



STUDENT CLINICIAN & EXTERNSHIP MANUAL

2024-2026



Welcome to Clinical Education

Welcome to Speech Language Pathology Clinical Practicum! We are pleased that you have chosen to complete your graduate education in our program, and we commit to supporting you as you strive to become an impactful speech language pathologist and a leader in the profession.

This handbook serves as your reference for successful completion of clinical requirements for the Master of Science Speech Language Pathology degree through the DePaul University Speech Language Pathology program, state licensure, and for American Speech and Hearing Association (ASHA) certification. It also provides policies and procedures related specifically to the DePaul University's Speech Language Pathology Clinic, externship placements, and clinical programs operating(CPO).

It is the responsibility of the student to be familiar with and adhere to the contents in this handbook. Policies and procedures may be updated at the discretion of DePaul University and/or the SLP Program.

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Speech Language Pathology Program

The Master of Science in Speech Language Pathology (SLP) at DePaul University is designed to provide students with an in-depth academic and clinical course of study to prepare students for a career in the dynamic and growing field of speech language pathology. Students participate in collaborative, experiential and integrative learning opportunities to develop skills for the highest standards of scope of practice in speech language pathology. Our program embraces diversity, advocacy, and global awareness.

Program Mission Statement

Grounded in the Vincentian tradition and urban character of DePaul University, the Master of Science degree in the Speech Language Pathology Program prepares speech language pathologists to meet the diverse and urgent needs of the Chicago community and beyond with a special concern for those who are most underserved and those who are most vulnerable. Our program graduate students with sufficient breadth and depth of knowledge, clinical skills, professional practice competencies, clinical reasoning, cultural fluency, and empathy for their practice. Using evidence-based and ethical practice, graduates use their knowledge and skills to foster meaningful communication for their clients and serve as leaders in the profession.

Professional Behavior Code of Conduct for Students in the SLP Program

DePaul University's Speech Language Pathology graduate students must adhere to the highest standards of professional behavior and ethics. Students should avoid even an appearance of improper behavior or lack of ethical standards while a student, in all professional settings, and in their personal life—and conduct themselves according to the standards expected of members of the professional community to which they aspire. The following are professional behavior guidelines and responsibilities that the DePaul University's Speech Language Pathology Program expects of its students:

- Professional Interpersonal Relationships
- Honesty, Integrity, and Confidentiality
- Professional Appearance
- Professional Responsibility and Judgment

Part I: Code of Conduct and Ethical Behavior for Clinical Practicum

Professional Behavior Code of Conduct for Students in the Speech Language Pathology Program

DePaul Speech Language Pathology graduate students must adhere to the highest standards of professional behavior and ethics. For successful completion of the program, DePaul graduate students are responsible for following all policies and procedures associated with the DePaul University Speech Language Pathology program. The following are professional behavior guidelines and responsibilities that the DePaul University Speech Language Pathology Program expects of its students:

- Professional Interpersonal Relationships
- Honesty, Integrity, and Confidentiality
- Professional Appearance
- Professional Responsibility and Judgment

DePaul Speech Language Pathology Program Student Code of Ethics

Students are expected to always conduct themselves in a manner consistent with the ASHA Code of Ethics. The ASHA Code of Ethics (2023) identifies four Principles of Ethics that form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas:

1. responsibility to persons served professionally and to research participants, both human and animal;
2. responsibility for one's professional competence;
3. responsibility to the public; and
4. responsibility for professional relationships.

During externship placements, students will receive site-specific information about site-specific policies and procedures. Students are expected to adhere to all relevant policies and procedures set forth by the facility they are placed. During school placements, students should become informed about individual school district policies. Students are expected to act according to local school district regulations for pupils and professionals and obtain a copy of the district's regulations at the beginning of the school externship placement.

Disciplinary action is described in detail in the Graduate Student Handbook (<https://catalog.depaul.edu/student-handbooks/graduate/>) and Code of Student Responsibility (<https://catalog.depaul.edu/student-handbooks/code-student-responsibility>). Sanctions for unprofessional behavior may include any of the following:

- Written reprimand
- Disciplinary probation

- Restitution
- Removal of the student from the course(s) in progress
- Failure to promote
- Withdrawal of an offer of admission
- Placement on Medical Leave for up to one year
- Suspension from a DePaul University Speech Language Pathology program for up to one year with the stipulation that remedial activities may be prescribed as a condition of later readmission. Students who meet the readmission condition must apply for readmission, and the student will be admitted only on a space-available basis

The following will result in the student's dismissal from the graduate program:

- Failure to demonstrate the required essential functions despite intervention.
- Failure to maintain GPA requirements.
- In cases of intervention, failure to successfully complete intervention.
- Failure to comply with the policies and procedures stated in the graduate handbooks, including the criminal background policy.

ASHA Code of Ethics

American Speech Language-Hearing Association. (2023). Code of ethics [Ethics]. Available from www.asha.org/policy/.

Effective March 1, 2023

Part II: Clinical Practicum Procedures

DePaul University's Speech Language Pathology Clinic Prerequisites for Clinical Practicum

1. Prior to enrolling in clinical practicum, students must complete or satisfy the following:
 - a. 3.0 Cumulative Grade Point Average: Students must achieve a 3.0 cumulative GPA to enroll in clinical practicum courses and no course grade at C+ or lower in any graduate-level course.
 - b. Guided Observation Hours: Graduate student clinicians must complete 25 guided observation hours before enrolling in clinical practicum. Prospective graduate student clinicians must turn in a fully completed Clinical Observation Hours Verification Form to the Assistant Director of Graduate Admissions at the time of enrollment into the program. Speech Language pathologists who are observed must hold the ASHA Certificate of Clinical Competence (CCC) and meet ASHA supervision requirements. Students are responsible for securing their own observation sites and are responsible for meeting all related requirements. (e.g., fingerprinting, reading about site-specific regulations, etc.).
 - c. Blood Borne Pathogens Exposure Training: Graduate student clinicians must complete a Blood Borne Pathogens training through a PowerPoint presentation. This training will be completed during orientation.
 - d. Background Check: Criminal history records check results (CBI) are required: (a) prior to or during fall orientation and enrollment into the M.S. SLP program and (b) prior to the time the student begins their first clinical practicum in the fall quarter. The background check will be completed through CastleBranch. It is the student's responsibility to assume the cost associated with the background check. The Director of Clinical Education will provide a code for each student to complete this requirement. Students who have been convicted of felonies, have violations that relate to children, or have a record that would prevent them from securing professional licensure for Speech Language pathology practice in the State of Illinois will not be allowed to complete a clinical practicum.
 - e. HIPAA: Graduate student clinicians must complete the online HIPAA training on CastleBranch and pass a related quiz. Students are required to pay the associated fee for this training module. The Director of Clinical Education will provide a code for each student to complete this requirement.
 - f. Nondiscrimination Policy: Prior to beginning the DePaul University Speech Language Pathology Program, graduate students must sign the Nondiscrimination Notification (see Appendix 2)
 - g. Supporting Student Success CORE Functions Document: Prior to beginning in the DePaul University Speech Language Pathology Program, graduate students must sign the Supporting Student Success in the DePaul University Speech Language Pathology Program (Core Functions for Performance in Clinical Practicums) document (see Appendix 2).

- h. Commitment to abide by the DePaul University Drug-Free Schools and Communities Act of 1990: Students must attest to reading this policy by signing this handbook.
- i. CALIPSO and Clinic Note Training: Training on the online clinic systems will commence during the fall quarter.
- j. Immunizations: Graduate student clinicians must provide evidence of immunity or immunization for the following: COVID-19, Measles, Mumps, Rubella, Varicella (Chicken Pox) and Hepatitis B must be provided. Proof of immunity or immunization is evidenced by documented history of vaccination or disease from a physician or healthcare facility, or by titer results based on clinical status. In the absence of proof of immunization for Hepatitis B, student must provide a signed declination or waiver of such immunity.
- k. Graduate student clinicians are required to have a flu shot and a current TB skin test prior to beginning their first clinical practicum.
- l. Please see Appendix J for full details on Health Requirements
- m. Full health insurance coverage: Graduate students must provide verification of health insurance coverage.

Clinical Education Overview

The Speech Language Pathology Program curricula is designed to provide students with the breadth and depth of clinical training, via didactic coursework and clinical experiences, both at the DePaul University's Speech Language Pathology Clinic as well as in Externship practica placements. Services offered at the DePaul University's Speech Language Pathology Clinic include prevention & screenings, comprehensive evaluations, and therapy service. DePaul SLP students will acquire the knowledge and skills to provide services to with clients with the following disorders, with a range of severity from mild to severe, both at the DePaul University's Speech Language Pathology Clinic, and in clinical externships:

- a. Speech sound production
- b. Fluency
- c. Voice, resonance, and motor speech
- d. Receptive and expressive language
- e. Social aspects of communication, including pragmatics
- f. Communication impairments related to cognition.
- g. Augmentative and alternative communication
- h. Hearing and aural rehabilitation
- i. Swallowing and feeding
- j. Literacy

The DePaul University's Speech Language Pathology Clinic

The DePaul University's Speech Language Pathology Clinic provides students the opportunities to work with clients from the community across the life span (i.e., infants, toddlers, children, adolescents & adults) with a variety of disorders. In addition, DePaul is located in the heart of the third largest city and has agreements in place to provide students with externship placements in a

wide range of settings. Therapy at the clinic is offered across a continuum of care models and includes:

- Therapy Intensives for Acquired Language Disorders in adults
- Specialized group therapy (i.e., aphasia book group, vocal amplitude/LOUD CROWD training group, social communication group)
- Play-based individual therapy for pediatric populations
- Voice and gender affirming care
- Community Prevention Screenings

1. Clinical Practicum Coursework

Sequence

Pursuant to successful completion of SLP 480: Clinical Methods in Speech Language Pathology, students will complete four on campus clinical practicum courses via SLP 481, SLP 482, SLP 483, SLP 484 (one per quarter). Each course will include a supervised clinical rotation at the university clinic and/or clinical program operating site. Upon successful completion of on-campus clinical practicum coursework, a student will advance to SLP 485 (school based clinical practicum) and SLP 486 (medical based clinical practicum). Each of these practicum experiences are directly supervised by an on-site clinical instructor at an approved externship site (e.g., elementary school, rehabilitation hospital etc.)

Supervision

As students matriculate through this sequence of practicum coursework, direct clinical supervision will be adjusted to foster independence and accommodate the advancement of knowledge and skill. Professional direct supervisory experience is provided to level 1 clinicians (SLP481) 75-100% of the time, Level 2 and 3 (SLP482 & 483) clinicians are provided 50-75% of the time and level 4 clinicians 50% (SLP 484) of the time. Externship practicum coursework (SLP 485 and SLP 486) is directly supervised at 25-100% of contact time across the duration of the quarter according to the case complexity and skill of the graduate clinician as deemed appropriate by the on-site clinical instructor.

Coordination of placements with external facilities

The director of clinical education oversees the coordination of placements with external facilities through collaboration with a designated representative from each site. Following the execution of an affiliation agreement between the university and the external facility, the director of clinical education will liaise with site representatives to ascertain capacity, preferences, and any requirements for graduate clinicians (e.g., interview, academic performance in specific content area etc.). Concurrently, the director of clinical education will formally survey and conduct externship placement advising appointments with graduate clinicians throughout year 1 of the program to obtain the following information:

- Location
- Preference for SLP 485 (ranked in order of most to least preferred)
- Preference for SLP 486 (ranked in order of most to least preferred)
- Area(s) of Clinical Interest
- Potential Barriers to successful completion of externship coursework (e.g., transportation, economic, religious observances etc.)
- Prior related experience, professional certification, or bilingualism

The director will also consider the student's academic record, clinical hours obtained and diversity of experiences when coordinating placements with external facilities to ensure a well-balanced of site rotation. The DCE will survey the students' clinical educators (SLP 481-484) regarding the students' clinical performance, professional maturation (e.g., CORE functions) and any potential concerns or insight related to the student's level preparedness for an externship experience.

Students will then be matched to available placements at external facilities according to the best alignment of the aforementioned factors.

Diversity of client populations

Exposure to diverse client populations across communicative disorders is essential to the graduate student's successful completion of the program. This is ensured by diversity, equity, and inclusion focused recruitment of rare/complex disorders, underrepresented racial/ethnic groups, families of lower socioeconomic status, and/or linguistically diverse populations. At the DePaul University's Speech Language Pathology Clinic, clients who meet at least one of these criteria are prioritized and triaged to the appropriate clinical service (diagnostic, intervention, prevention, etc.).

2. Weekly Practicum Procedures:

Week 1 of Academic Quarter:

Initial supervisor meeting: student prior knowledge regarding clinical assignment is gauged through case history review skills and lesson plan draft.

Clinical educator reviews and provides feedback on lesson plan draft as needed (amount of feedback and number of drafts are used as predictors of how much supervision may be required ongoing during client care).

Week 2-5 of Academic Quarter:

Clinical educator meets individually with student weekly to review knowledge gaps, provide feedback and modeling. Adjustments to amount and manner of supervision are made according to students' response to clinical instruction and student feedback.

Clinical educator meets with clinical team of graduate students weekly to review foundational principles of clinical practice through the lens of their specialty area and specific to the current clientele (assessment, goal development, stimuli selection etc.). Adjustments to level and amount

of direct supervision are made according to students' mastery of concepts explored and student feedback.

Week 5 of Academic Quarter:

Student clinical performance (Week 1-5) is evaluated at midterm via CALIPSO and reviewed with student during midterm review meeting. Adjustments to amount and manner of supervision are made according to students' response to clinical instruction. If necessary, intervention plan is developed to support student and Director of Clinical Education begins meeting with student.

Week 6-9 of Academic Quarter:

Clinical educator meets individually with student weekly to review knowledge gaps, provide feedback and modeling. Adjustments to amount and manner of supervision are made according to students' response to clinical instruction and student feedback.

Clinical educator meets with clinical team of graduate students weekly to review foundational principles of clinical practice through the lens of their specialty area and specific to the current clientele (evidence-based practice, caregiver/parent education, discharge planning etc.). Adjustments to level and amount of direct supervision are made according to students' mastery of concepts explored and student feedback.

Week 10 of Academic Quarter

Student clinical performance (Week 1-9) is summarized through final evaluation via CALIPSO. Results are reviewed with student during final evaluation review meeting. If applicable, the status of previously established intervention plan or success plan is reviewed with student, Director of Clinical Education, and clinical educator.

3. Communication with Clinical Educators

The student consults with the clinical educator frequently and through a variety of structured platforms.

- Weekly 1:1 consultation meeting
 - Weekly small group team consultation meetings
 - Electronic clinical documentation revision and exchange via electronic medical record
 - Electronic lesson plan and session preparation revision and exchange via EMR
 - Session observation feedback form provided to student following each session.
 - Written self-reflection provided to clinical educator following each session.
 - Additional clinical educator office hours by appointment (in person or virtual)

4. Tracking and Documenting Clinical Experience

- a. CALIPSO will be used to track students' clinical experiences to ensure that students work with clients across the age span, and clients with a variety of disorders. Efforts also will be made to ensure that students will have the opportunity to work with clients

with socioeconomic challenges and clients from culturally and linguistically diverse backgrounds; these factors will be tracked, as well. CALIPSO will reflect categories presented in a clinical experience tracking record.

- b. With CALIPSO students can check on their performance and progress throughout the program.
- c. Students should keep an account of the amount of time spent with each client after each session throughout each quarter. Only direct contact with the client or the client's family in assessment, management, and/or counseling, may be counted as ASHA clock-hours. Direct client time is exact and is not rounded. A student should check with their supervising faculty member if they have any questions regarding the tabulation of clock-hours, the distribution of child or adult clock hours, and/or the appropriate designation of evaluation vs. management clock-hours. A more detailed explanation of direct contact hours may be found in ASHA's 2023 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech Language Pathology. The supervising faculty member will review and approve the clinical clock hours throughout the quarter.
- d. The DCE will review students' practicum and externship experiences and plan accordingly for future quarters to ensure that each student receives as diverse a clinical experience as possible. If students are lacking experience in a category, they may complete work with simulated clients in areas in which they have not accrued contact hours.

5. End-of-Quarter Activities

- a. Students will complete an End of Quarter Progress Report throughout the quarter
- b. Students should follow the instructions from their clinical educator or externship clinical regarding end-of- quarter requirements for documentation.
- c. The student and clinical educator will schedule an appointment for an end-of-quarter conference to review clinical performance and learning during the quarter. The clinical educator may provide the student with guidelines for self-reflection before this appointment.
- d. Students should update clinical clock hours in CALIPSO and make sure they have submitted these to the clinical educator for approval.
- e. Student will meet with the clinical educator for a final grade conference.

6. Evaluation of Clinical Supervision

- a. Before a student's final conference with their supervising faculty member in the DePaul University's Speech Language Pathology Clinic or the clinical educator in an externship placement, the student must complete an evaluation of the supervision they received.
- b. Online Teaching Evaluations will be used for DePaul supervising faculty
- c. CALIPSO supervisor evaluations will be completed for externship supervisors this is done via an online evaluation process. The link will be sent in the last weeks of each

quarter. Evaluations are not provided to the clinical educator until after grades have been assigned.

7. Evaluation of Student Clinicians

- a. Student clinicians will receive written and/or verbal feedback on a regular basis from each clinical educator and will receive formal feedback using the clinic grading rubric mid-quarter and at the end of the quarter.
- b. If there are serious concerns and students do not meet minimum criteria listed on the rubric, intervention plans may be initiated (see Part V below). CALIPSO will be used to manage the evaluation process.
- c. Please see Appendix 4 for the Clinical Performance Evaluation in CALIPSO based on the Knowledge and Skills CFCC 2020 Standards.

