



SPEECH-
LANGUAGE
PATHOLOGY
PROGRAM

Clinic
Handbook



Welcome to the DePaul University Speech-Language Pathology Program

Welcome to the DePaul University Speech-Language Pathology Program. We are pleased that you have chosen to complete your graduate education in our program. 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 and for ASHA certification. It also provides policies and procedures related specifically to the DePaul Speech and Language Clinic. It is the student's responsibility to be familiar with and adhere to the contents of this handbook. Please think of this handbook as a guide and NOT a contract between students and the DePaul Speech-Language Pathology Program. Policies and procedures may be updated at the discretion of DePaul University and/or the SLP Program. This handbook is a living document and is posted on the SLP Program website.

I (Print Name) _____ attest that I have read and understood the information contained in this Clinic Handbook.

Student's Signature

Date

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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. Students should avoid even an appearance of improper behavior or lack of ethical standards while a student, in all professional settings and 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 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 (2016) 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 the medical externship placements, students will receive site-specific information about the Health Insurance Portability and Accountability Act (HIPAA) and other site-specific policies and procedures. Students are expected to adhere to all relevant policies and procedures set forth by medical facilities. During the 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. (2016). Code of ethics [Ethics]. Available from www.asha.org/policy/.

Effective March 1, 2016

Preamble

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

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

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

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

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC. The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one's professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

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

Terminology

ASHA Standards and Ethics

The mailing address for self-reporting in writing is American Speech-Language-Hearing Association, Standards, and Ethics, 2200 Research Blvd., #313, Rockville, MD 20850.

Advertising: Any form of communication with the public about services, therapies, products, or publications.

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

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

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

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

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

Individuals: Members and/or certificate holders, including applicants for certification.

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

Jurisdiction: The "personal jurisdiction" and authority of the ASHA Board of Ethics over an individual holding ASHA certification and/or membership, regardless of the individual's geographic location.

Know, known, or knowingly: Having or reflecting knowledge.

May vs. shall: May denotes an allowance for discretion; shall denote no discretion.

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

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

Nolo contendere: No contest.

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

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

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

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

Shall vs. may: Shall denotes no discretion; may denote an allowance for discretion.

Support personnel: Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders). For more information, read the Issues in Ethics Statements on Audiology Assistants and/or Speech-Language Pathology Assistants.

Telepractice, teletherapy: Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service. For more information, see the telepractice section on the ASHA Practice Portal.

Written: Encompasses both electronic and hard-copy writings or communications.

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

Rules of Ethics

Individuals shall provide all clinical services and scientific activities competently.

Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.

Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.

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

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

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

Individuals who hold the Certificate of Clinical Competence may delegate to students' tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, the technology employed, and products dispensed. This obligation also includes informing persons served about the possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family members, or legally authorized/appointed representative.

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

Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, the technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

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

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

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

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

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

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

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

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

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

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

Rules of Ethics

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

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

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

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

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

Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.

Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.

Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

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

Rules of Ethics

Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.

Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity. Individuals shall not

misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.

Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.

Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.

Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing and promoting their professional services and products and when reporting research results.

Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

Principle of Ethics IV: Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

Rules of Ethics

Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.

Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramountly.

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

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

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

Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.

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

Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.

Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.

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

Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.

Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.

Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.

Individuals shall report members of other professions whom they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.

Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.

Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.

Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

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

Part II: Clinical Practicum Procedures

DePaul University Speech and Language 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. Observation Hours: Graduate student clinicians must complete *25 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). Students are responsible for securing their own observation sites and also 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. Drug Screening: Graduate student clinicians must complete a drug screening through CastleBranch prior to their first clinical practicum in the fall quarter. It is the student's responsibility to assume the cost associated with the drug screening. The Director of Clinical Education will provide a code for each student to complete this requirement.
 - f. 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.
 - g. Nondiscrimination Policy: Prior to beginning the DePaul University Speech-Language Pathology Program, graduate students must sign the Nondiscrimination Notification (see Appendix 2).
 - h. Supporting Student Success Essential 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 (Essential Functions for Performance in Clinical Practicums) document (see Appendix 2).
 - i. 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.
 - j. CALIPSO and Clinic Note Training: Training on the online clinic systems will commence during the fall quarter.
 - k. Immunizations: Graduate student clinicians must provide evidence of immunity or immunization for the following: Measles, Mumps, Rubella & Rubella (MMR), Varicella (Chicken Pox), Tetanus, Diphtheria & Pertussis (Tdap), and Hepatitis B. A titer is required for proof of immunity for MMR, Varicella, and Hepatitis B. In the absence of proof of immunization for Hepatitis B, a student must provide a signed declination or waiver of such immunity.

- l. Flu shot and TB skin test: Graduate student clinicians are required to have a flu shot (when it becomes available) and a current TB skin test prior to beginning their first clinical practicum. The flu shot and TB skin test are required annually.
- m. COVID-19: COVID-19 vaccination is required prior to admission into the graduate program.
- n. Full health insurance coverage: Graduate students must provide verification of health insurance coverage.
- o. CPR Certification: Current American Heart Association certification in Basic Life Support (BLS) for Healthcare Provider is required for all entering and current graduate students.

2. Policy regarding the processes used to determine the need for and the provision of accommodations for students with reported disabilities

- a. The Center for Students with Disabilities (CSD) coordinates DePaul University's provision of accommodations for students with documented disabilities in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.
- b. Students seeking accommodations must first be admitted to DePaul University through the standard admissions process. Admitted DePaul students with a documented permanent or temporary disability are encouraged to self-identify and request enrollment with the CSD. The steps for students to receive accommodation can be found on the CSD Website.
- c. Complete the enrollment request form.
- d. Request documentation from a qualified professional.
- e. Submit all completed enrollment materials to the CSD.
- f. The CSD staff will review your submitted materials.
- g. Attend a phone meeting with CSD staff.

DePaul University Speech and Language Clinic Guidelines for Clinical Practicum

1. Assignment of Clients in the DePaul Speech and Language Clinic and the Expertise Team Model

- a. The Director of Clinical Education and clinical educators will prepare the clinic schedule each quarter based on the expertise clinic model. Over the four quarters of clinical practicum, care will be taken to provide students with diverse clinical experiences as possible. The goal is for students to accrue at least 100 hours by the end of the fall quarter of their second year in the graduate program. Students will also complete diagnostics during their clinical practicum experiences. Screenings will be assigned in the fall quarter, and simulation experiences (Simucase) may also be assigned in coursework and as part of this clinical training program.

2. Planning and Preparing for Clinic Assignments

- a. During finals week of each quarter, students will begin planning clinic assignments with their assigned clinical educators for the subsequent quarter. During this week, students will read their clients' charts in Clinic Note and meet individually with their clinical educator to plan for their client(s). Students should expect to work on clinic planning (e.g., reading assignments, writing lesson plans) during the break.
- b. It is expected that individual meetings and electronic communication between the supervisor and student will occur more frequently at the beginning of each quarter so that students can prepare for their caseload. In some cases, videos of clients may be viewed before students begin intervention.

3. Working with Clients with Diagnoses for Which Student Clinicians Have Not Yet Completed Related Coursework

- a. Typically, students will be assigned to work with clients with diagnoses covered in coursework that the students have previously taken or are taking concurrently. If students are assigned to a client concurrent with taking the course or assigned to work with a client with a disorder for which

coursework has not yet been taken, then the clinical educator will provide additional readings or resources (e.g., webinars) and will work with the student clinician to demonstrate techniques, explain intervention approaches, and role-play interactions that may be used with the client.

- b. In some instances, a student may be assigned to work as a co-clinician with a student who has previously completed coursework relevant to a client's needs. Each quarter, the clinical educators and DCE will meet to evaluate how individual students are performing and to determine if this approach is effective; adjustments will be made as needed.

4. Tracking and Documenting Clinical Experience

- a. CALIPSO will be used to track students' clinical experiences to ensure that students have the opportunity to work with clients across the age span and with clients with a variety of disorders. Efforts will also 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. Each student will receive a password to access, read, and input information into their record. 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. For example, if a student spends 50 minutes providing therapy with a client, the student can count only 50 minutes; 50 minutes may not be counted as an hour. 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 the manner in which ASHA counts clinical experience may be found in ASHA's 2020 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 lack experience in a category, they may complete work with simulated clients in areas in which they have not accrued contact hours.

5. Supervision Guidelines

- a. Clinical educators will observe directly 50-100% of the time of individual sessions and diagnostic sessions during the first quarter and at least 25% of group sessions and each session in subsequent quarters for student clinicians on their team. To ensure readiness for future independent clinical practice, clinical educators will decrease support, as appropriate, as students function increasingly independently and gain competence and confidence in working with their clients. Clinical educators will be expected to provide written and/or verbal feedback after each session.
- b. In addition to offering weekly individual meetings, each clinical educator will host a weekly team meeting during which time they'll engage clinicians in critical thinking activities such as giving grand round presentations, conducting EBP reviews, and discussing evaluation and management of clients on that team as a group. This gives the students opportunities to learn about a variety of cases beyond their assigned clients.

6. End-of-Quarter Activities

- a. The last week of the clinic will be the last week of classes.
- b. During finals week, students should expect to complete final reports/documentation, meet with their clinical educators, and meet with their clinical educators for the subsequent quarter and new clinic assignments.
- c. Students should follow the instructions from their clinical educator or externship clinical educator regarding end-of-quarter requirements for documentation.
- d. The student and clinical educator will schedule an appointment for an end-of-quarter final grade 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.
- e. Students should update clinical clock hours in CALIPSO and make sure they have submitted these to the clinical educator for approval.

7. Evaluation of Clinical Supervision

- a. Before a student's final conference with their supervising faculty member in the DePaul University Speech and Language Clinic or the clinical educator in an externship placement, the student must complete an evaluation of the supervision they received.
- b. The evaluation is completed 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.

8. 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 to meet the minimum criteria listed on the rubric, intervention plans may be initiated (see Part V below). CALIPSO will be used to manage the intervention process.
- c. Please see Appendix 4 for the Clinical Performance Evaluation in CALIPSO based on the Knowledge and Skills CFCC 2020 Standards.

9. Student Clinician Self Evaluations

- a. In addition to supervisor evaluations, students will be required to self-assess their skill development throughout the quarter through writing a self-reflection log.

10. Ethical and Professional Bases for Clinical Work

- a. At all phases of their clinical training, student clinicians are expected to perform at the highest ethical and professional levels. The ASHA Code of Ethics will be a centerpiece of clinical education both in on-campus clinic and externship settings.
- b. The *Supporting Student Success in the DePaul University Speech-Language Pathology Program (Essential Functions for Performance in Clinical Practicums)* document that students sign before entering the program lists several ways in which ethical conduct is expected. Additionally, the Clinical Performance Evaluation in CALIPSO that will be used for practicum and externship experiences includes standards for professionalism and integrity.

Part III: Externship Placement Policies and Procedures

Externship Placements Students will be placed for one quarter in a School/Private Practice Externship and one quarter in a Medical Externship in the Chicagoland area. It is the policy of the Speech-Language Pathology Program to ensure that each clinical externship placement has the clinical population and personnel to meet the educational needs of each student assigned to that site. Furthermore, it is the policy of the Speech-Language Pathology Program to collaborate with each graduate student as they make their selection of potential externship sites. The procedures involved to ensure adherence to these policies are outlined below.

1. Partnering with externship sites

- a. All externship preceptors will be required to submit copies of their ASHA CCC-SLP certification and current State of Illinois licensure. Externship preceptors working in the schools will also be required to submit their Professional Educator License in Speech-Language Pathology. In addition, the external preceptors will be required to submit a copy of the CE course certificate from a (minimally) 2 credit Clinical Education course that they attended. These documents will be verified on an annual basis by the Administrative Assistant and documented in CALIPSO.
- b. Prior to placing a student in an externship placement, the DCE will contact the placement to ensure that a qualified speech-language pathologist is available to take a student, provide appropriate supervision (starting with 100% and then decreasing to no less than 25% as the student becomes more experienced) and that the clinical population available at that time will meet the educational needs of the student.

2. 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.
- b. The DCE will also be responsible for maintaining documentation in CALIPSO and in SLP Program files. The DCE, assisted by the Administrative Assistant, will be responsible for ensuring that prior to beginning an externship, cooperative agreements are up-to-date and that students have completed all requirements (e.g., immunizations, HIPAA training, CPR, background checks) and have sufficient prerequisite experience necessary for their site.

3. Introduction to Externship Sites

- a. The DCE will discuss externship site options generally with students during the Clinical Methods course in the 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 rank in order their externship site setting preferences for medical (e.g., hospital, rehab, outpatient clinic, SNF) and school/private clinic externship placements. This ranking, as well as feedback from clinical educators and preferences expressed by externship supervisors (i.e., desired qualities and requirements of prospective externs), will be considered when placement decisions are made.

4. Individual Externship Site Meetings

- a. Each student will schedule an initial meeting with the Director of Clinical Education (DCE) to discuss the externship site setting options. The externship site descriptions, prerequisites, and requirements (e.g., interview required, observation required, prior medical placement required) will be discussed with the students. Following this meeting, the student will submit their top 5 preferences for each placement type (Medical and School). Students will not be guaranteed a particular placement site, but setting preferences will be taken into account.

- b. A student can request a specific facility/site, and if possible, the DCE will contact the facility and initiate the affiliation agreement.
- c. Externship assignments will be made based on the following factors: student preferences, appropriate match consistent with site requirements, and performance in the clinic and classroom. The DCE or Administrative Assistant will verify that the student has completed all necessary compliances for the finalized site. The DCE will also make a pre-placement visit, zoom call, or phone call to finalize the placement for the student.
- d. The DCE will confer with the clinical educators and will chair grading conferences for on-campus clinical practicum experiences to facilitate the matching process. Students and externship supervisors will be notified about placement decisions approximately two quarters before the externship begins.

5. BESSC-SLP Program Externship Sites

- a. Students in the BESSC-SLP program will work with the Director of Culturally and Linguistically Diverse Programs in SLP to prioritize their medical and school/private clinic externship sites.
- b. The specialized off-site placements have been identified with a highly qualified bilingual Speech-Language pathologist with a diverse caseload of at least 60-80% Spanish-speaking clients.
- c. 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.

6. Externship Evaluations

- a. Each quarter, student externs will evaluate, at mid-quarter and end of the quarter, their externship supervisors and sites using forms with customized questions on CALIPSO. Objective data such as the 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 DCE.

