MS-SLP PROGRAM/
CLINICAL EDUCATION HANDBOOK

CSD/SLP Program

THIEL COLLEGE

Communication Sciences & Disorders
Speech-Language Pathology

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Table of contents

BS-CSD Program Mission

The Communication Sciences and Disorders (CSD) major at Thiel College provides an interdisciplinary curriculum that prepares students for admission to graduate school and prepare for a career in the profession.

MS-SLP Program Mission

The mission of the Thiel College Master of Science in speech-language pathology program is to graduate speech-language professionals who have the disciplinary knowledge and skills, clinical preparation and dispositions to provide entry-level services to diverse clienteles and to meet the needs of their community.

Philosophy of Clinical Education

The CSD/SLP Program's objective is to help students acquire the knowledge and skills of their discipline through in-depth academic content, sequential structured clinical education experiences, and learning assignments. The clinical education component is viewed as a dynamic process where students participate actively in learning to apply academic information to clinical practice while working with clients who have varied types of communication disorders.

The goal is to prepare clinicians who demonstrate strengths in the following:

- ✓ The ability to analyze and synthesize information from a broad base of knowledge in communication science and disorders.
- ✓ A problem-solving attitude of inquiry and decision-making using evidence-based practice.
- ✓ Clinical competency in prevention, screening, evaluation, diagnosis, and treatment of patients with varied communication disorders.
- ✓ The ability to communicate effectively and professionally orally and in writing.
- ✓ Self-evaluation skills resulting in active steps to develop and refine clinical competencies and extend their knowledge base.
- ✓ Ethical and responsible professional conduct.
- ✓ Skills to work in interprofessional settings.

The long-term result of clinical education is to prepare students with a solid foundation to succeed in diverse educational, healthcare, and rehabilitation environments.

Although student experiences will vary, the goal is for clinicians to have the opportunity to assess and/or treat culturally and linguistically diverse individuals across the lifespan in nine communication disorder areas.

- Articulation.
- Fluency.
- Voice and resonance.
- Receptive and expressive language.
- Hearing.
- Swallowing disorders.

- Cognitive aspects of communication.
- Social aspects of communication.
- Communication modalities.

The scope of practice for speech-language pathology is in Appendix A.

Program Prerequisites

Students are expected to complete foundational preprofessional coursework in a variety of subject areas before matriculating at Thiel College for graduate study. Coursework from the following areas is necessary to meet Standard IV-D:

- ✓ Acoustical Phonetics
- ✓ Nature and Development of Language
- ✓ Speech and Hearing Science
- ✓ Anatomy and Physiology of the Vocal Mechanism
- ✓ Audiology/Aural Rehabilitation (6 credits)
- ✓ Human Biology
- ✓ Physics *or* Chemistry
- ✓ Statistics
- ✓ Social Science

MS-SLP Plan of Study and Other Requirements

The sequence of coursework at Thiel College focuses on communication/swallowing disorders, how to diagnose and treat them, and how to meet the nonmedical needs of clients in diverse communities. Students must successfully complete 18 hours of clinical practice, 36 hours of coursework, *and* pass the Praxis examination in Speech-Language Pathology to graduate. Students may not receive more than two Cs in didactic coursework. Course descriptions are available on the Thiel College website.

Semester 1

CSD 500 Neuropathology of Communication Disorders with Lab
CSD 510 Research Methods in CSD with Lab
CSD 511 Speech Sound Disorders with Lab
CSD 512 Language-Based Communication Disorders in Children with Lab
CSD 515 Clinical Practice I

Semester 2

CSD 521 Fluency Disorders with Lab
CSD 522 Aphasia and Cognitive-Communicative Disorders in Adults with Lab
CSD 525 Clinical Practice II
CSD 531 Motor Speech Disorders with Lab
CSD 541 Dysphagia with Lab
CSD 550 Professional Practicum (1 credit)
CSD 580 Capstone in Speech-Language Pathology (1 credit)

Semester 3
CSD 550 Professional Practicum (1 credit)
CSD 551 Voice Disorders with Lab
CSD 555 Externship I, Pediatric-Focused
CSD 570 Augmentative and Alternative Communication with Lab
CSD 580 Capstone in Speech-Language Pathology (1 credit)

Semester 4
CSD 550 Professional Practicum (1 credit)
CSD 565 Externship II, Adult-Focused
CSD 580 Capstone in Speech-Language Pathology (1 credit)

GPA Requirement for Admission to Clinical Practicum
Students seeking admission into clinical practicum courses must have a cumulative grade point average of 3.0 for courses completed at Thiel College.

Thiel College students applying for ASHA certification as a speech-language pathologist (CCC-SLP) must acquire 400 clock hours of supervised clinical observation and clinical practicum, including 25 hours of clinical observation prior to the first clinical practicum *plus* 375 hours in direct client/patient contact. Students may not begin accruing clinical clock hours until they complete 25 hours of observation and enter this time into CALIPSO.

Supervised clinical observation and clinical practicum–400 clock hours:
- Clinical observation–25 clock hours (undergraduate)
- Clinical practicum/externship–375 clock hours

The clinic director and program director may approve up to 50 hours of direct contact earned at the undergraduate level to count toward the required clock hour total.

Development and Measurement of Clinical Skills
Clinical education focuses on facilitating the acquisition of the knowledge, skills, and professional attributes needed for professional practice. The following broad competency areas are targeted during clinical education:
1. Professional responsibilities.
2. Interpersonal skills.
3. Communication proficiencies: verbal, nonverbal, and written.
4. Interviewing and counseling.
5. Self-evaluation skills.
6. Assessment: planning, implementing, and analysis.
7. Treatment: planning, implementing, and analysis.

ASHA Standards

This course has been designed to ensure that students demonstrate required knowledge and skills as outlined in the current ASHA Standards and Implementations for the Certificate of Clinical Competence in Speech-Language Pathology which can be found on the ASHA website.

Students should become familiar with these standards during their first term of study and review the standards periodically during their program.

In order to successfully complete the graduate Speech-Language Pathology Program and the students graduating from the program must provide formative and summative evidence to demonstrate that the graduates of the program have achieved the level of knowledge and skills needed for entry level professional work (i.e., the first professional year of work; clinical fellowship position for SLP students).

Student Role in Clinical Education

Clinical education is different from traditional didactic courses. Students transitioning to the clinical education components of the program must understand that they are responsible for their own learning. CSD/SLP Program faculty and staff are here to facilitate the successful completion of all degree, clinical education, and professional standards. However, faculty and staff can only help guide students through this process. In clinical education, students must focus on understanding why and how clinical decisions are made. They should be active participants, taking initiative to gather information on their own, ask questions of their clinical instructors/educators, and incorporate content from their courses into clinical practice. It is critical for students to refine their self-evaluation skills so they have a heightened awareness of what they know, what they do not know, and strategies for obtaining information and developing necessary clinical skills. This is an important part of developing clinical judgment. The goal is to acquire the knowledge and skills to enable each student to be independent and successful in an entry-level position and proficiently implement screening, prevention, assessment, and treatment services with patients with various communication and swallowing disorders.

Preclinical Requirements

Students must submit 25 hours of observation before they are permitted to earn clinical clock hours at Thiel College. Additionally, students must provide immunization records and other background information before matriculation at Thiel College or at other times as requested by the CSD/SLP Program and/or clinical practicum site. Once at Thiel, students will complete additional trainings (e.g., bloodborne pathogens, the Health Insurance Portability and Protection Act [HIPAA] of 1996) as directed. Students must also provide proof of COVID-19 at entry to Thiel College and influenza vaccination during the fall—permissible inoculation window will be communicated in writing near the beginning of the Fall semester.

Clinical Practicum Objectives

During clinical practicum, the student clinician will:

1. Use observation to develop the ability to evaluate client communication skills, determine clinician effectiveness, and become familiar with clinic procedures.
2. Become familiar with a variety of tests, published materials, and professional literature available for a variety of disorder types.

3. Develop skills for conducting effective evaluation sessions, including effective interviewing, the ability to administer and score standardized tests, the ability to develop objectives for intervention based on client needs and assessment data, participation in conferences, and experience with creating clinical paperwork.
4. Implement a plan of care that demonstrates application of background information, assessment data, and observations to develop an instructional sequence that achieves identified client objectives.
5. Apply teaching and learning principles.
6. Develop the ability to write concise, effective, and appropriate objectives, notes, and reports.
7. Develop the ability to recognize the need for and initiate appropriate referrals to other professionals.

In addition to requirements for the master's degree in Speech-Language Pathology, the CSD/SLP degree programs provide the opportunity for students to meet clinical education requirements for:

- ✓ Council on Academic Accreditation (CAA) http://www.asha.org/academic/accreditation/CAA_overview.htm
- ✓ ASHA Clinical Certification https://www.asha.org/certification/SLPCertification/
- ✓ Pennsylvania State Licensure http://www.dos.state.pa.us/bpoa
- ✓ Pennsylvania Educational Certification applicable to speech-language pathology http://www.pde.state.pa.us/

Students should monitor their progress toward completion of the requirements for CAA, ASHA, PA, and PA Department of Education. It is important to periodically review the content on the above websites during the program and consult the academic advisor with any questions. Students who will pursue a clinical fellowship outside of Pennsylvania should visit the licensure board for the other state to ensure eligibility requirements will be met. State-by-state requirements are also available at https://www.asha.org/advocacy/state/default/.
Note that all policies, guidelines, instructions, and forms appearing in this manual may be modified. Students will be informed in the event of any such modifications. Any questions or concerns about the information contained in this manual should be directed to the clinic director.

Sequence of Clinical Education Experiences

The CSD/SLP Program has developed a clinical education sequence that ensures students master clinical competencies and become independent at a level for their first entry-level professional position by the time they complete the graduate program. Students must pass the following courses sequentially.

- CSD 415, Introduction to Clinical Observation and Methodology (Thiel CSD undergraduates)
- CSD 420, Clinical Practice (Thiel CSD undergraduates)
- CSD 515 Clinical Practice I
- CSD 525 Clinical Practice II

- CSD 555 Externship I, Pediatric-Focused
- CSD 565 Externship II, Adult-Focused

Amount of Supervision

Supervision must be provided by professionals holding the Certificate of Clinical Competence in the appropriate area. Although the minimum amount of supervision required by ASHA with respect to total contact with each client is 25% for screening, evaluation, and intervention, this time should be adjusted upward to meet each student's experience, knowledge, and skills. Supervision must be in real time, not via recorded sessions.

Clinic Time Expectations

Enrollment in clinical courses will place significant time demands on students during the week. Preparation for new or weekly clients requires many hours. Students should be prepared to devote at least 15 to 20 hours per week for assignments within the Thiel College Center for Speech-Language Services and up to 40 hours per week during externships. Clinical assignments at various sites may include diagnostics, intervention, meetings (e.g., IEPs), trainings, session preparation, scoring tests, analyzing results, familiarizing oneself with materials, reviewing videos of one's client interactions, counseling, or completing documentation.

On-Campus Clinic

The Thiel College Center for Speech-Language Services is located in the Glen Johnson Center on Roy Johnson Drive in Greenville, PA.
Clients are notified prior to their assessment that they are agreeing to services provided by graduate students under the direct supervision of speech-language pathologists who are nationally certified and licensed by the state. Clients are afforded the opportunity to identify their desires to not be recorded via the Consent to Use Clinical Information for Educational Purposes. They may also use the Acknowledgment of Health Information Practice/Research Opportunities document to notify the Thiel College Center for Speech-Language Services of their preference to be excluded from any potential research opportunities that may arise during their course of case. These forms are included in the Client Handbook and reviewed with clients prior to initiation of services and made available throughout the course of treatment via the clinic website as well as hard copies available in the clinic.

