>
## Unit/Code Approval

**Hours: Min in Category (designate evaluation minutes with E before time)**

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<tr>
<th>Artic</th>
<th>Fluency</th>
<th>Voice/Res</th>
<th>Lang</th>
<th>Hrg</th>
<th>Swall</th>
<th>Cog</th>
<th>Soc</th>
<th>Modal</th>
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</table>

**Self-assessment of Clinician**

Clinician strengths this session:

Clinician limitations this session:

Proposed changes based upon above information:
### Subjective:

- S: Patient or family subjective statement of problem
- S: Statement about client behavior

### Objective/Goals:

<table>
<thead>
<tr>
<th>STG #1 Example:</th>
<th>STG #2</th>
<th>STG #3</th>
<th>STG #4</th>
<th>STG #5</th>
<th>STG #6</th>
</tr>
</thead>
<tbody>
<tr>
<td>90% medial and final /s/ at sentence level without cues/model</td>
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<td>o baseline, probe or treatment?</td>
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<td>o percentage of performance</td>
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<td>o cueing/modeling level?</td>
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<td>NO INTERPRETATION</td>
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</tbody>
</table>

### Minutes/Signature:

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

### A:

- Interpret percentages/progress here
- Progress (or lack thereof) in goals and why---DO NOT re-state numbers!
- Prognosis statement

### P:

- Goals and objectives, if changed, for upcoming week
- Homework? Referral? Consultation?

### Signature (for weekly note):

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

**Client:**

**Clinician:**

**Supervisor:**
<table>
<thead>
<tr>
<th>Date:</th>
<th>S:</th>
<th>S:</th>
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<tbody>
<tr>
<td><strong>Subjective:</strong></td>
<td>S:</td>
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<tr>
<td><strong>Objective/Goals:</strong></td>
<td>O:STG #1</td>
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<td>STG#2</td>
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<td>STG#5</td>
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<tr>
<td><strong>Minutes/Signature:</strong></td>
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<tr>
<td>Eval (Sp/L)</td>
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<tr>
<td>Speech/Lang. Tx</td>
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<td>A:</td>
<td>P:</td>
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<td></td>
<td>Signature (for weekly note):</td>
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<td></td>
<td>Semester: Fall Spring Summer Year:___________</td>
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<tr>
<td></td>
<td>Client:</td>
<td>Clinician:</td>
</tr>
</tbody>
</table>
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 Diagnosis:  
Treatment Diagnosis: {be sure this matches what you will indicate on your billing form—if you have questions about this, consult your supervisor}
Diagnosis ICD-9 Code: {a list of the most common is posted in the computer lab}

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

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 Diagnosis:
Treatment Diagnosis: {be sure this matches what you will indicate on your billing form—if you have questions about this, consult your supervisor}
Diagnosis ICD-9 Code: {a list of the most common is posted in the computer lab}

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  Supervisor’s Name, Degree, Credentials
Graduate Student Clinician  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: ___________________________________________________________________Y
☐ 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 front desk/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 front desk 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—decide on potential days/times for ongoing therapy, if appropriate
☐ If appropriate for therapy,
  ○ Inform Sarah to determine clinician/supervisor, which may vary from the initial
  ○ Inform front desk so that they 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
☐ Front desk mails copy of report to family; front desk workers file original in client chart
## Evaluation Planning Form

<table>
<thead>
<tr>
<th>Facilitator/time</th>
<th>Activities/Materials</th>
<th>Objective</th>
<th>Comments</th>
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<tbody>
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<tr>
<td>Break Time – Supervisor/Clinician Discussion</td>
<td>- Discuss assessment</td>
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</tr>
</tbody>
</table>

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>
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</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

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.

Current Diagnosis:
Treatment Diagnosis: {name of what client is being seen for; be sure this matches what you will indicate on your billing form—if you have questions about this, consult your supervisor}
Diagnosis ICD-9 Code: {a list of the most common is posted in the computer lab}

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.
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 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 __________.

Current Diagnosis:  
Treatment Diagnosis: {name of what client is being seen for; be sure this matches what you will indicate on your billing form—if you have questions about this, consult your supervisor}  
Diagnosis ICD-9 Code: {a list of the most common is posted in the computer lab}

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 – (GFTA2)
- 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></td>
<td>Deletion</td>
<td></td>
</tr>
<tr>
<td>/sh/</td>
<td></td>
<td>Substituted /s/</td>
<td>Substituted /s/</td>
</tr>
<tr>
<td>/ch/</td>
<td></td>
<td>Substituted /t/</td>
<td></td>
</tr>
</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

_______________________________
(clinician name and credentials)

Student Clinician

Cc: (Name and address of who this report will be sent to)
HELPFUL DOCUMENTATION

GUIDES
<table>
<thead>
<tr>
<th>“do” statement</th>
<th>condition</th>
<th>criteria</th>
<th>consistency</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(Client name)</em> will <em>(what do you want them to do/produce correctly?)</em></td>
<td>in <em>(what level of production)</em> with/without <em>(what cues)</em> &amp; <em>(in what situation)</em>?</td>
<td>from a stable baseline of ___% to ___% accuracy</td>
<td>over ___ trials/sessions</td>
</tr>
</tbody>
</table>

Levels of production, for example, with traditional artic. would be (from lowest to highest):  
1. discrimination  
2. isolation  
3. nonsense syll  
4. word  
5. phrase  
6. sentence  
7. conversation/

Always good to include baseline/initial measurement for reference  
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.