7. Externship Site Visits

- a. During the student's placement, the DCE will visit the site to observe the student and meet with the student and externship preceptor. The DCE will also be communicating by email, zoom, and/or phone with the externship preceptor and the student two weeks after the initiation of the placement, at mid-term, and when final grades are submitted. The student, externship preceptor, or DCE may initiate communication at other times as well.

8. Externship Site Monitoring

- a. At mid-quarter and the end of each quarter, 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 supervisors' 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.
- d. Quality assurance measures on each externship site will be gathered using the Off-campus Placement Evaluation and Supervisor Feedback form (see Appendix 4, CALIPSO Off-campus Placement Evaluation).

9. 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).

10. Externship Site Checklist

- a. Please refer to the DePaul University Speech-Language Pathology Program Externship Checklist in Appendix 2 for an outline of the externship placement procedures.

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 addressing continual faculty-student dialogue, critical thinking, and problem-solving regarding evaluation and/or intervention sessions will be scheduled weekly.
 - iii. Reflection learning logs are completed at the conclusion of each session upon the submission of the weekly approved lesson plan. 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, taking into account 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. **Not evident:** Skills are not evident most of the time. The student requires direct instruction to modify behavior and is unaware of the need to change. The clinical educator must model behavior and implement the skill required for the client to receive optimal care. Clinical educator provides numerous instructions and frequent modeling. (Skill is present <25% of the time).
 2. **Emerging:** Skill is emerging but is inconsistent or inadequate. The student shows awareness of the need to change behavior with clinical educator input. Clinical educator frequently provides instructions and support for all aspects of case management and services. (Skill is present 26-50% of the time).
 3. **Present:** Skill is present and needs further development, refinement, or consistency. The student is aware of the need to modify behavior but does not do this independently. Clinical educator provides ongoing monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill. (Skill is present 51-75% of the time).
 4. **Adequate:** Skill is developed/implemented most of the time and needs continued refinement or consistency. The student is aware and can modify behavior in-session and can self-evaluate. Problem-solving is independent. Clinical educator acts as a collaborator to plan and suggest possible alternatives (skill is present 76-90% of the time).
 5. **Consistent:** Skill is consistent and well developed. The student can modify their own behavior as needed and is an independent problem-solver. Students can maintain skills with other clients and in other settings when appropriate. Clinical educator serves as a consultant in areas where the student has less experience; Provides guidance on ideas initiated by the 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:

Winter I (481) and Spring I (482)

A	4.00-5.00
A-	3.66-3.99
B+	3.35-3.65
B	3.04-3.34
B-	2.73-3.03
C+	1.00-2.72 (Intervention Plan)

Summer I (483) and Fall II (484)

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)
School Externship (485) and Medical Externship (486)	
A	4.50-5.00
A-	4.25-4.49
B+	4.00-4.24
B	3.75-3.99
B-	3.50-3.74
C+	1.00-3.49 (Intervention Plan)

Part V: Clinical Intervention Plans, Clinical Probation, 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, and Intervention Plan initiated**
 - a. A clinical educator may identify deficiencies related to a student's acquisition of clinical and professional skills. These concerns are documented in an Intervention Plan and jointly discussed by the student, the clinical educator, and the Director of Clinical Education.
 - b. Strategies for improvement are developed with the student, a timeline is agreed upon, and signatures are obtained from the student, student's advisor, Director of Clinical Education, and clinical educator. The plan will outline the activities and/or experiences the student must complete to demonstrate adequate improvement in the area of concern.
 - c. This plan must include measurable goals that can be completed within one quarter, the specification of persons who will be responsible for monitoring and implementing plans 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.
 - d. Progress is monitored over the course of a quarter or as long as appropriate. When the goals are achieved, the completed plan is again signed by all parties involved.
 - e. Documentation of the meeting and the Intervention Plan will be placed in the student's file on CALIPSO.
 - f. The student must meet the Intervention Plan goals before progressing to the next clinical practicum assignment or externship placement.
 - g. 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.
2. **Determination for Clinical Probation**
 - a. If the Intervention Plan does not successfully resolve the issues present, and/or the student's grade for the clinical practicum experience is C+ or lower, the student will be on clinical probation and cannot register for the clinical experience or externship placement the following quarter but will instead complete a quarter of clinical probation. A student may not earn clock hours for a clinical experience in which they earned a C+ or lower grade.
3. **Clinical Probation Procedures**
 - a. Clinical probation is a customized clinical intervention program overseen by the Director of Clinical Education and at least one other clinical educator. The student on probation registers for this as an independent study. Clinical probation may include the use of simulated cases to address deficiencies in clinical competencies.
 - **Clinical probation timeline**

Students can participate in any number of clinical Intervention Plans with their clinical educators, but only one-quarter of clinic probation is allowed.
 - **Dismissal from the clinical program**

If a student does not successfully complete their clinic Intervention Plan while on probation, or if a student completes the clinic intervention plan but does not successfully complete a subsequent quarter of clinical experience, they will not be allowed to participate in further clinical experience and will be dismissed from the clinical program.

4. **Role of the Admission, Progression & Retention Committee**
 - a. All Intervention Plans are brought to the Admission, Progression & Retention Committee to monitor the consistent implementation of policies and procedures.
5. **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 Medical Externships.
 - b. Once enrolled in School and Medical 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.
 - d. An Intervention Plan may be initiated by the externship preceptor during any time within the student's externship placement.

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

Withdrawal from Clinical Experience: A student may request to withdraw from the clinical program.

1. **Student's request to withdraw from the clinical program**
 - a. The student's academic advisor, Director of Clinical Education, and practicum/externship supervisor must approve all withdrawals from the clinical practicum or externships.
 - b. Requests to withdraw will be considered on an individual basis, but students will typically not be allowed to withdraw from assigned clinical experiences.
 - c. Acceptable reasons for withdrawal would include withdrawal from school or extended illness.
 - d. The program may not be able to provide a student with additional clinic experiences if they withdraw from clinical assignments.

Leave of Absence: A student may request a leave of absence.

1. **Requesting a leave of absence**
 - a. Students who need to interrupt their studies 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 an 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 six 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.

1. Leave of absence greater than 12 calendar months

- a. 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.

2. 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 and 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 Speech and Language 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, and students (when related to the clinic).
- b. Student clinicians should report any changes in name, address, or phone to the Administrative Assistant.
- 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 student clinicians and should never misrepresent their level of training or experience.
- b. Students should refer to faculty members and adjunct clinical educators as "*Professor*."

Schedule

- a. The Clinic Director, in collaboration with the DCE and Administrative Assistant, will maintain the client list and clinic schedule.
- b. Clients will be scheduled in collaboration with the student clinician and clinical educator, and clinic rooms will be scheduled with the Administrative Assistant.
- c. Students are responsible for keeping their online schedules up-to-date and available to the clinical educator, DCE, Clinic Director, and Administrative Assistant.
- d. The Administrative Assistant will be responsible for checking in clients on the Clinic Note schedule.

Client Information

- a. The "Application and Intake Packet" for an adult or child will be sent out *prior* to the first appointment for the client to return at or before their 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. Students should review this form with the client each quarter to confirm accuracy (e.g., correct address, phone number, primary doctor).

Clinic Information

- a. The DePaul Speech-Language Clinic "Clinic Information Form" should be completed by the student clinician each semester and given to the client.
- b. This clinic information form will clarify clinic policies, provide a written reminder of the client's schedule, and give the client their clinical educator and clinician's name.

Clinic Rooms

- a. Clinic rooms will be assigned by the Administrative Assistant.
- b. Clinicians should be in their room at scheduled times unless other arrangements have been made with the clinical educator.

Materials, 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 space before leaving and in time for the next session to begin.

Materials and Equipment

- a. The file cabinets contain a library of assessment materials that students are likely to use in the clinic or in courses. These materials cannot be taken from the clinic unless permission is given by your clinical supervisor or the Director of Clinical Education.
- 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 Director of Clinical Education.
- e. Photocopier: The photocopier is in the student work area.
- f. Printer: A printer is available for students to use in the student work area.
- g. Special permission must be provided for students to check out materials owned by clinical educators.
- h. Students are asked to report any materials or equipment that needs to be repaired or replaced to the Clinic Director.
- i. A Student ID must be left with the Administrative Assistant for checking out iPads and other electronic equipment.

Dress Code

The purpose and intention of the dress code at the DePaul University Speech-Language Pathology Clinic are to maintain an image consistent with our program's mission, [values](#), and brand. We recognize the intersectionality of culture, identity, and attire. We encourage student clinicians to dress in a manner that allows them to fully engage as their most authentic selves while also respecting the following clinic values.



The code of dress for graduate clinicians shall serve as a guide for student clinicians but is by no means an exhaustive list. Students should always use their best judgment and, when in doubt, seek further insight from the Clinic Director or the Director of Clinical Education.

Faculty reserve the right to advise graduate student clinicians on their choice of professional dress for the clinic or provide alternatives that align with the aforementioned values in order to represent the clinic.

If a student clinician ever experiences any barriers to their compliance with the clinic dress guidelines, they are expected to **seek support from their clinic supervisor immediately.**

Constructive feedback as it relates to inclusivity and cultural sensitivity is always welcomed and should be directed to the clinic director or clinical supervisors. Exceptions to accommodate special instances will be made on a case-by-case basis.

GUIDELINES FOR GRADUATE CLINICIAN DRESS

Graduate student clinicians shall make appropriate dress code choices that reflect sensitivity to the clients they serve, are professionally appropriate, and are functional for the type of therapy service provision (e.g., dress pants for sitting on the floor with clients).

Name Badge

The clinic dress code includes a clinic name badge issued by the Clinic Director. Lost or damaged name tags will be replaced for a nominal fee to the student clinician.

Scent and Body Odor

Student clinicians should maintain a neutral scent related to their person. Strong fragrances should be avoided in order to accommodate our clients with sensory integration needs.

Tattoos and Piercings

To remain culturally sensitive and tailor our practice to the needs of our diverse clientele, clinicians shall practice discretion by covering certain tattoos, body piercings, and other decorum. Jewelry that allows for freedom of movement and safety is permitted. Facial piercings should not be donned while working with clients in accordance with our safety standards.

Nails

Nails should be kept trimmed to ¼". A growing body of evidence suggests that wearing artificial nails may contribute to the transmission of certain HealthCare associated pathogens. Healthcare workers who wear artificial nails are more likely to harbor gram-negative pathogens on their fingertips than are those who have natural nails, both before and after handwashing. Therefore, artificial nails should not be worn when having direct contact with clients. (See CDC [handwashing guidelines](#) for additional information)

Professional dress standards:

- Tops should cover the entire torso during all clinic activities, including the chest, midriff, and lower back.
- Bottoms should cover the clinician's entire hips, buttocks, and thighs with non-denim material. Garments should be free of rips, tears, holes, cut-outs, and attached items that could pose a safety or infection risk to clients if pulled or dislodged. Undergarments shall be discreetly concealed under attire with additional coverings used for thinner, translucent fabrics (e.g., long tunic sweater with leggings).
- Hair should be styled with consideration for the vigorous movement, safety, and infection control expectations within the clinic.

Student Workspaces

- a. Students are trusted to work together to keep our clinic space sanitary through regular disinfection of high-touch areas after each use and reporting malfunctioning or unsanitary equipment immediately.

Documentation & Privacy Practices

- a. Clinic Note is the secure, web-based clinical management system used in the clinic. Students will be shown how to log in, access their clients' charts securely and how to communicate with their clinical educators

through the comments section on Clinic Note. To be HIPAA compliant, students are asked to complete clinic documentation in Clinic Note. Clinical documentation may include the following for each client, each quarter:

- i. Initial and final report
 - ii. SOAP note
 - iii. Intervention plans
 - iv. Speech-language evaluation
 - v. Master plan for the semester (if appropriate)
- 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. Students may not print any information from Clinic Note.
 - f. HIPAA violations will result in, at minimum, an automatic grade reduction, and depending on the violation, dismissal from the program.

Information Sharing

- a. Clients are provided with a privacy notice approved by the [Office of General Counsel](#) at DePaul University. A release of information must be secured before files can be shared between professionals. Reports will be placed in the client's chart.

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 themselves, 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 dismissal 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 any gifts of significant monetary value from clients.
- d. Students may not communicate via social networking sites with clients or clients' families.

Absences due to illness and planned leaves

- a. 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.

- b. 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. The Clinic Director, in conjunction with the clinical educator, will make the determination about whether the session should be canceled or if a substitute clinician should be found. The clinical educator will make the decision regarding the session and will convey it to the client.
- c. If a student has a planned upcoming event that will require them to be away from the clinic, they must check with their supervising clinical educator in advance before making travel plans. Such absences may be permitted on a case-by-case basis.
- d. If a clinical educator is sick/away, the Clinic Director will find coverage for the session and let the student know about the coverage. If the Clinic Director needs to cancel a session due to the lack of supervisory coverage, they will contact the student via email.

Session Make-up Policy

- a. If a student clinician cancels a clinic session, they must make arrangements to make up the session. If a client cancels, student clinicians should contact the clinical educator to find out if the session should be made up.

Infection Control

- a. Students and clinical faculty must complete blood-borne pathogens training.
- b. Preventative measures:
 - i. Handwashing
 - 1. Wash hands/use hand sanitizer before and after seeing a client
 - 2. After removing gloves
 - 3. Wash with soap and water for 30 seconds or 60 seconds if contamination may have occurred
- c. 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
- d. Change gloves:
 - I. After every use.
 - II. When torn.
- e. Discard gloves:
 - I. In a wastebasket before exiting the room under normal circumstances.
 - II. In a red bag if contaminated with bodily fluids.
- f. If objects are potentially contaminated:
 - I. Immediately contact the clinical educator or the Clinic Director, who may contact Facilities Services for assistance.
- g. In the event of a blood spill from person to furnishings or the floor:
 - I. Notify the Clinic Director or clinical educator who can contact Facilities Services.
 - II. Do not clean spills on the floor or furniture; get help from facilities.

Parking

- a. Students are not permitted to park in the lot adjacent to the DePaul University Speech and Language Clinic unless they have a parking permit for that lot.

Recording and Viewing Clinic Sessions

- a. Sessions will be recorded through our interactive viewing system, VALT.
- b. The Administrative Assistant is responsible for setting up sessions in VALT.
- c. Caregivers may view the applicable session using the observation kiosks equipped with computers or the group room monitors.

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

DePaul Speech and Language Clinic Health Information Privacy Practices

- a. Each client is provided with a privacy policy form and must sign the form stating they received the information. This form needs to be signed and distributed once per year. This Notice describes how medical information may be used and disclosed and how the information is accessed. Please note that the term client is defined as the recipient of services. The recipient of services may be a child (minor under 18 years of age).