Student clinicians and clinical educators are required to participate in annual mandatory trainings that include compliance and other regulatory teachings. Patient care issues are consistently represented in the annual competencies conducted by the Human Resources Department and the Office of Clinical Services. Deficiencies require remediation.

Finally, student clinicians are instructed in the ASHA Code of Ethics (Appendix C) and the Patient Bill of Rights (Appendix D) during orientation and again throughout their coursework and clinical experiences during the time on and off campus. Clinical educators attest to the code of ethics during renewal of their certification and licensure. These actions also ensure the welfare of everyone served is protected.

Clinic Closings/Cancelations

As stated in the Thiel College Student Handbook, weather events and other emergencies may result in class cancelations and closure of the institution. Cancelation decisions will be made by 7:00 am of the day in question. The Thiel College Center for Speech-Language Services will not operate when classes are canceled. Closure announcements for the college will be made on the following radio stations:

- WGRP/WEIC Greenville
- WKBN Youngstown
- WYSU-FM Youngstown
- Y103-FM Youngstown

Ethical and Professional Practices

All clinical educators and student clinicians must adhere to the ASHA Code of Ethics and standards established by the CAA. The four principles appear below; see Appendix C for the complete Code of Ethics.

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

Antidiscrimination Policies

Thiel College does not discriminate based on race, color, sex, religious beliefs, national origin, ancestry, age, or disability. Appendix E contains the equity policy that is applicable to the Thiel College Center for Speech-Language Services.

Dress Code

As with all other aspects of conduct related to the student clinician's role as a staff member, the student is expected to dress appropriately for all sessions. Clients will judge the professionalism of the facility by both student clinician's behavior and their appearance. In many cases, such as in a diagnostic session, there may be only one contact between a client and the clinic. Dress for all clinicians should be appropriate for a professional setting as well as the planned client/activities (e.g., do not wear a skirt or dress if you will sit/play on the floor with a young child). With that in mind, students will adhere to the following unless otherwise directed by the supervising clinical instructor/educator:

- Closed-toed shoes must be worn. No flip flops, sandals, tennis shoes, or combat/work boots are allowed.
- Dress shirts or blouses are desirable. Knit shirts and sweaters may be worn. Shoulders, cleavage, midriff, navel, small of back, and/or bottom must always be covered. Halter tops, tank tops, tube tops, strapless tops/dresses, and off-the-shoulder attire are not

appropriate. Although t-shirts, sweatshirts, and hoodies should be avoided, Thiel gear is acceptable.

- Blue or other denim jeans, pants with patches, frayed or raveled edges, excessively worn spots, holes, or cut-off edges are not permissible.
- Skirts and dresses may not be revealing.
- Shorts, warm-up suits, yoga pants, and pajama bottoms are not appropriate.
- Hats are not acceptable.
- Facial or intra-oral piercing/jewelry must be removed.
- Facial hair, if worn, must be neat and not obstruct the view of the mouth.
- Tattoos should be covered.
- Excessive jewelry should be avoided.
- Fragrances should be minimal.
- Fingernails should be clean with no ragged edges. Nails should be kept to a length that is not detrimental to client safety.

Students should wear identification badges while involved in any clinical activity (direct or observation).

Forms of Address

Students are expected to act in a respectful manner and use appropriate titles (e.g., Mr., Mrs., Dr.) when addressing adult (i.e., 18 years or older) clients, their family members, clinical educators, staff, and faculty. While it is acceptable to use a client's first name if given permission, students should continue to use the title in paperwork as a matter of professionalism and courtesy.

Person-First Language

Clinicians are expected to use person-first language that is consistent with the Individuals with Disabilities Education Act (IDEA). Emphasize the person more than the disorder or condition (e.g., child with autism, person with aphasia).

Attendance

Student clinicians are required to arrive at the Clinic AT LEAST 30 MINUTES BEFORE a clinical session. This time is to be used for preparation and/or meeting with the clinical educator. Tardiness will be taken into consideration by the clinical educator when evaluating a student's performance on the practicum evaluation form in CALIPSO. *Students who are consistently late (more than 2 late arrivals) for their treatment sessions will be docked one clinical hour for each subsequent late arrival.* Continued tardiness may result in re-assignment of the client to another clinician and dismissal from the practicum for the remainder of the semester. The student will be required to continue the clinic seminar.

Students should have the preferred contact information and medium (e.g., email, phone) for their clinical educators as well as clients. Whenever possible, students should not cancel sessions, but instead arrange for another clinician—one in the same clinic block who is familiar with the plan of care—to complete the planned intervention. When this is impossible, students should take the following actions to cancel a session:

1. Notify the client of the necessary cancelation.

2. Notify the appropriate clinical educator.
3. Notify the clinical administrative assistant.

If the student cannot make direct contact with the client, he or she must notify the clinical administrative assistant. While making up a client-missed session at the end of the semester is up to the discretion of the clinical team, all sessions canceled by the student or clinical educator MUST be made up at the end of the semester.

Handwashing and Personal Protective Equipment

The simplest way to control the spread of infection or agents likely to cause an allergic reaction is by handwashing. Students should use soap and water for at least 20 seconds:

- Before and after each in-person clinical session.
- After coughing, sneezing, or wiping a nose.
- After using the toilet.
- After handling soiled items (e.g., dirty toys, used tissue).
- Before and after wearing gloves.
- Before preparing or eating food.

When soap and water is not available, students should utilize hand sanitizer.

Students will receive training related to personal protective equipment (PPE), handwashing, hand sanitize, and surface disinfection during orientation and as appropriate. The Thiel College Center for Speech-Language Services will comply with all state and federal rules regarding physical distancing and facial masks.

E-Mail Etiquette

Professional courtesy and behaviors are expected of students in on- and off-campus clinical sites, in the classroom, and in online communications. In some situations, e-mail may be a student's primary method of communicating with clinical educators, instructors, and the department. The relationships between students, the department, and clinical sites are vital for success of the program. It is of utmost importance that any communication students have with externship sites and clinical educators demonstrate the highest degree of professionalism. All e-mail correspondence should contain an appropriate and professional salutation, well-written and grammatically correct body, and a respectful closing.

Dependability

The student should prepare for all meetings with the clinical educator. Student clinicians should notify supervisors of any anticipated absence from clinical responsibilities or change of schedule or location. In the case of an unanticipated absence (e.g., clinician illness), notify the clinical educator first, then the client if another clinician from the clinical block is not available to step in and run the session. Learning to adhere to clinic schedules is an important part of professional development. Courtesy and professionalism dictate clinicians begin and end clinical sessions within the appropriate period and allow time for clean-up and for the next clinician to set up in the room.

Confidentiality

All client information is confidential. Instruction in specific guidelines regarding protected health information (PHI) as it relates to HIPAA will be presented during orientation and throughout the graduate program.

CALIPSO

The program will use Clinical Assessment of Learning Inventory of Performance Streamlined Office operations (CALIPSO) to manage certain aspects of recordkeeping.

- Students will enter diagnostic and intervention hours earned in clinical practicum, externships, and didactic courses.
- Clinical educators will approve clock hours. They will also evaluate student performance by using a competency-based instrument (i.e., Clinical Assessment of Learning).
- CALIPSO will track CFCC and CAA standards for student knowledge and skills obtained through clinical and academic courses.

Student clinicians should enter their clock hours into CALIPSO ***as soon as possible***, but no later than 48 hours after their client visit. Failure to enter clock hours in a timely manner may result in hours not being approved by clinical educators. See Appendix F for CALIPSO instructions.

Clinical Hours

According to the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC), one clinical clock hour equals 60 minutes. Clock hours should not be rounded, but recorded in the denominations (e.g., 45 minutes) in which they occurred. While there is an exception for telepractice that will be discussed as appropriate, student clinicians typically just receive hours for direct client contact. At this time, the following activities may not be counted as clock hours:

- Preparing for an evaluation or intervention session.
- Creating materials.
- Scoring and analyzing assessments.
- Scheduling appointments.
- Discussing clients with the family or clinical educator.
- Meeting with the clinical team.
- Observing sessions.
- Participating in IEP/IFSP meetings.

Clinicians are responsible for entering clock hours into CALIPSO as they are completed, at least on a weekly basis. Clinical educators on and off campus will have access to CALIPSO and will approve hours via this web-based system. A minimum of 400 clock hours (this includes the 25 clock hours of guided undergraduate observation) must be obtained for ASHA certification. At least 375 of these clock hours must be obtained at the graduate level.

Clinical Simulation

In 2016, the CFCC revised Standard V-B for the Certificate of Clinical Competence in Speech-Language Pathology to include the use of simulation. According to this standard, students may obtain up to 75 hours of direct clinical contact with simulation. Students will use the web-based platform SimuCase in clinical and academic courses to provide skills practice in less accessible clinical areas, enhance course material, or remediate aspects of performance. *Students must **save***

each attempt on a case; total time spent working on the case must meet or exceed the recommended time or the full amount of clock hours will not be awarded. There are three components to SimuCase:

1. **Prebrief.** Before students launch a simulation, the clinical educator presents the referral, provides due date, notes the recommended completion time, reiterates scoring, and answers any questions.
2. **Simulation and feedback.** Students work through the case and contact the clinical educator with questions if they cannot meet the required 90% competency rate.
3. **Debrief.** The clinical educator leads a discussion about the case or—if students have completed multiple related simulations—cases. To meet the supervision requirement necessary to count the clock hours, the debrief must last at least 25% of the total simulation time. A 120-minute block of related cases, for example, would necessitate a debrief of 30 minutes. There may or may not be a written component to the debrief.

Diagnostic Procedures

Students will receive diagnostic assignments, based upon their availability and the client pool, as part of the practicum experience. The Director of Clinical Education will notify a student of the day, time, client, primary disorder, and clinical educator for each evaluation. Once a student has received a diagnostic assignment, they should locate the client's file in ClinicNote or with the clinic administrative assistant and thoroughly review all referral and case history information. The student should then schedule an appointment to discuss the plan for the evaluation with the clinical educator and complete the diagnostic plan in ClinicNote. The student clinician should contact the client no less than 24 hours in advance of the diagnostic appointment to confirm the appointment and obtain any additional information required to better plan for and complete the evaluation. An inventory of tests is available in the Clinic. Student clinicians may check out tests to review procedures for administration and interpretation with the permission of the Director of Clinical Education or the supervisory staff.

Clinical Feedback

Most students require feedback as they learn technical writing skills for documentation and report writing. Students also typically need feedback as they learn facets of assessment, diagnosis, treatment, counseling, and so on. Clinical supervisors/educators will provide oral and/or written (i.e., handwritten, electronic) comments to students following assessments and intervention sessions. This may be immediately following the session or at a regularly scheduled meeting. Clinical supervisors/educators will also provide corrective feedback on documentation. Students are responsible for communicating with the clinical supervisor/educator to request additional feedback or feedback in another format than is currently being offered.