8. Student Clinician Self Evaluations

- a. In addition to clinical educator evaluations, students will be required to self-assess their skill at the end of the quarter via CALIPSO.

Part III: Externship Placement Policies and Procedures

Externship Placements: Students will be placed for one quarter in a public-school externship and one quarter in a non-public school/medical externship

1. Assigning Students

- a. The DCE will be responsible for assigning students to externship sites and they will also be responsible for ongoing communication with externship supervisors and coordinating site visits across the faculty.
- b. The DCE will also be responsible for maintaining documentation in CALIPSO and in SLP Program files. The DCE, assisted by the Clinic Director, will be responsible for ensuring that prior to beginning an externship, cooperative agreements are up-to-date and that students have completed all requirements (i.e., immunizations, HIPAA training, CPR, background checks, etc.) and have sufficient prerequisite experience necessary for their site.

2. Introduction to Externship Sites

- a. The DCE will discuss externship site options generally with students during their first Clinical Methods course in fall quarter of their first year in the program. Though it will be explained to students that they may not get their top choice(s), students will be asked to provide their externship site preferences for school, non-school, and or/ medical externship placements and this information, as well as feedback from clinical educators and the Director of Clinical Education (DCE) and preferences expressed by externship supervisors (i.e., desired qualities of prospective externs), will be considered when placement decisions are made.

3. Individual Externship Site Meetings

- a. The DCE will meet individually with each student to discuss their priorities for their externship placement sites.
- b. The DCE also will confer with clinical educators and will chair grading conferences for on-campus clinical practicum experiences to facilitate the matching process.

4. BESSC Program Externship Sites

- a. Students in the BESSC program will work with the Director of Clinical Education to prioritize their medical and school/private clinic externship sites.
- b. The students in this program will be gaining approximately 100-140 hours of clinical experience in their externship placements solely with Spanish speaking populations providing speech and language services to bilingual families and their children with communication, swallowing and feeding disorders.

5. Externship Evaluations

- a. Each quarter, student externs will evaluate, at mid-quarter and end of quarter, their externship supervisor and sites using forms with customized questions on CALIPSO. Objective data such as number of direct contact hours, and ages and types of disorders of clients served, will be recorded and feedback about the quality of the amount and type of supervision also will be collected and reviewed by the externship supervisor, DCE, and Clinic Director.

6. Externship Site Visits

- a. The DCE will coordinate visits to each site across the faculty for a minimum of one visit each quarter for each student extern. At each visit, the DCE or visiting faculty member will meet with the student and the supervisor to discuss student performance and review clinical hours and competencies obtained. The faculty member will offer support to the student and the externship supervisor.

7. Externship Site Monitoring

- a. The DCE will review notes from externship site visits and objective data (e.g., number of hours accrued, percentage of direct supervision, caseload characteristics) and externship supervisor's and student externs' feedback submitted through CALIPSO to determine if educational objectives are being met.
- b. Additionally, externs and externship supervisors will be encouraged to reach out to the DCE via telephone or email whenever any concerns arise.
- c. The externship supervisors and DCE will work together to respond to concerns about students' clinical progress and an intervention plan will be applied if warranted.

8. Externship Site Insurance

- a. DePaul University shall maintain professional liability insurance, which may be self-insured, covering students. Such policy shall have limits for professional liability insurance of not less than One Million Dollars (\$1,000,000.00) per occurrence or claim and Three Million Dollars (\$3,000,000.00) in the aggregate; and general liability coverage of at least One Million Dollars (\$1,000,000) per occurrence or claim and Three Million Dollars (\$3,000,000) in the aggregate covering the acts of such student while participating in the program. Such insurance coverage must be placed with an insurance carrier acceptable to the Facility. DePaul shall provide proof of coverage to the Facility by providing certificates of insurance evidencing coverage prior to student participation in the practical learning and clinical educational experience. In the event required insurance coverage is not provided or is canceled; the Facility may terminate the placement of the student(s).

9. Externship Site Checklist

- a. Please refer to the DePaul University Speech Language Pathology Program Externship Checklist in Appendix 3.

Part IV: Clinical Practicum Performance Standards

General Clinical Performance Expectations

1. Minimum Standards and Clinical Competencies
 - a. All master's degree students seeking ASHA certification are expected to demonstrate clinical performance consistent with the minimum standards and clinical competencies of graduate study. This performance is expected to be developmental, reflecting increasing levels of clinical skill and independence. Only those students whose clinical performance is consistent with such standards will be recommended to graduate with a recommendation to ASHA. Clinical instructors have the sole responsibility and authority to certify clinical clock hours earned under their supervision.
2. Formative and Summative Assessment
 - a. Formative and summative assessment of student clinic performance will be accomplished through various types of clinical work such as lesson plans, treatment plans, clinic reports, evaluation and treatment sessions, and clinical simulation/standardized patient encounters. Formative and summative assessment of student clinical performance will be accomplished through the implementation of the following methods:
 - i. Clinical observation of at least 25% of the intervention session and at least 50% of the evaluation session with ongoing weekly verbal and/or written feedback to the graduate student clinician regarding skill application and performance.
 - ii. Supervision meetings to address continual faculty-student dialogue, critical thinking, and problem-solving regarding evaluation and/or intervention sessions will be scheduled weekly.
 - iii. Reflection learning logs completed at the conclusion of each session and due within 24 hours of the session. Reflections serve as a log to summarize the experience, evaluate skills, and identify areas for skill improvement.
 - iv. A formal meeting will be held at the quarter midterm and final, with student and faculty discussion of student knowledge and skills progress for evaluation, intervention, and professional interactions and qualities based on a rubric consisting of competencies outlined by CFCC and documented on CALIPSO.
 - v. Narrative comments specific to each domain of knowledge and skills will be documented and discussed. Areas of strength/weaknesses and improvement will be documented on CALIPSO, and students' goals will be discussed and updated for the subsequent quarter. Results of the final assessment will be entered into CALIPSO along with narrative comments from the supervising faculty to meet a score rated as "developing" across the domains of evaluation, intervention, and professional qualities and earn an overall score of "passing." This document will be signed electronically by

both the graduate student clinician and clinical educator. The submitted and finalized document will be made available electronically to the student, supervising faculty, and the Director of Clinical Education.

3. The Clinical Performance Evaluation Score

- a. The Clinical Performance Evaluation Score will determine a student's final grade. If a student has more than one performance evaluation completed during a semester, CALIPSO will generate a cumulative score and corresponding grade. This grade is based upon the student's average score, considering each individual evaluations' weight. CALIPSO assigns higher/lower weight to evaluations dependent upon the clinical hours associated with that evaluation. A minimum cumulative competency of 3.0 is required for the successful completion of this program.

1.0 Very Early Emerging: Skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of the need to change. supervisor/clinical educator must model behavior and implement the skill required for client to receive optimal care. Supervisor/clinical educator provides numerous instructions and frequent modeling. Critical thinking/problem solving is very early emerging. Student primarily observes and states limited facts. (skill is present <25% of the time).

2.0 Early Emerging: Skill is emerging, but is inconsistent or inadequate. Student is beginning to show awareness of need to change behavior with supervisor/clinical educator input. supervisor/clinical educator frequently provides instructions and support for all aspects of case management and services. Critical thinking/problem solving is early emerging. Student primarily observes and states a few facts. (skill is present 26-38% of the time).

2.5 Emerging: Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor/clinical educator input. Supervisor/clinical educator frequently provides instructions and support for all aspects of case management and services. Critical thinking/problem solving is emerging. Student primarily observes and states several facts. (skill is present 39-50% of the time).

3.0 Developing with Ongoing Monitoring/Feedback: Skill is present and needs further development. Student is aware of need to modify behavior, but does not do this independently. Supervisor/clinical educator provides on-going monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill. Critical thinking/problem solving is developing. The student is identifying and analyzing problems and is beginning to reach conclusions. (skill is present 51-63% of the time).

3.5 Developing with Intermittent Monitoring/Feedback: Skill is present and needs further development. Student is aware of need to modify behavior, but does not do this independently. Supervisor/clinical educator provides intermittent monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill. Critical thinking/problem solving is

developing. The student is identifying and analyzing problems and is beginning to reach conclusions. (skill is present 64-75% of the time).

4.0 Beginning to Refine: Skill is developed/ implemented most of the time and needs continued refinement or consistency. Student is aware and is modifying behavior in-session some of the time, and beginning to self-evaluate. Problem solving is refining. The student analyzes problems and more consistently reaches appropriate solutions. Supervisor/clinical educator acts as a collaborator to plan and suggests possible alternatives. (skill is present 76-83% of the time)

4.5 Refining: Skill is developed/ implemented most of the time and needs continued refinement or consistency. Student is aware and is modifying behavior in-session, and is self-evaluating. Problem solving is refining. The student analyzes problems and more consistently reaches appropriate solutions. Supervisor/clinical educator acts as a collaborator to plan and suggests possible alternatives. (skill is present 84-90% of the time)

5.0 Consistent: Skill is consistent and well developed. Student can modify own behavior as needed and is consistently problem solving. The student analyzes problems and consistently reaches appropriate solutions. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor/clinical educator serves as consultant in areas where student has less experience. Supervisor/clinical educator provides guidance on ideas initiated by student (skill is present >90% of the time).

- b. At the discretion of the clinical educator, an intervention plan to address specific skill deficiencies may be implemented even if the overall grade falls outside the range indicated below. Student concerns and desired learning outcomes at the clinical levels will be addressed through the intervention plan.
- c. The Director of Clinical Education will review all graduate student final competencies at the end of each quarter. Additional opportunities for grand rounds or oral presentations of case studies, for example, may be part of the summative assessment.

4. Clinical grades and assessment

- a. Clinical practicum is a progressive activity. It is expected that a clinician will continue to develop new insights and skills. Therefore, the repetition of the same quality work in subsequent semesters will not ensure the same grade. In accordance with ASHA standards, growth is essential. The CALIPSO evaluation standards are structured to reflect this progress, and grades will be graduated across the quarters to reflect this growth in clinical skills.
- b. Final grades submitted for the quarter are at the discretion of the Director of Clinical Education and will be determined during a final grading meeting with all clinical educators at the end of each quarter. General grading scales aligned with the Clinical Performance Evaluation Score are listed below:

<u>Winter I (481) & Spring I (482)</u>	Summer I (483) & Fall II (484)	School Externship (485) and Medical Externship (486)
A: 3.66-5.00	A 4.00-5.00	A 4.27-5.00
A- 3.35-3.65	A- 3.66-3.99	A- 3.96-4.26
B+ 3.04-3.34	B+ 3.35-3.65	B+ 3.65-3.95
B 2.73-3.03	B 3.04-3.34	B 3.34-3.34
B- 2.50-2.72	B- 2.73-3.03	B- 3.03-3.33
C+ 1.00-2.49 (Intervention Plan)	C+ 1.00-2.72 (Intervention Plan)	C+ 1.00-3.02 (Intervention Plan)

CLINICAL PRACTICUM EXPECTATIONS AND GUIDELINES

General Expectations:

- Work hard and demonstrate professional dedication toward your clients.
- Professionalism, timeliness, collaboration, and open communication will create a solid foundation for clinical education.
- Students are responsible for being prepared for sessions, reviewing clients' information, implementing sessions, completing paperwork following sessions, and attending team and supervisory meetings.
- Students will receive written and/or verbal feedback about sessions on an ongoing basis. In addition, clinical educators may use a variety of questions to develop critical thinking skills. Openness to receiving feedback focused on improving your clinical abilities is important for growth as a clinician.
- It is expected that students to be available until the end of finals week and ensure that all paperwork is completed. Please refer to the Clinic Calendar for specific dates.

Documentation Deadlines:

Document	Deadline
Treatment Plans	8:00 AM: Three working days before the session
SOAP Notes	24 hours after the session
SOAP Note revisions	24 hours after feedback has been provided
Self-reflections	24 hours after the session
Diagnostic Reports	First draft: 3 working days after the evaluation Second draft: 2 working days after feedback has been provided Subsequent drafts: based on Clinical Educator expectations
Final Progress Reports	According to the clinic timeline

SLP Program Attendance Policy:

The Speech Language Pathology Program of DePaul University (DPU SLP) is committed to maintaining the highest standards of academic, clinical, and professional integrity. Faculty have a responsibility for the welfare of clients affected by students enrolled in the program. Thus, students must demonstrate competence in physical, cognitive, behavioral and social abilities that are necessary for satisfactory mastery of the curriculum and learning outcomes; the ability to demonstrate regular class attendance and meet responsibilities in a timely manner is consistent with the CORE functions defined by Council of Academic Programs in Communication Sciences and Disorders (CAPCSD). DPU SLP attendance policy serves to promote an environment free of disruption and distraction that is conducive to students' learning and development of knowledge and professional skills that are necessary to practice speech-language pathology.

Attendance at all academic and clinical meetings is expected. Students who demonstrate a pattern of non-attendance and/or tardiness will earn a reduced final course grade. The definition of tardiness and the amount of point/grade reduction for non-attendance and tardiness are at the discretion of the instructor will be detailed in the course syllabus; students are responsible for all course syllabi material. At their discretion, instructors may also elect to include attendance and participation as a graded item for which students earn points. The student assumes full responsibility for material or information missed due to absence. If you are absent, it is your responsibility to plan to obtain the handouts, notes, assignments, discussion notes about assignments/quizzes/exams, etc. from D2L and a classmate. If you are absent on a day that an assignment is due, you must submit the assignment by the due date/time as specified by the instructor. Make-up quizzes/exams or extensions will be permitted only following written documentation of the necessity of an excused absence or planned leave (i.e., student illness such as strep, flu, COVID-19, other communicable diseases), medical emergency of the student/dependent/spouse, funeral or wake of an immediate family member, jury duty, or participation in DePaul University events that are pre-approved by the instructor no fewer than 14 days in advance – not travel). To ensure consistency and fairness to all students, individual exceptions that do not meet these requirements for an excused absence will not be granted.

Course instructors may require written documentation to verify the cause of absence; if so, the policy will be stated in the course syllabus, and students must abide by the policy if they request that the absence be excused. The Program considers verifiable documents those which an outside agency or source can validate, with a date and time of service/event and original signature. Examples of verifiable written documentation include an official physician's note, ER visit note, or other service provider note. Students must provide documentation of absence no later than the next day of class attendance in order to have the absence excused.

Alternative Attendance/Accommodations Policy for Graduate Students with an Excused Absence. Students with an excused absence may be assigned an alternative assignment at the discretion of the instructor. Instructors may assign additional readings, quizzes, or activities if determined necessary to meet any KASA standards missed by the in-person absence. Grade and/or point(s) assignment are at the discretion of the teaching instructor/professor.

Clinical Absences due to illness and planned absences:

- If a student clinician is ill with a fever over 100 degrees, has a contagious condition, diarrhea, vomiting, or bleeding from an open wound, they are prohibited from coming into the clinic. They may return to the clinic 24 hours after the condition resolves.
- Student clinicians need to contact the clinic at 773-325-7040 and their clinical educator as soon as they know that they will not be able to come to the clinic. In the event of a same day cancellation, the graduate student clinician is responsible for contacting the client to ensure they are aware of the cancelled session. The graduate student clinician should contact morning clients before 8am, via phone call and email, to ensure they do not travel to the clinic. The graduate student clinician is responsible for rescheduling sessions canceled by the clinician. They must consult their clinical educator to determine a feasible time for this make up session. Should a make-up session not be possible, as determined by the clinical educator, an alternative clinical experience, i.e., a Simucase, will be assigned.
- Clinical Practicum is a M-F full time commitment outside of didactic coursework. Students are expected to be available for practicum during clinic hours, as client schedules change frequently.
- All practicum absences excused and unexcused must be cleared by the Director of Clinical Education. Clinical educators are NOT responsible for providing make-up opportunities, hours, or skill remediation for unexcused absences. Client schedules will NOT be disrupted due to unexcused absences. Absences both excused and unexcused will have a direct impact of required clinical hours accrual needed to meet competencies.
- If a clinical educator is sick/away, the Coordinator of Clinical Operations will find coverage for the session and let the student know about the coverage. If the Coordinator of Clinical Operations needs to cancel a session due to the lack of supervisory coverage, they will contact the student via email.

Part V: Clinical Intervention Plans, Academic Probation, Withdrawal, and Leave of Absence

Intervention Plans: Intervention plans are designed to improve a student's knowledge and skills in a specific area(s) judged to fall below an acceptable level of minimum competence (C+ or lower grade). The procedures for implementing an intervention plan are outlined below.

1. Clinical Educator identifies concerns

SUBJECT: Intervention Plans

PURPOSE: Upon graduation, students intend to obtain the ASHA Certificate of Clinical Competence (CCC) in either Audiology or Speech-Language Pathology. To achieve this certification, a student must demonstrate a set of knowledge and skills as defined by ASHA certification standards. It is possible for a student to make a passing grade in a course/practicum and still not demonstrate all of the knowledge and skills covered in the course or practicum.

The intent of this procedure is to identify, address, and monitor areas of knowledge and skill in which a student may require additional study, instruction, or experience to achieve the expected level of competency to obtain the CCC. The Intervention Plan is a supportive process designed to enhance student success and is to be collaborative with the student.