Understanding Clinic Record/Information

- a. At the DePaul Speech and Language Clinic, 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.
- b. This Notice helps the client to have an understanding of what is in the record and how health information is used, which helps the client to:
 - I. Ensure its accuracy
 - II. Better understand who, what, when, where, and why others may access the client's health information; and
 - III. Make decisions that are more informed when authorizing disclosure to others.

Health Information Right

- a. 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:
 - I. Request a restriction on certain uses and disclosures of information. The DePaul Speech and Language Clinic is not required to agree to a restriction, except in limited circumstances, such as for information gathered for judicial proceedings;
 - II. Receive a paper copy of this notice, upon request and at any time, even if the client earlier agreed to receive this notice electronically;
 - III. Inspect and obtain a copy of the health records;
 - IV. Amend the health record if the client believes it is incorrect or incomplete. However, The DePaul Speech and Language 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;
 - V. Obtain an accounting of disclosures of the health information;
 - VI. Receive communications of protected health information from The DePaul Speech and Language Clinic by alternative means or at alternative locations. The clinic must accommodate reasonable requests;
 - VII. Authorize use or disclosure of any protected health information by using the Authorization to Use Or Disclosure Health Information form; and
 - VIII. Revoke authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

- a. The DePaul Speech and Language Clinic staff agrees to:
 - I. Maintain the privacy of health information as required by law;

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

1. The following areas describe the ways the DePaul Speech and Language 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 Speech and Language Clinic is permitted to use and disclose information will fall within one of these areas.
 - a. We will use health information for treatment.
 - b. 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.
 - c. We will also provide the client's physician or subsequent healthcare provider with copies of various reports that should be of assistance in treatment during and once services are no longer being provided at the DePaul Speech and Language Clinic.
 - d. We will use health information for regular healthcare operations.
 - e. 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:
 - I. To report child abuse or neglect; and

- II. 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/Clinic Director 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 sent to the client/caregiver with the initial packet of intake information.
- b. This is the form that the client/caregiver fills in and signs to allow the DePaul University Speech and Language Clinic to obtain information necessary for evaluation and treatment services. An example of the Application and Intake Packet for Adult Speech/Language Service can be found in Appendix 3. The form contains the following consents and policies:
 - I. Consent to be contacted via phone/text/email
 - II. Consent for care
 - III. Notice of information practices and privacy policy
 - IV. Supervision of minors policy
 - V. Mobility transfers and restroom policy
 - VI. Disability accommodations
 - VII. Observation and recording policy
 - VIII. Consent to be contacted for research policy
 - IX. 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

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

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
- 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

SEXUAL ABUSE

- Venereal disease
- Complains 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
- 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

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
- 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 Speech and Language Clinic Emergency Procedures

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

- a. Evacuation maps: are displayed on the wall of each clinic common area
- b. Tornado alarm: Clients, clients' family members, and students should be directed to the interior rooms of the building and (e.g., washrooms, spaces without glass windows, etc.).
- c. Fire alarm: If a fire alarm is sounded, all individuals should exit the building.
 - I. Lockdown:
 - II. A lockdown response is needed if there is an actual or imminent crisis
 - III. We will be notified of this situation by the DPU emergency notification system
 - IV. 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.
 - V. After all the clients are inside, 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.
- d. Medical Emergency/Community Health Issue
 - I. Report any serious injury or illness by first calling 911 immediately (9-911 from a department landline)
 - II. The incident must then be reported to Public Safety at 773-325-7777.
 - III. Contact your clinical educator or clinic director immediately
 - IV. There is an AED (automated external defibrillator) located in the front reception area near Admissions.
 - V. Report Non-emergency injuries or illness to Campus Security at 773-325-7777
 - VI. Begin first aid (if qualified) or seek someone who can
 - VII. 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
 - VIII. Personal safety is your first priority
 - IX. Use protective equipment (protective gloves, safety glasses, CPR mask, etc.) before coming in contact with the victim's blood or other body fluids
 - X. Community Health Problem Response will be coordinated by the DePaul Health and Medical Annex 773-325-7777
 - XI. (<https://resources.depaul.edu/emergency-plan/emergency-plan-information/Campus/Pages/DisasterAnnex.aspx>)

DePaul Speech and Language 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 licenses for individuals to work within the field of speech-language pathologists and audiologists in the state of Illinois.
- b. A license is required of all master's degree speech-language pathologists, associate's degree speech-language pathologist assistants, and audiologists.
- c. While most speech-language pathologists working in the school setting hold a license issued by IDFPR, an unlicensed speech-language pathologist who has an Educator License issued by ISBE can work in the schools.
- d. 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.
- e. 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.
- f. 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.
- g. 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.
- h. For more information regarding Illinois licensure by IDFPR, please see the IDFPR website at <https://www.idfpr.com/>. This information was adapted from <https://www.ishail.org/licensing-certification>

Illinois State Board of Education Requirements

- a. See www.isbe.net
- b. The following information is adapted from <https://www.isbe.net/Pages/PEL-School-Support-Ed-Lic.aspx>
- c. *Updated: August 2019*
- d. Speech-Language Pathologist (non-teaching)(154)
- e. 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:
 - I. planning and intervention the learning environment service delivery, professional conduct and ethics, and facilitation and advocacy
- f. 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-Language-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/uploadedFiles/Speech-Language-Pathology-Pathway-to-Certification.pdf>)

Step 1: Graduate. Earn your Master’s degree from a CAA-accredited program or program in candidacy status.

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 www.asha.org/Members/NSSLHA.
- 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.

For more information about certification, visit www.asha.org/certification Email: certification@asha.org

Part X: DePaul University Policies and Procedures

DePaul University Policies and Procedures

Equal Opportunity Policy

DePaul University, founded in 1898 by the Congregation of the Mission (or Vincentian) religious community, follows the teachings of 17th-century French priest St. Vincent de Paul. The university's mission emphasizes academic excellence, service to the community, access to education, and respect for the individual. It has continued to adhere to that focus and mission. As a Catholic institution, the University and the College of Science and Health reaffirm its mission and philosophy, which call for modeling of social justice and principles in our personnel policies and practices.

All University, College, and Program policies, practices, and procedures are administered in a manner consistent with our Catholic identity. With the foregoing understanding, DePaul University Speech-Language Pathology Program will not engage in discrimination based on sex, race, color, national origin, religion, age, disability, citizenship status, genetic information, veteran status, or any other characteristic protected by law. Based on our Catholic values, discrimination based on sexual or political orientation is also prohibited.

The DePaul University Speech and Language Clinic does not discriminate in the delivery of professional services on the basis of race, color, religion, national or ethnic origin, disability, age, sexual orientation, genetic information, citizenship, or status as a covered veteran; or other characteristics protected by federal, state or local statute or ordinance. Questions pertaining to discrimination may be directed to:

The clinic or Program Director
DePaul University
Speech-Language Pathology Program
2400 N Sheffield Ave
Chicago, IL 60614

Or

American Speech and Language Association, Council on Academic Accreditation
ASHA National Office
2200 Research Boulevard
Rockville, MD 20850-3289

Members: 800-498-2071
Non-Member: 800-638-8255 <http://www.asha.org/about/contacts/>

Further information can be obtained from the Office of Civil Rights website:
<http://www.state.gov/s/ocr/>

Complaints and Grievances

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.

In support of this mission, DePaul University is committed to treating every member of its community with dignity, justice, and respect, fostering a positive learning environment, and providing quality service. It is important for students to know how to address concerns and issues that may be contrary to this commitment.

Complaints or concerns that a policy or procedure has been incorrectly or unfairly applied can often be resolved through an initial conversation with the staff, faculty member, or department where the issue originated and his/her supervisor if necessary.

DePaul has established a number of policies and procedures for responding to particular types of concerns. Contact information for these policies and procedures can be found in the bottom section of this page:

- Concerns about grades are addressed through the University's Grade Challenge policy. Detailed information is available in the Academic Handbook section of the University Catalog.
- Concerns about academic integrity are addressed through the Academic Integrity policy and process. Detailed information is available on the Academic Integrity website.
- Concerns related to student conduct are addressed through the Code of Student Responsibility and the Student Conduct Process. Detailed information is available in the Academic Handbook section of the University Catalog.
- Concerns about discrimination or harassment on the basis of a variety of protected characteristics are addressed by the Office of Institutional Diversity and Equity through the Anti-Discrimination and Anti-Harassment Policy and Procedures
- Concerns based on sexual violence, sexual harassment, or other sex discrimination (Title IX) are addressed through DePaul's Title IX Coordinator located in the Office of Institutional Diversity. Detailed information is available on the Office of Public Safety [website](#) or in the [Code of Student Responsibility](#) section of the University Catalog.
- Concerns about the confidentiality of education records (FERPA-Family Educational Rights and Privacy Act) are addressed through the Office of the University Registrar.

Concerns about academic issues relating to faculty or staff can often be resolved through an initial conversation with the faculty, staff member, or student employee involved in the situation. Therefore, students with academic complaints or concerns should address the issue following the steps indicated below:

1. The issue should first be discussed with the faculty or staff member.
2. If this does not resolve the issue, the student should then discuss the issue with the department chairperson or program director for faculty issues or the individual's supervisor for staff. If you are unsure of the appropriate college contact, please see below for a directory of College and College Dean's Offices.
3. If the issue is still not resolved, the student should then discuss the matter with the Office of the Dean of the faculty member's college for faculty issues or the department supervisor for staff issues.
4. If the issue is still not resolved, the student may discuss the issue with the Office of the Provost.

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

In addition, 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 or <https://compliance.depaul.edu/hotline/index.asp>

The U.S. Department of Education requires institutions offering online education to provide contact information for students to file complaints with its accreditor and state agencies. Contact information for DePaul's regional accreditor (the Higher Learning Commission), programmatic/specialized accreditor, and state agencies is available below:

DePaul University is a private, not-for-profit, Catholic institution accredited by:

The Higher Learning Commission
<https://catalog.depaul.edu/student-handbooks/graduate/university-information/accreditation/>
230 South LaSalle Street, Suite 7-500
Chicago, IL 60604-1413
Phone: (800) 621-7440 / (312) 263-0456
Fax: (312) 263-7462
Email: complaints@hlcommission.org
Web: <https://www.hlcommission.org/Student-Resources/complaints.html>

Students may provide feedback or register complaints with the Higher Learning Commission at the contact information listed above.

State Agencies: <https://catalog.depaul.edu/student-handbooks/graduate/university-information/state-agencies/>

Students may provide feedback or register complaints with these entities at the contact information below or with the Illinois Office of Attorney General at 800-386-5438,

<http://illinoisattorneygeneral.gov/consumers/filecomplaint.html>
The Illinois Board of Higher Education
1 North Old State Capitol Plaza, Suite 333
Springfield, Illinois 62701-1377
Institutional Complaint Hotline: (217) 557-7359
Institutional Complaint System: <http://complaints.ibhe.org>
Phone: (217) 782-2551 Fax: (217) 782-8548 TTY: (888) 261-2881
General Information: info@ibhe.org

Procedures for Complaints against Graduate Education Programs

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

1. Criteria for Complaints

Complaints about programs must: (a) be against an accredited educational program or program in candidacy status in speech-language pathology and/or audiology, (b) relate to the standards for accreditation of education programs in audiology and speech-language pathology, and (c) include verification, if the complaint is from a student or faculty/instructional staff member, that the complainant exhausted all institutional grievance and review mechanisms before submitting a complaint to the CAA.

All complaints must be signed and submitted in writing to the Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology, American Speech-Language-Hearing Association.

The complaint must clearly describe the specific nature of the complaint and the relationship of the complaint to the accreditation standards and provide supporting data for the charge. The complainant's burden of proof is a preponderance or greater weight of the evidence. Complaints will not be accepted by email or facsimile.

The complaint form must be signed and submitted with any relevant appendices via U.S. mail, overnight courier, or hand delivery—not via e-mail or as a facsimile—to:

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

For more information:

<http://caa.asha.org/programs/complaints/>

2. **Determination of Jurisdiction**

Receipt of a complaint is acknowledged and forwarded to the Executive Committee of the CAA within fifteen (15) days of receipt of the complaint. The original letter of complaint is placed in a National Office file separate from the program's accreditation file. The Executive Committee determines whether the complaint meets the above-specified criteria.

If the Executive Committee of the CAA makes the determination that the complaint does not meet the above-listed criteria, the complainant is informed within thirty (30) days of the letter transmitting the complaint to the chair that the CAA will not review the complaint.

3. **Evaluation of Complaint**

- a. If the Executive Committee of the CAA determines that the complaint satisfies the above-listed criteria, the CAA will evaluate the complaint.
- b. The chair of the CAA informs the complainant within thirty (30) days of the letter transmitting the complaint to the chair that the Council will proceed with an evaluation. Because it may be necessary to reveal the identity of the complainant to the affected program or to other potential sources of relevant information, the complainant will be required to sign a waiver of confidentiality within thirty (30) days of the letter indicating that the CAA will proceed with its evaluation. The complainant is given the opportunity to withdraw the complaint during that time. If the complainant does not wish to pursue the matter, the investigation is concluded. If the complainant does not wish to withdraw the complaint, the complainant is asked to keep the initiation of an investigation confidential.
- c. Within fifteen (15) days of receipt of the waiver of confidentiality, the chair of the CAA notifies the program director and the institution's president or president's designee by certified return receipt mail that a complaint has been registered against the program. The notification includes a redacted copy of the complaint without revealing the identity of the complainant. The program's director and the institution's president or president's designee are requested to provide complete responsive information and supporting documentation that they consider relevant to the complaint within forty-five (45) days of the date of the notification letter.
- d. Within fifteen (15) days of receipt of the program's response to the complaint, the chair of the CAA forwards the complaint and the program's response to the complaint to the CAA. The materials are redacted, and the identity of the complainant and the program under investigation is not revealed to the members of the CAA or to recipients of requests for information unless a majority of CAA members consider such disclosure necessary for the proper investigation of the complaint. If the majority of Council members conclude that individuals other than the complainant, the program director, and the institution's president or president's designee may have information relevant to the complaint, the chair of the CAA requests such information.
- e. After reviewing all relevant information, the CAA determines the course of action within thirty (30) days. Such actions include, but are not limited to: dismissal of the complaint recommending changes in the program within a specified period of time as they relate to standards (except for those areas that are solely within the purview of the institution) continuing the investigation through an on-site visit to the program placing the program on probation withholding/withdrawing accreditation.
- f. If the CAA determines that a site visit is necessary, the program director and the institution's president or president's designee are notified, and a date for the site visit is expeditiously scheduled. The program is responsible for the expenses of the site visit. The site visit team is selected from the current roster of CAA site visitors. During the site visit, emphasis is given only to those standards with which the program is allegedly not in compliance. The site visit team submits a written report to the CAA no later than thirty (30) days following the site visit. As with all other site visits, only the observations of the site visitors are

reported; site visitors do not make accreditation recommendations. The CAA forwards the report to the program director and the institution's president or president's designee within fifteen (15) days. The program or institution should provide a written response to the chair of the CAA within thirty (30) days of the date on which the report is postmarked to the program director and the president or president's designee. The purpose of the response is to verify the accuracy of the site visit report.