Measurable verbs to consider:  
- identify  
- articulate  
- respond  
- ask  
- imitate  
- discriminate  
- follow  
- recall  
- repeat  
- answer  
- write  
- vocalize  
- use  
- attend  
- initiate  
- demonstrate

Level of production, for example, with traditional artic. would be (from lowest to highest):  
1. discrimination  
2. isolation  
3. nonsense syll  
4. word  
5. phrase  
6. sentence  
7. conversation/

Cueing hierarchy might be (easiest to more difficult)  
1. with model (imitating/repeating after clinician)  
2. auditory/phoneme sound cue  
3. placement cue  
4. gestural cue  
5. wait time only  
6. independent/spontaneous prod

Situations might include:  
- structured setting  
- unfamiliar listener  
- familiar listener  
- social situation
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:
- Do Statement
- Condition
- Criteria
- Consistency

Example:
- Do Statement: Billy will correctly articulate /f/
- 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)

<table>
<thead>
<tr>
<th>Identify</th>
<th>Imitate</th>
<th>Repeat</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Articulate</td>
<td>Discriminate</td>
<td>Answer</td>
<td>Attend</td>
</tr>
<tr>
<td>Respond</td>
<td>Follow directions</td>
<td>Write</td>
<td>Initiate</td>
</tr>
<tr>
<td>Ask</td>
<td>Recall</td>
<td>Vocalize</td>
<td>Demonstrate</td>
</tr>
</tbody>
</table>
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!!!
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.

- Weekly Note Example:

  S: Sally appeared excited to attend all tx sessions. Mother reports occass.
  self-correction of artic. errors in some home situations.
<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. 

112
Clinician: __________________________
Client initials: _____________________
Date of session used for this review: ________________

**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.
**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>Aspect</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>
</tr>
<tr>
<td>Your listening skills</td>
<td>strength weakness</td>
<td></td>
</tr>
<tr>
<td>The language/terms you used for this audience</td>
<td>strength weakness</td>
<td></td>
</tr>
<tr>
<td>Your grammar</td>
<td>strength weakness</td>
<td></td>
</tr>
<tr>
<td>Your voice loudness, tone, etc.</td>
<td>strength weakness</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>strength weakness</td>
<td></td>
</tr>
</tbody>
</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 an example, education to a caregiver can sometimes count as evaluation 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. 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>
<th>Enter hours:min in appropriate category.</th>
<th>Supervisor Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A   F   V/R   L   H   S  Cog  Soc  Mod</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Step 1: Register as a Student User on CALIPSO

- Before registering, have available the PIN provided by your Clinical Coordinator via e-mail.
- Go to https://www.calipsoclient.com/uwrf
- Click on the “Student” registration link located below the login button.
- Complete the requested information, being sure to enter your “school” e-mail address, and record your password in a secure location. Click “Register Account.”
- Please note: PIN numbers are valid for 40 days. Contact your Clinical Coordinator for a new PIN if 40 days has lapsed since receiving the registration e-mail.

Step 2: Login to CALIPSO

- To login, go to https://www.calipsoclient.com/uwrf and login to CALIPSO using your school e-mail and password that you created for yourself during the registration process (step one.)
- Upon logging in for the first time, you will be prompted to pay the student fee and to provide consent for the release of information to clinical practicum sites.

Step 3: Enter Contact Information

- Click on “Student Information”
- Click on “Contact Info” and then “Edit” for each corresponding address.
- Enter your local, permanent, and emergency contact info. Enter “rotation” contact info when on externships. Return to this link to update as necessary.
- Click “Home” located within the blue stripe to return to the home page.
Step 4: View Immunization and Compliance Records

- Before each semester, click on “Student Information” and then “Compliance/Immunizations” to view a record of compliance and immunization records.
- Missing or expired records are highlighted in red.
- To create a document to save and/or print, click “PDF” located within the blue stripe.
- An electronic file of the original documents can be accessed, if uploaded by the Clinical Coordinator, by clicking “Files” located within the blue stripe.
- Click “Home” located within the blue stripe to return to the home page.