POLICY: When a student does not meet a competency in a course or clinical experience, the areas of study requiring attention will be identified and goals and recommendations will be developed for the student to complete in order to demonstrate competency in the area(s).

PROCEDURE:

1. Process of Initiation of an Areas of Study Requiring Attention
 - A. A clinical educator or faculty member may initiate the Areas of Study Requiring Attention process:

I. Process Regarding Academic Knowledge and Skills

1. These plans require notification of the graduate program director
2. A copy of the plan is signed by the initiator, the student, and the students' advisor.
3. An electronic copy is placed in the student's academic folder.
4. If the issue is related to clinic, the Director of Clinical Education receives a copy as well.
5. Completion of the plan is assessed by the faculty involved and noted in the student's academic folder.

II. Process Regarding Clinical Knowledge and Skills

- A. The faculty member who identifies the issue communicates the concerns to the appropriate Director of Clinical Education (DCE).
- B. The DCE convenes with the faculty currently working with the student to develop the Areas of Study Requiring Attention intervention plan.
- C. The DCE and Instructor meet with the student to address the knowledge or skills that are not at the expected level and determine the best plan of action.
- D. A copy of the plan is distributed to the student, the graduate program director, and the faculty who are involved in the implementation of the plan. An electronic copy is placed in the student's academic file.
- E. The DCE, Instructor and student reconvene at or before a determined date to assess the progress and determine whether the intervention plan has been achieved or further action needs to take place.

III. Graduate Assistantship (GA)

GA assignments will be reconsidered for students completing on an intervention plan that is not self-initiated.

IV. Components of an Intervention Plan

- A. The student's name, advisor, term of study, course name and number, and instructor(s) of the course.
- B. Areas of Study
This is a specific list of the knowledge or skills in which the student has not demonstrated minimal competency.
- C. Goals
Goals are to be measurable in order to determine whether the outcome sufficiently demonstrates the successful completion of the competencies in question.
- D. Recommendations
 - 1. Specific steps of action as to how the goals can be accomplished.
 - 2. A date for an intermediate progress review may be set.
- E. Date
A specific date is indicated to note when the goals are to be completed. Duration of an intervention plan should not be more than a single quarter.
- F. Signatures
All of the individuals formulating the plan, including the student, are to sign the Intervention Plan.
- G. Outcome and Performance
Once the recommended period has lapsed, the faculty who are involved in the implementation of the plan note the outcome of the plan and determine the extent to which objectives have been met. Options for intervention plan outcome include:
 - 1. Completed

2. Continue plan
3. Revise plan

Options for evaluating the student's progress toward intervention objectives and overall performance include:

1. Satisfactory
2. Persisting concerns
3. Unacceptable

H. A meeting is called with the student and the individuals involved in the initiation of the plan to discuss the outcome and recommendations. After the outcome meeting, the parties involved, including the student, sign the form to indicate recognition of the outcome(s) and recommendation(s).

V. Time Constraints

1. A plan addressing the same competencies should not extend beyond two academic quarters. If issues are critical and remain a concern:

- a. The student will be informed of the strong likelihood that CCC may not be obtained.
- b. The student's options regarding program continuation will be reviewed with the student.
- c. Unsatisfactory completion of an intervention plan, particularly one of major severity, will prompt faculty review of student's overall performance across content areas and clinic, and may be grounds for dismissal.

2. Intervention Plans in Externships

- a. Students who have satisfactorily completed Clinical Practicums I-IV, as demonstrated by receiving a quarter grade of B- or higher, will be permitted to complete the School and Non-School Externships.
- b. Once enrolled in School and Non-School Externships, students will be expected continually to improve their clinical competence, behave professionally and ethically, and follow federal laws and uphold policies and procedures specific to their externship site.
- c. The DePaul University Speech Language Pathology Program's Intervention Plan for student clinicians will be shared with externship supervisors who may append, within reason, additional interventions specific to the externship site. Such additions will be noted in the site's cooperative agreement that will be signed by the student clinician, the DCE, and the externship supervisor prior to the student clinician beginning their externship.

Academic Probation: If a graduate student is placed on academic probation by the university, the Director of Clinical Education (DCE) and graduate program coordinator will decide (in conjunction with the student) whether the student will be allowed to enroll in clinical experience.

Leave of Absence: A student may request a leave of absence from the program

1. Requesting a leave of absence

- a. Students who need to interrupt their studies or clinical experiences for personal, health or other reasons may request a leave of absence for up to one full year. The request should be made to the Program Director, Director of Clinical Education and the Admission, Progression and Retention Committee should be notified. Depending on circumstances and estimated length of absence, the Program Director or student's academic advisor may recommend additional action to complete the request process.

2. Returning to the program following a leave of absence

- a. Students who wish to return to the program following a leave of absence will need to submit a written request for resuming coursework to the Admissions, Progression, and Retention Committee. It is the student's responsibility to send a copy of such request to the Program Director, the student's faculty advisor, and the Director of Clinical Education.
- b. This written request should demonstrate the resolution of the extenuating circumstances contributing to the original need to leave the Speech Language Pathology Program.
- c. This request for reinstatement must be made no less than 6 weeks prior to resuming the speech language pathology course sequence.
- d. Students will be notified in writing regarding the decision concerning their re-entry to the program.
- e. Individual assessment of current knowledge and clinical skills will be made prior to placement of the student in the appropriate level within the speech language pathology program.
- f. Students who become "out of sequence students" due to withdrawal, or military/medical/family leave of absence will be placed into a clinical rotation upon re-entry based upon space available and cannot be guaranteed placement in the next available clinical course needed. "Out of sequence students" cannot displace in-sequence students from a clinical spot.

3. Leave of absence greater than 12 calendar months

Students who have taken a leave of absence from the program for greater than 12 calendar months must re-apply to the university. Their application will then be considered with all other qualified applicants applying for admission to the speech language pathology program.

4. Withdrawing from core coursework

- a. A student who withdraws from a core speech language pathology course while in good standing cannot progress in the sequenced curriculum until that course has been successfully completed. In courses that contain both a clinical practicum and a lecture component, both course segments must be completed simultaneously. Exceptions

may be identified and defined by the Admissions, Progressions and Retention Committee (APR) in consultation with the Program Director, the Director of Clinical Education and the course faculty.

- b. A student who withdraws from a core speech language pathology course who is 'not in good standing' (with a grade of C+ or lower or on probation) at the time of withdrawal, will be referred to the Admissions, Progressions, and Retention Committee (APR). The APR will meet to review the student's past and current performance and to elicit recommendations from the course faculty. A representative of the APR committee may then meet with the course faculty, Program Director, Director of Clinical Education, and the student to counsel the student and to establish a contract for academic improvement. Such students may not progress in the sequenced curriculum until the course has been retaken and successfully completed. In courses that contain both a clinical practicum and a didactic theory portion, both course segments must be completed simultaneously.
- c. A student may withdraw from a core speech language pathology course 'not in good standing' (with a grade of C+ or lower) only once during their program of study. A second such withdrawal will result in dismissal from the program.
- d. A student who has a grade of C+ or less at mid-quarter may be placed on contract for an intervention plan by the instructor. The student must satisfactorily fulfill all course and contract requirements by the end of the quarter of contract initiation in order to progress in the program.
- e. A student currently enrolled in a degree program in which revisions are approved while their studies are in progress may elect to formally adopt the revised requirements.

Part VI: DePaul University's Speech Language Pathology Clinic: Student Procedures

Communication

- a) Students must use their DePaul email account for all communications. Email accounts such as Gmail, Hotmail, etc., are prohibited from use when communicating with DePaul faculty, staff, students, and clients/client families (when related to the clinic).
- b) Student clinicians should report any changes in name, address, or phone to the Assistant Office Manager.
- c) Campus and program communication is completed primarily through email. Students are encouraged to check email multiple times per day.
- d) Client names or other identifying information should never be shared in email communication.

Titles/Credentials

- a. Students should refer to themselves as graduate student clinicians and should never misrepresent their level of training or experience.
- b. Students should refer to faculty members and adjunct clinical educators as "Dr." or "Professor" as appropriate.

Schedule

- a. The DCE, Manager of Clinical Operations, and Assistant Office Manager, will maintain client records and the clinic's schedule.
- b. The Assistant Office Manager will notify students of their client schedule and assigned rooms.
- c. The Manager of Clinical Operations will notify students of their clinical educators and course section assignment prior to registration.

Client Information

- a. A digital intake questionnaire for an adult or child will be completed prior to the first appointment.
- b. This form contains basic information about the client (e.g., name, phone number), client history, consents, and an authorization to release and obtain information.
- c. A pdf of the intake questionnaire is uploaded into the client's electronic medical record.

Clinic Information

- a. All clients are provided with a Welcome Packet containing clinic policies and procedures for receiving care upon enrolling in services

Clinic Rooms

- a. Clinic rooms will be assigned by Assistant Office Manager. Room assignments will be coordinated with scheduled VALT recording.

Toys and Room Sanitation Procedures

- a. All toys and materials must be disinfected in the sanitation area after each session following the prescribed protocol.
- b. Smaller soiled items should be placed in the cleaning bin in the sanitation area.
- c. Large items, such as kitchen sets, must be thoroughly wiped with disinfectant wipes found in the cabinet in each clinic room.
- d. Before leaving each therapy room, every surface must be disinfected with sanitation wipes provided in the room (i.e., tables, chairs, doorknobs, counters, and light switches).
- e. Student clinicians must disinfect the clinic exam room space before leaving and in time for the next session to begin.
- f. Student clinicians must disinfect the computer space in the family room if the client's parent or caregiver used it during session.
- g. When assigned to the weekly inventory schedule, students are needed to help organize the SLP Inventory closet.

Materials and Equipment

- a. The file cabinets behind the reception area contain a library of assessment materials that students are likely to use in clinic or in courses. These materials cannot be taken from the clinic.
- b. Clinic materials, such as games, toys, books, picture cards, and various other materials, are available on the shelves in the Resource Room and must be checked in/out.
- c. Computers for student use are located in the clinic. Computers that are located in faculty/staff offices are not available to students.
- d. All furniture should remain where it was originally placed. If you need to move furniture in the clinic, you must get permission from a clinical educator or the DCE.
- e. Toys and materials must be cleaned and disinfected using the prescribed protocol before being put back into circulation.
- f. Students are asked to report any materials or equipment that needs to be repaired or replaced to the DCE.

Dress Code

- A. The dress code policy is in effect for all students when they are in the clinic/clinic area, even if not conducting a therapy session.
- B. The clinic dress code for therapy sessions includes a uniform of solid-colored pants (can be straight, ankle cropped, or boot cut, but NO LEGGINGS) with a black polo with SLP logo. Students will need to purchase BN084 Black Mesh Polo shifts from DePaul University's bookstore or online

In-Store Location:

2425 N. Sheffield Avenue Chicago, IL 60614

Websites: <https://depaul.bncollege.com/>

Search ISBN: 697011542

- C. Flat, closed toe shoes are required when in clinic sessions (no flip flop, sandals, high heels, or large boots). Clean and neat gym shoes are allowed.
- D. Students will also wear a photo name badge issued by the clinic prior to beginning practicum. Lost or damaged name tags will be replaced for a nominal fee of \$10 (paid by student).
- E. Graduate students who are in the clinic area but are not scheduled for therapy sessions must wear clinic appropriate attire. The following are unacceptable for students to wear while in the clinic area (this list is not exhaustive): excessively ripped jeans or low-cut pants exposing the midriff or back, midriff, strapless, or transparent dresses or tops, very short skirts, shorts, or shirts
- F. Student clinicians should have hygiene appropriate for a clinic environment and should not wear perfumes or any strong scents (due to common allergies and reactions to scents).
- G. Students should be mindful of the type of tattoos they are exposing, body piercing, and jewelry they are wearing when working with clients. Client and student safety is paramount, and students should not wear anything that will cause a safety concern.

Documentation & Privacy Practices

Clinic Note is the secure, web-based medical record system used in the clinic. Students complete ClinicNote training during the fall quarter. All clinic documentation is completed in ClinicNote.

Information Sharing

- a. Clients are provided with a HIPAA privacy notice. A release of information must be secured before files can be shared between professionals. Reports will be placed in the client's chart.
- b. Student clinicians should not speak about their clients or otherwise make reference to their clients' goals, diagnoses, or other protected information. Students should not acknowledge providing care in any way for a client; this would be considered sharing protected health information.
- c. When communicating about clients' progress or services to a client's family, conferences should take place in non-public areas (e.g., in a clinic room with a closed door).
- d. Under no circumstances should images of clients or clients' identifying information ever be shared on any form of social or electronic media.
- e. All printed documents must be deidentified.

Restroom Breaks and Transfers

- a. If a pediatric client needs assistance to use the bathroom, a parent should take them.

- b. If a parent is not present, the clinician and the clinical educator should take the child to the restroom.
- c. The clinician and clinical educator should wear gloves when cleaning up a child.
- d. If a pediatric client is old enough and developmentally able to use the restroom by him or herself, the clinician should wait for the client in the hallway.
- e. Clinicians, faculty and staff are not allowed to assist with transfers and toileting. A caregiver or family member of the individual receiving services must be present when the client needs physical assistance with transferring from wheelchair to chair, during ambulation in the clinic, or for bathroom assistance.

Interacting with Clients and Their Families

- a. Student clinicians are expected to uphold the ASHA Code of Ethics in all interactions. Failure to do so may result in clinic grade deductions or expulsion from the program.
- b. Families recognize student clinicians as professionals in training. Students must not misrepresent or over- represent qualifications. Students who engage in unsupervised or otherwise unauthorized practice unrelated to their clinical practicum or clinical coursework may be referred to the Illinois Department of Professional Regulation for possible disciplinary action.
- c. Students must not accept gifts with significant monetary value from clients.
- d. Students may not communicate via social networking sites with clients or clients' families.

Infection Control

- a) Students and clinical faculty must complete blood borne pathogens training.
- b) Preventative measures:
 - Handwashing
 - I. Wash hands/use hand sanitizer before and after seeing a client
 - II. After removing gloves
 - III. Wash with soap and water for 30 seconds or 60 seconds if contamination may have occurred
 - Gloves should be worn when:
 - I. performing an oral mechanism evaluation
 - II. stimulating sounds in the oral mechanism
 - III. cleaning up blood, saliva, vomit, feces, or urine
 - IV. working with a client with saliva management challenges
 - V. working with a client with nonintact skin, open cuts, or sores
 - VI. the clinician has nonintact skin, open cuts, or sores
 - VII. Change gloves:
 - after every use
 - when torn
 - VIII. Discard gloves:
 - in a wastebasket before exiting the room under normal circumstances

- in a red bag if contaminated with bodily fluids
- c) Each therapy room contains a sanitizing kit that includes hand sanitizer, gloves, band-aids, facial tissues, paper towels, etc.
- d) If objects are potentially contaminated:
 - Immediately contact the clinical educator or the Director of Clinical Education (DCE) who may contact Facilities Services for assistance.
- e) In the event of a blood spill from person to furnishings or the floor:
 - Notify the Clinic Director, Assistant Office Manager or clinical educator who can contact Facilities Services.
 - Do not clean spills on the floor or furniture, get help from facilities.

An official DePaul University Speech and Language Clinic Incident Report must be completed in ClinicNote to report any of the above-mentioned incidents.

For additional information, please refer to DePaul University's Exposure Control Plan can be found: <https://offices.depaul.edu/environmental-health-and-safety/manuals-procedures/Documents/exposure-control-plan.pdf>

Parking

- a. Parking permits are issued for clinic clients and guests.
- b. Students are not permitted to park in the lot adjacent to the DePaul University's Speech Language Pathology Clinic unless they have purchased a permit directly from the university.

Recording and Viewing Clinic Sessions

- a. Sessions will be recorded through our interactive viewing system, VALT.
- b. The Assistant Office Manager will schedule all session recordings in VALT.
- c. Caregivers may view the applicable session using the observation kiosks equipped with computers in the Family Viewing Room

Part VII: DePaul University's Speech Language Pathology Clinic: Client Policies and Procedures

Protected Health Information

DePaul University's Speech Language Pathology Clinic Health Information Privacy Practices

- a. a. Client protected information is kept confidential under the guidelines of the [Illinois Health Insurance Portability and Accountability Act.](#)

Understanding Clinic Record/Information

- a. The DePaul University Speech and Language Clinic utilizes ClinicNote for Electronic Medical Record (EMR). This is a full suite electronic medical record with features specifically made for speech-language pathologists. As a DePaul University graduate student in the Speech Language Pathology program, access to the Electronic Medical Record (EMR) system, ClinicNote, will be available both on and off-campus. This system contains sensitive patient information protected by the Health Insurance Portability and Accountability Act (HIPAA). It is essential to adhere to strict guidelines to ensure the confidentiality, integrity, and availability of this information. All graduate students will review and sign off on appropriate uses of an EMR.
- b. A record of each visit is made. Typically, this record contains presenting concerns, evaluation results, diagnoses, treatment information, and a plan for future care or treatment. This information often referred to as a health or medical record, serves as:
 - i. A basis for planning care and treatment.
 - ii. A means of communication among the many health professionals who contribute to the client's care.
 - iii. A legal document describing the care received.
 - iv. A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Health Information Right

Although the health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to the client. Federal Law provides the client the right to:

- Request a restriction on certain uses and disclosures of information. The DePaul University Speech Language Pathology Clinic is not required to agree to a restriction, except in limited circumstances, such as for information gathered for judicial proceedings;
- Receive a paper copy of this notice, upon request and at any time, even if the client earlier agreed to receive this notice electronically;
- Inspect and obtain a copy of the health records;
- Amend the health record if the client believes it is incorrect or incomplete. However, The DePaul University Speech Language Pathology Clinic is not required to amend the health

information, and if a request is denied, the client will be provided with information about our denial and how the client can disagree with our denial;

- Obtain an accounting of disclosures of the health information;
- Receive communications of protected health information from The DePaul University Speech Language Pathology Clinic by alternative means or at alternative locations. The clinic must accommodate reasonable requests.
- Authorize use or disclosure of any protected health information by using the Authorization to Use or Disclosure Health Information form; and
- Revoke authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

The DePaul University Speech Language Pathology Clinic staff agrees to:

- Maintain the privacy of health information as required by law;
- Provide a Notice of our legal duties and privacy practice with respect to the information we collect and maintain.
- Abide by the terms of this Notice.
- Provide notification if we are unable to agree to a requested restriction;
- Accommodate reasonable requests the client may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a new revision on the DePaul University Speech and Language Program website. We will not use or disclose health information without written authorization, except as described in this notice.