- g. The CAA reviews all evidence before it, including the site visit report and the program's response to the report, and takes one of the following actions within twenty-one (21) days: dismisses the complaint, recommends modifications of the program within a specified period of time (except for those areas that are solely within the purview of the institution), places the program on probation, withholds/withdraws accreditation.
- h. If the CAA withholds/withdraws accreditation, the program director and the institution's president or president's designee are informed within fifteen (15) days of the CAA decision that accreditation has been withheld/withdrawn. The notification also includes justification for the decision and informs the program of its option to request Further Consideration. Further Consideration is the mechanism whereby the program can present appropriate standards and ask the CAA to reevaluate its decision to withhold/withdraw accreditation. If the program does not exercise its Further Consideration option, the CAA's decision to withhold/withdraw accreditation is final, and no further appeal may be taken. If accreditation is withheld/withdrawn, the chair of the CAA notifies the Secretary of the United States Department of Education at the same time that it notifies the program of the decision.
- i. If the program chooses to request Further Consideration, the CAA must receive the request within thirty (30) days from the date of the notification letter. With the request for Further Consideration, the program must submit additional written documentation to justify why accreditation should not be withheld/withdrawn. A hearing with the CAA is not provided for Further Consideration requests. The CAA will evaluate the request for Further Consideration and take one of the following actions within thirty (30) days: recommends modifications of the program within a specified period of time (except for those areas that are solely within the purview of the institution) places the program on probation withholds/withdraws accreditation
- j. Within fifteen (15) days of its decision, the CAA notifies the program and the complainant of its decision.
- k. If the CAA decision after Further Consideration is to withhold/withdraw accreditation, the program may appeal the decision in accord with the Appeal Procedures described in the Accreditation Manual.
- l. Program and student records of all formal complaints, in accordance with the accreditation requirements of The Higher Learning Commission, a Commission of the North Central Association of Colleges and Schools, are logged, filed, and stored securely in locked file cabinets.

Policies and Procedures Related to Nondiscrimination

DePaul University has a clearly stated [Anti-Discrimination and Anti-Harassment Policy and Procedure](#).

Policy Summary:

DePaul University has a long-standing commitment to the diversity of its faculty, staff, and student body. As a university with a strong Catholic, Vincentian, and urban heritage, this commitment is particularly integral to our mission. DePaul University is committed to preserving an environment that respects the personal rights and dignity of each member of its community and providing an environment that is free from all forms of discrimination and harassment.

The Anti-Discrimination and Anti-Harassment Policy provides the overall philosophy and specific approaches for addressing discrimination, harassment, and/or related retaliation issues. It serves to augment other university-wide policies and is in accordance with federal, state, and local laws and regulations. The Anti-Discrimination and Anti-Harassment Policy combines and replaces the predecessor Sexual Harassment Policy and the Anti-Discriminatory Harassment Policy.

Policy: It is the policy of DePaul University that no person shall be the object of discrimination or harassment on the basis of 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, genetic information or other status protected by local, state, or federal law in its employment or its educational settings. DePaul University reserves the right to take actions that are consistent with its policies and procedures to deal with individuals found to have engaged in harassment, discrimination, and/or retaliation in violation of this policy.

Internal and External Reporting:

Complaint Reporting Options

The University strongly encourages individuals who have been the subject of, or have witnessed, or are aware of, discrimination, harassment or retaliation, to make a complaint as soon as possible. The ability to investigate a complaint may be impacted if it is not made within a reasonable time period after the alleged occurrence(s).

An individual's options for reporting conduct that may be a violation of this policy are detailed below. Reports from third parties who have not themselves been involved in an instance of discrimination, harassment, or retaliation are accepted.

For purposes of reporting, the terms employee, student, and third-party mean the following:

- Employee: Faculty, staff, student employee.
- Student: Student, as defined in the Code of Student Responsibility.

Third-party: An individual who interacts with the DePaul community and its members. This could include but is not limited to: vendors, off-site supervisors, guests, community partners, etc.

1. Reporting Conduct to Human Resources, Employee Engagement & Equal Employment Opportunity) (EE&EEO)

Human Resources, Employee Engagement & Equal Employment Opportunity ("EE&EEO") is responsible for receiving, processing, and investigating a complaint that an **employee or third party** has engaged in discrimination, harassment, or retaliation on the basis of:

- Race
- Color
- Ethnicity
- Religion
- National origin
- Age
- Disability
- Military status
- Genetic information
- Other status protected by local, state, or federal law

Individuals seeking to make such a complaint should contact EE&EEO.

Contact information for EE&EEO is as follows:

14 East Jackson Boulevard, Suite 1300

(312) 362-8500

EEO_Investigations@depaul.edu

Complaints can also be submitted electronically on the Human Resources website by completing the [Complaint Form for Discrimination, Harassment, and Retaliation](#)

2. Reporting Conduct to the Title IX Coordinator

The Title IX Coordinator is responsible for receiving, processing, and investigating a complaint that an **employee, student, or third party** has engaged in discrimination, harassment, or retaliation on the basis of:

- Sex
- Gender
- Gender identity
 - Sexual orientation
 - Marital status
 - Pregnancy/parental status
 - Family relationship status

Individuals seeking to make such a complaint should contact the Title IX Coordinator.

Contact information for the Title IX Coordinator is as follows:

Title IX Coordinator
Lincoln Park Campus
Student Center, Suite 307
(312) 362-8970
titleixcoordinator@depaul.edu

Complaints can also be submitted electronically on the [Sexual & Relationship Violence Prevention website](#).

3. Reporting Conduct to the Dean of Students Office

The Dean of Students Office is responsible for receiving, processing, and investigating a complaint that a **student** has engaged in discrimination, harassment, or retaliation on the basis of:

- Race
- Color
- Ethnicity
- Religion
- National origin
- Age
- Disability
- Military status
- Genetic information
- Other status protected by local, state, or federal law

Individuals seeking to make such a complaint should contact the Dean of Students Office.

Contact information for the Dean of Students Office is as follows:

Lincoln Park Campus
Student Center, Suite 307
(773) 325-7290
deanofstudents@depaul.edu

Complaints can also be submitted electronically on the [Dean of Students' website](#).

4. Reporting Conduct to the Misconduct Reporting Hotline

One may anonymously report a complaint of discrimination, harassment, or retaliation to the Misconduct Reporting Hotline. The University's [Reporting Misconduct Policy](#) also describes the responsibility to report certain information that applies to this Policy.

(877) 236-8390

www.depaul.ethicspoint.com

General Reporting Obligations

1. Reporting obligations of managers and supervisors

All members of the University who serve in a supervisory capacity are responsible for relaying all complaints of discrimination, harassment, or retaliation that come to their attention as supervisors and that may be in violation of this policy to the appropriate office.

2. Reporting obligations of all employees

Title IX prohibits sex discrimination on the basis of sex in federally funded education programs and activities. Sex discrimination includes sexual harassment and sexual and relationship violence. Title IX requires that when an individual who is a "responsible employee" learns of sex discrimination, the responsible employee is required to promptly report specific information about the sex discrimination to DePaul's Title IX Coordinator or other appropriate designees.

At DePaul, unless otherwise designated as a confidential reporting resource, all DePaul faculty, staff, and student employees are required to promptly report incidents of sex discrimination and sexual harassment, including sexual and relationship violence that comes to their attention to the Title IX Coordinator.

As appropriate, the Title IX Coordinator works with other offices to address Title IX complaints and other Title IX compliance issues. These offices include, for example, other offices in Student Affairs, Academic Affairs, Human Resources, Athletics, Compliance and Risk Management, and Enrollment Management & Marketing.

Information to be disclosed: The information that must be disclosed to the Title IX coordinator includes:

- the name of the person who reported the information to the employee;
- the name of the alleged affected individual, if different than the individual reporting;
- the name of the alleged perpetrator (if known);
- the names of others involved; and
- any relevant facts that have been provided, such as date, time, and location.

Information to be provided: For instances involving sexual and relationship violence, the employee will also provide the reporting individual with a [Sexual and Relationship Violence Information Sheet](#).

Other important information: Employees should also:

- Familiarize themselves with confidential reporting resources.
- Inform the individual disclosing an issue related to sex discrimination or sexual harassment, including sexual or relationship violence, of their obligation to report any information shared to the Title IX Coordinator.
- Connect the individual with a confidential resource if the individual wishes to speak to someone confidentially.

Employees may also have other reporting obligations pursuant to other DePaul policies, including:

[Crime Reporting and Clergy Act Compliance](#)

[Reporting Misconduct policy](#)

More information about reporting responsibilities regarding sexual and relationship violence for all DePaul employees and confidential reporting options can be found on the [Sexual & Relationship Violence Prevention website](#).

Policies for ensuring that appropriate corrective action will be taken when violations of compliance with nondiscrimination laws and regulations occur.

DePaul University has a clearly stated process to ensure the appropriate corrective action will be taken when violations of compliance with nondiscrimination laws and regulations occur [Anti-Discrimination and Anti-Harassment Policy and Procedure](#).

Investigation and Resolution Process

When the offices above receive a complete complaint of discrimination, harassment, or retaliation, including matters related to the Sexual and Relationship Violence Prevention and Response Policy, the office will promptly investigate the allegation in a fair and expeditious manner. Every complaint is based on its own facts and circumstances, which can impact the course of the investigation. The following is an outline of the procedure generally followed.

Receipt and Review

The specific initial steps may vary depending on the facts and circumstances of the complaint. Generally speaking, the responsible office will:

- Acknowledge receipt of the complaint in writing within ten days of receipt.
- Conduct a preliminary assessment of allegations to determine whether the alleged conduct, if substantiated, could constitute a violation of this Policy.

Fact-Finding and Notifications

The specific fact-finding and notifications steps may vary depending on the facts and circumstances of the complaint. Generally speaking, the responsible office will:

- Simultaneously inform the complainant and the respondent in writing of the initiation of the investigation.
- Collect and review relevant documentation.
- As needed, interview the complainant, respondent, and witnesses to the reported event or events.
- Prepare a summary of the investigation.
- Simultaneously inform the complainant and respondent in writing of aspects of the investigation, including, for example, any interim measures, extensions of time, and outcomes.
- Provide written notification to the appropriate University officials of its finding, if necessary.
- In matters involving student respondents, the parties will be given a written notification as to whether the matter will move forward to a Student Conduct Process.

Time Frame for Resolution

DePaul will take reasonable measures to complete any process resulting in a determination as to a policy violation within 60 calendar days from the date when an investigation is initiated. DePaul reserves the right to extend this time limit, in its sole discretion, in order to ensure a proper review of all material and as circumstances warrant. As referenced above, the appropriate office will simultaneously inform the complainant and respondent of any extensions and the reasons.

Resolution of Complaint

When the Respondent's Status is: Employee

A determination as to policy violations will be made by EE&EEO or the Title IX Coordinator. All determinations as to whether an individual is or is not in violation of a policy will be based on the standard of "whether it is more likely than not," based on the information available at the time, that the individual is or is not in violation of the policy at issue. If EE&EEO or the Title IX Coordinator, following its investigation, determines that the Anti-Discrimination and Anti-Harassment policy has been violated, it will work with the appropriate University officials to recommend appropriate corrective action. Supervisors, department heads, chairs, and other University managers and officers have the responsibility for determining and implementing appropriate corrective action. EE&EEO or the Title IX Coordinator may advise in the implementation of corrective action and may monitor the implementation of the corrective actions.

- Report that a **staff member or student employee** may have violated this policy: For staff members, the [Progressive Discipline policy](#) applies. For student employees, [the Student Conduct Process](#) may also apply, as detailed below.
- Report that a **faculty member** may have violated this policy: The procedures outlined in the [Faculty Handbook](#) apply, including Chapter Four of the [Faculty Handbook](#) relating to discipline, suspension, or termination of faculty members for cause

When the Respondent's Status is: Student

A determination as to a policy violation and a determination as to sanctions will be addressed through the procedures outlined in the [Student Conduct Process](#). The range of potential sanctions for students who are found responsible for violating this policy is detailed in the [Student Conduct Process](#). Students should also familiarize themselves with all of the [Student Rights in the Student Conduct Process](#) and aspects of the [Student Conduct Process](#). This includes, for example, the Amnesty/Good Samaritan policy.

Other Policies

To the extent that the initial assessment or investigation indicates that other University policies may have been violated by the reported conduct, the appropriate University official(s) will be notified and applicable procedures set forth in the DePaul Student Handbook, the applicable policy, the DePaul Faculty Handbook, or relevant collective bargaining agreements will apply

Confidentiality

DePaul is committed to balancing the interests of all parties involved in discrimination, harassment, and/or retaliation complaints. To the extent possible, DePaul will limit the disclosure of information related to the complaint and its investigation. Nonetheless, DePaul cannot promise confidentiality of any information received in a complaint or during an investigation.

Section 504 Grievance Procedure

Please note that this Policy constitutes the University's Section 504 Grievance Procedure. EE&EEO is the University's Section 504 Coordinator for Grievance Procedures. Any employee, applicant, or student who believes that they may have been discriminated against based on a disability or retaliated against because they complained about discrimination or because they have requested accommodation may file a complaint through this Policy.

Employees and applicants for employment seeking accommodations for physical or mental disabilities should contact the University's Section 504 Coordinator for Employees (EE&EEO). Students and applicants for admissions seeking accommodations for physical or mental disabilities should contact the University's Section 504 Coordinator for Students (Center for Students with Disabilities).

Other Resources

Although the University encourages individuals to utilize the complaint process described above to resolve any complaints, the use of this process does not prohibit the filing of a complaint with external agencies at any time. Individuals may choose to file a complaint with various external agencies, including, but not limited to, the government agencies listed below.