Grading

Clinical courses will be assigned grades of either Pass or Fail. This will be determined by student performance as evaluated by clinical educators in CALIPSO. Clinical instructors/educators will assess students about halfway through the placement, then again at the end. Pass levels are commensurate with clinical coursework:

	Pass	Fail
CSD 515	3.25–5.00	0.00–3.24
CSD 525	3.50–5.00	0.00–3.49
CSD 555	3.75–5.00	0.00–3.74
CSD 565	4.00–5.00	0.00–3.99

Documentation and Electronic Medical Records

Documentation supports diagnosis, treatment, and outcomes in speech-language pathology and allows clinicians to communicate with clients, families, other professionals, and third-party payors. Although the Thiel College Center for Speech-Language Services does not charge for diagnostic or treatment sessions, documentation remains a critical aspect of both student training and client care. Many entities that employ speech-language pathologists use electronic medical records (EMRs). Beginning in August 2020, clinicians in the on-campus clinic will utilize ClinicNote, an internet-housed EMR suite. ClinicNote may be accessed by students creating and editing documentation in the Glen Johnson Center. Documentation available within ClinicNote and necessary for clients of the Thiel College Center for Speech-Language Services includes:

- Diagnostic plan
- Evaluation report
- Plan of care
- Session plan
- SOAP note
- Progress report
- Discharge report

Appendix G contains documentation instructions specific to the Thiel College Center for Speech-Language Services, though many of the templates have additional explanations and suggestions. It is possible to modify and individualized these documents to provide the most appropriate and important information for a specific client. Note that different clinical educators in the Thiel College Center for Speech-Language Services and in external sites will have different styles of writing and documentation. Students are expected to meet the expectations of each clinical educator in the quest for a well-rounded clinical education.

A section within a client's EMR (i.e., disposition form) should reflect all significant phone calls, parent/spouse conferences, referrals, re-evaluation dates, consultations, and sessions canceled by either the client or clinical team.

Externship Procedures

A student is eligible to complete full-time externships after successfully completing a minimum of 30 credit hours of graduate coursework. Students receive clinical training at a variety of externship sites throughout the United States. The establishment of practicum sites and the placement of students at these sites are the sole responsibility of the clinic director.

After reviewing a student's externship request form and program confirmation of placement, a student may need to complete an interview if required by the externship site. Externship forms

must be submitted to the Program Director or other CSD/SLP faculty or staff as directed by the Program Director.

PLEASE NOTE: UNDER NO CIRCUMSTANCES ARE STUDENTS TO SET UP OR ARRANGE FOR THEIR OWN EXTERNSHIP PLACEMENTS.

Students failing to follow procedure will not be assigned to a practicum site for the semester in which the practicum is requested. Students who do not submit the request by the specified date may not receive a placement.

The CSD/SLP Program maintains affiliation agreements for practicum placements with area agencies, hospitals, schools, and individuals. New practicum sites are added on a regular basis. The program will investigate the feasibility of a practicum site with which a student is interested in affiliating with a site that does not currently have an active agreement with the CSD/SLP Program. The student should contact the Program Director (or other CSD/SLP faculty or staff as directed by the Program Director) regarding the establishment of a new off-campus practicum site. The Program Director (or other CSD/SLP faculty or staff as directed by the Program Director) will then determine whether the site can provide practicum experiences and supervision in accordance with ASHA guidelines and regulations. Students should not take it upon themselves to negotiate a contract with an off-campus site. Thiel College and the CSD/SLP Program maintain strict regulations and procedures in establishing off-campus practicum locations. This ensures students are adequately insured for professional liability in off-campus sites. It also assures the CSD/SLP Program that students are receiving appropriate and well-balanced practicum experiences under the supervision of certified, licensed, and qualified individuals. Regular contact is maintained with all off-campus clinical educators.

Remediation

Remediations offered for specific assignments/exams can be found in the Course Learning Outcomes and Objectives section of the syllabus. Remediations, when offered are required, and based on knowledge and skills competencies identified in the assignment necessary for the student to meet programmatic accreditation mandates. Remediations are determined by the professor for the course including the number of remediations offered for any particular assignment/exam. Remediations will not result in a grade adjustment for an assignment/exam and will be solely required to complete to meet a competency. All students are required to complete requested remediations regardless of whether or not they have or will have a passing grade in the course. Remember, it is to ensure students meet knowledge and skills requirements for graduation. Knowledge and skills for each student are tracked and can be accessed in CALIPSO.

Academic Probation

In order to successfully complete the MS-SLP Program, students can have no more than two grades of *C+/C/C-* and a minimum GPA of 3.0 or above in the graduate program. If students have a GPA lower than 3.0 or more than two grades of C+/C/C-, they will be placed on academic probation. If placed on academic probation, program faculty will develop a Program Remediation Plan.

Per our discussion yesterday during your advising meeting, you must adhere to the following ***Program Remediation Plan*** to successfully continue and complete the program:

If students on academic probation receive one additional course grades of *C+/C/C-* or during the remainder of the program for a total of three or more courses grades of *C+/C/C-*, they will be dismissed from the program effective immediately with no additional chance to remediate. If students have a no more than two course grades of *C+/C/C-* but their GPA is below 3.0, they will have to repeat coursework so that they have a final cumulative GPA of 3.0 to successfully complete the program.

Once a student is dismissed from the program, they have to reapply using the standard application procedure and repeat the entire MS-SLP Program if admitted.

PLEASE REMEMBER THAT STUDENTS WILL NOT BE PERMITTED TO GRADUATE UNTIL ALL ACADEMIC, PRACTICE HOUR, AND SUMMATIVE ASSESSMENT REQUIREMENTS ARE COMPLETED.

Thiel College is committed to assisting students in the journey to become certified speech-language pathologists.

Students should refer to the Thiel Student Handbook available on the Theil College website for any policies not specifically addressed in this document.

Appendix A

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

SCOPE OF PRACTICE IN SPEECH-LANGUAGE PATHOLOGY

AD HOC COMMITTEE ON THE SCOPE OF PRACTICE IN SPEECH-LANGUAGE PATHOLOGY

Reference this material as: American Speech-Language-Hearing Association. (2016). Scope of Practice in Speech-Language Pathology [Scope of Practice]. Available from www.asha.org/policy.

Introduction

The *Scope of Practice in Speech-Language Pathology* of the American Speech-Language-Hearing Association (ASHA) includes the following: a statement of purpose, definitions of *speech-language pathologist* and *speech-language pathology*, a framework for speech-language pathology practice, a description of the domains of speech-language pathology service delivery, delineation of speech-language pathology service delivery areas, domains of professional practice, references, and resources.

The *speech-language pathologist* (*SLP*) is defined as the professional who engages in professional practice in the areas of communication and swallowing across the life span. *Communication* and *swallowing* are broad terms encompassing many facets of function. *Communication* includes speech production and fluency, language, cognition, voice, resonance, and hearing. *Swallowing* includes all aspects of swallowing, including related feeding behaviors. Throughout this document, the terms *communication* and *swallowing* are used to reflect all areas. This document is a guide for SLPs across all clinical and educational settings to promote best practice. The term *individuals* is used throughout the document to refer to students, clients, and patients who are served by the SLP.

As part of the review process for updating the *Scope of Practice in Speech-Language Pathology*, the committee revised the previous scope of practice document to reflect recent advances in knowledge and research in the discipline. One of the biggest changes to the document includes the delineation of practice areas in the context of eight domains of speech-language pathology service delivery: collaboration; counseling; prevention and wellness; screening; assessment; treatment; modalities, technology, and instrumentation; and population and systems. In addition, five domains of professional practice are delineated: advocacy and outreach, supervision, education, research, and administration/leadership.

Service delivery areas include all aspects of communication and swallowing and related areas that impact communication and swallowing: speech production, fluency, language, cognition, voice, resonance, feeding, swallowing, and hearing. The practice of speech-language pathology continually evolves. SLPs play critical roles in health literacy; screening, diagnosis, and treatment of autism spectrum disorder; and use of the *International Classification of Functioning, Disability, and Health* (ICF; World Health Organization [WHO], 2014) to develop functional goals and collaborative practice. As technology and science advance, the areas of assessment and intervention related to communication and swallowing disorders grow accordingly. Clinicians should stay current with advances in speech-language pathology practice by regularly reviewing the research literature, consulting the Practice Management section of the ASHA website, including the Practice Portal, and regularly participating in continuing education to supplement advances in the profession and information in the scope of practice.

Statement of Purpose

The purpose of the *Scope of Practice in Speech-Language Pathology* is to

1. delineate areas of professional practice;
2. inform others (e.g., health care providers, educators, consumers, payers, regulators, and the general public) about professional roles and responsibilities of qualified providers;

3. support SLPs in the provision of high-quality, evidence-based services to individuals with communication, feeding, and/or swallowing concerns;
4. support SLPs in the conduct and dissemination of research; and
5. guide the educational preparation and professional development of SLPs to provide safe and effective services.

The scope of practice outlines the breadth of professional services offered within the profession of speech-language pathology. Levels of education, experience, skill, and proficiency in each practice area identified within this scope will vary among providers. An SLP typically does not practice in all areas of clinical service delivery across the life cycle. As the ASHA Code of Ethics specifies, professionals may practice only in areas in which they are competent, based on their education, training, and experience.

This scope of practice document describes evolving areas of practice. These include interdisciplinary work in both health care and educational settings, collaborative service delivery wherever appropriate, and telehealth/telepractice that are effective for the general public.

Speech-language pathology is a dynamic profession, and the overlapping of scopes of practice is a reality in rapidly changing health care, education, and other environments. Hence, SLPs in various settings work collaboratively with other school or health care professionals to make sound decisions for the benefit of individuals with communication and swallowing disorders. This *interprofessional collaborative practice* is defined as "members or students of two or more professions associated with health or social care, engaged in learning with, from and about each other" (Craddock et al., 2006, p. 237). Similarly, "interprofessional education provides an ability to share skills and knowledge between professions and allows for a better understanding, shared values, and respect for the roles of other healthcare professionals" (Bridges et al., 2011, para. 5).

This scope of practice does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. However, it may serve as a model for the development or modification of licensure laws. Finally, in addition to this scope of practice document, other ASHA professional resources outline practice areas and address issues related to public protection (e.g., A guide to disability rights law and the Practice Portal). The highest standards of integrity and ethical conduct are held paramount in this profession.

Definitions of Speech-Language Pathologist and Speech-Language Pathology

Speech-language pathologists, as defined by ASHA, are professionals who hold the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), which requires a master's, doctoral, or other recognized postbaccalaureate degree. ASHA-certified SLPs complete a supervised postgraduate professional experience and pass a national examination as described in the ASHA certification standards, (2014). Demonstration of continued professional development is mandated for the maintenance of the CCC-SLP. SLPs hold other required credentials where applicable (e.g., state licensure, teaching certification, specialty certification).

Each practitioner evaluates his or her own experiences with preservice education, practice, mentorship and supervision, and continuing professional development. As a whole, these

experiences define the scope of competence for each individual. The SLP should engage in only those aspects of the profession that are within her or his professional competence.

SLPs are autonomous professionals who are the primary care providers of speech-language pathology services. Speech-language pathology services are not prescribed or supervised by another professional. Additional requirements may dictate that speech-language pathology services are prescribed and required to meet specific eligibility criteria in certain work settings, or as required by certain payers. SLPs use professional judgment to determine if additional requirements are indicated. Individuals with communication and/or swallowing disorders benefit from services that include collaboration by SLPs with other professionals.

The profession of speech-language pathology contains a broad area of speech-language pathology practice that includes both speech-language pathology service delivery and professional practice domains. These domains are defined in subsequent sections of this document and are represented schematically in **Figure 1**.