Uses and/or Disclosures for Treatment and Health Care Operations without Written Authorization

The following areas describe the ways the DePaul University Speech Language Pathology Clinic may use or disclose health information. For each area, an example will be given. Not every use or disclosure in the respective areas will be listed; however, all the ways the DePaul University's Speech Language Pathology Clinic is permitted to use and disclose information will fall within one of these areas. If a client or guardian would like information shared with another person or professional not listed below, a consent to release information form must be completed.

1. We will use health information for treatment.
For example, information obtained by the clinical educator and student clinician will be recorded in the client's file and used to determine the course of treatment that should work best.
2. We will use health information for regular healthcare operations.

We may use and disclose medical information about the client for clinic operations. These uses and disclosures are necessary to operate the clinic and to make sure that all of our clients receive quality care. For example, we may use clinical information to review our treatment and services and to evaluate the performance of our staff in caring for the client. We also may combine information about many clients to decide what additional clinical services should be offered, what services are not needed, and whether new treatments are effective. We may disclose information to the professionals, staff, and students for review and learning purposes. We may combine the information with information from other clinical programs to compare how we are doing and to see where we can make improvements in the care and services we offer. We will remove information that identifies the client from this set of clinical information so others may use it to study healthcare and healthcare delivery without learning the name of the specific client.

Other Uses and Disclosures of Health Information Made without Authorization

- a. **Workers' Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.
- b. **Observation:** Because the clinic is a training site for undergraduate students minoring in Speech Language Pathology and graduate students majoring in Speech Language Pathology, we may allow students to observe services provided to our clients.
- c. **Classroom Disclosures:** As a teaching facility, we may disclose healthcare information in college classes. We will remove information that identifies the client from this set of information so students may use it to study healthcare delivery without knowing the specific client.
- d. **Public Health Risks:** We may disclose clinical information about the client for public health activities.

These activities generally include the following:

- To report child abuse or neglect; and
 - To disclose health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
- e. **Required by Law:** We may disclose health information for law enforcement purposes, as required by law, or in response to a valid subpoena. Federal law makes provision for health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more client, workers or the public.

For Further Information or to Report a Problem

- a. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your

Protected Health Information, you may contact our Privacy Office. You may also file written complaints with the Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the correct address for the Office for Civil Rights. We will not retaliate against you if you file a complaint with us or the Office for Civil Rights.

- b. If a client or legal representative would like to act upon any of the health information rights, as provided herein, has any questions, or would like additional information, please contact the Privacy Officer/Director of Clinical Education (DCE) at 773-325-7040.

Notice of Receipt of Privacy Practices Form

This form will be signed by the client or guardian prior to initiation of services. See Appendix 3 for this form.

Client Consents

Application and Intake Packet: Adults and Children

- a. This form will be distributed to the client/caregiver and is completed online via go.depaul.edu/slpclinic via the New Client tab.
- b. The form contains the following consents and policies:
 - Consent to be contacted via phone/text/email
 - Consent for care
 - Notice of information practices and privacy policy
 - Supervision of minors' policy
 - Mobility transfers and restroom policy
 - Disability accommodations
 - Observation and recording policy
 - Consent to be contacted for research policy
 - Authorization to release and obtain confidential information

Mandated Reporting of Suspected Abuse or Neglect

Reporting Suspected Child Abuse or Neglect

- a. Clinical educators are required to report suspected child abuse or neglect by calling 1- 800- 252-2873 or completing an online reporting form found at www.2illinois.gov.
- b. Specific details are found here: <https://www.childwelfare.gov/pubPDFs/manda.pdf>
- c. Student clinicians should contact a clinical educator immediately if there are signs of suspected abuse or neglect in a child with whom the student works. Signs may include the following:

PHYSICAL ABUSE

Physical characteristics:

- ☐ Unusual bruises or welts
- ☐ Injuries in the shape of objects (cords, belts)
- ☐ Injuries in various stages of healing or color patterns
- ☐ Unexplained burns on palms, soles, back, or buttocks
- ☐ Fractures that do not fit the explanation of the injury

NEGLECT

- ☐ Poor hygiene, odor, dirty clothing
- ☐ Inappropriately dressed for weather conditions
- ☐ Needs but is not provided medical or dental care or glasses
- ☐ Left unsupervised or alone for long periods
- ☐ States that parents are rarely around

SEXUAL ABUSE

- ☐ Venereal disease
- ☐ Complaints of pain or swelling in genital areas
- ☐ Poor peer relationships
- ☐ Bruises, bleeding, or discharge in the vaginal or penile area
- ☐ Pregnancy
- ☐ Stained or bloody underclothes

EMOTIONAL ABUSE

- ☐ Behind in normal growth or developmental stages
- ☐ Neglect
- ☐ Excessive anxiety
- ☐ Belittled or treated unfairly in the family
- ☐ Extremes in behavior from overly aggressive to passive, shy, or withdrawn

Unexplained delay from when the injury occurred, and medical help sought

Behavioral characteristics:

- ☐ Extremes in behavior, aggressiveness, or very withdrawn or shy
- ☐ Afraid to go home
- ☐ Frightened of parents or other adults
- ☐ Reports injury
- ☐ Poor self-image
- ☐ Destructive or delinquent behavior
- ☐ Drug or alcohol usage
- ☐ Constant hunger, begging for or steals food
- ☐ Extreme willingness to please
- ☐ Frequently absent from school
 - Arrives early and stays late at school, play areas, or other people's homes
- ☐ Failure to thrive
- ☐ Refuses to partake in a gym or other physical exercise
- ☐ Acts seductively around others
- ☐ Runs away or is delinquent in behavior
- ☐ Regressive or childlike behavior
- ☐ A drastic change in school achievement
- ☐ Delinquent or destructive behavior
- ☐ Regressive behavior (e.g., sucking or rocking)
- ☐ Low self-esteem
- ☐ Child readily sets themselves up for failure
- ☐ Difficulty in verbalizing feelings
- ☐ Speaks about self negatively
- ☐ Tries to assume many adult roles

Part VIII: DePaul University's Speech Language Pathology Clinic: Emergency Procedures

Emergency Procedures related to Evacuation, Tornado, Fire, Lockdown, Medical Emergency, and University Emergency

- a) Evacuation maps: are mounted on the walls of all common areas and group spaces.
- b) Tornado alarm: Clients, clients' family members, and students should be directed to the individual treatment rooms.
- c) Fire alarm: If a fire alarm is sounded, all individuals should exit the building.
- d) Lockdown: Lockdown: Clients, clients' family members, and students should move to individual treatment rooms.
 - A lockdown response is needed if there is an actual or imminent crisis
 - We will be notified of this situation by the DPU emergency notification system
 - If the clinic is in session, all clients and family members/caregivers must be guided to come into the interior clinic area. This means that if you are with a client in a treatment room or anywhere else outside the clinic area, you need to bring your client and any individuals who accompanied them into our clinic area.
 - After all the clients are inside clinic rooms, we will close and lock the doors to both entrances. Clients should be divided among the clinic rooms, and all lights should be turned off and clinic doors closed. We will resume regular operations once we receive the "all clear" message from the DPU emergency notification system.
- e) Behavior Protocol/Mandated Reporter

Clinical educators must be immediately notified of any aggression, harm, or inappropriate behavior from clients or caregivers. They should assess the situation and take appropriate steps to ensure everyone's safety. Remember, your safety and the safety of others should always be the top priority.

Student clinicians must follow this procedure if a client's behavior should be reported:

 1. As soon as possible, inform the clinical educator of the incident.
 2. Document immediately if a client exhibits signs of aggression, harmful behavior, or inappropriate behavior on the Incident Report in ClinicNote.
 - Describe the incident, including the client's behavior, potential triggers, and the resolution/plan.
 3. Work with the clinical educator to develop a plan to address the incident and prevent future occurrences.
 - Make any necessary adjustments to the plan over time.
- f) Medical Emergency/Community Health Issue
 1. Report any serious injury or illness by first calling 911 immediately (9-911 from a department landline)
 2. Immediately call Public Safety at 773-325-7777 for all injuries or illness.
 - Public Safety will send an officer to the scene and make the full incident report.

- Campus Security Officers are trained in basic First Aid and CPR; however, do not wait to start necessary first aid treatment that you are qualified to offer.
3. Contact your clinical educator and the Clinical Educator in Charge of the day immediately.
 4. There is an AED (automated external defibrillator) located in the Occupational Therapy student lobby.
 5. Begin first aid (if qualified) or seek someone who can.
 6. Personal safety is your first priority.
 7. Use protective equipment (protective gloves, safety glasses, CPR mask, etc.) before coming in contact with the victim's blood or other body fluids.
 8. Community Health Problem Response will be coordinated by the DePaul Health and Medical Annex 773-325-7777
 9. (<https://resources.depaul.edu/emergency-plan/emergency-plan-information/Campus/Pages/DisasterAnnex.aspx>)
 10. Complete an Incident Report in ClinicNote
 - DePaul University's Speech Language Pathology Clinic Evacuation Plan – See [Section 2.3 of University Emergency Operations Plan](#)

Part IX: Licensure and ASHA Membership

Speech Language Pathology Professional Licensure for the State of Illinois

- a. The Illinois Division of Financial and Professional Regulation (IDFPR) issues professional licenses for individuals to work within the field of Speech Language pathologists and audiologists in the state of Illinois.
- b. A professional state license is required of all master's degree speech language pathologists, associate's degree Speech Language pathologist assistants, and audiologists.
- c. All clinical faculty and educators in the DePaul University Speech Language Clinic must hold their Certificate of Clinical Competence (CCC) from ASHA.
- d. All SLPs working through the Illinois State Board of Education (ISBE) must hold their SLP license through IDFPR.
- e. A Speech Language pathologist who does not hold a license issued by IDFPR cannot bill Medicaid or private insurance or supervise an assistant or paraprofessional.
- f. An audiologist or Speech Language pathology assistant who does not hold a license issued by IDFPR is unable to work in any setting within the state of Illinois.
- g. IDFPR requires that Speech Language pathologists and audiologists complete 20 hours of continuing education for license renewal. Licenses are issued for two years and expire on October 31st of odd-numbered years.
- h. Speech Language pathologist assistants must complete 10 hours of continuing education for license renewal. Licenses are issued for two years and expire on October 31st of odd-numbered years. Speech Language pathologist assistants must complete 10 hours of continuing education for license renewal.
- i. For more information regarding Illinois licensure by IDFPR, please see the IDFPR website at <https://idfpr.illinois.gov/profs/speechlangaudio.html>.

Illinois State Board of Education Requirements

- a. See www.isbe.net
- b. The following information is adapted from <https://www.isbe.net/Pages/Professional-Educator-License.aspx>
- c. Speech Language Pathologist (non-teaching) (154)
- d. 150 hours of supervised, school-based professional experience that consists of activities related to aspects of practice addressed in the content-area standard located in 25.250 and 23 Ill. Adm. Code 28 with respect to: planning and intervention the learning environment service delivery, professional conduct and ethics, and facilitation and advocacy
- e. Specific Requirements:
 - i. The preparation program must hold accreditation or "accreditation candidate" by the Council on Academic Accreditation in Audiology and Speech Language Pathology of the American Speech and Hearing Association at the time the applicant completed the program (ASHA).

- ii. Must also hold a Speech Language Pathology license issued by the Illinois Department of Professional Regulation (IDPR)(may be a temporary license) or a Certificate of Clinical Competency in Speech Language Pathology from ASHA, and proof of application for the IDPR license.

ASHA Membership

Speech Language Pathology Pathway to Certification

(<https://www.asha.org/certification/speech-language-pathology-pathway-to-certification/>) Step 1: Graduate. Earn your Master's degree from a CAA-accredited program.

Step 2: Praxis. Take and pass the Praxis Examination in Speech Language Pathology at any time before, during, or after applying.

Step 3: Apply. Submit your application for the Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP) to ASHA. Please read the current Speech Language pathology standards to be aware of any changes.

Step 4: Join. Choosing ASHA membership with your certification allows you to enjoy member benefits that support knowledge, learning, advocacy, and community.

Step 5: Clinical Fellowship. Select your mentor(s) and verify that they hold current ASHA certification. Successfully complete your Clinical Fellowship (CF) experience of at least 36 weeks and 1,260 hours.

Step 6: Submit Forms. Complete your Clinical Fellowship Report and Ratings Form (SLP-CF) with your mentor(s). Make sure they sign all required areas. Submit your SLPCF to ASHA.

Step 7: Review Period. The application review process can take up to 6 weeks from the date your last document is received. Certification is granted when all of your documents have been received and reviewed.

Step 8: Certified. Congratulations! You have been awarded the CCC-SLP, and your new ASHA card will be arriving soon. You may now use "CCC-SLP" after your signature.

Pro Tips:

- Save \$225 on your first year of ASHA Membership and Certification by maintaining NSSLHA membership for two consecutive years. Find out how by visiting <https://www.nsslha.org/membership/>.
- Apply for ASHA certification with membership between May 1-August 31 to receive ASHA's Gift to the Grad offer and receive up to 20 months of membership for the price of 12 months.
- Verify that your Mentor is current by visiting www.asha.org/certification. Click on the Verify ASHA Certification button at the top of the page.

Requirements for External Supervision of Graduate Students

Clinical Instructors Requirements

- a. ASHA requires that all Clinical Instructors complete 2 CEU's related to clinical supervision/education: <https://www.asha.org/Certification/Prof-Dev-for-2020-Certification-Standards> (Uploaded to CALIPSO).
 - You can access courses for free through our CAPCSD membership: <https://www.pathlms.com/capcsd/courses/21495>.
 - ASHA also has the following courses available (and these are included in the ASHA Learning Pass if you already have a subscription): <https://apps.asha.org/eWeb/OLSDynamicPage.aspx?Webcode=olsresults&cat=CE%20Courses&keyword=Supervision%20Professional%20Development%20Requirement>.
- b. ASHA requires that all Clinical Instructors supervising SLP graduate students must have their CCC's in SLP. ASHA also requires that Clinical Instructors must have established competency in the area in which they are supervising. (Uploaded to CALIPSO).
- c. ASHA requires that all certified members complete 2 CEUs in cultural competency, cultural humility, culturally responsive practice, or diversity, equity, and inclusion (DEI) beginning with certificate holders in the January 1, 2023-December 31, 2025 certification maintenance interval: <https://www.asha.org/certification/prof-dev-for-2020-certification-standards>.
- d. Copies of Illinois SLP License (displayed and on file) and ASHA Certification (on file) (Uploaded to CALIPSO).

Externship Evaluations

- At the end of their placement, student externs will evaluate their externship supervisors and sites using forms with customized questions on CALIPSO. Objective data such as number of direct contact hours, and ages and types of disorders of clients served, will be recorded and feedback about the quality of the amount and type of supervision also will be collected and reviewed by the externship supervisor, and the Director of Clinical Education (DCE).

Externship Site Insurance

- DePaul University shall maintain professional liability insurance, which may be self-insured, covering students. Such policy shall have limits for professional liability insurance of not less than One Million Dollars (\$1,000,000.00) per occurrence or claim and Three Million Dollars (\$3,000,000.00) in the aggregate; and general liability coverage of at least One Million Dollars (\$1,000,000) per occurrence or claim and Three Million Dollars (\$3,000,000) in the aggregate covering the acts of such student while participating in the program. Such insurance coverage must be placed with an insurance carrier acceptable to the Facility. DePaul shall provide proof of coverage to the Facility by providing certificates of insurance evidencing coverage prior to student participation in the practical learning and clinical

educational experience. In the event required insurance coverage is not provided or is canceled, the Facility may terminate the placement of the student(s).

Externship Course Outline

This schedule is tentative and may be modified by the 485/486 professor or Supervisor as needed to support student learning. All changes will be posted on the D2L announcement page.