The U.S. Equal Employment Opportunity Commission

<http://www.eeoc.gov/field/chicago/>

Illinois Department of Human Rights

<http://www.illinois.gov/dhr/Pages/default.aspx>

The U.S. Department of Education, Office for Civil Rights

<http://www2.ed.gov/about/offices/list/ocr/addresses.html>

Drug-Free Schools and Communities Act of 1990.

As an institution of higher education, DePaul University is required by federal law to comply with the Drug-Free Schools and Communities Act of 1990. Part of this compliance is to notify every student and employee annually about DePaul's policies regarding unlawful use or possession of alcohol or illegal drugs, as well as internal and external consequences for violating these policies. DePaul University will impose sanctions upon any student or employee found in violation of policies and laws pertaining to alcohol and illegal drugs. Below you'll find all pertinent information regarding DePaul University's alcohol and drug policies, University sanctions and state and federal penalties, health risks related to alcohol and drugs, and where students and employees can seek help for problems with alcohol or drugs. If you have any questions pertaining to this matter, please contact one of the following university offices: **Employee Engagement & EEO (312-362-8577)** for faculty and staff; the **Office of Student Employment (312-362-5599)** for student employees; or **Student Affairs (Lincoln Park Campus: 773-325-7290; Loop Campus: 312-362-5680)** for students.

Drug Free Schools and Community Act Statement

<https://catalog.depaul.edu/student-handbooks/code-student-responsibility/university-policies-applicable-students/illegal-use-possession-drugs-controlled-substances/>

DePaul University complies with the requirements of the Drug Free Schools and Communities Act. DePaul has policies and procedures to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees. This includes the Alcohol policy, the Illegal Use or Possession of Drugs or Controlled Substances policy, and the Drug Free Workplace and Legal Drinking Age Compliance policy.

DePaul distributes an annual notification to all students and employees that includes standards of conduct, sanctions under law and University policy, a description of the health risks association with alcohol and drug use, and a description of treatment programs. The University reviews its compliance on a biennial basis to determine its effectiveness and to ensure that the standards of conduct and conduct sanctions have been consistently enforced. This review is documented in a report.

Any DePaul student who has a drug or alcohol related problem may call upon the University for assistance. Please contact the Office of Health Promotion and Wellness for more information. The Office of Health Promotion and Wellness can provide a confidential referral to a drug or alcohol treatment program.

Information on the effects of drugs and alcohol is available through the Office of Health Promotion and Wellness, University Counseling Services, the Ray Meyer Fitness Center, and Sage Medical/DePaul Health Services.

Illegal Use or Possession of Drugs or Controlled Substances

<https://catalog.depaul.edu/student-handbooks/code-student-responsibility/university-policies-applicable-students/illegal-use-possession-drugs-controlled-substances/>

Students may not illegally use, sell, possess, manufacture, or distribute any substance prohibited by local, state, or federal law. This includes but is not limited to illegal drugs and controlled substances, including cannabis, narcotics, cocaine, heroin, prescription medications, synthetic cannabinoids, or other drugs and any chemical substantially similar to a controlled substance. Please note that federal laws require DePaul to prohibit the use and possession of cannabis on campus, regardless of state law, therefore cannabis remains an illegal drug under this policy. Students should be aware that it is unlawful to distribute prescription medication to other students for whom the medication was not prescribed.

Use, possession, manufacturing, or distribution of drug paraphernalia is also prohibited.

I. University Policies Pertaining to Alcohol and Illegal Drugs

The University maintains [Drug-Free Workplace and Legal Drinking Age Compliance policy](#) and continues to maintain this policy after the Illinois Cannabis Regulation and Tax Act took effect on Jan. 1, 2020, **as cannabis remains prohibited from campus by federal law**. Students may find additional specific policies pertaining to them in the *Code of Student Responsibility* and in the *Guide to Student Housing*. Employees may find additional specific policies pertaining to them in *University Policies & Procedures* and in the *Faculty Handbook*.

Alcohol:

The State of Illinois prohibits the sale, use, distribution, manufacture, or possession of alcoholic beverages by persons who are under 21 years of age. The unlawful possession, use, distribution, sale, or manufacture of alcohol by or to minors is prohibited on any premises owned or controlled by DePaul University or as otherwise detailed in the [Jurisdiction section of the Code of Student Responsibility](#). Students, even those 21 years of age or older, may not possess or consume alcohol in common or non-reserved areas on university premises.

Responsible alcohol use and possession are permitted within campus housing for those residents who are age 21 and over. Housing Services and Residential Education maintain a list of students who are 21 and over. Alcohol may only be consumed in the privacy of a resident's room or apartment when the door is closed, and no one under 21 is present in the unit. Transport of alcoholic beverages to a resident's room from outside the building is allowed only by individuals who are age 21 or over. Beverage containers must be closed, and transport of open alcohol from room to room or apartment to apartment is prohibited. Any individual regardless of age, who is present in a room or apartment that contains alcohol and persons under 21 may be found in violation of the alcohol policy. Kegs, beer bongs, and other paraphernalia used to consume alcohol are prohibited. Large quantities of alcohol, including but not limited to cases and handles of liquor (1.75L), are also prohibited. Display of empty alcohol containers or other alcohol-related paraphernalia is prohibited, and empty alcohol containers must be disposed of immediately after use.

Alcohol consumption that results in behavior that infringes on the rights of others in the community is prohibited.

Alcohol consumption that creates a risk of harm to self, including requiring a means of transport to the hospital for intoxication, is prohibited.

Alcohol may be served to those of legal age at university events, including classes. Event sponsors are responsible for having adequate control measures in place to ensure: (1) that persons under 21 years of age are not served alcohol; and (2) that persons who are obviously intoxicated are not served alcohol (sponsors are also responsible for hiring a professional bartender to serve alcohol, hiring security, ensuring the presence of a university representative, having a method of age identification, and monitoring the event). Depending on the location and type of event, event sponsors should also consult the [Catering Services Exclusivity](#) policy and [Catering Donations](#) policy. The responsibility for compliance with these requirements and all requirements in any other relevant policies related to serving alcohol at university events rests with the event sponsors.

Alcoholic beverages may not be served at events sponsored by student organizations without authorization from the Office of Student Involvement. Unless specific risk management mechanisms are in place, authorization will

generally not be given to any student organization that is hosting an event at which students under 21 will, or could be, present. Notification of such authorization will be sent to the student organization itself, the organization's moderator/advisor, the building director, and the Public Safety Office.

Drugs:

The unlawful possession, use, distribution, dispensation, sale, or manufacture of illegal drugs, other controlled substances, and chemicals substantially similar to a controlled substance is prohibited on any premises owned or controlled by DePaul University or as otherwise detailed in the [Jurisdiction section of the Code of Student Responsibility](#). The university also prohibits the unlawful possession, use, distribution, dispensation, sale, or manufacture of any related drug paraphernalia in violation of applicable law on any premises owned or controlled by DePaul University or as otherwise detailed in the [Jurisdiction section of the Code of Student Responsibility](#).

It is unlawful to distribute prescription medication to persons for whom the medication was not prescribed. If a student on campus is found to be in possession of an illegal drug, Chicago Police are immediately called. Students living on campus and found to be in violation of DePaul University's drug policy may be immediately removed from campus housing.

Employees are expected to report to work fit for duty-free of any adverse effects of alcohol or illegal drugs. Illegal drug use or alcohol use in violation of this policy or which could jeopardize the safety of other employees, the public, or university property may subject employees to disciplinary action, up to and including termination. Managers and supervisors should consult with Human Resources and/or the applicable Dean before taking any action based on possible alcohol or drug use in violation of this policy or law. This policy does not prohibit employees from the lawful use and possession of prescribed medications, but only to the extent that it does not impair job performance or threaten safety, health, security, or property. Employees must consult with their physician about the medication's effect on their fitness for duty and ability to work safely and promptly disclose any work restrictions to their supervisor, who will consult with the Human Resource department about how to proceed. Note that in line with privacy practices, this is not a disclosure of a medical condition or medication but rather a physician-determined work limitation or restriction.

II. University Sanctions

Please read over the possible sanctions for students and employees for violations of DePaul's policies related to alcohol and other drugs.

Students:

Students who violate University policies (or state and federal laws) pertaining to alcohol or drugs will be sanctioned through DePaul's Student Conduct Process. The following is a list of sanctions that the University may impose on a student, group of students, or student organization:

- Restriction
- Restitution
- Educational Project
- Alcohol or Other Drug Intervention
- University Reprimand
- University Probation
- Suspension
- Dismissal
- Revocation of Admission
- Revocation of Degree

The sanction of Removal from the Residence Halls may also be imposed through the Student Conduct Review Process on students who live in DePaul housing.

DePaul University reserves the right to notify a student's parent, legal guardian, spouse, and/or other designated emergency contact in emergency situations and in certain situations involving violations of university policies or laws related to alcohol and controlled substances

Employees:

Employees who violate University policies (or state and federal laws) pertaining to alcohol or drugs will be sanctioned via DePaul's Human Resources progressive discipline policy for staff and student employees or via the DePaul University Faculty Handbook for faculty. Progressive discipline steps are defined as follows, and the disciplinary process may be started at any counseling stage:

1. Verbal Counseling
2. Written Counseling
3. Final Written Counseling
4. Addendum to Counseling
5. Performance Improvement Plan
6. Discharge

Additionally, an employee must notify the following people of any criminal drug statute conviction for a violation occurring **in the workplace** within five (5) days of the conviction:

1. **Staff members:** his/her supervisor and either an Employee Engagement & EEO Representative or the Vice President of Human Resources
2. **Faculty members:** his/her supervisor (appropriate department chair or dean) and either an Employee Engagement & EEO Representative or the Vice President for Human Resources
3. **Student employees:** his/her supervisor and Career Center Associate Director for Student Employment

Federal grants may be denied to those convicted for a violation of a criminal drug statute. If a person working on a federal grant or contract is convicted, the Human Resources Representative is required by law to inform DePaul's Office of Sponsored Programs and Research, who must notify the applicable federal agency within ten (10) days of notification of the conviction.

III. Local, State, and Federal Penalties Applicable to Students & Employees

Local, state, and federal laws prohibit the sale, manufacture, possession, use, or distribution of illegal drugs. The use of alcohol by persons under 21 years of age is illegal under state law. Violations of local, state, or federal law may result in arrest and conviction on charges of a misdemeanor or felony offense. Penalties for conviction under local, state, and federal law include incarceration and fines. Property used in connection with illegal drugs may be confiscated.

Illinois Penalties- Alcohol and Drugs:

Violations of Illinois' alcohol laws are either Class A or Class B Misdemeanors, though certain instances of driving under the influence may warrant a Felony charge. Violations of Illinois' laws regarding the manufacture, delivery, or possession of drugs range from Class A Misdemeanors to Class X Felony charges. The type and amount of drug(s) in a particular case often determines the severity of charges and penalties. Penalties for alcohol or drug-related violations include but aren't limited to:

- Monetary fines
- Suspension or revocation of one's driver's license
- Prison sentences
- Mandatory counseling programs
- Community Service

- Mandatory drug testing

Federal Penalties- Drugs:

The use, possession, or distribution of illegal drugs is prohibited by federal law, and strict penalties may be enforced if a person is convicted. Lengthy mandatory prison sentences and steep fines are often part of federal penalties pertaining to drug violations. Conviction of drug trafficking can include a mandatory life sentence, and persons convicted of drug trafficking within 1000 feet of a university can face fines and prison terms twice as high as regular trafficking offenses. In addition, federal law allows for these drug-related penalties:

- **Denial of Federal Aid:** Pursuant to the Higher Education Act, students convicted under federal or state law for drug-related offenses will be rendered ineligible for federal financial aid. This includes all federal loans, work-study programs, and grants. Length of ineligibility depends on the type and number of convictions the student has. Eligibility may be reinstated if the student completes an approved drug rehabilitation program.
- **Forfeiture of Personal Property and Real Estate:** Persons sentenced to 1 or more years in jail for a drug conviction will forfeit to the United States any personal or real property that was related to the drug violation. Examples of such property include houses, cars, and various personal belongings.

Local Laws:

The City of Chicago has additional laws related to drug and alcohol use. For example, with limited exceptions, it is illegal to drink in a public way or near a parade route. Penalties for alcohol or drug-related violations include but aren't limited to monetary fines and prison sentences.

IV: Health Risks Associated with Alcohol and Drugs

The use of alcohol or other drugs has short- and long-term physical effects. Below is a summary of various substances and their physical effects:

SUBSTANCE	ACUTE EFFECTS	HEALTH RISKS
Alcohol	In low doses, euphoria, mild stimulation, relaxation, lowered inhibitions; in higher doses, drowsiness, slurred speech, nausea, emotional volatility, loss of coordination, visual distortions, impaired memory, sexual dysfunction, loss of consciousness	Increased risk of injuries, violence, fetal damage (in pregnant women); depression; neurologic deficits; hypertension; liver and heart disease; addiction; fatal overdose
Marijuana & Hashish	Euphoria; relaxation; slowed reaction time; distorted sensory perception; impaired balance and coordination; increased heart rate and appetite; impaired learning, memory; anxiety; panic attacks; psychosis	Cough, frequent respiratory infections; possible mental health decline; addiction
Opioids (Heroin, Opium)	Euphoria; drowsiness; impaired coordination; dizziness; confusion; nausea; sedation; feeling of heaviness in the body; slowed or arrested breathing	Constipation; endocarditis; hepatitis; HIV; addiction; fatal overdose
Stimulants (Cocaine, Amphetamine, Methamphetamine)	Increased heart rate, blood pressure, body temperature, metabolism; feelings of exhilaration; increased energy, mental alertness; tremors; reduced appetite;	Weight loss, insomnia; cardiac or cardiovascular complications; stroke; seizures; addiction. For cocaine: nasal

	irritability; anxiety; panic; paranoia; violent behavior; psychosis	damage from snorting. For meth: dental problems.
Club Drugs (Ecstasy/MDMA, Rohypnol/roofies, GHB. Latter 2 known as "date rape drugs.")	For Ecstasy: Mild hallucinogenic effects; increased tactile sensitivity; empathic feelings; lowered inhibition; anxiety; chills; sweating; teeth clenching; muscle cramping. For Rohypnol: Sedation; muscle relaxation; confusion; memory loss; dizziness; impaired coordination. For GHB: Drowsiness; nausea; headache; disorientation; loss of coordination; memory loss	For Ecstasy: Sleep disturbances; depression; impaired memory; hyperthermia; addiction. For Rohypnol: Addiction. For GHB: Unconsciousness; seizures; coma
Dissociative Drugs (PCP, Ketamine)	Feelings of being separate from one's body and environment; impaired motor function	For Ketamine: Analgesia; impaired memory; delirium; respiratory depression and arrest; death. For PCP: Analgesia; psychosis; aggression; violence; slurred speech; loss of coordination; hallucinations
Hallucinogens (LSD, psilocybin, mescaline)	Altered states of perception and feeling; hallucinations; nausea	Flashbacks, Hallucinogen Persisting Perception Disorder
Steroids	No acute intoxication effects	Hypertension; blood clotting and cholesterol changes; liver cysts; hostility and aggression; acne; in adolescents; premature stoppage of growth; in males: prostate cancer, reduced sperm production, shrunken testicles, breast enlargement; in females: menstrual irregularities, development of beard and other masculine characteristics
Inhalants	Stimulation; loss of inhibition; headache; nausea or vomiting; slurred speech; loss of motor coordination; wheezing	Cramps; muscle weakness; depression; memory impairment; damage to cardiovascular and nervous systems; unconsciousness; sudden death
Prescription Drugs	Acute effects depend on the drug.	Many prescription stimulants and painkillers are abused or habit-forming.