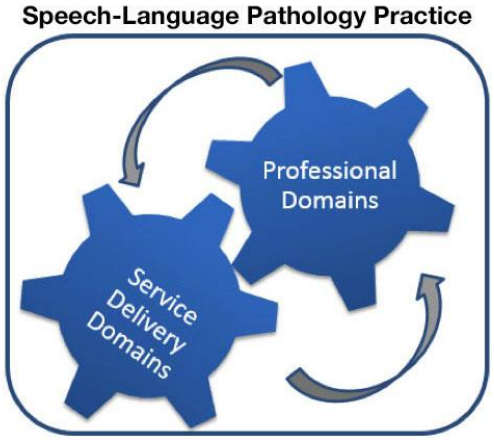

Figure 1. Schematic representation of speech-language pathology practice, including both service delivery and professional domains.

Framework for Speech-Language Pathology Practice

The overall objective of speech-language pathology services is to optimize individuals' abilities to communicate and to swallow, thereby improving quality of life. As the population of the United States continues to become increasingly diverse, SLPs are committed to the provision of culturally and linguistically appropriate services and to the consideration of diversity in scientific investigations of human communication and swallowing.

An important characteristic of the practice of speech-language pathology is that, to the extent possible, decisions are based on best available evidence. ASHA defines *evidence-based practice* in speech-language pathology as an approach in which current, high-quality research evidence is integrated with practitioner expertise, along with the client's values and preferences (ASHA, 2005). A high-quality basic and applied research base in communication sciences and disorders and related disciplines is essential to providing evidence-based practice and high-quality services. Increased national and international interchange of professional knowledge,

information, and education in communication sciences and disorders is a means to strengthen research collaboration and improve services. ASHA has provided a resource for evidence-based research via the Practice Portal.
The scope of practice in speech-language pathology comprises five domains of professional practice and eight domains of service delivery.

Professional practice domains:

- advocacy and outreach
- supervision
- education
- administration/leadership
- research

Service delivery domains

- Collaboration
- Counseling
- Prevention and Wellness
- Screening
- Assessment
- Treatment
- Modalities, Technology, and Instrumentation
- Population and Systems

SLPs provide services to individuals with a wide variety of speech, language, and swallowing differences and disorders within the above-mentioned domains that range in function from completely intact to completely compromised. The diagnostic categories in the speech-language pathology scope of practice are consistent with relevant diagnostic categories under the WHO's (2014) *ICF*, the American Psychiatric Association's (2013) *Diagnostic and Statistical Manual of Mental Disorders*, the categories of disability under the Individuals with Disabilities Education Act of 2004 (see also U.S. Department of Education, 2004), and those defined by two semiautonomous bodies of ASHA: the Council on Academic Accreditation in Audiology and Speech-Language Pathology and the Council for Clinical Certification in Audiology and Speech-Language Pathology.

The domains of speech-language pathology service delivery complement the *ICF*, the WHO's multipurpose health classification system (WHO, 2014). The classification system provides a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the breadth of the role of the SLP in the prevention, assessment, and habilitation/rehabilitation of communication and swallowing disorders and the enhancement and scientific investigation of those functions. The framework consists of two components: health conditions and contextual factors.

Health Conditions

Body Functions and Structures: These involve the anatomy and physiology of the human body. Relevant examples in speech-language pathology include craniofacial anomaly, vocal fold paralysis, cerebral palsy, stuttering, and language impairment.

Activity and Participation: *Activity* refers to the execution of a task or action. *Participation* is the involvement in a life situation. Relevant examples in speech-language pathology include difficulties with swallowing safely for independent feeding, participating actively in class, understanding a medical prescription, and accessing the general education curriculum.

Contextual Factors

Environmental Factors: These make up the physical, social, and attitudinal environments in which people live and conduct their lives. Relevant examples in speech-language pathology include the role of the communication partner in augmentative and alternative communication (AAC), the influence of classroom acoustics on communication, and the impact of institutional dining environments on individuals' ability to safely maintain nutrition and hydration.

Personal Factors: These are the internal influences on an individual's functioning and disability and are not part of the health condition. Personal factors may include, but are not limited to, age, gender, ethnicity, educational level, social background, and profession. Relevant examples in speech-language pathology might include an individual's background or culture, if one or both influence his or her reaction to communication or swallowing.

The framework in speech-language pathology encompasses these health conditions and contextual factors across individuals and populations. **Figure 2** illustrates the interaction of the various components of the ICF. The health condition component is expressed on a continuum of functioning. On one end of the continuum is intact functioning; at the opposite end of the continuum is completely compromised function. The contextual factors interact with each other and with the health conditions and may serve as facilitators or barriers to functioning. SLPs influence contextual factors through education and advocacy efforts at local, state, and national levels.

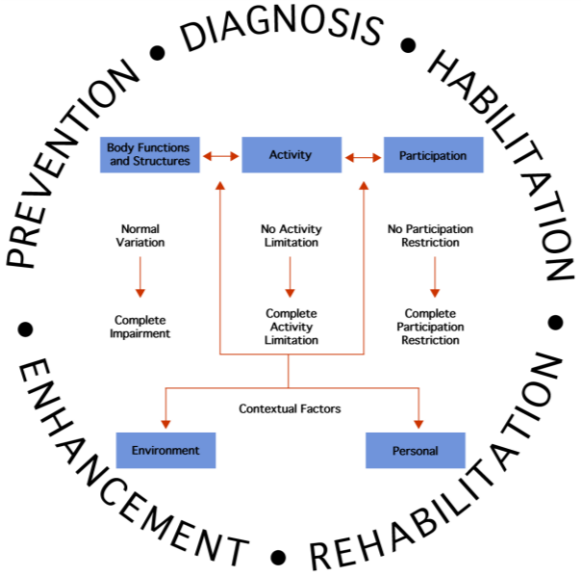

Figure 2. Interaction of the various components of the ICF model. This model applies to individuals or groups.

Domains of Speech-Language Pathology Service Delivery

The eight domains of speech-language pathology service delivery are collaboration; counseling; prevention and wellness; screening; assessment; treatment; modalities, technology, and instrumentation; and population and systems.

Collaboration

SLPs share responsibility with other professionals for creating a collaborative culture. Collaboration requires joint communication and shared decision making among all members of the team, including the individual and family, to accomplish improved service delivery and functional outcomes for the individuals served. When discussing specific roles of team members, professionals are ethically and legally obligated to determine whether they have the knowledge and skills necessary to perform such services. Collaboration occurs across all speech-language pathology practice domains.

As our global society is becoming more connected, integrated, and interdependent, SLPs have access to a variety of resources, information technology, diverse perspectives, and influences (e.g., Lipinsky et al., 1997). Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders is a means to strengthen research collaboration and improve services. SLPs

- educate stakeholders regarding interprofessional education (IPE) and interprofessional practice (IPP) (ASHA, 2014) principles and competencies;
- partner with other professions/organizations to enhance the value of speech-language pathology services;
- share responsibilities to achieve functional outcomes;
- consult with other professionals to meet the needs of individuals with communication and swallowing disorders;
- serve as case managers, service delivery coordinators, members of collaborative and patient care conference teams; and
- serve on early intervention and school pre-referral and intervention teams to assist with the development and implementation of individualized family service plans (IFSPs) and individualized education programs (IEPs).

Counseling

SLPs counsel by providing education, guidance, and support. Individuals, their families, and their caregivers are counseled regarding acceptance, adaptation, and decision making about communication, feeding and swallowing, and related disorders. The role of the SLP in the counseling process includes interactions related to emotional reactions, thoughts, feelings, and behaviors that result from living with the communication disorder, feeding and swallowing disorder, or related disorders.

SLPs engage in the following activities in counseling persons with communication and feeding and swallowing disorders and their families:

- empower the individual and family to make informed decisions related to communication or feeding and swallowing issues.
- educate the individual, family, and related community members about communication or feeding and swallowing disorders.

- provide support and/or peer-to-peer groups for individuals with disorders and their families.
- provide individuals and families with skills that enable them to become self-advocates.
- discuss, evaluate, and address negative emotions and thoughts related to communication or feeding and swallowing disorders.
- refer individuals with disorders to other professionals when counseling needs fall outside of those related to (a) communication and (b) feeding and swallowing.

Prevention and Wellness

SLPs are involved in prevention and wellness activities that are geared toward reducing the incidence of a new disorder or disease, identifying disorders at an early stage, and decreasing the severity or impact of a disability associated with an existing disorder or disease. Involvement is directed toward individuals who are vulnerable or at risk for limited participation in communication, hearing, feeding and swallowing, and related abilities. Activities are directed toward enhancing or improving general well-being and quality of life. Education efforts focus on identifying and increasing awareness of risk behaviors that lead to communication disorders and feeding and swallowing problems. SLPs promote programs to increase public awareness, which are aimed at positively changing behaviors or attitudes.

Effective prevention programs are often community based and enable the SLP to help reduce the incidence of spoken and written communication and swallowing disorders as a public health and public education concern.

Examples of prevention and wellness programs include, but are not limited to, the following:

- *Language impairment:* Educate parents, teachers, and other school-based professionals about the clinical markers of language impairment and the ways in which these impairments can impact a student's reading and writing skills to facilitate early referral for evaluation and assessment services.
- *Language-based literacy disorders:* Educate parents, school personnel, and health care providers about the SLP's role in addressing the semantic, syntactic, morphological, and phonological aspects of literacy disorders across the lifespan.
- *Feeding:* Educate parents of infants at risk for feeding problems about techniques to minimize long-term feeding challenges.
- *Stroke prevention:* Educate individuals about risk factors associated with stroke
- *Serve on teams:* Participate on multitiered systems of support (MTSS)/response to intervention (RTI) teams to help students successfully communicate within academic, classroom, and social settings.
- *Fluency:* Educate parents about risk factors associated with early stuttering.
- *Early childhood:* Encourage parents to participate in early screening and to collaborate with physicians, educators, childcare providers, and others to recognize warning signs of developmental disorders during routine wellness checks and to promote healthy communication development practices.
- *Prenatal care:* Educate parents to decrease the incidence of speech, hearing, feeding and swallowing, and related disorders due to problems during pregnancy.
- *Genetic counseling:* Refer individuals to appropriate professionals and professional services if there is a concern or need for genetic counseling.

- *Environmental change:* Modify environments to decrease the risk of occurrence (e.g., decrease noise exposure).
- *Vocal hygiene:* Target prevention of voice disorders (e.g., encourage activities that minimize phonotrauma and the development of benign vocal fold pathology and that curb the use of smoking and smokeless tobacco products).
- *Hearing:* Educate individuals about risk factors associated with noise-induced hearing loss and preventive measures that may help to decrease the risk.
- *Concussion /traumatic brain injury awareness:* Educate parents of children involved in contact sports about the risk of concussion.
- *Accent/dialect modification:* Address sound pronunciation, stress, rhythm, and intonation of speech to enhance effective communication.
- *Transgender (TG) and transsexual (TS) voice and communication:* Educate and treat individuals about appropriate verbal, nonverbal, and voice characteristics (feminization or masculinization) that are congruent with their targeted gender identity.
- *Business communication:* Educate individuals about the importance of effective business communication, including oral, written, and interpersonal communication.
- *Swallowing:* Educate individuals who are at risk for aspiration about oral hygiene techniques.

Screening

SLPs are experts at screening individuals for possible communication, hearing, and/or feeding and swallowing disorders. SLPs have the knowledge of-and skills to treat-these disorders; they can design and implement effective screening programs and make appropriate referrals. These screenings facilitate referral for appropriate follow-up in a timely and cost-effective manner. SLPs

- select and use appropriate screening instrumentation;
- develop screening procedures and tools based on existing evidence;
- coordinate and conduct screening programs in a wide variety of educational, community, and health care settings;
- participate in public school MTSS/RTI team meetings to review data and recommend interventions to satisfy federal and state requirements (e.g., Individuals with Disabilities Education Improvement Act of 2004 [IDEIA] and Section 504 of the Rehabilitation Act of 1973);
- review and analyze records (e.g., educational, medical);
- review, analyze, and make appropriate referrals based on results of screenings;
- consult with others about the results of screenings conducted by other professionals; and
- utilize data to inform decisions about the health of populations.