WEEK	ACTIVITIES	READINGS	SELF-REFLECTIONS	STUDENT/SUPERVISOR TO-DO LIST
Week 1	Orientation to placement Observation	Assigned by externship supervisor	N/A	Schedule Site Visit between week 4 and 6
Week 2	Site Specific	Assigned by externship supervisor		SLP 485/486 Orientation: Zoom
Week 3			Self-reflection topic 1	No Class Meeting
Week 4				Case Study presentations in SLP 485/486
Week 5				No Class Meeting
Week 6	Midterm Essential Functions and Clinical Performance Evaluation Meeting	Assigned by externship supervisor	Self-reflection topic in D2L	Case Study presentations in SLP 485/486 Mid-quarter self-feedback and clinical educator feedback due Students receive mid-quarter feedback regarding clinical performance; follow up with Clinical Instructors or Director of Clinical Education as applicable
Week 7	Site Specific	Assigned by externship supervisor		No Class Meeting
Week 8			Self-reflection topic in D2L	Case Study presentations in SLP 485/486
Week 9				No Class Meeting
Week 10			Self-reflection topic in D2L	Case Study presentations in SLP 485/486
Week 11	Final week at site Attend final grading conference with clinical educator			<ul style="list-style-type: none"> • Submit supervisor feedback form on CALIPSO by Friday 11:59pm • Update clinical clock hours in CALIPSO. Final Performance Evaluation

Supporting Student Success in the DePaul University's Speech and Language Pathology Program (CORE Functions for Performance in Clinical Practicum)

The DePaul University Master of Science Speech Language Pathology (SLP) Program has been accepted as a Candidate for Accreditation by the Council on Academic Accreditation in Audiology and Speech Language Pathology (CAA) and adheres to the standards set by the American Speech Language-Hearing Association (ASHA), including a code of ethics <https://www.asha.org/Code-of-Ethics> (2023). Faculty have a responsibility for the welfare of clients evaluated, treated, or otherwise affected by students enrolled in the SLP program. Thus, it is important that persons admitted, retained, and graduated possess the intelligence, integrity, compassion, humanitarian concern, and physical and emotional capacity necessary to practice Speech Language pathology.

This document describes the program and campus-wide resources to support student success in our graduate program and also outlines the essential functions routinely performed by Speech Language pathologists. Upon successful completion of the Speech Language Pathology (SLP) Program, students should be able to demonstrate basic competencies in the essential functions routinely performed by practicing Speech Language pathologists across a variety of settings. Students who anticipate difficulty learning in either classroom or clinical settings are encouraged to contact the Program Director as soon as possible, as well as seek out other campus resources described below.

Campus Resources

Accommodating Disabilities

DePaul University is committed to providing students with disabilities equal access to DePaul's educational and co-curricular opportunities so that students may fully participate in the life of the university. The Center for Students with Disabilities (CSD) services are available to students with diverse physical, learning, medical, mental health, and sensory disabilities. The Center offers support to students to achieve their academic goals while promoting their independence. CSD is a resource to the many university departments that share the responsibility of supporting the members of our diverse learning community.

To learn more about resources available to students with disabilities, or to begin the accommodation request process, please visit the Center for Students with Disabilities website:

<https://offices.depaul.edu/student-affairs/support-services/for-specific-populations/Pages/students-with-disabilities.aspx>

Contact information for the Center for Students with Disabilities:

Lincoln Park Campus: Student Center 370, 773/325-1677

Loop Campus: Lewis Center 1420, 312/362-8002

Email: csd@depaul.edu

Determining appropriate and reasonable accommodations in a professional school program is an interactive and collaborative process involving the student, the Speech Language Pathology Program, the Center for Students with Disabilities (CSD), and the Office of the General Counsel re: ADA compliance. This document is to be re-visited periodically with input from all involved to ensure accuracy and compliance with the law.

Counseling Services

DePaul University and the Speech Language Pathology Program care about your mental health. University Counseling Services (UCS) offers primarily short-term counseling, but they do provide referrals to the community when students could benefit from longer-term services. UCS has a diverse, caring, and competent professional staff that works from a variety of theoretical perspectives. Some students find that talking to a counselor once is sufficient to resolve their immediate concern. Their counselors can help you in a variety of ways because they are excellent sounding boards, compassionate listeners, and skillful experts in the problems of living. If further services would be beneficial, these will be discussed, and recommendations will be made by the counselor. To learn more about counseling services at DePaul University, please visit the UCS website:

<https://offices.depaul.edu/student-affairs/support-services/counseling/Pages/default.aspx>

My Student Support Program

DePaul University has partnered with My Student Support Program (SSP) to provide mental health and well-being resources to all students with a call center and chat feature, 24 hours a day, seven days a week, and 365 days a year. To learn more about My SSP, please visit the website:

<https://resources.depaul.edu/newsline/sections/hey-students/Pages/my-ssp-introduction.aspx>

Health and Wellness

Embracing a healthy lifestyle and creating a culture of health and well-being fosters personal and academic success. DePaul University offers many supports and resources on campus for individuals to create and sustain long-term behaviors.

To learn more about the resources available to support students in developing and maintaining long-term health and wellness, please visit the health and wellness website:

<https://offices.depaul.edu/student-affairs/support-services/health-wellness/Pages/default.aspx>

Core Functions Performed by Speech Language Pathologists

Graduate student clinicians develop required practical skills through experiences offered in on-campus and off-campus clinical settings with licensed and certified Speech Language pathologists and audiologists. Students develop knowledge and skills required for accurate administration of evaluation tools and accurate and safe use of diagnostic and treatment equipment and

procedures. In the process, students sharpen their perceptual and technical skills required to perform the essential functions of state-of-the-art clinical practice.

A description of examples of core functions routinely performed by practicing Speech Language pathologists across clinical settings is provided below. If students anticipate they may have difficulty developing competence in any of these core functions to become a practicing Speech Language pathologist, they are encouraged to discuss the need for accommodations with their clinical educator as soon as possible.

Communication:

Practitioners must communicate professionally with patients and their family members/caregivers, colleagues, other professionals, and community or professional groups.

- Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies
- Adapt communication style to effectively interact with colleagues, clients, patients, caregivers, and invested parties of diverse backgrounds in various modes such as in person, over the phone, and in electronic format

Motor:

Practitioners must manipulate items and environments through a variety of means, including, but not limited to, independent motor movement, assistive technology, attendant support, or other accommodations/modifications as deemed reasonable to offer and appropriate to client/patient needs.

- Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (e.g., manipulating testing and therapeutic equipment and technology, client/patient equipment, and practice management technology) while retaining the integrity of the process
- Respond in a manner that ensures the safety of clients and others

Sensory:

Practitioners must use auditory, visual, tactile, and olfactory information to guide clinical practice through a variety of means, including direct sensory perception and /or adaptive strategies.

- Access sensory information to differentiate functional and disordered auditory, oral, written, and visual communication
- Access sensory information to correctly differentiate anatomical structures and diagnostic imaging findings
- Access sensory information to correctly differentiate and discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests

Intellectual/Cognitive:

Practitioners must engage in critical thinking, reasoning, and comprehension and retention of information required in clinical practice through a variety of means, including assistive technology and /or accommodations/modifications as deemed reasonable and appropriate to client/patient needs.

- Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level sufficient to meet curricular and clinical competencies
- Employ informed critical thinking and ethical reasoning to formulate a differential diagnosis and create, implement, and adjust evaluation and treatment plans as appropriate for the client/patient's needs
- Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills
- Critically examine and apply evidence-based judgment in keeping with best practices for client/patient care

Interpersonal:

Practitioners must interact with a diverse community of individuals in a manner that is safe, ethical, and supportive. It is recognized that personal interaction styles may vary by individuals and cultures and that good clinical practice honors such diversity while meeting this obligation.

- Display compassion, respect, and concern for others during all academic and clinical interactions
- Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies
- Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities

Cultural Responsiveness:

Practitioners have an obligation to practice in a manner responsive to individuals from different cultures, linguistic communities, social identities, beliefs, values, and worldviews. This includes people representing a variety of abilities, ages, cultures, dialects, disabilities, ethnicities, genders, gender identities or expressions, languages, national/regional origins, races, religions, sexes, sexual orientations, socioeconomic statuses, and lived experiences.

- Engage in ongoing learning about cultures and belief systems different from one's own and the impacts of these on healthcare and educational disparities to foster effective provision of services.
- Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice

Intervention Plan Steps to Support Development of CORE Functions

SUBJECT: Intervention Plans

PURPOSE: Upon graduation, students intend to obtain the ASHA Certificate of Clinical Competence (CCC) in either Audiology or Speech-Language Pathology. To achieve this certification, a student must demonstrate a set of knowledge and skills as defined by ASHA certification standards. It is possible for a student to make a passing grade in a course/practicum and still not demonstrate all of the knowledge and skills covered in the course or practicum.

The intent of this procedure is to identify, address, and monitor areas of knowledge and skill in which a student may require additional study, instruction, or experience to achieve the expected level of competency to obtain the CCC. The Intervention Plan is a supportive process designed to enhance student success and is to be collaborative with the student.

POLICY: When a student does not meet a competency in a course or clinical experience, the areas of study requiring attention will be identified and goals and recommendations will be developed for the student to complete in order to demonstrate competency in the area(s).

PROCEDURE:

Process of Initiation of an Areas of Study Requiring Attention

There are two ways to initiate the Areas of Study Requiring Attention process:

Student initiated:

Students may self-identify areas in which they do not believe they are competent. A student discusses these concerns with either their instructor or advisor to develop a plan to address areas of need.

Instructor initiated:

The competencies associated with each course are identified in the CSD Handbook. If a student does not meet a competency in a course or clinic, the instructor may establish an intervention plan identifying the knowledge or skills that have not been obtained and will recommend how the competency is to be met.

Intervention Severity

A minor intervention is self-initiated or involves a minor concern such as an isolated instance of an exam retake or assignment revision due to low grade; or focused practice related to a competency addressed in a single course.

A major intervention addresses a significant concern such as difficulties spanning more than one exam, assignment, course, instructor, or competency: or continuation of a previous intervention plan.

Process Regarding Academic Knowledge and Skills

- These plans require notification of the graduate program director
- A copy of the plan is signed by the initiator, the student, and the students' advisor.
- An electronic copy is placed in the student's academic folder.
- If the issue is related to clinic, the Director of Clinical Education receives a copy as well.
- Completion of the plan is assessed by the faculty involved and noted in the student's academic folder.

Grading Scale

Summative Assessment

The Clinical Performance Evaluation Score will determine a student's final grade. If a student has more than one performance evaluation completed during a semester, CALIPSO (Appendix K) will generate a cumulative score and corresponding grade. This grade is based upon the student's average score, taking into account each individual evaluations weight. CALIPSO assigns higher/lower weight to evaluations dependent upon the clinical hours associated with that evaluation.

Final grades will be determined using the following scale that pertains to the 5-point rating scale listed below.

A	4.27-5.00
A-	3.96-4.26
B+	3.65-3.95
B	3.34-3.64
B-	3.03-3.33
C+	1.00-3.02 (Intervention Plan)

1.0 Very Early Emerging: Skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of the need to change. Supervisor/clinical educator must model behavior and implement the skill required for client to receive optimal care. Supervisor/clinical

educator provides numerous instructions and frequent modeling. Critical thinking/problem solving is very early emerging. Student primarily observes and states limited facts. (skill is present <25% of the time).

2.0 Early Emerging: Skill is emerging, but is inconsistent or inadequate. Student is beginning to show awareness of need to change behavior with supervisor/clinical educator input. Supervisor/clinical educator frequently provides instructions and support for all aspects of case management and services. Critical thinking/problem solving is early emerging. Student primarily observes and states a few facts. (skill is present 26-38% of the time).

2.5 Emerging: Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor/clinical educator input. Supervisor/clinical educator frequently provides instructions and support for all aspects of case management and services. Critical thinking/problem solving is emerging. Student primarily observes and states several facts. (skill is present 39-50% of the time).

3.0 Developing with Ongoing Monitoring/Feedback: Skill is present and needs further development. Student is aware of need to modify behavior, but does not do this independently. Supervisor/clinical educator provides on-going monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill. Critical thinking/problem solving is developing. The student is identifying and analyzing problems and is beginning to reach conclusions. (skill is present 51-63% of the time).

3.5 Developing with Intermittent Monitoring/Feedback: Skill is present and needs further development. Student is aware of need to modify behavior, but does not do this independently. Supervisor/clinical educator provides intermittent monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill. Critical thinking/problem solving is developing. The student is identifying and analyzing problems and is beginning to reach conclusions. (skill is present 64-75% of the time).

4.0 Beginning to Refine: Skill is developed/ implemented most of the time and needs continued refinement or consistency. Student is aware and is modifying behavior in-session some of the time, and beginning to self-evaluate. Problem solving is refining. The student analyzes problems and more consistently reaches appropriate solutions. Supervisor/clinical educator acts as a collaborator to plan and suggests possible alternatives. (skill is present 76-83% of the time)

4.5 Refining: Skill is developed/ implemented most of the time and needs continued refinement or consistency. Student is aware and is modifying behavior in-session, and is self-evaluating. Problem solving is refining. The student analyzes problems and more consistently reaches appropriate solutions. Supervisor/clinical educator acts as a collaborator to plan and suggests possible alternatives. (skill is present 84-90% of the time)

5.0 Consistent: Skill is consistent and well developed. Student can modify own behavior as needed and is consistently problem solving. The student analyzes problems and consistently reaches appropriate solutions. Student can maintain skills with other clients, and in other settings, when

appropriate. Supervisor/clinical educator serves as consultant in areas where student has less experience. Supervisor/clinical educator provides guidance on ideas initiated by student (skill is present >90% of the time).

APPENDIX A: Overview of ASHA Information Related to Clinical Aspects of the Speech Language Pathology Program

2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech Language Pathology

Effective Date: January 1, 2023

Introduction

The Council for Clinical Certification in Audiology and Speech Language Pathology (CFCC) is a semi- autonomous credentialing body of the American Speech Language-Hearing Association (ASHA). The charges to the CFCC are to define the standards for clinical certification; to apply those standards in granting certification to individuals; to have final authority to withdraw certification in cases where certification has been granted on the basis of inaccurate information, and to administer the certification maintenance program.

A Practice and Curriculum Analysis of the Profession of Speech Language Pathology was conducted in 2017 under the auspices of the Council on Academic Accreditation in Audiology and Speech Language Pathology (CAA) and the CFCC. The survey analysis was reviewed by the CFCC, and the following standards were developed to better fit current practice models.

The 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP) went into effect on January 1, 2020. View the SLP Standards Crosswalk [PDF] and consult Changes to Speech Language Pathology Standards for more specific information on how the standards will change.

Terminology

Clinical educator: Refers to and may be used interchangeably with supervisor, clinical instructor, and preceptor

Individual: Denotes clients, patients, students, and other recipients of services provided by the Speech Language pathologist.

Citation

Cite as: Council for Clinical Certification in Audiology and Speech Language Pathology of the American Speech Language-Hearing Association. (2018). 2020 Standards for the Certificate of Clinical Competence in Speech Language Pathology. Retrieved from <https://www.asha.org/certification/2020-SLP-Certification-Standards>.

The Standards for the CCC-SLP are shown in bold. The CFCC implementation procedures follow each standard.

- Standard I—Degree
- Standard II—Education Program

- Standard III—Program of Study
- Standard IV—Knowledge Outcomes
- Standard V—Skills Outcomes
- Standard VI—Assessment
- Standard VII—Speech Language Pathology Clinical Fellowship
- Standard VIII—Maintenance of Certification

Standard I: Degree

The applicant for certification (hereafter, “applicant”) must have a master’s, doctoral, or other recognized post-baccalaureate degree.

Standard II: Education Program

All graduate coursework and graduate clinical experience required in Speech Language pathology must have been initiated and completed in a Speech Language pathology program accredited by the Council on Academic Accreditation in Audiology and Speech Language Pathology (CAA).

Implementation: The graduate program of study must be initiated and completed in a CAA-accredited program or a program with candidacy status for CAA accreditation. The applicant’s program director or official designee must complete and submit a program director verification form. Applicants must submit an official graduate transcript or a letter from the registrar that verifies the date on which the graduate degree was awarded. The official graduate transcript or letter from the registrar must be received by the ASHA National Office no later than one (1) year from the date on which the application was received.

Verification of the applicant’s graduate degree is required before the CCC-SLP can be awarded.

Applicants educated outside the United States or its territories must submit documentation that coursework was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants outside the United States or its territories must meet each of the standards that follow.

Standard III: Program of Study

The applicant must have completed a program of study (a minimum of 36 semester credit hours at the graduate level) that includes academic coursework and supervised clinical experience sufficient in- depth and breadth to achieve the specified knowledge and skills outcomes stipulated in Standards IV- A through IV-G and Standards V-A through V-C.

Implementation: The minimum of 36 graduate semester credit hours must have been earned in a program that addresses the knowledge and skills pertinent to the ASHA Scope of Practice in Speech Language Pathology.

Standard IV: Knowledge Outcomes

Standard IV-A

The applicant must have demonstrated knowledge of statistics as well as the biological, physical, and social/behavioral sciences.

Implementation: Coursework in statistics as well as in biological, physical, and social/behavioral sciences that is specifically related to communication sciences and disorders (CSD) may not be applied for certification purposes to this category unless the course fulfills a general university requirement in the statistics, biology, physical science, or chemistry areas.

Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy, and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). Chemistry and physics are important for the foundational understanding of the profession of Speech Language pathology. For all applicants who apply beginning January 1, 2020, courses that meet the physical science requirement must be in physics or chemistry. Program directors must evaluate the course descriptions or syllabi of any courses completed prior to students entering their programs to determine if the content provides foundational knowledge in physics or chemistry.

Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. A stand-alone course in statistics is required. Coursework in research methodology in the absence of basic statistics cannot be used to fulfill this requirement.

Standard IV-B

The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic, and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

Standard IV-C

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

- Speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification.
- Fluency and fluency disorders
- Voice and resonance, including respiration and phonation.
- Receptive and expressive language, including phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing.