(Above chart adapted from the National Institute on Drug Abuse and National Institutes of Health.)

V. Help and Support for Students and Employees

Students:

Students who are experiencing problems with alcohol and/or drugs have on-campus resources available to them. Students may meet with a psychologist in **University Counseling Services (Lincoln Park: 773-325-7779, Loop: 312-**

362-6923) and may also meet with DePaul's **Substance Misuse Prevention Specialist (773-325-4550)**. Should the student need more help than what can be offered on-campus, students will be given referrals to agencies and treatment centers in the community. Students needing time away from school for substance abuse treatment may contact the **Dean of Students Office (Lincoln Park: 773-325-7290)** for class-withdrawal procedures. Students can also find out about free support groups- such as 12-step meetings- from any of the abovementioned campus offices.

Employees:

DePaul University encourages any employee who has a drug or alcohol problem or a related difficulty, either on- or off-campus, to seek help through the university's Employee Assistance Program (EAP). The EAP provides confidential referrals to drug or alcohol treatment programs and counseling. Employees may also be allowed to use accrued paid time off, be placed on a leave of absence, or be otherwise accommodated as required by law. The university's EAP provider is ComPsych, and they can be reached at www.guidanceresources.com or 1-800-621-4124. DePaul Web ID: EAP4DPU.

DePaul University Contact Information / Available Resources

<https://catalog.depaul.edu/student-handbooks/graduate/university-information/complaints-grievances/>

Sexual and Relationship Violence

Public Safety

Lincoln Park Campus 773/325-7777

Loop Campus 312/362-8400.

The Public Safety Office is open 24 hours a day, 7 days a week.

Title IX Coordinator

Office of Institutional Diversity and Equity

Lincoln Park Campus: 131 Levan

Loop Campus: 14 East Jackson Blvd., Suite 800, 312/362-8970

Email: titleixcoordinator@depaul.edu

Discrimination

Office of Institutional Diversity and Equity:

Loop Campus: 14 East Jackson Blvd., Suite 800, 312/362-6872

Individuals also have the option to file through the Misconduct Reporting Hotline at 877/236-8390.

Email: DiversityMatters@depaul.edu

Harassment

Office of Institutional Diversity and Equity:

Loop Campus: Daley Building: 14 East Jackson Blvd., Suite 800, 312/362-6872

Individuals also have the option to file through the Misconduct Reporting Hotline at 877/236-8390.

Email: DiversityMatters@depaul.edu

Dean of Students Office

Lincoln Park Campus: Student Center Suite 307, 773/325-7290

Loop Campus: DePaul Center Suite 11001, 312/362-8066

Email: deanofstudents@depaul.edu

University Counseling Services

University Counseling Services helps remove barriers to learning by providing accessible psychological and psychiatric assessment, short-term psychotherapy, medication management, consultation and crisis intervention, community referrals, workshops, and psychoeducational programming to currently enrolled students.

They are committed to a student-centered, developmental approach and assist students in defining and accomplishing personal and academic goals, thus maximizing their potential to benefit from the academic environment and experience.

Lincoln Park
2250 N. Sheffield
Student Center, Suite 350
Chicago, IL 60614
(773) 325-7779

Loop
25 E. Jackson Blvd
Lewis Center, Suite 1465
Chicago, IL 60604
(312) 362-6923

Disability Services

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

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

Student Organizations

Student Life
Loop Campus: Lewis Center Lewis 1400, 312/362-5680
Lincoln Park Campus: Student Center 306, 773/325-4852
Email: studentaffairs@depaul.edu

Housing

Department of Housing Services
Lincoln Park Campus: Centennial Hall Suite 301, 773/325-7196
Email: housing@depaul.edu

Residential Education

Residential Education
Lincoln Park Campus: Centennial Hall, Suite 302, 773/325-4211
Email: resed@depaul.edu

Family Educational Rights and Privacy Act (FERPA)

DePaul Central/Office of the University Registrar
Lincoln Park Campus: Schmitt Academic Center Suite 101, 312/362-8610
Loop Campus: DePaul Center Suite 9100, 312/362-8610
Email: dpcl@depaul.edu

Misconduct Reporting

Hotline at 877/236-8390
Intake Site: www.depaul.ethicspoint.com

Student Conduct Violations or Appeals

Dean of Students Office
Lincoln Park Campus: Student Center Suite 307, 773/325-7290
Loop Campus: DePaul Center Suite 11001, 312/362-8066
Email: deanofstudents@depaul.edu

University Ombudsperson

Office of Mission and Values, 312/362-8707
Email: ombuds@depaul.edu

College/Dean's Offices

College of Science and Health

Lincoln Park Campus

Graduate College Office: McGowan South Suite 400, 773/325.8490
Undergraduate College Office: McGowan South Suite 400, 773/325.8490
Office of the Dean: McGowan South Suite 403, 773/325-8300

For more information about graduate student information and resources, please refer to the DePaul Graduate Student Handbook:

<https://catalog.depaul.edu/student-handbooks/graduate/>

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, 2020

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, and 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



DEPAUL UNIVERSITY

COLLEGE OF SCIENCE AND HEALTH

Speech Language Pathology Program

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 Speech and Language 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

Director of Clinical Education Signature Date

Appendix C: Supporting Student Success in the DePaul University Speech and Language Pathology Program (Essential Functions for Performance in Clinical Practicum)



DEPAUL UNIVERSITY

COLLEGE OF SCIENCE AND HEALTH

Speech Language Pathology Program

Supporting Student Success in the DePaul University Speech-Language Pathology Program (Essential Functions for Performance in Clinical Practicums)

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> (2016). 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://offices.depaul.edu/student-affairs/support-services/health-wellness/mental-well-being/Pages/my-ssp.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:

Essential 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 essential 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 essential 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.

Engaging in Professional Communication:

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

- Professionally manage interpersonal interactions across modalities by considering the communication needs and cultural values of the listener (e.g., face-to-face, web-based media, telephone, telehealth, and writing).
- Manage and create clinical records and communications (e.g., requesting, reading, and understanding client records; writing up clinical reports and contact notes).
- Access and use technology for clinical management (e.g., billing, charting, assessment and therapy tools).
- Adjust communication style and modalities to meet the needs of specific clients, family members/caregivers, and other persons served.

Managing Physical Environments:

Practitioners must efficiently manipulate patient-utilized equipment as well as clinical equipment, materials, and environments to adhere to assessment and treatment protocols and maintain the best therapeutic practice.

- Set up diagnostic and treatment spaces (e.g., arranging furniture, equipment, materials).
- Manipulate diagnostic and treatment instruments and tools accurately and efficiently (e.g., audiometers; test booklets and stimulus cards; otoscopes; tongue depressors).
- Manipulate patient-utilized equipment (e.g., assist clients in optimal positioning in the treatment room, set-up AAC devices).
- Meet the physical demands of practice across clinical settings.

Completing Informal Assessments

Practitioners engage in ongoing informal assessments with their clients.

- Make precise visual discriminations to identify and assess client behaviors and performance during formal and informal clinical tasks (e.g., vocal effort, attention and focus during listening tasks, eating and swallowing behaviors).
- Make precise auditory discriminations to differentiate the quality of clients' vocalizations, speech, language, cognition, and swallowing abilities (e.g., speech discrimination test scoring; vocal quality rating scales; speech and language targets).
- Make precise tactile discriminations of speech, hearing, and swallowing mechanisms (e.g., assessing jaw strength, laryngeal tension).

Taking Responsibility for Client Welfare:

Practitioners take primary responsibility in providing a safe and supportive environment for clients under their immediate care.

- Anticipate clients' needs to support their full participation in clinical sessions (e.g., observation room is available to caregivers, positive reinforcers are identified, visual supports are in place).
- Adapt clinical practices to promote clients' dignity and well-being (e.g., providing instructions in multiple formats; involving family as requested).
- Actively listening to clients' expectations and goals (e.g., ask questions and encourage open communication).
- Respond with empathy and compassion to the client's situation and concerns.
- Provide a safe environment for clients (e.g., child-proofing rooms, aware of any food allergies).
- Safely manage disruptive, unexpected, and potentially dangerous client behaviors (e.g., a child running from the room).
- Provide a safe environment for others when responding to emergency situations (e.g., fire or choking or other medical emergencies, the application of universal precautions).

Meeting Professional Expectations in Multiple Clinical Sites:

Practitioners maintain professional standards and adapt to the conditions and requirements of different working locations and environments. Graduate students will be assigned to both the DePaul Speech and Language Clinic, community settings, and externship placements (e.g., hospitals, clinics, schools) during their program.

- Maintain ethical and legal standards of practice at all sites (e.g., ASHA Code of Ethics; Illinois State Licensure; ISBE).
- Access and maintain accurate, legible, and complete medical records in the modalities required by each site (e.g., billing, charting, therapy documentation).
- Sustain necessary physical activity levels as required for different service delivery settings and to meet the caseload and scheduling requirements for each site.
- Implement infection protocols and universal precautions as outlined by each site (e.g., wearing PPE; cleaning materials and equipment; disposing of waste appropriately).
- Manage time effectively to complete professional and technical tasks within the time constraints of a given setting (e.g., scheduling travel and set-up time between sessions; completing tasks within scheduled sessions).
- Arrange reliable transportation to all clinical assignments.
- Meet expectations for regular and reliable attendance and provision of services according to the scheduling and absence policies for each site.
- Minimize job-related stress by proactively addressing work concerns (e.g., discussing concerns with supervisor; negotiate workload).
- Accept appropriate suggestions and constructive criticism and respond by modification of behaviors.

Intervention Plan Steps to Support Development of Essential 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 essential 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.

Appendix D: Communication Proficiency Policy

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.

Students will demonstrate communication skills sufficient to interact in service delivery with patients professionally. Oral communication expectation, at minimum, is consistent with ASHA's current position paper of *Students and Professionals Who Speak English with Accents and Nonstandard Dialects* (1998) (<http://www.asha.org/policy/ps1998-00117.htm>) and *The Clinical Education of Students with Accents* (ASHA, 2011). In addition, clinical documentation of the student's ability to write and comprehend technical reports, diagnostics, treatment plans, and other professional correspondence in English is consistent with the definition of language proficiency provided by ASHA's AdHoc Committee on *Language Proficiency: Final Report* (2019). Above all, the academic program will ensure that students are treated in a non-discriminatory manner. Needed recourse will be provided to students in collaboration with the academic program to support the student in meeting the desired outcomes. This may include a) providing early faculty support, b) providing a clear plan, c) seeking outside support and guidance, and d) making adaptations in curriculum, policies, and procedures to accommodate differences among students.

All graduate students whose degrees are received from a postsecondary institution where English is not the principal language of instruction and/or their native language is not English have to receive a passing score on the *Test of English as a Foreign Language* (TOEFL) (<https://www.cdm.depaul.edu/Admission-and-Aid/Pages/TOEFL.aspx>) prior to admission. Upon admission, all graduate students must meet the *Essential Functions of Performance for Clinical Practicums*, which include proficiency in written and spoken English.

The procedure to follow when a student does not meet this Essential Function is as follows:

- Clinical professor identifies a student as not meeting the Essential Function.
- Clinical professor alerts the student's academic advisor and Program Director (if identified in an academic setting) or Director of Clinical Education (if identified as a part of clinical practicums).
- The student will be brought to the attention of the Admission, Progression & Retention Committee. A conference will be held with the clinical professor(s) assigned to the student, Program Director/Director of Clinical Education, and student's advisor to review the concern(s) with the student and determine a recommended course of action. An Intervention Plan may be developed with the clinical professor(s) assigned to the student, Program Director/Director of Clinical Education, and student's advisor to guide the next steps. Documentation of the conference and recommended course of action will be placed in the student's file.

The Intervention Plan is meant to be a collaborative process in order to help the student achieve success in their clinical practicum settings. The plan could include the student:

- Enrolling in the English Language Academy at DePaul University (<https://offices.depaul.edu/international-admission/resources/ela/Pages/default.aspx>)
- Participating in individualized intervention services at the DePaul Speech and Language Clinic.
- Working with an ESL tutor. (<https://las.depaul.edu/academics/modern-languages/student-resources/Pages/language-labs-and-tutors.aspx>)
- Engaging in English conversation groups.

A student's program may be longer than typical and/or their trajectory different in order to meet this Essential Function for clinical performance.

Appendix E: Externship Checklist

DePaul University Speech-Language Pathology Program

Externship Checklist

Student's Name: _____

Activity (person/s responsible)	Winter Quarter: Medical or School/Private Clinic (circle one)		Spring Quarter: Medical or School/Private Clinic (circle one)	
	Comments/ Date Completed	Comments/ Date Completed	Comments/ Date Completed	Comments/ Date Completed
Director of Clinical Education (DCE) meets with faculty to discuss any student concerns which might impact externship site placements.				
DCE meets with each student during the first winter quarter to discuss the externship site setting options. The externship site descriptions, prerequisites, and requirements (e.g., interview required, observation required, prior medical placement required) will be discussed with the students.				
Distance and transportation are taken into account when discussing site setting preferences.				
Student submits top 5 preference site settings for each placement (Medical and School/Clinic).				
Externship assignments are made based on student preferences, appropriate match consistent with site prerequisites and requirements, and performance in the classroom and clinic.				
Student interviews for externship placement if required.				
DCE or Administrative Assistant verify that Affiliation Agreement is up-to-date and that externship supervisors have a current IL-SLP license, PEL, CCC-SLP, and have completed two CEUs in clinical supervision.				
DCE or Administrative Assistant verifies that student has completed all necessary				

background checks, training, immunizations, etc. for the sites.				
DCE makes pre-placement visit, zoom or phone call.				
DCE and student make final preparations for externship placement.				
Student and Externship Supervisor enter mid-quarter feedback into CALIPSO.				
DCE reviews mid-quarter feedback and caseload data and follows up if necessary. Intervention plan initiated for student not demonstrating adequate progress.				
DCE contacts externship supervisor by email and phone prior to week 5 of the quarter. Site visit is scheduled to observe and meet with student and externship supervisor.				
Student and externship supervisor enter end of quarter feedback into CALIPSO. Externship supervisor enters final grade.				
Final grades and feedback reviewed by DCE. Any concerns communicated to faculty and Program Director. Plan initiated for students who do not demonstrate adequate progress.				