Assessment

Speech-language pathologists have expertise in the differential diagnosis of disorders of communication and swallowing. Communication, speech, language, and swallowing disorders can occur developmentally, as part of a medical condition, or in isolation, without an apparent underlying medical condition. Competent SLPs can diagnose communication and swallowing disorders but do not differentially diagnose medical conditions. The assessment process utilizes the *ICF* framework, which includes evaluation of body function, structure, activity, and participation, within the context of environmental and personal factors. The assessment process

can include, but is not limited to, culturally and linguistically appropriate behavioral observation and standardized and/or criterion-referenced tools; use of instrumentation; review of records, case history, and prior test results; and interview of the individual and/or family to guide decision making. The assessment process can be carried out in collaboration with other professionals. SLPs:

- administer standardized and/or criterion-referenced tools to compare individuals with their peers;
- review medical records to determine relevant health, medical, and pharmacological information;
- interview individuals and/or family to obtain case history to determine specific concerns;
- utilize culturally and linguistically appropriate assessment protocols;
- engage in behavioral observation to determine the individual's skills in a naturalistic setting/context;
- diagnose communication and swallowing disorders;
- use endoscopy, videofluoroscopy, and other instrumentation to assess aspects of voice, resonance, velopharyngeal function, and swallowing;
- document assessment and trial results for selecting AAC interventions and technology, including speech-generating devices (SGDs);
- participate in meetings adhering to required federal and state laws and regulations (e.g., IDEIA [2004] and Section 504 of the Rehabilitation Act of 1973).
- document assessment results, including discharge planning;
- formulate impressions to develop a plan of treatment and recommendations; and
- discuss eligibility and criteria for dismissal from early intervention and school-based services.

Treatment

Speech-language services are designed to optimize individuals' ability to communicate and swallow, thereby improving quality of life. SLPs develop and implement treatment to address the presenting symptoms or concerns of a communication or swallowing problem or related functional issue. Treatment establishes a new skill or ability or remediates or restores an impaired skill or ability. The ultimate goal of therapy is to improve an individual's functional outcomes. To this end, SLPs

- design, implement, and document delivery of service in accordance with best available practice appropriate to the practice setting;
- provide culturally and linguistically appropriate services;
- integrate the highest quality available research evidence with practitioner expertise and individual preferences and values in establishing treatment goals;
- utilize treatment data to guide decisions and determine effectiveness of services;
- integrate academic materials and goals into treatment;
- deliver the appropriate frequency and intensity of treatment utilizing best available practice;
- engage in treatment activities that are within the scope of the professional's competence;
- utilize AAC performance data to guide clinical decisions and determine the effectiveness of treatment; and
- collaborate with other professionals in the delivery of services.

Modalities, Technology, and Instrumentation

SLPs use advanced instrumentation and technologies in the evaluation, management, and care of individuals with communication, feeding and swallowing, and related disorders. SLPs are also involved in the research and development of emerging technologies and apply their knowledge in the use of advanced instrumentation and technologies to enhance the quality of the services provided. Some examples of services that SLPs offer in this domain include, but are not limited to, the use of

- the full range of AAC technologies to help individuals who have impaired ability to communicate verbally on a consistent basis-AAC devices make it possible for many individuals to successfully communicate within their environment and community;
- endoscopy, videofluoroscopy, fiber-optic evaluation of swallowing (voice, velopharyngeal function, swallowing) and other instrumentation to assess aspects of voice, resonance, and swallowing;
- telehealth/telepractice to provide individuals with access to services or to provide access to a specialist;
- ultrasound and other biofeedback systems for individuals with speech sound production, voice, or swallowing disorders; and
- other modalities (e.g., American Sign Language), where appropriate.

Population and Systems

In addition to direct care responsibilities, SLPs have a role in (a) managing populations to improve overall health and education, (b) improving the experience of the individuals served, and, in some circumstances, (c) reducing the cost of care. SLPs also have a role in improving the efficiency and effectiveness of service delivery. SLPs serve in roles designed to meet the demands and expectations of a changing work environment. SLPs

- use plain language to facilitate clear communication for improved health and educationally relevant outcomes;
- collaborate with other professionals about improving communication with individuals who have communication challenges;
- improve the experience of care by analyzing and improving communication environments;
- reduce the cost of care by designing and implementing case management strategies that focus on function and by helping individuals reach their goals through a combination of direct intervention, supervision of and collaboration with other service providers, and engagement of the individual and family in self-management strategies;
- serve in roles designed to meet the demands and expectations of a changing work environment;
- contribute to the management of specific populations by enhancing communication between professionals and individuals served;
- coach families and early intervention providers about strategies and supports for facilitating prelinguistic and linguistic communication skills of infants and toddlers; and
- support and collaborate with classroom teachers to implement strategies for supporting student access to the curriculum.

Speech-Language Pathology Service Delivery Areas

This list of practice areas and the bulleted examples are not comprehensive. Current areas of practice, such as literacy, have continued to evolve, whereas other new areas of practice are emerging. Please refer to the ASHA Practice Portal for a more extensive list of practice areas.

Fluency

- Stuttering
- Cluttering

Speech Production

- Motor planning and execution
- Articulation
- Phonological

Language-Spoken and written language (listening, processing, speaking, reading, writing, pragmatics)

- Phonology
- Morphology
- Syntax
- Semantics
- Pragmatics (language use and social aspects of communication)
- Prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)
- Paralinguistic communication (e.g., gestures, signs, body language)
- Literacy (reading, writing, spelling)

Cognition

- Attention
- Memory
- Problem solving
- Executive functioning

Voice

- Phonation quality
- Pitch
- Loudness
- Alaryngeal voice

Resonance

- Hypernasality
- Hyponasality
- Cul-de-sac resonance
- Forward focus

Feeding and Swallowing

- Oral phase

- Pharyngeal phase
- Esophageal phase
- Atypical eating (e.g., food selectivity/refusal, negative physiologic response)

Auditory Habilitation/Rehabilitation

- Speech, language, communication, and listening skills impacted by hearing loss, deafness
- Auditory processing

Potential etiologies of communication and swallowing disorders include

- neonatal problems (e.g., prematurity, low birth weight, substance exposure);
- developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention-deficit disorder, intellectual disabilities, unspecified neurodevelopmental disorders);
- disorders of aerodigestive tract function (e.g., irritable larynx, chronic cough, abnormal respiratory patterns or airway protection, paradoxical vocal fold motion, tracheostomy);
- oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral motor dysfunction);
- respiratory patterns and compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease);
- pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence);
- laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis);
- neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebrovascular accident, dementia, Parkinson's disease, and amyotrophic lateral sclerosis);
- psychiatric disorder (e.g., psychosis, schizophrenia);
- genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome); and
- Orofacial myofunctional disorders (e.g., habitual open-mouth posture/nasal breathing, orofacial habits, tethered oral tissues, chewing and chewing muscles, lips and tongue resting position).

This list of etiologies is not comprehensive.

Elective services include

- Transgender communication (e.g., voice, verbal, and nonverbal communication);
- Preventive vocal hygiene;
- Business communication;
- Accent/dialect modification; and
- Professional voice use.

This list of elective services is not comprehensive.

Domains of Professional Practice

This section delineates the domains of professional practice-that is, a set of skills and knowledge that goes beyond clinical practice. The domains of professional practice include advocacy and outreach, supervision, education, research, and administration and leadership.

Advocacy and Outreach

SLPs advocate for the discipline and for individuals through a variety of mechanisms, including community awareness, prevention activities, health literacy, academic literacy, education, political action, and training programs. Advocacy promotes and facilitates access to communication, including the reduction of societal, cultural, and linguistic barriers. SLPs perform a variety of activities, including the following:

- Advise regulatory and legislative agencies about the continuum of care. Examples of service delivery options across the continuum of care include telehealth/telepractice, the use of technology, the use of support personnel, and practicing at the top of the license.
- Engage decision makers at the local, state, and national levels for improved administrative and governmental policies affecting access to services and funding for communication and swallowing issues.
- Advocate at the local, state, and national levels for funding for services, education, and research.
- Participate in associations and organizations to advance the speech-language pathology profession.
- Promote and market professional services.
- Help to recruit and retain SLPs with diverse backgrounds and interests.
- Collaborate on advocacy objectives with other professionals/colleagues regarding mutual goals.
- Serve as expert witnesses, when appropriate.
- Educate consumers about communication disorders and speech-language pathology services.
- Advocate for fair and equitable services for all individuals, especially the most vulnerable.
- Inform state education agencies and local school districts about the various roles and responsibilities of school-based SLPs, including direct service, IEP development, Medicaid billing, planning and delivery of assessment and therapy, consultation with other team members, and attendance at required meetings.

Supervision

Supervision is a distinct area of practice; is the responsibility of SLPs; and crosses clinical, administrative, and technical spheres. SLPs are responsible for supervising Clinical Fellows, graduate externs, trainees, speech-language pathology assistants, and other personnel (e.g., clerical, technical, and other administrative support staff). SLPs may also supervise colleagues and peers. SLPs acknowledge that supervision is integral in the delivery of communication and swallowing services and advances the discipline. Supervision involves education, mentorship, encouragement, counseling, and support across all supervisory roles. SLPs

- possess service delivery and professional practice skills necessary to guide the supervisee;
- apply the art and science of supervision to all stakeholders (i.e., those supervising and being supervised), recognizing that supervision contributes to efficiency in the workplace;
- seek advanced knowledge in the practice of effective supervision;
- establish supervisory relationships that are collegial in nature;

- support supervisees as they learn to handle emotional reactions that may affect the therapeutic process; and
- establish a supervisory relationship that promotes growth and independence while providing support and guidance.

Education

SLPs serve as educators, teaching students in academic institutions, and teaching professionals through continuing education in professional development formats. This more formal teaching is in addition to the education that SLPs provide to individuals, families, caregivers, decision makers, and policy makers, which is described in other domains. SLPs

- serve as faculty at institutions of higher education, teaching courses at the undergraduate, graduate, and postgraduate levels;
- mentor students who are completing academic programs at all levels;
- provide academic training to students in related disciplines and students who are training to become speech-language pathology assistants; and
- provide continuing professional education to SLPs and to professionals in related disciplines.

Research

SLPs conduct and participate in basic and applied/translational research related to cognition, verbal and nonverbal communication, pragmatics, literacy (reading, writing, and spelling), and feeding and swallowing. This research may be undertaken as a facility-specific effort or may be coordinated across multiple settings. SLPs engage in activities to ensure compliance with Institutional Review Boards and international laws pertaining to research. SLPs also collaborate with other researchers and may pursue research funding through grants.

Administration and Leadership

SLPs administer programs in education, higher education, schools, health care, private practice, and other settings. In this capacity, they are responsible for making administrative decisions related to fiscal and personnel management; leadership; program design; program growth and innovation; professional development; compliance with laws and regulations; and cooperation with outside agencies in education and healthcare. Their administrative roles are not limited to speech-language pathology, as they may administer programs across departments and at different levels within an institution. In addition, SLPs promote effective and manageable workloads in school settings, provide appropriate services under IDEIA (2004), and engage in program design and development.

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Appendix B

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

CODE OF ETHICS

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.