- Hearing, including the impact on speech and language.
- Swallowing/feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span
- Cognitive aspects of communication, including attention, memory, sequencing, problem-solving, and executive functioning
- Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities
- Augmentative and alternative communication modalities

Implementation: It is expected that coursework addressing the professional knowledge specified in this standard will occur primarily at the graduate level.

Standard IV-D

For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for persons with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

Standard IV-E

The applicant must have demonstrated knowledge of standards of ethical conduct.

Implementation: The applicant must have demonstrated knowledge of the principles and rules of the current ASHA Code of Ethics.

Standard IV-F

The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.

Implementation: The applicant must have demonstrated knowledge of the principles of basic and applied research and research design. In addition, the applicant must have demonstrated knowledge of how to access sources of research information and must have demonstrated the ability to relate research to clinical practice.

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect Speech Language pathology. Issues include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, educational, legal requirements or policies, and reimbursement procedures.

Standard IV-H

The applicant must have demonstrated knowledge of entry-level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.

Standard V: Skills Outcomes

Standard V-A

The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

Implementation: Applicants are eligible to apply for certification once they have completed all graduate-level academic coursework and clinical practicum and have been judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards.

The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with persons receiving services and relevant others. For oral communication, the applicant must have demonstrated speech and language skills in English, which, at a minimum, are consistent with ASHA's current position statement on students and professionals who speak English with accents and nonstandard dialects. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence in English.

Standard V-B

The applicant must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. Evaluation
 - a. Conduct screening and prevention procedures, including prevention activities.
 - b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
 - c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
 - d. Adapt evaluation procedures to meet the needs of individuals receiving services.
 - e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
 - f. Complete administrative and reporting functions necessary to support evaluation.
 - g. Refer clients/patients for appropriate services.
2. Intervention
 - a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.

- b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.
 - c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
 - d. Measure and evaluate clients'/patients' performance and progress.
 - e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
 - f. Complete administrative and reporting functions necessary to support intervention.
 - g. Identify and refer clients/patients for services as appropriate.
3. Interaction and Personal Qualities
- a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others.
 - b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.
 - c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
 - d. Adhere to the ASHA Code of Ethics and behave professionally.

Implementation: The applicant must have acquired the skills listed in this standard and must have applied them across the nine major areas listed in Standard IV-C. These skills may be developed and demonstrated through direct clinical contact with individuals receiving services in clinical experiences, academic coursework, labs, simulations, and examinations, as well as through the completion of independent projects.

The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that the applicant can demonstrate skills across the

ASHA Scope of Practice in Speech Language Pathology. Supervised clinical experience is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech Language Pathology.

These experiences allow students to:

- interpret, integrate, and synthesize core concepts and knowledge.
- demonstrate appropriate professional and clinical skills; and
- Incorporate critical thinking and decision-making skills while engaged in prevention, identification, evaluation, diagnosis, planning, implementation, and/or intervention.

Supervised clinical experiences should include interprofessional education and interprofessional collaborative practice and should include experiences with related professionals that enhance the

student's knowledge and skills in an interdisciplinary, team-based, comprehensive service delivery model.

Clinical simulations (CS) may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). These supervised experiences can be synchronous simulations (real-time) or asynchronous (not concurrent in time) simulations.

Clinical educators of clinical experiences must hold current ASHA certification in the appropriate area of practice during the time of supervision. The supervised activities must be within the ASHA Scope of Practice in Speech Language Pathology in order to count toward the student's ASHA certification requirements.

Standard V-C

The applicant must complete a minimum of 400 clock hours of supervised clinical experience in the practice of Speech Language pathology. Twenty-five hours must be spent in guided clinical observation, and 375 hours must be spent in direct client/patient contact.

Implementation: Guided clinical observation hours generally precede direct contact with clients/patients. Examples of guided observations may include but are not limited to the following activities: the debriefing of a video recording with a clinical educator who holds the CCC-SLP, discussion of therapy or evaluation procedures that had been observed, debriefings of observations that meet course requirements, or written records of the observations. It is important to confirm that there was communication between the clinical educator and observer, rather than passive experiences where the student views sessions and/or videos. It is encouraged that the student observes live and recorded sessions across settings with individuals receiving services with a variety of disorders and completes debriefing activities as described above.

The observation and direct client/patient contact hours must be within the ASHA Scope of Practice in Speech Language Pathology and must be under the supervision of a qualified professional who holds a current ASHA certification in the appropriate practice area. Guided clinical supervision may occur simultaneously during the student's observation or afterward through review and approval of the student's written reports or summaries. Students may use video recordings of client services for observation purposes.

Applicants should be assigned practicum only after they have acquired a base of knowledge sufficient to qualify for such experience. Only direct contact (e.g., the individual receiving services must be present) with the individual or the individual's family in assessment, intervention, and/or counseling can be counted toward practicum. When counting clinical practicum hours for purposes of ASHA certification, only the actual time spent in sessions can be counted, and the time spent cannot be rounded up to the nearest 15-minute interval.

Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through CS methods. Only the time spent in active engagement with CS may be counted. CS may include the use of standardized

patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included as clinical clock hours.

Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the individual receiving services or the individual's family. Typically, only one student at a time should be working with a client in order to count the practicum hours. Several students working as a team may receive credit for the same session, depending on the specific responsibilities that each student is assigned when working directly with the individual receiving services. The applicant must maintain documentation of their time spent in supervised practicum, and this documentation must be verified by the program in accordance with Standards III and IV.

Standard V-D

At least 325 of the 400 clock hours of supervised clinical experience must be completed while the applicant is enrolled in graduate study in a program accredited in Speech Language pathology by the CAA.

Implementation: A minimum of 325 clock hours of supervised clinical practicum must be completed while the student is enrolled in the graduate program. At the discretion of the graduate program, hours obtained at the undergraduate level may be used to satisfy the remainder of the requirement.

Standard V-E

Supervision of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession, who has the equivalent of a minimum of 9 months of full-time clinical experience, and who has completed a minimum of 2 hours of professional development in clinical instruction/supervision after being awarded ASHA certification.

The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience; must not be less than 25% of the student's total contact with each client/patient; and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the individual receiving services.

Implementation: Effective January 1, 2020, supervisors for ASHA certification must complete 2 hours of professional development/continuing education in clinical instruction/supervision. The professional development/continuing education must be completed after being awarded ASHA certification and prior to the supervision of a student. Direct supervision must be in real-time. A clinical educator must be available and on-site to consult with a student who is providing clinical services to the clinical educator's client.

Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills.

In the case of CS, asynchronous supervision must include debriefing activities that are commensurate with a minimum of 25% of the clock hours earned for each simulated individual receiving services.

Standard V-F

Supervised practicum must include experience with individuals across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with individuals with various types and severities of communication and/or related disorders, differences, and disabilities.

Implementation: The applicant must demonstrate direct clinical experiences with individuals in both assessment and intervention across the lifespan from the range of disorders and differences named in Standard IV-C.

Standard VI: Assessment

The applicant must have passed the national examination adopted by ASHA for purposes of certification in Speech Language pathology.

Implementation: Results of the Praxis® Examination in Speech Language Pathology must be submitted directly to ASHA from the Educational Testing Service (ETS). The certification standards require that a passing exam score be earned no earlier than five years prior to the submission of the application and no later than two years following receipt of the application. If the exam is not successfully passed and reported within the 2-year application period, the applicant's certification file will be closed. If the exam is passed or reported at a later date, then the applicant will be required to reapply for certification under the standards in effect at that time.

Standard VII: Speech Language Pathology Clinical Fellowship

The applicant must successfully complete a Speech Language Pathology Clinical Fellowship (CF).

Implementation: The CF experience may be initiated only after the completion of all graduate credit hours, academic coursework, and clinical experiences required to meet the knowledge and skills delineated in Standards IV and V. The CF experience must be initiated within 24 months of the date on which the application for certification is received. Once the CF has been initiated, it must be completed within 48 months of the initiation date. For applicants completing multiple CFs, all CF experiences related to the application must be completed within 48 months of the date on which the first CF was initiated.

Applications will be closed for CFs that are not completed within the 48-month timeframe or not submitted to ASHA within 90 days after the 48-month timeframe. The Clinical Fellow will be required to reapply for certification and meet the standards in effect at the time of re-application. CF experiences more than five years old at the time of application will not be accepted.

The CF must be completed under the mentorship of a clinician who held the CCC-SLP throughout the duration of the fellowship and must meet the qualifications described in Standard VII-B. It is the Clinical Fellow's responsibility to identify a CF mentor who meets ASHA's certification standards.

Should the certification status of the mentoring SLP change during the CF experience, the Clinical Fellow will be awarded credit only for that portion of time during which the mentoring SLP held certification. It is incumbent upon the Clinical Fellow to verify the mentoring SLP's status periodically throughout the CF experience. Family members or individuals related in any way to the Clinical Fellow may not serve as mentoring SLPs to that Clinical Fellow.

Standard VII-A: Clinical Fellowship Experience

The CF must consist of clinical service activities that foster the continued growth and integration of knowledge, skills, and tasks of clinical practice in Speech Language pathology consistent with ASHA's current Scope of Practice in Speech Language Pathology. The CF must consist of no less than 36 weeks of full-time professional experience or its part-time equivalent.

Implementation: At least 80% of the Clinical Fellow's major responsibilities during the CF experience must be in direct, in-person client/patient contact (e.g., assessment, diagnosis, evaluation, screening, treatment, clinical research activities, family/client consultations, recordkeeping, report writing, and/or counseling) related to the management process for individuals who exhibit communication and/or swallowing disabilities.

Full-time professional experience is defined as 35 hours per week, culminating in a minimum of 1,260 hours. Part-time experience should be at least 5 hours per week; anything less than that will not meet the CF requirement and may not be counted toward completion of the experience. Similarly, work in excess of 35 hours per week cannot be used to shorten the CF to less than 36 weeks.

Standard VII-B: Clinical Fellowship Mentorship

The Clinical Fellow must receive ongoing mentoring and formal evaluations by the CF mentor. Mentorship must be provided by a clinician who holds the CCC-SLP, who has the equivalent of a minimum of 9 months of full-time clinical experience, and who has completed a minimum of 2 hours of professional development/continuing education in clinical instruction/supervision after being awarded the CCC-SLP.

Implementation: Effective January 1, 2020, CF mentors for ASHA certification must complete 2 hours of professional development/continuing education in clinical instruction/supervision after being awarded the CCC-SLP and prior to mentoring the Clinical Fellow.

Direct observation must be in real-time. A mentor must be available to consult with the Clinical Fellow who is providing clinical services. Direct observation of clinical practicum is intended to provide guidance and feedback and to facilitate the Clinical Fellow's independent use of essential clinical skills.

Mentoring must include on-site, in-person observations and other monitoring activities, which may be executed by correspondence, review of video and/or audio recordings, evaluation of written reports, telephone conferences with the Clinical Fellow, or evaluations by professional colleagues with whom the Clinical Fellow works. The CF mentor and the Clinical Fellow must participate in regularly scheduled formal evaluations of the Clinical Fellow's progress during the CF experience. The Clinical Fellow must receive ongoing mentoring and formal evaluations by the CF mentor.

The amount of direct supervision provided by the CF mentor must be commensurate with the Clinical Fellow's knowledge, skills, and experience and must not be less than the minimum required direct contact hours. Supervision must be sufficient to ensure the welfare of the individual(s) receiving services.

The mentoring SLP must engage in no fewer than 36 supervisory activities during the CF experience and must include 18 on-site observations of direct client contact at the Clinical Fellow's work site (1 hour = 1 on-site observation; a maximum of six on-site observations may be accrued in 1 day). At least six on-site observations must be conducted during each third of the CF experience. On-site observations must consist of the Clinical Fellow engaging in screening, evaluation, assessment, and/or habilitation/rehabilitation activities. Mentoring must include on-site in-person observations; however, the use of real-time, interactive video and audio-conferencing technology may be permitted as a form of observation, for which pre-approval must be obtained.

Additionally, supervision must include 18 other monitoring activities. Other monitoring activities are defined as the evaluation of reports written by the Clinical Fellow, conferences between the CF mentor and the Clinical Fellow, discussions with professional colleagues of the Clinical Fellow, and so forth, and may be executed by correspondence, telephone, or reviewing of video and/or audio tapes. At least six other monitoring activities must be conducted during each third of the CF experience.

If the Clinical Fellow and their CF mentor want to use supervisory mechanisms other than those outlined above, they may submit a written request to the CFCC prior to initiating the CF. Written requests may be emailed to cfcc@asha.org or mailed to CFCC, c/o ASHA Certification, 2200 Research Blvd. #313, Rockville, MD 20850. Requests must include the reason for the alternative supervision and a detailed description of the supervision that would be provided (i.e., type, length, frequency, etc.), and the request must be co-signed by both the Clinical Fellow and the CF mentor. On a case-by-case basis, the CFCC will review the circumstances and may or may not approve the supervisory process to be conducted in other ways. Additional information may be requested by the CFCC prior to approving any request.

Standard VII-C: Clinical Fellowship Outcomes

The Clinical Fellow must demonstrate knowledge and skills consistent with the ability to practice independently.

Implementation: At the completion of the CF experience, the applicant must have acquired and demonstrated the ability to:

- Integrate and apply theoretical knowledge.
- Evaluate their strengths and identify their limitations.
- Refine clinical skills within the Scope of Practice in Speech Language Pathology; and
- Apply the ASHA Code of Ethics to independent professional practice.

In addition, upon completion of the CF, the applicant must demonstrate the ability to perform clinical activities accurately, consistently, and independently and seek guidance as necessary.

The CF mentor must document and verify a Clinical Fellow's clinical skills using the Clinical Fellowship Report and Rating Form, which includes the Clinical Fellowship Skills Inventory (CFSI), as soon as the Clinical Fellow successfully completes the CF experience. This report must be signed by both the Clinical Fellow and the CF mentor.

Standard VIII: Maintenance of Certification

Certificate holders must demonstrate continued professional development for maintenance of the CCC- SLP.

Implementation: Clinicians, who hold the CCC-SLP, must accumulate and report 30 Certification Maintenance Hours (CMHs) (or 3.0 ASHA continuing education units [CEUs]) of professional development, which must include a minimum of 1 CMH (or 0.1 ASHA CEU) in ethics during every 3-year certification maintenance interval beginning with the 2020–2022 maintenance interval.

Intervals are continuous and begin January 1 of the year following the initial awarding of certification or the reinstatement of certification. Random audits of compliance are conducted.

Accrual of professional development hours, adherence to the ASHA Code of Ethics, submission of certification maintenance compliance documentation, and payment of annual membership dues and/or certification fees are required to maintain certification.

If maintenance of certification is not accomplished within the 3-year interval, then the certificate will expire. Those who wish to regain certification must submit a reinstatement application and meet the standards in effect at the time the reinstatement application is submitted.

ASHA's Council on Academic Accreditation Speech Language Pathology Knowledge and Skills within the Curriculum

The graduate curriculum in Speech Language Pathology provides students the opportunity to acquire knowledge and skills across the Speech Language pathology curriculum, as required by the ASHA Council on Academic Accreditation. The knowledge and skills specified by CAA are categorized into six broad areas, including Professional Practice; Foundations of SLP Practice; Identification and Prevention of Speech, Language, and Swallowing Disorders and Differences; Evaluation of Speech, Language, and Swallowing Disorders and Differences; Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms; and General Knowledge and Skills Applicable to Professional Practice. The specific knowledge and skills for each area follow.

1. Professional Practice Competencies
 - a. Accountability
 - b. Integrity
 - c. Effective communication skills
 - d. Clinical reasoning
 - e. Evidence-based practice
 - f. Concern for the individual served
 - g. Cultural competence
 - h. Professional duty
 - i. Collaborative practice
2. Foundations of Speech Language Pathology Practice
 - a. Discipline of human communication sciences and disorders
 - b. Basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic, and cultural bases
 - c. Ability to integrate information pertaining to normal and abnormal human development across the life span
 - d. Nature of communications and swallowing processes to include knowledge of:
 - i. Etiology of the disorders or differences
 - ii. Characteristics of the disorders or differences
 - iii. Underlying anatomical and physiological characteristics of the disorders or differences
 - iv. Acoustic characteristics of the disorders or differences (where applicable)
 - v. Psychological characteristics associated with the disorders or differences
 - vi. Development nature of the disorders or differences
 - vii. Linguistic characteristics of the disorders or differences (where applicable)
 - viii. Cultural characteristics of the disorders or differences
 - e. For the following elements:
 - i. Articulation
 - ii. Fluency
 - iii. Voice and resonance, including respiration and phonation
 - iv. Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities
 - v. Hearing, including the impact on speech and language
 - vi. Swallowing (oral, pharyngeal, esophageal, and related functions, including an oral function for feeding; orofacial myology)
 - vii. Cognitive aspects of communication (e.g., attention, memory, sequencing, problem-solving, executive functioning)

- viii. Social aspects of communication (e.g., behavioral and social skills affecting communication)
 - ix. Augmentative and alternative communication
- 3. Identification and Prevention of Speech, Language, and Swallowing Disorders and Differences
 - a. Principles and methods of identification of communication and swallowing disorders and differences
 - b. Principles and methods of prevention of communication and swallowing disorders
- 4. Evaluation of Speech, Language, and Swallowing Disorders and Differences
 - a. Articulation
 - b. Fluency
 - c. Voice and resonance, including respiration and phonation
 - d. Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities
 - e. Hearing, including the impact on speech and language
 - f. Swallowing (oral, pharyngeal, esophageal, and related functions, including an oral function for feeding; orofacial myology)
 - g. Cognitive aspects of communication (e.g., attention, memory, sequencing, problem-solving, executive functioning)
 - h. Social aspects of communication (e.g., behavioral and social skills affecting communication)
 - i. Augmentative and alternative communication needs
- 5. Intervention to Minimize the Effects of Changes in the Speech, Language, & Swallowing Mechanisms
 - a. Intervention for communication and swallowing differences with individuals across the lifespan to minimize the effect of those disorders and differences on the ability to participate as fully as possible in the environment
 - b. Intervention for disorders and differences of the following:
 - c. Articulation
 - d. Fluency
 - e. Voice and resonance, including respiration and phonation
 - f. Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities
 - g. Hearing, including the impact on speech and language
 - h. Swallowing (oral, pharyngeal, esophageal, and related functions, including an oral function for feeding; orofacial myology)

- i. Cognitive aspects of communication (e.g., attention, memory, sequencing, problem-solving, executive functioning)
 - j. Social aspects of communication (e.g., behavioral and social skills affecting communication)
 - k. Augmentative and alternative communication needs
6. General Knowledge and Skills Applicable to Professional Practice
- a. Ethical conduct
 - b. Integration and application of knowledge of the interdependence of speech, language, and hearing
 - c. Engagement in contemporary professional issues and advocacy
 - d. Processes of clinical education and supervision
 - e. Professionalism and professional behavior in keeping with the expectations for a Speech Language pathologist
 - f. Interaction skills and personal qualities, including counseling and collaboration
 - g. Self-evaluation of the effectiveness of practice

APPENDIX B: Nondiscrimination Notification



Non-discrimination Statement

Upon entering the DePaul University MS SLP Program, each student must sign the notification of the following non-discrimination statement.