Step 5: View/Upload Clinical Placement Files

- The file management feature allows you to upload any type of file (e.g. Word, PDF, JPEG, audio/video) to share with your clinical supervisor or clinical administrator.
- Click on “Student Information” and then “Clinical Placement” to upload your own file and/or view a file uploaded by your supervisor or clinical administrator.
- **First, select a folder by clicking on the folder name or create a new folder or subfolder.** To create a new folder or subfolder, type in desired folder name in the "Add folder" field and press "create."
- **Upload a file** by pressing the “Browse” button, selecting a file, completing the requested fields, and clicking "upload." The upload fields will display if you have selected an unrestricted folder. **Set the file permission** by choosing “public” for supervisor and clinical administrator access or “private” for clinical administrator access only.
- **Move files** by dragging and dropping from one folder to another.
- **Rename folders** by clicking the "rename" link to the right of the folder name.
- **Delete files** by clicking the “delete” button next to the file name. **Delete folders** by deleting all files from the folder. Once all the files within the folder have been deleted, a “delete” link will appear to the right of the folder name.
Step 6a: Enter Daily Clock Hours

- Click on the “Clockhours” link located on the lobby page or the “Student Information” link then “Clockhours.”
- Click on the “Daily clockhours” link located within the blue stripe.
- Click on the “Add new daily clockhour” link.
- Complete the requested information and click “save.”
- Record clock hours and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.

To add clock hours for a *different* supervisor, clinical setting, or semester:
- Repeat above steps to enter additional clock hours gained under a different supervisor, clinical setting, or semester.

To add additional clock hours to the *same* record:
- Click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click “Show.”
- Click the “Copy” button located next to the date of a previous entry.
- Record the new clock hours (changing the date if necessary) and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.

- To view/edit daily clock hours, click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, and course) from the drop-down menu and click “Show.”
- Select the desired entry by clicking on the link displaying the entry date located along the top of the chart. Make desired changes and click save.
- Please note: Supervisors are not notified and are not required to approve daily clock hour submissions.

Step 6b: Submit Clock Hours for Supervisor Approval

- Click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, and course) from the drop-down menu and click “Show.”
- Check the box (located beside the entry date) for all dates you wish to submit for approval then click “Submit selected clockhours for supervisor approval.” Clock hours logged for the dates selected will be consolidated into one record for supervisor approval. The designated supervisor will receive an automatically generated e-mail requesting approval of the clock hour record.
- Please note: Daily entries cannot be edited once approved. However, if you delete the entry from the “Clockhour list” link prior to approval, daily hours may be resubmitted.
- View consolidated clock hour entries by clicking “Clockhours list” located within the blue stripe.
Step 7: View Clinical Performance Evaluations

- Click on “Student Information” and then “Evaluations.”
- As clinical performance evaluations are completed on you by your supervisors, the evaluations will automatically post to this link.
- View a desired evaluation by clicking on the “current evaluation” link highlighted in blue.

Step 8: View Cumulative Evaluation

- Click on “Student Information” and then “Cumulative evaluation” to view a summary of your clinical competency across the 9 disorder areas.
- Upon graduation, you must demonstrate competency for all clinical competencies listed on the form.
- Please make note of any areas of deficiency which are highlighted in orange.

Step 9: View Performance Summary

- Click on “Student Information” and then “Performance summary” to view a summary of your clinical performance across all clinical courses to date.

Step 10: View My Checklist

- Click on “Student Information” and then “My Checklist” to view your progress in meeting the clinical requirements for graduation.
- Upon graduation, all requirements should have been met, represented with a green check mark.
Step 11: Complete Self-Evaluation

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete a self-evaluation.
- From the lobby page, click on the “Self-evaluations” link.
- Click on “New self-evaluation.”
- Complete required fields designated with an asterisk and press “save.”
- Continue completing self-evaluation by scoring all applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, check the “final submission” box and click “save.”
- Receive message stating “evaluation recorded.”
- Please note: you may edit and save the evaluation as often as you wish until the final submission box is checked. Once the final submission box is checked and the evaluation saved, the status will change from “in progress” to “final”.
- To view the evaluation, click “Evaluations list” located within the blue stripe.

Step 12: Complete Supervisor Feedback Form

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete feedback for each clinical supervisor.
- From the lobby page, click “Supervisor feedback forms.”
- Click “New supervisor feedback.”
- Complete form and click “Submit feedback.”
- Your completed feedback form will be posted for Clinical Coordinator approval. Once approved, feedback will be posted for the clinical supervisor to view. Until approved, the feedback may be edited by clicking on “View/edit.”

Step 13: View Site Information Forms

- The “Site Information Forms” link located on the lobby page displays pertinent information on the sites/facilities that your school affiliates with for clinical placements.
- To view available information, identify the desired site and click “View” located in the fifth column under submitted.
- Please note: “In progress” forms are not accessible to students; only “submitted” forms are accessible to students.