Appendix C

Patient Bill of Rights

Clients as consumers receiving audiology or speech-language pathology services have:

The **Right** to be treated with dignity and respect.

The **Right** that services be provided without regard to race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.

The **Right** to know the name and professional qualifications of the person or persons providing services.

The **Right** to personal privacy and confidentiality of information to the extent permitted by law.

The **Right** to know, in advance, the fees for services, regardless of the method of payment.

The **Right** to receive a clear explanation of evaluation results; to be informed of potential or lack of potential for improvement; and to express their choices of goals and methods of service delivery.

The **Right** to accept or reject services to the extent permitted by law.

The **Right** that services be provided in a timely and competent manner, which includes referral to other appropriate professionals when necessary.

The **Right** to present concerns about services and to be informed of procedures for seeking their resolution.

The **Right** to accept or reject participation in teaching, research, or promotional activities.

The **Right**, to the extent permitted by law, to review information contained in their records, to receive explanation of record entries upon request, and to request correction of inaccurate records.

The **Right** to adequate notice of and reasons for discontinuation of services; an explanation of these reasons, in person, upon request; and referral to other providers if so requested.

These rights belong to the person or persons needing services. For sound legal or medical reasons, a family member, guardian, or legal representative may exercise these rights on the person's behalf.

This model bill of rights is an official statement of the American Speech-Language-Hearing Association (ASHA) approved in 1993.

Appendix D

Equity Policy

Grooms, D. (2016). New health equity regulations: What you need to know. *The ASHA Leader*, *21*(8), 30–32. https://doi.org/10.1044/leader.BML.21082016.30

Section 1557 of the Affordable Care Act went into effect on July 18, 2016. Although the Thiel College Center for Speech-Language Services does not provide services in exchange for reimbursement through clients or third-party payors (e.g., insurance carriers), it does receive federal funding. It is important to understand that speech-language pathologists who work for institutions or are self-employed and accept federal funding must abide by Section 1557 when dealing with patients receiving federal coverage (i.e., Medicare A, Medicare C, Medicare D, Medicaid). These regulations expanded existing discrimination prohibitions related to race, color, national origin, sex, age, or disability.

- **Oral interpreter services.** Under Section 1557, providers must offer patients with limited English proficiency the opportunity to have an interpreter at no cost. In an emergency or at the patient's request, an adult companion or family member may provide interpretation services. Patients also have the right to decline an interpreter.
- **Written-language access plan.** Federally funded providers should develop plans that outline how a patient's primary language is identified, how interpreters may be contacted for phone service as necessary, how translators may be acquired, how the necessary language-assistance services are determined, and which documents have written translations available.
- **Electronic or information technology.** Providers must ensure that activities and programs offered electronically are accessible to individuals with disabilities. If providing access would burden the institution or change the activity, it is acceptable to provide the information in another format. Federally funded health care providers should strive to include individuals with disabilities whenever possible.
- **Transgender discrimination.** As of January 2017, federally funded providers may not decline service to individuals in any stage of transition. The decision to deny claims may not relate to transitioning or the patient's identification as transgender. Individuals transitioning may benefit from voice and language services. Providers must use the name and pronouns selected by the patient; not doing so may be discriminatory.
- **Discrimination for association.** Federally funded providers may not refuse service or discriminate against patients who are related to or associate with individuals of whom they do not approve based on belonging to a protected category (e.g., race, age, disability).

Federally funded providers must file a compliance form with the Office for Civil Rights to assure patients and members of the public that their practices do not discriminate, adequately serve individuals with disabilities, offer interpreters, and provide translations of certain documentation. Additionally, providers must provide information about attaining services, contacting the designated responsible employee, and filing grievances. This Notice of Compliance must be posted in conspicuous locations where they provide services and on their websites.

Appendix E

Thiel College CSD/SLP Program
Process to Identify Potential Student Deficiencies

The Thiel College CSD/SLP Program will routinely monitor and document the progress of each student to promptly identify potential concerns regarding acquisition of knowledge. If necessary, a system for intervention and/or remediation has been established.

- Upon entry to the program, each student is assigned a faculty adviser. The role of the adviser is to support the student, and to counsel the student if any academic or deficiencies are observed by the faculty. Students will also be encouraged to see the faculty advisor if they themselves feel that they are having difficulty.
- If an issue is identified, the student's adviser will be alerted and will schedule a meeting with the student.
- The program will utilize an early alert system to identify students at risk. During each of the scheduled department meetings, grade reports and grade trends for the cohort are discussed with all faculty, and students at risk are identified. If a potential problem is identified, the faculty adviser will contact the advisee to arrange a meeting to discuss the academic or issues.
- Because grade reports may not change every week, any faculty should alert the adviser and/or meet with the student immediately if there is a concern regarding academic performance or personal issues.
- Faculty may offer the following options to a student having academic difficulty:
    - meeting and working with the course instructor
    - referral to the Thiel Learning Commons for support services
    - referral to a faculty representative for assistance with study skills
    - referral to the Counseling Center for possible evaluation; and/or referral to mental health counseling.
- Faculty, advisor and/or course instructor may also elect to work one-on-one with a student, depending on the nature of the problem identified. If remediation is necessary, the program will follow the remediation policy outlined in the course syllabi (for both didactic and clinical practicums).
- When student-faculty meetings do occur, the faculty will document the academic concerns and action plan. A copy of the concerns and action plan will be given to the student, and a copy placed in the student's secure file.

Updated May 2022

Appendix F

Thiel College CSD/SLP Program
Evaluation of Student Professionalism Process

- All students' professional behaviors are monitored each semester during their didactic courses and clinical practicums. Professionalism will be addressed in all course syllabi and when the clinic manual is reviewed during CSD 415 and MS-SLP Program orientation.

- If a faculty member or course instructor has a concern regarding a student's professionalism, the faculty member should speak with the CSD Department Chair/SLP Program Director. The concern will also be discussed confidentially during the next department meeting after the concern is first noted to alert and/or gain additional insight from other faculty members who interact with the student.

- If a student does have a lapse in professionalism, as defined by the expectations in course syllabi, expectations in the clinic handbook, and/or in the interpretation of the program faculty, a meeting will then be scheduled with the student and the issue documented and placed in student's secure folder. Based on the outcome of that meeting, the student may be referred to to the CSD Department Chair/SLP Program Director and/or Director of Clinical Education to determine if disciplinary action is indicated.

- Professional behaviors are also monitored and evaluated specifically during clinical phase of the program by the clinical supervisor/educator, through the formal midterm and final clinical evaluations. Students receive professionalism ratings as part of the practicum evaluation; this rating is a part of the overall clinical practicum grade. These evaluations will be kept in secure student files.

- To further monitor professionalism, the externship liaison may make personal visits, phone calls, or virtual meetings with the clinical supervisor/educator (either randomly or triggered by a concern) during the student externship.

- Each student will be have virtual visit with program faculty at least once during each externship, to assess and document the student's professionalism (e.g., proper attire and identification, etiquette, attendance). This virtual visit will also provide an opportunity for the program personnel to visit and monitor clinical sites. Face-to-face visits will be scheduled if deemed appropriate/necessary by the externship liaison or if requested by the student, clinical supervisor/educator, and/or site.

Appendix G

Department of Communication Sciences and Disorders

Graduate Speech-Language Pathology Program

Essential Functions/Technical Standards for BS-CSD and MS-SLP students.

INTRODUCTION and BACKGROUND

The mission of Thiel College's CSD/SLP Program is to provide students with the academic coursework and clinical practicum experiences required by the American Speech-Language and Hearing Association (ASHA) in partial fulfillment of the requirements for the Certificate of Clinical Competence in Speech-Language Pathology (SLP). The education of a speech-language pathologist requires assimilation of knowledge, acquisition of skills, critical thinking, and the development of sound clinical judgement through client care experience in preparation for independent clinical practice and interprofessional practice and education.

Admission and retention decisions are based not only on satisfactory prior and ongoing academic achievement but also on non-academic or technical standards that serve to ensure that students can meet the essential requirements of the clinical program required for graduation.

Essential functions, as distinguished from academic standards, refer to the essential qualities and abilities that are considered necessary for a student's success in clinical programs. Theil College's CSD/SLP program is responsible for the welfare of clients screened, evaluated, treated, or otherwise affected by students enrolled in the CSD/SLP Program. It is important that persons admitted, retained, and graduated possess the aptitude for complex problem-solving, genuine respect, concern, and empathy for others as well as the physical and emotional capacity necessary to practice in the profession of speech-language pathology. In addition, students need the technological skills to independently manage professional caseloads, documentation, and other professional responsibilities.

The CSD/SLP Program expects all students to possess and demonstrate the skills, attributes, and qualities set forth below, without unreasonable dependence on technology or intermediaries (effective use of assistive technology may be used to meet these standards). If you are uncertain about your abilities to meet these technical standards, please consult with the CSD Department Chair/SLP Program Director to discuss your individual situation.

Thiel College is committed to providing access, equal opportunity, and reasonable accommodation in its services, programs, activities, education, and employment for individuals with disabilities. Enrolled students who believe they have a disability for which they seek accommodation should request disability accommodation from the Accessibility Resource Center on-campus.

POLICY
The Theil College CSD/SLP Program endeavors to select applicants who have the ability to become highly competent speech-language pathologists. As an accredited speech-language pathology graduate program, the MS-SLP program curriculum adheres to the standards and guidelines of the Council on Academic Accreditation in Audiology and Speech-Language Pathology. Within these guidelines, the Thiel College Communication Sciences and Disorders Department/Graduate Speech-Language Pathology Program has the responsibility for selecting and evaluating its students; designing, implementing, and evaluating its curriculum; and determining who should be awarded a degree. Admission and retention decisions are based not only on satisfactory academic achievement but also on other non-academic factors, which serve to ensure that the candidate can complete the essential functions of the program required for graduation.

The Department/Program has a responsibility to the public that its graduates can become fully competent and considerate speech-language pathologists, capable of doing benefit and not harm, and practice at the top of their license. Thus, it is important that persons admitted possess the aptitude for complex problem-solving; genuine respect, concern, and empathy for others; and the physical and emotional capacity necessary to practice in the profession of speech-language pathology.

Procedures for Essential Functions:
The Thiel College CSD/SLP Program has developed a list of essential functions and abilities that are considered necessary for a student's successful academic and clinical performance in the program.

Dissemination:
The list of Essential Functions for the CSD/SLP Program will be publically available on the Thiel College website for all students who are applying to the BS-CSD, MS-SLP, and or 5-Year BS-CSD/MS-SLP Program. Once admitted to the program, students will be asked to review and sign the Essential Functions document, which will then be stored in the student's file in the Department office.

Procedure when a student does not meet essential requirements:
In the event a student is determined to be unable to demonstrate professional dispositional skills as documented for a respective program, a remediation plan will be developed by the faculty. In the event the remediation plan is unsuccessful, a student's enrollment may be recommended for termination from the program.

Students: Please review the list of essential functions on pages 3 and 4, then sign the verification statement below:
I certify that I have read and understand the essential requirements document and that I believe, to the best of my knowledge that I meet each of these standards either with or without accommodations. If needed, I will contact the Accessibility Resource Center to determine what accommodations are available to me. I understand that if I am unable to meet and maintain these standards for the duration of my studies, I may be dismissed from the program.