APPENDIX F: DePaul University Speech and Language Clinic Client Forms

Notice of Receipt of Privacy Practices

DePaul Speech and Language Clinic Notice of Privacy Practices

Notice of Receipt of Privacy Practices, Pursuant to The Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L. 104–191, 110 Stat)

I received a printed copy of the **DePaul Speech and Language Clinic’s** Notice of Privacy Practices document.

I have declined a printed copy of the **DePaul Speech and Language Clinic’s** Notice of Privacy Practices document. A copy of this document is available for my review in the **DePaul Speech and Language Clinic** waiting room.

Client’s/patient’s name (please print)

Signature of client/patient (if over age 18) or legally responsible person (if client is under age 18)

Date: _____

Signature of witness: _____

Appendix G: Application and Intake Packet-Adult



Speech-Language Pathology Program

Application and Intake Packet – Adult Speech/Language Services

WELCOME to the DePaul University Speech-Language Clinic! Through its commitment to education, innovation, diversity, and equity, the mission of the DePaul Speech and Language Clinic is to provide exemplary clinical education and clinical training of future Speech-Language pathologists.

Clinical practice will be upheld with high standards and excellence through the utilization of evidence-based practice and theoretical knowledge in the provision of services and advocacy for families and the communities served.

As a teaching and research facility, the services offered in the clinic are provided by our graduate student clinicians working toward advanced degrees. Graduate student clinicians are supervised by Speech-Language Pathologists who are nationally certified by the American Speech-Language-Hearing Association (ASHA) and licensed by the State of Illinois.

The following information will acquaint you with our outpatient clinic and answer many of your questions. For more information, visit our website at: <http://go.depaul.edu/slplclinic>

Application and Intake Packet: The intake form below can be completed online in a browser or by using the free Adobe Acrobat Reader (available at Acrobat.Adobe.com). Return the completed forms to the clinic by email (slplclinic@depaul.edu), fax (312) 476-3339, or US Mail prior to your appointment. We must receive your intake forms before we can schedule an appointment. Please assist us by filling out the intake forms as completely as possible. In addition, include copies of reports and records (i.e., school reports, medical records) that you feel would be beneficial to us and would help us to know your history and current needs. With your permission, we may request additional records when necessary.

Consent: Carefully read the “Consent Form” so that you are informed of your obligations, the services we provide, and the type of recordings that may take place. The consent form must be signed and on file in the clinic prior to the initiation of services. If you have any questions about this form, please call us prior to your visit. You may bring it unsigned to the first visit, and we will address your questions.

Confidentiality: We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by calling 773-325-7040.

Location & Parking: DePaul Speech-Language Clinic is located at 2400 N. Sheffield Ave., Chicago IL 60614. Please visit our clinic [website](#) for directions to the clinic and information on parking.

Fees for Services: We are a no-fee, donation-based community clinic. Evaluation and therapy services are provided free of charge. We encourage you to consider making a donation to help support the Clinic in providing services to others with communication needs. A donation is not required to receive services. For information about how your donation provides critical support for the work of our clinic, please visit our website at go.depaul.edu/slpclinic

Academic Calendar: As we are part of DePaul University, our clinic follows the DePaul University academic calendar. The clinic is open during the four academic quarters of the year and closed for holidays and vacation breaks that are observed by DePaul University.

Our clients who receive multiple quarters of services should anticipate having a different clinician each quarter. Our graduate students rotate through clinical experiences as part of their degree program. To assure continuity of care, the same Clinical Educator typically oversees services each quarter.

Attendance: Please call us 24 hours in advance of your appointment if you need to cancel or reschedule. After business hours, you are welcome to leave a voice mail message. When a client has three appointments, “no shows” or “cancellations,” the graduate clinician’s educational program is adversely impacted; therefore, services for that client may need to be deferred.

Contacting Us:

Mail address: DePaul Speech-Language Clinic	Phone:	(773) 325-7040
2400 N. Sheffield Ave	Fax:	(312) 476-3339
Chicago IL 60614	Email:	slpclinic@depaul.edu

You are an integral part of who we are, and we welcome you to our clinic. We pride ourselves on providing exceptional services. We know you’ll be pleased that you have selected our clinic.

Respectfully,

Ann Fennell, M.S., CCC-SLP
Director of Clinical Education

Treasyri Williams-Wood, SLPD, CCC-SLP, CDP
Clinic Director

Intake Form: Adult Speech/Language Services

Last Name		First Name		
Date of Birth	Age	Gender	Pronouns	
Street Address		City, State, Zip		
Primary Phone		Secondary Phone		
Email Address		Preferred Contact Method		

I give my consent for a Voicemail/Text to be left on the telephone numbers listed above			Yes	No
I understand that email communication may not be secure. I give my consent to be contacted via email regarding clinic services via the email above			Yes	No
Name of person completing this application if other than client				
Has client been seen in our clinic before?	Yes	No	If yes, when?	
Why is client applying for services?				
Family Members/ Caregivers/ POA	"X" if Legal Guardian(s) /POA	Relationship (e.g., mother, father, husband, wife, sister, etc.)	Phone number	"X" if lives with you

Name			
Address			
Phone		Fax	

Primary Care Provider

Name			
Address			
Phone		Fax	

Who referred you to our clinic?

Medical History: Please check all that apply

<input type="checkbox"/>	Stroke:	Date:	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Pneumonia
<input type="checkbox"/>	TBI:	Date:	<input type="checkbox"/>	COPD	<input type="checkbox"/>	Developmental Delay
<input type="checkbox"/>	Diabetes		<input type="checkbox"/>	Drug Abuse	<input type="checkbox"/>	Kidney disease
<input type="checkbox"/>	Alcohol Abuse		<input type="checkbox"/>	Dementia	<input type="checkbox"/>	Cancer
<input type="checkbox"/>	Vascular disease		<input type="checkbox"/>	Multiple Sclerosis	<input type="checkbox"/>	Depression
<input type="checkbox"/>	Dysphagia		<input type="checkbox"/>	Hypotension	<input type="checkbox"/>	Parkinson's Disease
<input type="checkbox"/>	Heart Disease		<input type="checkbox"/>	Nicotine Use	<input type="checkbox"/>	Other:

Communication Diagnosis, if known: Please check all that apply

<input type="checkbox"/>	Aphasia	<input type="checkbox"/>	Voice Disorder
<input type="checkbox"/>	Apraxia of Speech	<input type="checkbox"/>	Spasmodic Dysphonia
<input type="checkbox"/>	Dysarthria	<input type="checkbox"/>	Fluency/Stuttering
<input type="checkbox"/>	Cognitive-Communication Deficit	<input type="checkbox"/>	Other:

Please list previous speech/language evaluation and/or therapy (e.g., school, clinic, hospital, etc.)

Services Rendered	When	Where

What services are you interested in? Please check all that apply

<input type="checkbox"/>	Speech/Language Evaluation	<input type="checkbox"/>	Fluency
<input type="checkbox"/>	Consultation	<input type="checkbox"/>	Voice
<input type="checkbox"/>	Individual Therapy	<input type="checkbox"/>	Parkinson's Group Therapy
<input type="checkbox"/>	Aphasia Group Therapy	<input type="checkbox"/>	Other:

Communication Skills

Please check all areas that apply and provide additional information as needed to describe yourself or your loved one who is applying for services:

Understanding		Speaking	
<input type="checkbox"/>	Follows all conversations all of the time	<input type="checkbox"/>	Uses sentences all of the time
<input type="checkbox"/>	Follows conversations some of the time	<input type="checkbox"/>	Puts 2-3 words together
<input type="checkbox"/>	Understands short, simple directions	<input type="checkbox"/>	Uses some words
<input type="checkbox"/>	Does not usually understand conversation	<input type="checkbox"/>	Unable to say words
<input type="checkbox"/>	Do not know	<input type="checkbox"/>	Uses a communication device
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:
Reading		Writing	
<input type="checkbox"/>	Reads books	<input type="checkbox"/>	Writes notes and letters
<input type="checkbox"/>	Reads magazines and newspapers	<input type="checkbox"/>	Writes sentences
<input type="checkbox"/>	Reads sentences (e.g., headlines, labels)	<input type="checkbox"/>	Writes words
<input type="checkbox"/>	Reads words	<input type="checkbox"/>	Writes name
<input type="checkbox"/>	Does not read	<input type="checkbox"/>	Does not write
<input type="checkbox"/>	Do not know Other:	<input type="checkbox"/>	Types or uses a computer
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Do not know

Daily Living Skills

Check any additional areas that are challenging and provide additional information as needed:

<input type="checkbox"/>	Remembering names/words	<input type="checkbox"/>	Making good judgments/decisions
<input type="checkbox"/>	Remembering important/new information	<input type="checkbox"/>	Managing budgets/money/expenses
<input type="checkbox"/>	Learning new routines/skills	<input type="checkbox"/>	Managing time

	Remembering where items are located		Solving problems
	Paying attention		Planning
	Staying safe		Making appointments
	Attending to both left and right		Making phone calls
	Following directions, (mark all that apply): Visual Spoken Maps		Other:
	<input type="checkbox"/> Getting lost in unfamiliar locations		

Other information and concerns

Additional comments or information you would like to share with us (e.g., scheduling information/conflicts, pending surgeries, etc.):

Career History

Are you currently working? If “no”, please explain:	Yes	No
If you have stopped working, do you plan to go back to work? Please explain:	Yes	No
Are you receiving assistance with vocational planning through an agency such as the Dept. of Vocational Rehabilitation?	Yes	No

How did you hear about our clinic?

	Professional Referral		Website/internet
	Phone book		Friend
	Other:		

Thank you for taking the time to complete this application. It will help us provide you with the best services possible. Upon receipt of your application, your application will be reviewed by the appropriate clinical educator to determine what services are needed. You will then be contacted to inform you of your application status. Return this application, including the Consent for Care and Clinic Policies Form and Mutual Exchange of Information Form (if we need to request records from other providers). You can email, fax, or mail these documents to:

DePaul Speech and Language Clinic
2400 N. Sheffield Ave
Chicago, IL 60614 312-476-3339 (Fax)
slpclinic@depaul.edu (Email)

Consent for Care and Clinic Policies Agreement Form

Please read each section of this form and initial that you have read and understand each policy. Then provide a signature at the end of this form confirming that you have read and understand each section.

CONSENT FOR CARE

I hereby authorize the DePaul Speech-Language Clinic to provide evaluation and treatment services for the above-named client. Additionally, if the faculty, staff, and/or other clinic personnel determine that the client is in need of emergency medical care, the clinic is hereby authorized to obtain the care required at the expense of the undersigned.

I have read and understand the Consent for Care statement: _____ (initials)

NOTICE OF INFORMATION PRACTICES & PRIVACY POLICY

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it, as well as obtain a copy of the complete Notice of Information Practices and Privacy Policy by calling 773-325-7040.

I have read and understand the Notice of Information Practices & Privacy Policy: _____ (initials)

SUPERVISION OF MINORS POLICY

Under state law, individuals under the age of 18 are considered minors. Parents/guardians are asked not to leave the clinic while a minor under the age of fourteen is in therapy at this clinic. For clients ages 14 to 17, parents/guardians may choose whether or not to accompany the minor to their appointment.

Parents/guardians are solely responsible for determining how their children may safely travel to the DePaul Speech-Language Clinic for their appointment (e.g., bus, drive, walk, bike, etc.).

I have read and understand the Supervision of Minors Policy: _____ (initials)

MOBILITY TRANSFERS AND RESTROOM POLICY

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.

I have read and understand the Mobility Transfers and Restroom Procedures Policy: _____ (initials)

DISABILITY ACCOMMODATIONS

All entrances to our clinic are accessible. All entries have automatic openers, as do our restrooms. Please let us know if you need any accommodations to facilitate receiving services from our clinic.

Accommodations needed:

OBSERVATION AND RECORDING POLICY

The services offered to individuals seen in the Clinic are part of the University's education program. DePaul University faculty, staff, and students receive educational benefits from observing diagnostic, treatment, and other services offered in the University facilities.

Basic Consent: I understand that by accepting services from the Clinic, I consent to observation by DePaul University faculty, staff, and students, either live, via recording, or via closed-circuit television when I (or the client) receive services.

I understand that I (or the client) may be observed: _____ (initials)

Full Consent: In addition, I give my consent to the DePaul Speech-Language Clinic to make audio and/or video recordings of me (or the client) and/or take photos while receiving services to be used for educational purposes, provided the name of the client, or other personal identification information is not revealed. These data are only available for educational training purposes. All uses for commercial or research purposes are prohibited unless separate permission is obtained. Segments of the digital recording with accompanying transcriptions may be presented in the context of academic symposia, university classes, and professional, family, or client training activities.

I give my consent to be recorded for educational purposes: _____ (initials)

CONSENT TO BE CONTACTED FOR RESEARCH POLICY

DePaul University Speech and Language Program and the DePaul University Speech-Language Clinic are committed to advancing clinical research to improve the lives of people living with communication disorders. Please initial below if you are interested in being contacted by faculty in this department about research studies for which you might be an appropriate participant. You can decline to participate even if you are contacted, you can rescind this offer at any time with no repercussions, your information will not be shared with anyone else on campus or in the community, and you will not be contacted unless you fit the criteria for a specific study.

I give my consent to be contacted regarding research: _____ (initials)

By signing this page, I acknowledge that I have read and agreed to the terms of this Consent for Care and Clinic Policy Agreement Form:

Name of Client:

Date of Birth:

Signature of Client or Person Responsible for Care Date of Signature

If signed by someone other than the client, state relationship to the client: _____

Appendix H: Authorization to Release and Obtain Confidential Information

AUTHORIZATION TO RELEASE AND OBTAIN CONFIDENTIAL INFORMATION

Client Name: _____ Date of Birth: _____

The DePaul University Speech-Language Clinic is hereby given permission to send summaries of the speech-language evaluations, treatment notes, and/or treatment progress summaries to the individuals listed below. Additionally, I give my permission for the following agencies and/or professionals to release medical/educational information to the DePaul University Speech-Language Clinic. I understand that the information will be treated in a confidential manner per this agreement.