NOTIFICATION TO STUDENTS REGARDING APPLICATION OF NON-DISCRIMINATION PRINCIPLES TO THE DEPAUL UNIVERSITY SPEECH LANGUAGE PATHOLOGY PROGRAM

DePaul University derives its title and fundamental mission from Saint Vincent de Paul, the founder of the Congregation of the Mission, a religious community whose members, Vincentians, established and continue to sponsor DePaul. Motivated by the example of Saint Vincent, who instilled a love of God by leading his contemporaries in serving urgent human needs, the DePaul community is above all characterized by ennobling the God-given dignity of each person. This religious personalism is manifested by the members of the DePaul community in a sensitivity to and care for the needs of each other and of those served, with a special concern for the deprived members of society. DePaul University emphasizes the development of a full range of human capabilities and appreciation of higher education as a means to engage cultural, social, religious, and ethical values in service to others (DePaul University Distinguishing Marks).

Additionally, the Speech Language Pathology Program abides by the ASHA Code of Ethics Nondiscrimination Statement and DePaul University's Anti-Discrimination and Anti-Harassment Policy (see Graduate Student Handbook).

The Speech Language Pathology Program provides opportunities for students to work effectively with a wide range of diverse clients, which includes diversity in race, color, ethnicity, religion, sex, gender, gender identity, sexual orientation, national origin, age, marital status, pregnancy, parental status, family relationship status, physical or mental disability, military status, or other status protected by local, state, or federal law, and applies these nondiscrimination policies to its program. Furthermore, the DePaul University's Speech Language Pathology Clinic is committed to providing an inclusive environment that respects the personal rights and dignity of each and every member of its community. Students in this program will be held accountable for these principles. Students should present, to a program administrator or academic advisor, concerns they have about the applicability of these policies to their training. The program administrators will consider religious accommodation requests on a case-by-case basis taking into account all the relevant circumstances in each case. If necessary, an intervention plan to address training in understanding ethical issues may be implemented.

My signature below indicates that I have read and understood this notification of nondiscrimination policies applicable to this program.

Printed Student Name	Signature	Date
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Appendix C: Supporting Student Success in the DePaul University's Speech and Language Pathology Program (Essential Functions for Performance in Clinical Practicum)



The DePaul University Master of Science Speech Language Pathology (SLP) Program has been accepted as a Candidate for Accreditation by the Council on Academic Accreditation in Audiology and Speech Language Pathology (CAA) and adheres to the standards set by the American Speech Language-Hearing Association (ASHA), including a code of ethics <https://www.asha.org/policy/code-of-ethics/> (2023). Faculty have a responsibility for the welfare of clients evaluated, treated, or otherwise affected by students enrolled in the SLP program. Thus, it is important that persons admitted, retained, and graduated possess the intelligence, integrity, compassion, humanitarian concern, and physical and emotional capacity necessary to practice Speech Language pathology.

This document describes the program and campus-wide resources to support student success in our graduate program and also outlines the essential functions routinely performed by Speech Language pathologists. Upon successful completion of the Speech Language Pathology (SLP) Program, students should be able to demonstrate basic competencies in the essential functions routinely performed by practicing Speech Language pathologists across a variety of settings. Students who anticipate difficulty learning in either classroom or clinical settings are encouraged to contact the Program Director as soon as possible, as well as seek out other campus resources described below.

Campus Resources

Accommodating Disabilities

DePaul University is committed to providing students with disabilities equal access to DePaul's educational and co-curricular opportunities so that students may fully participate in the life of the university. The Center for Students with Disabilities (CSD) services are available to students with diverse physical, learning, medical, mental health, and sensory disabilities. The Center offers support to students to achieve their academic goals while promoting their independence. CSD is a resource to the many university departments that share the responsibility of supporting the members of our diverse learning community.

To learn more about resources available to students with disabilities, or to begin the accommodation request process, please visit the Center for Students with Disabilities website:

<https://offices.depaul.edu/student-affairs/about/departments/Pages/csd.aspx>

Contact information for the Center for Students with Disabilities:

Lincoln Park Campus: Student Center 370, 773/325-1677 Loop Campus: Lewis Center 1420, 312/362-8002

Email: csd@depaul.edu

Determining appropriate and reasonable accommodations in a professional school program is an interactive and collaborative process involving the student, the Speech Language Pathology Program, the Center for Students with Disabilities (CSD), and the Office of the General Counsel re: ADA compliance. This document is to be re-visited periodically with input from all involved to ensure accuracy and compliance with the law.

Counseling Services

DePaul University and the Speech Language Pathology Program care about your mental health. University Counseling Services (UCS) offers primarily short-term counseling, but they do provide referrals to the community when students could benefit from longer-term services. UCS has a diverse, caring, and competent professional staff that works from a variety of theoretical perspectives. Some students find that talking to a counselor once is sufficient to resolve their immediate concern. Their counselors can help you in a variety of ways because they are excellent sounding boards, compassionate listeners, and skillful experts in the problems of living. If further services would be beneficial, these will be discussed, and recommendations will be made by the counselor. To learn more about counseling services at DePaul University, please visit the UCS website:

<https://offices.depaul.edu/student-affairs/support-services/counseling/Pages/default.aspx>

My Student Support Program

DePaul University has partnered with My Student Support Program (SSP) to provide mental health and well-being resources to all students with a call center and chat feature, 24 hours a day, seven days a week, and 365 days a year. To learn more about My SSP, please visit the website:

<https://resources.depaul.edu/newsline/sections/hey-students/Pages/my-ssp-introduction.aspx>

Health and Wellness

Embracing a healthy lifestyle and creating a culture of health and well-being fosters personal and academic success. DePaul University offers many supports and resources on campus for individuals to create and sustain long-term behaviors.

To learn more about the resources available to support students in developing and maintaining long- term health and wellness, please visit the health and wellness website:

<https://offices.depaul.edu/student-affairs/support-services/health-wellness/Pages/default.aspx>

Language of Instruction

DePaul University promotes linguistic diversity and views the use of different languages and dialects among its students as an asset to our academic and professional community. Above all, the academic program will ensure that students are treated in a non-discriminatory manner. Please reference the Communication Proficiency Policy in the DePaul Clinic Handbook, which describes the oral and written expectations for service delivery with patients/clients.

Resolving Students' Concerns

The Dean of Students Office is a central location to which students can turn with problems they have been unable to resolve. The Dean of Students Office hears student concerns and helps students understand their options for resolving the concerns and/or locating appropriate services. To learn more about the Dean of Students Office, please visit their website:

<http://offices.depaul.edu/student-affairs/about/departments/Pages/dos.aspx>.

The University Ombudsperson is available to provide consultation about conflict resolution, clarify policies and procedures, and help find the right person or department to respond to

questions. Students may also always choose to report concerns or misconduct through the University's confidential reporting mechanisms: 877.236.8390. To learn more about the University Ombudsperson, please visit their website:

<https://compliance.depaul.edu/hotline/index.asp>

CORE Functions Performed by Speech Language Pathologists

Core Functions for Didactic and Clinical Experiences

The Speech Language Pathology Program at DePaul University, (DPU SLP), uses the Council of Academic Programs in Communication Sciences and Disorders, (CAPCSD), Core Functions document as a guide to support the graduate student clinician's understanding of the communication, motor, sensory, intellectual/cognitive, and interpersonal behaviors as well as culturally responsive practices expected to achieve basic competency in clinical practicum.

The Core Functions (CAPCSD, 2023) are expected to be employed in didactic and clinical experiences to acquire the knowledge and demonstrate the competencies that will lead to graduation and successful entry into professional practice. These Core Functions intentionally do not address how stated core functions are demonstrated, recognizing that there are multiple ways an individual can successfully meet the demands of clinical education and practice.

The graduate student clinician is responsible for understanding the Core Function's role related to achieving basic competency. The graduate student clinician is also responsible for engaging in student led and/or clinical educator led discussions related to the Core Functions, as appropriate.

Please see the full document here:

<https://growthzonecmsprodeastus.azureedge.net/sites/1782/2023/04/Core-Functions-for-AUD-and-SLP-Approved-4-3-23-rev-4-25-23-4b25d025-b102-44d3-80ee-2323381d68ab.pdf>

Communication Statements in this section acknowledge that audiologists and speech-language pathologists must communicate in a way that is understood by their clients/patients and others. It is recognized that linguistic, paralinguistic, stylistic, and pragmatic variations are part of every culture, and accent, dialects, idiolects, and communication styles can differ from general American English expectations. Communication may occur in different modalities depending on the joint needs of involved parties and may be supported through various accommodations as deemed reasonable and appropriate to client/patient needs. Some examples of these accommodations include augmentative and alternative communication (AAC) devices, written displays, voice amplification, attendant-supported communication, oral translators, assistive listening devices, sign interpreters, and other non-verbal communication modes. • Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies • Adapt communication style to effectively interact with colleagues, clients, patients, caregivers, and invested parties of diverse backgrounds in various modes such as in person, over the phone, and in electronic format. 3 Motor Statements in this section acknowledge that clinical practice by audiologists and speech language pathologists involves a variety of tasks that require manipulation of items and environments. It is recognized that this may be accomplished through a variety of means, including, but not limited to, independent motor movement, assistive technology, attendant support, or other accommodations/modifications as deemed reasonable to offer and appropriate to client/patient needs. • Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (e.g., manipulating testing and therapeutic equipment and technology, client/patient equipment, and practice management technology) while retaining the integrity of the process • Respond in a manner that ensures the safety of clients and others Sensory Statements in this section acknowledge that audiologists and speech-language pathologists use auditory, visual, tactile, and olfactory information to guide clinical practice. It is recognized that such information may be accessed through a variety of means, including direct sensory perception and /or adaptive strategies. Some examples of these strategies include visual translation displays, text readers, assistive listening devices, and perceptual descriptions by clinical assistants. • Access sensory information to differentiate functional and disordered auditory, oral, written, and visual communication • Access sensory information to correctly differentiate anatomical structures and diagnostic imaging findings • Access sensory information to correctly differentiate and discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests Intellectual/Cognitive Statements in this section acknowledge that audiologists and speech-language pathologists must engage in critical thinking, reasoning, and comprehension and

retention of information required in clinical practice. It is recognized that such skills may be fostered through a variety of means, including assistive technology and /or accommodations/modifications as deemed reasonable and appropriate to client/patient needs. 4

- Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level sufficient to meet curricular and clinical competencies
- Employ informed critical thinking and ethical reasoning to formulate a differential diagnosis and create, implement, and adjust evaluation and treatment plans as appropriate for the client/patient's needs
- Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills
- Critically examine and apply evidence-based judgment in keeping with best practices for client/patient care

Interpersonal Statements in this section acknowledge that audiologists and speech-language pathologists must interact with a diverse community of individuals in a manner that is safe, ethical, and supportive. It is recognized that personal interaction styles may vary by individuals and cultures and that good clinical practice honors such diversity while meeting this obligation.

- Display compassion, respect, and concern for others during all academic and clinical interactions
- Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies
- Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities

Cultural Responsiveness Statements in this section acknowledge that audiologists and speech-language pathologists have an obligation to practice in a manner responsive to individuals from different cultures, linguistic communities, social identities, beliefs, values, and worldviews. This includes people representing a variety of abilities, ages, cultures, dialects, disabilities, ethnicities, genders, gender identities or expressions, languages, national/regional origins, races, religions, sexes, sexual orientations, socioeconomic statuses, and lived experiences.

- Engage in ongoing learning about cultures and belief systems different from one's own and the impacts of these on healthcare and educational disparities to foster effective provision of services.
- Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice

5 This document should be considered a living document and therefore reviewed by CAPCSD at regular intervals to ensure that current terminology, practice, and ideas are reflected.

Glossary

- Cultural responsiveness involves “understanding and respecting the unique cultural and linguistic differences that clients bring to the clinical interaction” (ASHA, 2017) and includes “incorporating knowledge of and sensitivity to cultural and linguistic differences into clinical and educational practices”.
- Evidence-based practice involves “integrating the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (Evidence Based Practice in Psychology, n.d.). American Speech-Language-Hearing Association. (n.d.). Cultural responsiveness [Practice Portal <https://www.asha.org/Practice-Portal/Professional-Issues/Cultural-Responsiveness/>] Evidence-Based Practice in Psychology. (n.d.). <https://www.apa.org>. Retrieved March 3, 2023, from <https://www.apa.org/practice/resources/evidence>

This Document should be cited as: Council of Academic Programs in Communication Sciences and Disorders (2023). A guide for future practitioners in audiology and speech-language pathology: Core functions.

<https://www.capcsd.org/academic-and-clinical-resources/>

Intervention Plan Steps to Support Development of CORE Functions

Each quarter, this document will be reviewed with your clinical educator, both at midterm and at the end of the quarter. Progression with the CORE functions will be tracked in CALIPSO. If deficiencies in essential function(s) are determined, an Intervention Plan will be implemented. Intervention plans are designed to support a student's development in an area that has been determined to be deficient. The clinical educator and/or the student may identify difficulty progressing in one or more of the essential functions. Difficulty progressing with the identified essential function(s) may be determined at any time during the quarter. Once a deficiency has been identified, the following steps will be implemented:

- The clinical educator, or the student, alerts the student's academic advisor and the Director of Clinical Education.
- A conference will be held with the student, clinical educator, Director of Clinical Education, and the student's advisor to review the concern(s) with the student and to determine a recommended course of action.
- An intervention plan with strategies for improvement will be written to support the student's achievement of the essential function(s) identified as deficient. The student may be directed to access campus resources as part of the Intervention Plan. A concrete timeline to address the deficiencies is agreed upon, and signatures are obtained from the student, clinical educator, Director of Clinical Education, and the student's advisor. The plan will outline the activities and/or experiences the student must complete within the established timeline to demonstrate adequate improvement in the area of concern.
- The intervention plan must include measurable goals, the specification of persons who will be responsible for monitoring the plan to achieve each goal and specific consequences due to the student's failure to meet the plan. The development of the plan is a shared responsibility between students and faculty.
- Documentation of the meeting and the Intervention plan will be placed in the student's file on CALIPSO.
- All Intervention Plans are brought to the Admission, Progression & Retention Committee to monitor the consistent implementation of policies and procedures.
- Progress is monitored over the course of a quarter or as long as appropriate. The completed plan is again signed by all parties involved.
- The student must meet the intervention plan goals before progressing to the next clinical practicum assignment or externship placement.
- If the student is not meeting the goals within the specified timeline but is demonstrating progress, the length of their program may need to be extended to achieve the goals.
- If the student is not able to remediate the deficiency in the identified essential function(s), despite reasonable accommodations and reasonable levels of support from the faculty, the student will meet with the Program Director to identify a course of action that best supports the welfare of the student. Dismissal from the program may be necessary should fail to

meet minimum competency in the essential function(s) jeopardizes the health and/or safety of the client(s).

- The student should present any concerns that they have about the identified deficiencies to the Program Director. The student should also utilize the Dean of Students Office and/or the University Ombudsperson at any time during this process as needed.

By signing below, I am confirming that I have read and understand this document, Supporting Student Success in the DePaul University Speech Language Pathology Program (Essential Functions for Performance in Clinical Practicums)

Printed Student Name	Signature	Date
Director of Clinical Education	Signature	Date

This signed document will be placed in the student's file in CALIPSO.

Hepatitis B Vaccination Acceptance/Declination Statement

Please indicate whether you have previously received the Hepatitis B vaccination series:

I received the vaccination series on: _____ (Exact or approximate dates)

- If you were vaccinated 30+ years ago, you may no longer have immunity. Please select the first option below if you would like to set up an appointment to discuss whether re-vaccination is recommended by a healthcare professional.
- DePaul is required to obtain copies of your Hepatitis B vaccination records if they are available. Please attach copies of these records.