Student Signature:_____ Date:_____

ESSENTIAL FUNCTIONS of the Thiel College CSD/SLP Program

In order to acquire the knowledge and skills requisite to the practice of speech-language pathology, to function in a broad variety of clinical situations, and to render a wide spectrum of patient care, individuals must have essential skills and attributes in five areas: communication, motor, intellectual-cognitive, sensory-observational, and behavioral-social. These skills enable a student to meet program and professional requirements as measured by state and national credentialing agencies. Many of these skills can be learned and developed during the course of the CSD/SLP Program through coursework and clinical experience. Failure to meet or maintain the Essential Functions may result in negative consequences for the student, including, but not limited to dismissal from the program.

A. COMMUNICATION

A student must possess adequate communication skills to:

- Communicate proficiently in both oral and written English language.
- Possess reading and writing skills sufficient to meet curricular and clinical demands.
- Perceive and demonstrate appropriate non-verbal communication for culture and context. Modify communication style to meet the communication needs of clients, caregivers, and other persons served.
- Communicate professionally and intelligibly with patients, colleagues, other healthcare professionals, and community or professional groups.
- Communicate professionally, effectively, and legibly on patient documentation, reports, and scholarly papers required as a part of course work and professional practice.
- Convey information accurately with relevance and cultural sensitivity.

B. MOTOR

A student most possess adequate motor skills to:

- Sustain necessary physical activity level in required classroom and clinical activities.
- Respond quickly to provide a safe environment for clients in emergency situations including fire, choking, etc.
- Access transportation to clinical and academic placements.
- Participate in classroom and clinical activities for the defined workday.
- Efficiently manipulate testing and treatment environment and materials without violation of testing protocol and with best therapeutic practice.
- Manipulate patient-utilized equipment (e.g., durable medical equipment to include AAC devices, hearing aids, etc.) in a safe manner.
- Access technology for clinical management (i.e., billing, charting, therapy programs, etc.).

C. INTELLECTUAL/COGNITIVE

A student must possess adequate intellectual and cognitive skills to:

- Comprehend, retain, integrate, synthesize, infer, evaluate, and apply written and verbal information sufficient to meet curricular and clinical demands.
- Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.

- Solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic and therapeutic plan, and implementation.
- Self evaluate, identify, and communicate limits of one's own knowledge and skill to appropriate professional level and be able to identify and utilize resources in order to increase knowledge.
- Utilize currently available technology and learn new technologies as they become available for high-quality, evidence-based service delivery.

D. SENSORY/OBSERVATIONAL

A student must possess adequate sensory skills of vision, hearing, touch, and smell to:

- Visually and auditorily identify normal and disordered fluency, articulation, voice, resonance, respiration characteristics, oral and written language in the areas of semantics, pragmatics, syntax, morphology and phonology, hearing and balance disorders, swallowing, cognition, social interaction related to communication.
- Identify the need for alternative modalities of communication.
- Visualize and identify anatomic structures.
- Visualize and discriminate imaging findings.
- Identify and discriminate findings on imaging studies.
- Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.
- Recognize and adjust when a client and/or caregivers understand or do not understand the clinician's written and/or verbal communication.
- Identify and discriminate a client's spoken responses.
- Accurately monitor through both visual and auditory modalities, equipment displays and controls, including those of audiologic instruments (e.g., audiometers), used for assessment and treatment of patients.

E. BEHAVIORAL/ SOCIAL

A student must possess adequate behavioral and social attributes to:

- Display mature, empathetic, and effective professional relationships by exhibiting compassion, integrity, and concern for others.
- Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic backgrounds.
- Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and university and federal privacy policies.
- Maintain general good physical and mental health and self-care in order not to jeopardize the health and safety of self and others in the academic and clinical setting.
- Adapt to changing and demanding environments (which includes maintaining both professional demeanor and emotional health).
- Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.
- Accept appropriate suggestions and constructive criticism and respond by modification of behaviors.
- Dress appropriately and professionally.

Updated May 2022

Adapted from the Council of Academic Programs in Communication Sciences and Disorders http://www.capcsd.org/.

Appendix H

CALIPSO INSTRUCTIONS FOR SLP STUDENTS

https://www.calipsoclient.com/thiel

Enter Daily Clock Hours

- Click *Clockhours* located on the lobby page or the *Student Information* link then *Clockhours*.
- Click on *Daily Clockhours* located within the blue stripe.
- Click on *Add New Daily Clockhour*.
- Complete the requested information and click *Save*.
- Record clock hours and click *Save* 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 *Daily Clockhours* 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* at the bottom of the screen. You will receive a *Clockhour Saved* message.

- To **view/edit** daily clock hours, click *Daily Clockhours* 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*.
- 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*.
- Note: Clinical educators are not notified and are not required to approve daily clock hour submissions.

Submit Clock Hours for Supervisor Approval

- Click *Daily Clockhours* 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 clinical educator will receive an automatically generated e-mail requesting approval of the clock hour record.
- 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* within the blue stripe.

View Clinical Performance Evaluations

- Click *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.

View Cumulative Evaluation

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

View KASA

- Click *Student Information* and then *KASA* to view your progress in meeting the academic and clinical requirements for graduation. KASA stands for Knowledge and Skills Acquisition, which is a roadmap of academic and clinical standards toward certification requirements.
- Upon graduation, all requirements should have been met (green check mark).

View Performance Summary

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

View My Checklist

- Click *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 (green check mark).

Complete Self-Evaluation

- At the completion of each clinical course or as directed by the clinic director, complete a self-evaluation.
- From the lobby page, click on *Self-Evaluations*.
- Click *New Self-Evaluation*.
- Complete required fields designated with an asterisk and press *Save*.
- Continue completing self-evaluation by scoring all applicable skills across the nine areas 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*.
- 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* within the blue stripe.

Complete Supervisor Feedback Form

- At the completion of each clinical course or as directed by the clinic director, complete feedback for each clinical educator.
- 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 approval by the clinic director. Once approved, feedback will be posted for the clinical supervisor to view. Until approved, the feedback may be edited by clicking on *View/Edit*.

Complete Evaluation of Off-Campus Placement

- At the completion of each clinical course or as directed by the clinic director, complete feedback for each off-campus placement.
- From the lobby page, click *Student Evaluation of Off Campus Placement*.
- Click *New Off-Campus Placement Evaluation*.
- Complete form and click *Save*.

Appendix I: Documentation Instructions

Diagnostic Plan

An internal document created before an evaluation. Based on a review of available records, intake forms, and pre-assessment client/family contacts (e.g., phone calls at clinical educator's direction), the diagnostic plan identifies communication concerns and contributing medical factors. The document also establishes how speech, language, and hearing will be screened or evaluated. Note that testing that takes place during intervention sessions as a means of updating client abilities should be noted in the appropriate lesson plan, not in a diagnostic plan.

Demographic Grid

Enter the following information:

- ✓ Client: Enter name (e.g., Joanie Jones, Tom Thompson).
- ✓ Evaluation Date: Enter scheduled evaluation date as numerical month/day/year.
- ✓ Date of Birth: Enter as numerical month/day/year with parenthetical chronological age following. Include only years (e.g., 12) for ages of adolescents and adults. Follow your clinical educator's recommendations for when to include months for documenting the ages of pediatric clients (i.e., 3;2, 3:2, 3-2, 3).
- ✓ Clinician: Name of evaluating clinician or clinicians.
- ✓ Area(s) of Concern: List areas of concern related to communication (i.e., ASHA's big nine).
- ✓ Clinical Educator: Name of supervising speech-language pathologist and credentials (i.e., CCC-SLP, CCC-A). The associated academic degree (e.g., M.S., Ph.D.) precedes the credential. Note that it is an ethical violation for a person with a doctorate in a field outside of those directly related to communication sciences and disorders, speech-language pathology, or audiology to sign clinical documentation reflecting this advanced degree.

Concerns and Diagnoses

List complaints related to the communication areas of concern. List relevant medical diagnoses, if any. Example:

- Lacks functional communication system.
- Autism.
- Down syndrome.
- Based on available information, suspect expressive and receptive language disorder.

Evaluation Procedures

List all procedures planned for addressing communication concerns. This may include standardized assessments (i.e., norm-referenced, criterion-referenced), reporting measures (e.g., questionnaires, inventories, rating scales), an ethnographic interview, or observation techniques (e.g., naturalistic observation, language sampling, analog tasks). In cases where formal or informal screening measures may result in the need for further testing, include the follow-up assessments as directed by your clinical educator. Example:

- Hearing screen, if tolerated, using portable audiometer.
- Structural-functional examination.
- Fluharty Preschool Speech and Language Screening Test–2nd Edition (Fluharty-2; Fluharty, 2000).
    - Preschool Language Scale–5th Edition (PLS-5; Zimmerman, Steiner, Pond, & Evatt, 2011).

        - Clinical Assessment of Articulation and Phonology–2nd Edition (CAAP-2; Secord & Donohue, 2013)
    - Stuttering Severity Instrument–4th Edition (SSI-4; Riley, 2009). Include home recording provided by family.
    - Communication Attitude Test for Preschool and Kindergarten Children Who Stutter (KiddyCAT; Brutten & Vanryckeghem, 2007).

Evaluation Report

An external document created after an evaluation and sent to the client or caregiver. This report systematically reviews pertinent pre-assessment information as well as the data gleaned through the client intake form, interviews, and standardized and nonstandardized testing. The document also interprets the available information that serves as the basis for diagnosis or the determination that treatment is unnecessary. This report should be thorough and written professionally but so the layperson can follow.

Demographic Grid

Enter the following information:

- ✓ Name: Enter name (e.g., Daisy Mae Davis, Franklin F. Franklin).
- ✓ Address: Enter street address. Enter and, on the next line, type city, state, and zip code information.
- ✓ Phone: Enter 10-digit number—cell or landline—for primary contact.
- ✓ Responsible Party: You have options for this row including deleting it, completing it as is, or changing the wording.
    - Delete it if your client is an adult who is his or her own responsible party.
    - Complete it if the wording is appropriate. An example would be an adult client who has a guardian (e.g., parent). If there are two guardians, change this to *Responsible Parties* before completing.
    - Change it if the wording is not appropriate. Consider *Parent*, *Parents*, or *Spouse*.
- ✓ Date of Birth: Enter as numerical month/day/year with parenthetical chronological age following. Include only years (e.g., 12) for ages of adolescents and adults. Follow your clinical educator's recommendations for when to include months for documenting the ages of pediatric clients (i.e., 3;2, 3:2, 3-2, 3).
- ✓ Medical Diagnosis/es: Record the medical diagnosis or diagnoses relevant to the communication disorder(s). Individuals with medical doctorates (i.e., MDs, DOs) assign medical diagnoses. Add the alphanumeric code or codes from the most recent revision of the International Statistical Classification of Diseases and Related Health Problems (ICD); the United States uses a variation of this called the ICD-10-CM (Clinical Modification).
    - https://www.icd10data.com
- ✓ Communication Diagnosis/es: Record the diagnosis or diagnoses relevant to speech, language, cognitive communication, swallowing, and hearing. Add the proper ICD-10-CM code(s).
    - https://www.asha.org/Practice/reimbursement/coding/ICD-10-CM-Coding-FAQs-for-Audiologists-and-SLPs/#slp
    - https://www.asha.org/Practice/reimbursement/coding/ICD-10/
- ✓ Evaluation Date/s: Enter scheduled evaluation date or dates as numerical month/day/year. Adjust second word depending on whether you completed this assessment in a single

session or two or more. Make sure you use the same date format (e.g., using or not using a leading zero in single-digit months).

- ✓ Graduate Clinician/s: Name of evaluating clinician or clinicians.
- ✓ Speech-Language Pathologist: Name of supervising speech-language pathologist and credentials.

Suggestions for Remaining Sections

- ✓ Use phonetic symbols with a keyword for clarity. Example: /tʃ/ as in ***ch****eek* was substituted for /t/ as in ***t****ea*.
- ✓ Provide test names, authors, and acronyms. Example: Rivermead Behavioural Memory Test–Third Edition (RBMT-3; Wilson et al., 2008).
- ✓ Make sure to screen areas beyond the one in which you are specifically interested.
- ✓ An evaluation report need not be a list of a client's weakness or needs. Be sure to note areas that were within functional limits or even strengths. Consider using these to help address the more clinically relevant aspects of communication.

Plan of Care

An internal document created soon after treatment begins each semester. Based on assessment results (i.e., new evaluations or status updates for continuing clients) as well as baseline data obtained early in the current semester, the intervention plan identifies the pressing concerns, measurable semester goals, and prognosis.

Demographic Grid

Enter the following information:

- ✓ Client: Enter name (e.g., Quanesha Edwin-Dobbins, Janelle Johnson).
- ✓ Date of Birth: Enter as numerical month/day/year with parenthetical chronological age following. Include only years (e.g., 12) for ages of adolescents and adults. Follow your clinical educator's recommendations for when to include months for documenting the ages of pediatric clients (i.e., 3;2, 3:2, 3-2, 3).
- ✓ Clinician: Name of evaluating clinician or clinicians.
- ✓ Clinical Educator: Name of supervising speech-language pathologist and that person's credentials. The associated academic degree (e.g., M.A., M.Ed.) precedes the credential.
- ✓ Date of Plan: Enter the date submitted to your clinical educator.
- ✓ Diagnosis/es: Enter the communication conditions whether you are currently treating all diagnoses or not.
- ✓ Treatment Schedule: Enter the intervention schedule (e.g., 45 min/week).

Concerns and Diagnoses

List complaints related to the communication areas of concern. List relevant medical diagnoses, if any.

Objectives for Treatment

List long- and short-term goals and provide a rationale for selecting the intervention strategy, program, method, or approach. Consider also establishing a prompting hierarchy and cues in this document.

Statement of Prognosis

Based on the available information, make an educated guess as to how likely the client is to meet the goals listed above.

Session Plan

An internal document that specifies target behaviors as well as the activities or procedures intended to address those areas during a session. It is important to plan for effective sessions and not waste time!

Demographic Grid

Enter the following information:

- ✓ Client: Enter name (e.g., Alana Allen, Daja Donaldson).
- ✓ Age: Enter as a whole number unless directed by your clinical educator to include months for pediatric clients.
- ✓ Clinician/s: Name of evaluating clinician or clinicians. Adjust to read *Clinician* or *Clinicians* based on the number of individuals providing therapy.
- ✓ Clinical Educator: Name of supervising speech-language pathologist and that person's credentials. The associated academic degree (e.g., M.S., M.A.) precedes the credential.
- ✓ Date of Session: Enter the date of service.
- ✓ Diagnosis/es: Enter the communication conditions whether you are currently treating all diagnoses or not.

Objective and Procedure/Materials Grid

List or describe the session activities. Consider adding information specific to instrumentation or materials necessary for your session. Overplanning is preferable to underplanning. If you do not get to certain activities during one session and it makes sense to do so, simply roll them over to the next week.

SOAP Note

An internal record of an intervention session that should be completed within 24 hours of treating a client. The purpose of the SOAP note is to clearly show a client's progress or lack thereof.

Demographic Grid

Enter the following information:

- ✓ Client: Enter name (e.g., Alana Allen, Daja Donaldson).
- ✓ Clinician/s: Name of evaluating clinician or clinicians. Adjust to singular or plural format based on the number of individuals providing therapy.
- ✓ Date of Session: Enter the date.
- ✓ Clinical Educator: Name of supervising speech-language pathologist.

S (Subjective)

This is a statement about relevant observations. Perhaps behaviors (e.g., attentive throughout [especially if this has not previously been so], sat in middle of therapy room and screamed for 15 minutes). You might include comments a caregiver or other stakeholder made to you directly or indirectly (e.g., pastor told father that client was participating more in Sunday school class, wife observed fast food clerk asking for only one repetition of client's order). Make sure it is relevant to your client's performance in therapy or communication in general.

O (Objective)

This is where your data goes. These are measurable, quantifiable, and observable. Note that qualitative data (e.g., scale) may also be appropriate for your client. This section looks a little different from disorder to disorder. These data may be numbers, percentages, binary measures,

and so on. Make sure you also include the level of support required to elicit the target behavior. Examples:

- Articulation hunt: Independently placed tongue at alveolar ridge for /l/-initial words in 9/25 (36%) trials and after indirect prompt (e.g., expectant look, "Where does the tongue go?") in 5/25 (20%) trials. (2) Following auditory 2-step directions: Independently followed 2-step directions (e.g., put one piece of candy in blue egg and two pieces of candy in red egg in 1/8 (12%) trials; independently followed 1-step directions in 6/8 (75%) trials; and did not follow directions in 1/8 (12%) trials. (3) Conversation rules: Independently followed 3/4 rules of conversation (e.g., get someone's attention, say "Hello") in 1/2 (50%) trials. (4) Shopping: Independently gave correct dollar amount for items purchased (e.g., gave $1 for 50-cent item, $3 for $3 item) in 3/5 (60%) trials.
- Reading comprehension #1: Read passage and independently answered questions in 0/5 (0%) trials. Needed clinician to point to answer within text. (2) Reading comprehension #2: Word problems—correctly answered 10/10 (100%) problems but needed clinician to explicitly write the numbers involved. (3) Articulation: Correctly produced /ʃɑ/ in 15/30 (50%) trials, /jɑ/ in 21/30 trials, /ɹɑ/ was produced as /vɑ/ but counted as correct in 30/30 (100%) trials.

A (Assessment or Analysis)

This is where you interpret the (O) and perhaps even the (S) from above. So what does the data mean? How does performance on tasks compare to the previous session or sessions? Is there a trend? Based on the information you have, do you need to probe or assess another communication skill? You might comment on each set of data in your (O), but you may not. Do not repeat the same thing each week in your notes. If you have nothing new to say, then say nothing. In some cases, clinical educators may also ask you to add a list of skilled services you provided during the session as this is required by some employers. Example:

- Pt's apparent inability to identify tension in the vocal tract during moments of stuttering is troublesome for teaching in-block modifications; however, pt reports ability to predict moments of stuttering, useful for teaching pre-block modifications. Pt reports extensive use of circumlocution and other covert techniques in L1; while these are typically considered maladaptive, pt displays generally healthy psychosocial adjustment to stuttering. Further probes are necessary to determine how best to deal with potentially harmful effects of these techniques while encouraging increased fluency (a priority for this client).
  Skilled services: patient education (re: assessment results, persistent stuttering prognosis, fluency, articulation, anatomy of the speech mechanism), fluency shaping instruction.

P (Plan)

What will you focus on or address during the next session? Do not write that you will continue your plan. Consider the information from your (S), (O), and (A) and think about what specifically comes next week. The time to think about the next session is really when you are sitting down and recording and analyzing the data from *this* session. Example:

- Next session: (1) Further practice easy onset and rhythmic speech to establish a more complete picture of pt's baseline fluency on oral reading tasks. (2) Complete cognitive behavioral therapy exercises related to defining thoughts and feelings in given contexts that require public speaking. (3) Discuss pt's perceptions of himself as they relate to his fluency disorder.

Progress Report

An external document that will be given to the client at/soon after the final session of the semester. Based on a comparison of data from early to late sessions during the semester, the progress report details growth, notes objectives added during the semester, and mentions any setbacks or new information.

Demographic Grid

Enter the following information:

- ✓ Name: Enter name (e.g., Andrew Wiggin, Hari Seldon).
- ✓ Address: Enter street address. Enter and, on the next line, type city, state, and zip code information.
- ✓ Responsible Party: You have options for this row including deleting it, completing it as is, or changing the wording.
    - Delete it if your client is an adult who is his or her own responsible party.
    - Complete it if the wording is appropriate. An example would be an adult client who has a guardian (e.g., parent). If there are two guardians, change this to *Responsible Parties* before completing.
    - Change it if the wording is not appropriate. Consider *Parent*, *Parents*, or *Spouse*.
- ✓ Session Length: Enter the time (e.g., 60 minutes) of each session.
- ✓ Treatment from xx/xx/xxxx to xx/xx/xxxx: Replace the date placeholders with the first and last day of treatment.
- ✓ Date of Report: Enter the date the report was completed.
- ✓ Date of Birth: Enter as numerical month/day/year with parenthetical chronological age following.
- ✓ Diagnosis/es: Record the relevant medical and communication diagnoses.
- ✓ Session Frequency: Enter the frequency (e.g., 1x/week) of sessions.
- ✓ Number of Sessions: Enter the number of visits for the semester.

Status at Beginning of Treatment Period

How long has the person been receiving services? What did past treatment address? What did you focus on this semester?

Summary of Therapy Procedures

What was your rationale for selecting certain objectives and your approach to treatment? Did you include a home program of any sort?

Progress

State each objective, characterize progress, and present your evidence. To characterize progress, use *goal not met*, *goal in progress*, *goal met*, or *goal not targeted* when possible and be consistent in your terminology from one objective to the next. Remember to state how much and what kind of support the client needed to perform at the reported level of proficiency. Give examples to clarify stimuli, prompts, and cues. Consider presenting data in tables or graphs.

Recommendations

Beyond recommending goals for the following semester, provide the client or family with strategies to use at home or between semesters.

Discharge Summary

A document that will be printed and given (i.e., mailed, handed) to the client or to the client's responsible party at/soon after the final session. Similar in format and information to the progress report. Based on a review of applicable data (e.g., SOAP notes, progress reports), the discharge

summary provides a rationale for discontinuing services. This may be for one of many reasons (e.g., met goals, moving, ceased progress). The document may also list recommendations and referrals to other professionals.
**At the clinical educator's discretion, clinicians may instead write discharge letters to clients who attend three sessions or fewer over the semester.

Demographic Grid

Enter the following information:

- ✓ Client: Enter name (e.g., Joanie Jones, Tom Thompson).
- ✓ Evaluation Date: Enter scheduled evaluation date as numerical month/day/year.
- ✓ Date of Birth: Enter as numerical month/day/year with parenthetical chronological age following. Include only years (e.g., 12) for ages of adolescents and adults. Follow your clinical educator's recommendations for when to include months for documenting the ages of pediatric clients (i.e., 3;2, 3:2, 3-2, 3).
- ✓ Clinician: Name of evaluating clinician or clinicians.
- ✓ Area(s) of Concern: List areas of concern related to communication (i.e., ASHA's big nine).
- ✓ Clinical Educator: Name of supervising speech-language pathologist and credentials.

Status at Beginning of Treatment Period

How long has the person been receiving services? What did past treatment address? What did you focus on this semester?

Summary of Therapy Procedures

What was your rationale for selecting certain objectives and your approach to treatment? Did you include a home program of any sort?

Progress

State each objective, characterize progress, and present your evidence. To characterize progress, use *goal not met*, *goal in progress*, *goal met*, or *goal not targeted* when possible and be consistent in your terminology from one objective to the next. Remember to state how much and what kind of support the client needed to perform at the reported level of proficiency. Give examples to clarify stimuli, prompts, and cues. Consider presenting data in tables or graphs.

Recommendations

Consider providing information relevant to contacting the Thiel College Center for Speech-Language Services if there are setbacks or further concerns, recommendations for caregivers, suggestions for teachers or employers to optimize communication, home programs, and so on.