Please indicate whether you accept or decline participation in the Hepatitis B vaccination series:

- I want to get vaccinated for Hepatitis B now or discuss my vaccination status with a healthcare professional. I decline participation because I am already vaccinated.
- I decline participation in the vaccination series **and**:

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ Name Signature (handwritten or electronic)

_____ Department Date

Please send this completed form and Hepatitis B records to:

Environmental Health & Safety ehsoffice@depaul.edu

Appendix D: Mandated Reporter Status Acknowledgement



Mandated Reporter Status Acknowledgement

Based on the Illinois Department of DCFS Acknowledgement of Mandated Reporter Status ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS I, _____ understand that when I am in the clinical setting as a student of DePaul University Speech Language Pathology Program, I will become a mandated reporter under the Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number at 1-800-25-ABUSE {1-800-252-2873} whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected.

I understand that there is no charge when calling the Hotline number and that the Hotline operates 24- hours per day, 7 days per week, 365 days per year. I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Student _____ Date _____

Appendix E: Health & Program Requirements

As a student clinician, you should be aware of the need to protect yourself and the health of those you provide care for by maintaining updated health records. Private practices, schools, Clinics, hospitals and medical centers entrust institutions like DePaul University to ensure that our student clinicians and clinical faculty meet the exact health requirements as the speech language pathologists they employ.

To track the health requirements of our students, we use the Castle Branch document locker system. The Speech Language Pathology Program cannot accept or maintain any hard copies of health records. We ask that you follow the steps outlined in this document to complete and document your health requirements by the deadline listed for your academic quarter.

It is the Speech Language Pathology Program policy to have your account set up and available prior to the start of the program.

Questions can be directed to:

Technical Questions	Castlebranch: 888-723-4263
General Inquiries	SLP Program: 773-325-7040; brooke.ellis@depaul.edu

INSTRUCTIONS ON GETTING STARTED

1. Register for your account by going to: <https://portal.castlebranch.com/DD02/package-selection>
2. The Speech Language Pathology Program requires:
 - a. Background Check
 - b. Drug Test
 - c. Medical Document Manager: used to upload proof of immunizations
3. Click on “Speech Language Pathology” and select the package that corresponds with New Students: DN76: New Student – Background Check, Drug Test, and HIPAA Certification
4. Accept the terms and finish account creation. The background check will take about 24 hours to initiate, but the rest of the immunization and titer upload slots should appear automatically.

INSTRUCTIONS ON UPLOADING DOCUMENTS

- 1) Log in to www.castlebranch.com using the account information you created.
- 2) Find and click on your “To-Do List”
- 3) Select a requirement to view more information or to upload a file
- 4) There are multiple ways to upload a document:
 - a. Electronic. Scan or download your document. Save the document to your computer, then upload.

- 5) Upload all required documents. You will receive email notifications of any overdue or incomplete items.
- 6) If you need assistance, please contact Castle Branch at 888.723.4263.

Health Requirement	Information	Due Date
Health Insurance	All SLP students must secure health insurance prior to any clinical experience, and that coverage is maintained throughout the program. <u>If you do not currently have health insurance, we recommend that you review the information on this website</u> , which explains the health insurance options available through the Affordable Care Act (ACA) and the Illinois Marketplace. Open enrollment in the Illinois Marketplace is from November 1 to January 31. Students should plan, where possible, to register for health insurance during this time.	8/1/2024
Background Check	Upon registering for your account in Castlebranch, no further action is required	8/1/2024
Drug Screen	Upon registering for your account, an email with instructions on setting up your drug screen will be sent within one week. Speech Language Pathology students are required to have a ten-panel drug screen as required by clinical institutions. Some institutions may require a new drug screen each year. The test may be obtained from any health care agency or www.castlebranch.com through Quest Diagnostics Lab. The drug test MUST follow a “Chain-of-custody” procedure.	8/1/2024
Measles, Mumps, and Rubella (MMR) Titer	A TITER is MANDATORY to document immunity. (Note: Vaccination or history of the disease necessary to develop immunity). The titer MUST contain the titer value as well as the reference norm. The required titers are as follows: a) Rubeola IgG b) Mumps IgG c) Rubella IgG If titers indicate no immunity for Rubeola, Mumps, Rubella, and Varicella, immunization is required. If you were born in 1957 or later and have not had the MMR vaccine, or if you do not have a blood test that shows you are immune to rubella , only one dose of MMR is recommended.	8/1/2024
Varicella Titer	The titer MUST contain the titer value as well as the reference norm. The required titers are as follows: Varicella IgG If titers indicate no immunity for Varicella, immunization is required. Follow-up titers will need to be drawn after re-immunization.	8/1/2024

Hepatitis B	<p>Positive Hepatitis B surface antibody (anti-HBs) indicates immunity from previous vaccination. Positive anti-HBs and positive Hepatitis core antibody (anti-HBc) indicate immunity due to infection. At the same time, a negative Hepatitis B surface antigen (HBsAg) is needed to determine whether acute or chronic infection exists. The student will need to follow up with their health care provider if they have a negative result.</p>	8/1/2024
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Tuberculosis Screening	<p>Two-step Tuberculin Skin Test.</p> <ol style="list-style-type: none"> 1. The student must have two separate tuberculin skin tests placed 1-3 weeks apart. The results of both tests must be uploaded into Castle Branch. 2. QuantiFERON Gold Test: The student will be required to have this blood test drawn and upload the results into Castle Branch. <p>Students With Positive TB Results</p> <ol style="list-style-type: none"> 1. Students with a history of having positive TB results or has received the BCG vaccination prior to admission into the nursing program at DePaul University must complete the following: <ol style="list-style-type: none"> a. Submit certification from a healthcare provider that the student is currently free of the signs and symptoms of active tuberculosis. This certification must be renewed every six months. <p>AND</p> <ol style="list-style-type: none"> b. Submit a negative chest X-ray from the initial positive TB results. If a chest X-Ray were not completed, the student would be required to obtain one prior to the first day of the clinical rotation. <p>OR</p> <ol style="list-style-type: none"> c. Complete a QuantiFERON Gold test. <p>AND</p> <ol style="list-style-type: none"> d. Submit certification from a healthcare provider that the student is currently free of signs and symptoms of active tuberculosis. This certification must be renewed every six months. 2. Students found to have positive TB results while completing pre-clinical screening requirements for DePaul University must complete the following before the first day of the clinical rotation: <ol style="list-style-type: none"> a. Obtain a chest x-ray and submit the results. b. Submit certification from a healthcare provider that the student is currently free of signs and symptoms of active tuberculosis. This certification must be renewed every six months. Suppose the student shows signs and symptoms of active tuberculosis during the provider evaluation. In that case, the student may not begin the clinical rotation until documentation of a completed course of prophylactic therapy and certification of 	8/1/2024
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	currently being free of the signs and symptoms of active tuberculosis has been completed.	
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Tetanus, Diphtheria, and Pertussis (Tdap) Immunization	Tetanus-Diphtheria-Pertussis Booster: Must be within the last ten years. Documentation can be in the form of a signed immunization card or statement from your healthcare provider or health department that documents the date the tetanus booster or Tdap was administered. Please note that a tetanus booster alone is not adequate, and you must demonstrate immunization for diphtheria and pertussis within the past ten years.	8/1/2024
Influenza Vaccination	A yearly influenza vaccine is required.	10/1/2024
COVID-19 Vaccination and Booster	The name on the document must match the student's name. Student needs to be full vaccinated two weeks past the second dose of Pfizer's or Moderna's vaccine or two weeks past the single dose of the Johnson & Johnson vaccine.	8/1/2024
<u>Other Requirements*</u>		
CPR Certification	Current American Heart Association (AHA) certification in Basic Life Support (BLS) for Healthcare Provider is required for all entering and current students. Only the AHA certification will be accepted.	9/6/2024
Student Acknowledgement from Program and Clinic Handbooks	Carefully review the Graduate Student Handbook and Clinic Handbook and sign the digital acknowledgement agreeing to understanding the content and abiding by the handbooks throughout the duration of graduate school.	9/6/2024
HIPAA Module	Complete the HIPAA Module on CastleBranch.	9/6/2024
Bloodborne Pathogens Exposure Training	You will need to complete Bloodborne Pathogen Training PowerPoint before beginning in clinic	11/2024
Acknowledgement of Mandated Reporter Status	A signed Acknowledgement of the Mandated Report Status must be uploaded to Castle Branch, indicating that the student understands that while in the clinical setting, the student becomes a mandated reporter under the Abused and Neglected Child Reporting Act.	9/6/2024

*These requirements will also need to be submitted to the Program

Appendix F Calipso Instructions

CALIPSO INSTRUCTIONS FOR CLINICAL SUPERVISORS

<https://www.calipsoclient.com/school-login>

Step 1: Register as a Supervisor on CALIPSO

(Clinical Assessment of Learning, Inventory of Performance, and Streamlined Office-Operations)



- Before registering, have available your
 1. CALIPSO Registration PIN (provided via “CALIPSO registration” email sent by
 2. no-reply@calipsoclient.com or perhaps alternatively provided by the program Clinical Coordinator),
 3. 2) ASHA card,
 4. 3) state licensure card, and
 5. 4) teacher certification information if applicable. If possible, have available scanned copies of your certification and licensure cards for upload during the registration process.
- Go to your student’s school’s unique login URL provided in the CALIPSO registration email, or go to <https://www.calipsoclient.com/school-login>
- Schools are listed alphabetically; locate your student’s school, and click on the school name link.
- Click on the “Supervisor” registration link located below the login button.
- Complete the requested information and click “Register.”
- On the following screen, again complete the requested information and click “Save” at the bottom of the page. A “Registration Complete” message will be displayed and you will automatically be logged into CALIPSO.

Step 2: Login to CALIPSO

- For subsequent logins, go to your student’s school unique login URL provided in the CALIPSO registration email, or go to <https://www.calipsoclient.com/school-login>, locate your student’s school, and login to CALIPSO using your 8-digit ASHA number and **password that you created for yourself during the registration process (Step 1)**.

Step 3: View Clinical Assignment / Select Student

- From the Supervisor’s lobby page, use the class selection dropdown menu at the top of the page to choose the appropriate class/cohort for your student and click Change to activate that cohort.
- Click the **View** > [Student Information](#) link.
- Click the [Clinical Assignments](#) link to view contact information and other details about a new student assignment.
- Or, to locate your student if not assigned via Clinical Assignments, use the “Add Student of Interest” dropdown menu to select your student and then click **Add**.

Step 4: View Student Clock Hour Records

- Click on “Clockhours” then “Experience Record” to view a summary of clock hours obtained and clock hours needed.
- Students may be required to gain a minimum of (20) hours in the evaluation and treatment of children and adults for both speech and language disorders which is summarized in the table at the bottom of the page.
- Please note the student’s Clinical Competency Level (I, II, or III) on the page header if applicable.
- Print/save clock hour record by clicking “Print Experience Record.”
- Click “Student Information” located within the blue stripe to return to the student list.

Step 5: View Student Cumulative Evaluation

- Click on “Cumulative evaluation” to view a summary of your student’s clinical competency across the 9 disorder areas.
- Upon completion of the clinical program, students must obtain a competency score set by the program for all clinical skills listed on the form.
- Please make note of any areas of deficiency (highlighted in orange.)
- Click “Student Information” located within the blue stripe to return to the student list.

Step 6: View Student Immunization and Compliance Records

- Click “Compliance/Immunizations” to view a record of compliance and immunization documents.
- To create a document to save and/or print, click “PDF.”
- An electronic file of the original documents can be accessed, if necessary and if uploaded by the Clinical Coordinator, by clicking “Files” located within the blue stripe.
- Click “Home” located within the blue stripe to return to the home page.

! Step 7: Complete Site Information Form

! This form will take approximately 20 minutes to complete. The bulk of the information requested is used by the graduate program to **maintain their ASHA accreditation**. This form only needs to be completed once unless the requested information changes.

- From the home page, click on the “Site Information Forms” link under the Management header.
- Click “Add new form.”
- Complete the requested information. Click “Save.”
- The new site form will post to a table. To finish completing, click on the “Edit” link in the Basic Info column. Check to see that all of the information is complete, and check the box that states, “Check here to mark this section as complete.”
- Continue to complete the remaining 5 sections of the form by clicking on each remaining tab (Facility/Department/Student/Misc./Appendix VI-B*) and complete the requested information. After completing the information in each section, check the box that states “Check here to mark this section as complete”. Click “Save.” [*Note: Appendix VI-B tab only needs to be completed if the program you are supervising for is a new program in candidacy)
- After all tabs have been completed, click on the “Site Form List” link located near the top of the page or on the “Site Forms” link located within the blue strip.
- If any sections are incomplete, they will be flagged with a red explanation point. To complete those fields, just click on “edit” and make the necessary changes.
- Once each section is assigned a green checkmark, a “Submit” link will display within a column of the table. Click “Submit” and verify that the status changes to “Submitted.”

To Edit/Update a Submitted Form:

- To edit a previously submitted form, simply click the “Copy” link located in the next to the last column. Edit each section as necessary by clicking on the “Edit” link for the corresponding section, making changes, and clicking “Save.” Once editing is complete, click “Submit” and verify that the status changes to “Submitted.” Delete the older version by clicking on the red “X”.

Step 8: Upload Documents for Student or Clinical Administrator (optional)

- The file management feature allows you to upload any type of file (e.g. Word, PDF, JPEG, audio/video) pertinent to the clinical experience for a specific student.
- Select the desired student and then click on the “Documents” link to upload your own file and/or view a file uploaded by your student.

First, select a folder by clicking on the folder name or create a new folder or subfolder. To create a new folder or subfolder, type in desired folder name in the "Add folder" field and press "create."

Upload a file by pressing the “Browse” button, selecting a file, completing the requested fields, and clicking "upload." The upload fields will display if you have selected an unrestricted folder. Set the file permission by choosing “public” for student and clinical administrator access or “private” for clinical administrator access only.

Move files by dragging and dropping from one folder to another.

Delete files by clicking the “delete” button next to the file name. **Delete folders** by deleting all files from the folder. Once all the files within the folder have been deleted, a “delete” link will appear to the right of the folder name.

Step 9: Complete Midterm Evaluation

- Login to CALIPSO (step two)
- Select the desired “Class” and click “change.”
- Click “New evaluation”.
- Complete required fields designated with an asterisk and press save.
- Continue completing evaluation by scoring all applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, review it with the student. Type his/her name with the corresponding date as well as your name with the corresponding date located at the bottom of the page.
- Check the “final submission” box located just below the signatures.
- Click “Save.”
- Receive message stating “evaluation recorded.”
- Please note: you may edit and save the evaluation as often as you wish until the final submission box is checked. Once the final submission box is checked and the evaluation saved, the status will change from “in progress” to “final”. Students will then have access to view the submitted evaluation when logged into the system.
- To view the evaluation, click “Student Information” located within the blue stripe then “evaluations” located to the right of the student’s name.

Step 10: Complete Final Evaluation

- Login to CALIPSO (step two)
- Select the desired “Class” and click “change.”
- Click “Student Information” then “evaluations” located to the right of the student’s name.
- Identify the evaluation completed at midterm and click on “Make a duplicate of this evaluation.”
- The duplicated evaluation will appear in the evaluations list.
- Identify the duplicate (noted as “in progress”) and click on the “current evaluation” link highlighted in blue.
- Change “Evaluation type” from midterm to final.
- Complete evaluation by changing and/or adding scores for applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, review it with the student. Type his/her name with the corresponding date as well as your name with the corresponding date located at the bottom of the page.
- Check the “final submission” box located just below the signatures.
- Click “save.”
- Receive message stating “evaluation recorded.”

Step 11: Approve Clock Hours

- At the completion of the rotation or as often as directed, your student will log their clock hours.
- An automatically generated e-mail will be sent notifying you that clock hours have been submitted and are awaiting approval.
- Login to CALIPSO (step two.)
- Click “clockhour forms pending approval.”
- Identify your current student’s record.
- Click “View/Edit” in the far-right column.
- Review hours, making sure student has entered the correct time in all disorder areas, as applicable.
- Complete the % of time the student was observed while conducting evaluations and providing treatment.
- Approve clock hours by selecting “yes” beside “Supervisor approval” located at the bottom of the page.
- Click “Save.”
- If it is determined that there are errors in the clockhour form that the student should correct, exit the form by clicking on the “Clockhours List” link at the top of the page in the blue stripe to return to the student’s Clockhours List. Click on the “Un-submit” button towards the right end of the line for the clockhour form in question. This returns the form to the student’s Daily Clockhours for the student to edit and re-submit. The student receives an email alerting them of the un-submitted form.

Step 12: View Your Supervisory Summary

- For an official record of this supervisory experience (past or present), click on the “Supervision summary” link located under the Management header on the home page.
- Select “Printable view (PDF)” to create a document to save and/or print.

Step 13: View Your Supervisory Feedback

- At the completion of the rotation, your student will complete a supervisory feedback form in CALIPSO.
- An automatically generated e-mail will be sent stating that you have feedback available to view.
- Login to CALIPSO (step two)
- Select the desired “Class” and click “change.”
- Click “Supervisor feedback forms.”
- Click “View/Edit” in the far-right column.

Step 14: Update Your Information

- Update e-mail address changes, name changes, certification expiration dates with corresponding scanned copies of your card by logging into CALIPSO (step two.)
- Click “Update your information.”
- Make changes and click “save” and/or click “Edit licenses and certification.”
- Update information and supporting files and click “save” located at the bottom of the screen.