Please enter names, addresses, and fax numbers. Check if we are to send information to, or receive information from, each person listed.

Sent to: _____ Receive From*: _____
Name: _____ Fax: _____
City: _____ State: _____ Zip Code: _____

Sent to: _____ Receive From*: _____
Name: _____ Fax: _____
City: _____ State: _____ Zip Code: _____

Sent to: _____ Receive From*: _____
Name: _____ Fax: _____
City: _____ State: _____ Zip Code: _____

*Please provide records for time period of ____/____/____ through ____/____/____.

Signature of Client or Person Responsible for Care Date of Signature

Consent for the release of medical records/confidential information is valid for ninety (90) days from the date of signature.

DePaul University Speech and Language Clinic Phone:
2400 N. Sheffield Ave
Chicago, IL 60614
Email: slpclinic@depaul.edu
Website: <http://go.depaul.edu/slpclinic>

Clinic Application and Intake Packet - Page 10 of 10

Appendix I: Clinical Hours and Certification Documents

Clinical Hours and Certification Documents

CALIPSO Knowledge and Skills Summary Form

For Certification in Speech-Language Pathology

DePaul University Speech-Language Pathology Program

Standards for the Certificate of Clinical Competence (CCC) in Speech-Language Pathology

(Effective January 1, 2020)



CALIPSO
Knowledge And Skills Acquisition (KASA) Summary Form
Doe, Jane
2020 CFCC Standards (SLP)

Standards	Knowledge/Skill Met? (check)	Course # and Title	Practicum Experiences # and Title	Other (e.g. labs, research) (include descriptions of activity)
Standard IV-A. The applicant must have demonstrated knowledge of:				
• Biological Sciences (human or animal sciences)				
• Physical Sciences (physics or chemistry)				
• Statistics (stand-alone course)				
• Social/behavioral Sciences (psychology, sociology, anthropology, or public health)				
Standard IV-B. The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their 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.				
• Basic Human Communication Processes				
• Biological				
• Neurological				
• Acoustic				
• Psychological				
• Developmental/Lifespan				
• Linguistic				
• Cultural				
• Swallowing Processes				
• Biological				
• Neurological				
• Psychological				

• Developmental/Lifespan				
• Cultural				
Standard IV-C. The applicant must have <u>demonstrated knowledge</u> 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				
• Etiologies				
• Characteristics				
• Fluency and fluency disorders				
• Etiologies				
• Characteristics				
• Voice and resonance, including respiration and phonation				
• Etiologies				
• Characteristics				
• Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				
• Etiologies				
• Characteristics				
• Hearing, including the impact on speech and language				
• Etiologies				
• Characteristics				
• Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
• Etiologies				
• Characteristics				

• Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				
• Etiologies				
• Characteristics				
• Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				
• Etiologies				
• Characteristics				
• Augmentative and alternative communication modalities				
• Characteristics				
Standard IV-D: 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 of the disorders.				
• Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
• Prevention				
• Assessment				
• Intervention				
• Fluency and Fluency Disorders				
• Prevention				
• Assessment				
• Intervention				
• Voice and resonance, including respiration and phonation				
• Prevention				
• Assessment				
• Intervention				

• Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				
• Prevention				
• Assessment				
• Intervention				
• Hearing, including the impact on speech and language				
• Prevention				
• Assessment				
• Intervention				
• Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
• Prevention				
• Assessment				
• Intervention				
• Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				
• Prevention				
• Assessment				
• Intervention				
• Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				
• Prevention				
• Assessment				
• Intervention				
• Augmentative and alternative communication modalities				
• Assessment				
• Intervention				

Standard IV-E: The applicant must have demonstrated knowledge of standards of ethical conduct.				
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.				
Standard IV-G: The applicant must have demonstrated knowledge of contemporary professional issues.				
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-A: The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice (including Speech and Language skills in English, consistent with ASHA's position statement on students and professionals who speak English with accents and nonstandard dialects).				
Standard V-B: The applicant must have completed a program of study that included supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes. (These skills may be developed and demonstrated through direct clinical experiences, academic coursework, labs, simulations, and examinations, as well as through the completion of independent projects.)				
1. Evaluation (must include all skill outcomes listed in a-g below for each of the 9 major areas except that prevention does not apply to communication modalities)				
• Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				

Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Fluency and Fluency Disorders				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Voice and resonance, including respiration and phonation				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				

Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Hearing, including the impact on speech and language				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				

Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				

Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Augmentative and alternative communication modalities				
Std. V-B 1a. Conduct screening procedures				

Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
2. Intervention (must include all skill outcomes listed in a-g below for each of the 9 major areas)				
• Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
Std. V-B 2a. 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				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
• Fluency and Fluency Disorders				

Std. V-B 2a. 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				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
• Voice and resonance, including respiration and phonation				
Std. V-B 2a. 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				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				

• Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				
Std. V-B 2a. 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				
Std. V-B 2b. Implement intervention plans that involve clients'/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients'/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients'/patients for services as appropriate				
• Hearing, including the impact on speech and language				
Std. V-B 2a. 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				
Std. V-B 2b. Implement intervention plans that involve clients'/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients'/patients				

Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
• Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
Std. V-B 2a. 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				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
• Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				
Std. V-B 2a. 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				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients/patients' performance and progress				

Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
• Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				
Std. V-B 2a. 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				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
• Augmentative and alternative communication modalities				
Std. V-B 2a. 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				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				

Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
3. Interaction and Personal Qualities				
Std. V-B 3a. 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.				
Std. V-B 3b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.				
Std. V-B 3c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.				
Std. V-B 3d. Adhere to the ASHA Code of Ethics and behave professionally.				

Appendix J: CALIPSO Clinical Performance Summary



CALIPSO Clinical Performance Summary

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

Winter Yr 1 On Campus	0.00	Supervisors: Sites:
Spring Yr 1 On Campus	0.00	Supervisors: Sites:
Summer Yr 1 On Campus	0.00	Supervisors: Sites:
Intensive Summer Clinics Yr 1	0.00	Supervisors: Sites:
Fall Yr 2 Clinic	0.00	Supervisors: Sites:
School Externship, Yr 2	0.00	Supervisors: Sites:
Medical Externship, Yr 2	0.00	Supervisors: Sites:
		Average: 0.00

Appendix K: CALIPSO Clinical Performance Evaluation



DePaul University
CALIPSO
Clinical Performance Evaluation

Performance Evaluation

Supervisor:

*Student:

*Site:

*Evaluation Type:

*Semester:

*Course number:

*Patient population:

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

Severity of Disorders (check all that apply):

- Within Normal Limits
- Mild
- Moderate
- Severe

Interprofessional (or collaborative) practice (IPP) includes (check all that apply): [?]

- Audiologist
- Dentist
- Dietitian
- Family Member
- Nurse/Nurse Practitioner
- Occupational Therapist
- Pharmacist
- Physical Therapist
- Physician
- Physician Assistant
- Psychologist/School Psychologist
- Recreational Therapist
- Respiratory Therapist
- Social Worker
- Special Educator
- Teacher (classroom, ESL, resource, etc.)
- Vocational Rehabilitation Counselor
- Other

Client(s)/Patient(s) Multicultural Aspects (check all that apply): [?]

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

Client(s)/Patient(s) Linguistic Diversity (check all that apply): [?]

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

PERFORMANCE RATING SCALE

[Click to see Rating Scale](#)

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

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

* If n/a, please leave space blank

Evaluation Skills	Speech Sound Production?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognition?	Social Aspects?	AAC?
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								
1. Conducts screening and prevention procedures (std IV-D, std V-B, 1a)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Collects case history information and integrates information from clients/patients and/or relevant others (std V-B, 1b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Selects appropriate evaluation instruments/procedures (std V-B, 1c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Administers and scores diagnostic tests correctly (std V-B, 1c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Adapts evaluation procedures to meet client/patient needs (std V-B, 1d)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std IV-C)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses (std V-B, 1e)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Makes appropriate recommendations for intervention (std V-B, 1e)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Completes administrative and reporting functions necessary to support evaluation (std V-B, 1f)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Refers clients/patients for appropriate services (std V-B, 1g) ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Score totals:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total number of items scored: <u>0</u> Total number of points: <u>0</u> Section Average: <u>0</u>									
Comments:									

Save

Treatment Skills	Speech Sound Production?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognition?	Social Aspects?	AAC?
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								
1. Develops setting-appropriate intervention plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process (std V-B, 2a, std 3.1.1B)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Implements intervention plans (involves clients/patients and relevant others in the intervention process) (std V-B, 2b, std 3.1.1B)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Selects or develops and uses appropriate materials/instrumentation (std V-B, 2c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Sequences tasks to meet objectives	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Provides appropriate introduction/explanation of tasks	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Measures and evaluates clients'/patients' performance and progress (std V-B, 2d)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Uses appropriate models, prompts or cues. Allows time for patient response.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (std V-B, 2e)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Completes administrative and reporting functions necessary to support intervention (std V-B, 2f)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Identifies and refers patients for services as appropriate (std V-B, 2g) ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Score totals:	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>
Total number of items scored: <u> 0 </u> Total number of points: <u> 0 </u> Section Average: <u> 0 </u>									
Comments:									

Professional Practice, Interaction and Personal Qualities	Score
1. Demonstrates knowledge of and interdependence of communication and swallowing processes (std IV-B, std 3.1.6B)	<input type="text"/>
2. Uses clinical reasoning and demonstrates knowledge of and ability to integrate research principles into evidence-based clinical practice (std IV-F, std 3.1.1B) ?	<input type="text"/>
3. Adheres to federal, state, and institutional regulations and demonstrates knowledge of contemporary professional issues and advocacy (includes trends in best professional practices, privacy policies, models of delivery, and reimbursement procedures/fiduciary responsibilities) (std IV-G, IV-H, std 3.1.1B, 3.1.6B, 3.8B) ?	<input type="text"/>
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std V-B, 3a, std 3.1.1B) ?	<input type="text"/>
5. Establishes rapport and shows care, compassion, and appropriate empathy during interactions with clients/patients and relevant others (std 3.1.1B)	<input type="text"/>
6. Uses appropriate rate, pitch, and volume when interacting with patients or others	<input type="text"/>
7. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (std V-B, 3c, std 3.1.6B)	<input type="text"/>
8. Collaborates with other professionals in case management (std V-B, 3b, std 3.1.1B, 3.1.6B) ?	<input type="text"/>
9. Displays effective oral communication with patient, family, or other professionals (std V-A, std 3.1.1B) ?	<input type="text"/>
10. Displays effective written communication for all professional correspondence (std V-A, std 3.1.1B) ?	<input type="text"/>
11. Adheres to the ASHA Code of Ethics and Scope of Practice documents and conducts him or herself in a professional, ethical manner (std IV-E, V-B, 3d, std 3.1.1B, 3.1.6B) ?	<input type="text"/>
12. Demonstrates professionalism (std 3.1.1B, 3.1.6B) ?	<input type="text"/>
Total number of items scored: <u>0</u> Total number of points: <u>0</u> Section Average: <u>0</u>	
Comments:	

Save

Met All	Not Met All	(clear) All	Met/Not Met
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	1. Personal appearance is professional and appropriate for the clinical setting
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	2. Demonstrates openness and responsiveness to clinical supervision and suggestions
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3. Displays organization and preparedness for all clinical sessions

Save

Improvements Since Last Evaluation:

Strengths / Areas Needing Improvement:

Recommendations for Improvement:

Total points (all sections included): 0 Adjustment: **0.0**
divided by total number of items 0
Evaluation score: 0
Letter grade

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

Student name: _____ Date reviewed: _____

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

*Supervisor name: _____ *Date completed: _____

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

Save

Standards referenced herein are those contained in the Membership and Certification Handbook of the American Speech-Language-Hearing Association. Readers are directed to the ASHA Web site to access the standards in their entirety: [CFCC Standards](#) | [CAA Standards](#)

Appendix L: CALIPSO Clock Hour Log Form



DePaul University
CALIPSO
Clockhours for Doe, Jane

Clockhours for Doe, Jane

Student: _____	Submitted: _____
*Supervisors: _____	Approved: _____
*Site: _____	*Date: _____
*Semester: _____	*Course number: _____
*Clinical setting: _____	*Training level: _____
*Completion month: _____	*Year: _____

GUIDED OBSERVATION - Evaluation

	Child HH:MM	Adult HH:MM	Total
Speech (articulation, fluency, voice, swallowing, communication modalities)			
Language (expressive/receptive language, cognitive aspects, social aspects)			
Hearing			

GUIDED OBSERVATION - Treatment

	Child HH:MM	Adult HH:MM	Total
Speech (articulation, fluency, voice, swallowing, communication modalities)			
Language (expressive/receptive language, cognitive aspects, social aspects)			
Hearing			
Total Guided Observation Hours			

EVALUATION

	Child HH:MM	Adult HH:MM	Total
Speech sound production			
Fluency and fluency disorders			
Voice and resonance			
Expressive/Receptive language			
Hearing			
Swallowing/Feeding			
Cognitive aspects of communication			
Social aspects of communication			
Augmentative and alternative communication modalities			
Total EVALUATION Hours			

TREATMENT

	Child HH:MM	Adult HH:MM	Total
Speech sound production			
Fluency and fluency disorders			
Voice and resonance			
Expressive/Receptive language			
Hearing			
Swallowing/Feeding			
Cognitive aspects of communication			
Social aspects of communication			
Augmentative and alternative communication modalities			
Total TREATMENT Hours			

Total (non-Observation)			
--------------------------------	--	--	--

Appendix M: CALIPSO Clock Hour Experience Record



CALIPSO
Experience Record
Doe, Jane
DePaul University

Cohort

	Child	Adult	Total
Total Guided Observation Hours:			0:00
GUIDED OBSERVATION - Evaluation			
Speech	0:00	0:00	0:00
Language	0:00	0:00	0:00
Hearing	0:00	0:00	0:00
GUIDED OBSERVATION - Treatment			
Speech	0:00	0:00	0:00
Language	0:00	0:00	0:00
Hearing	0:00	0:00	0:00
EVALUATION			
Speech sound production	0:00	0:00	0:00
Fluency and fluency disorders	0:00	0:00	0:00
Voice and resonance	0:00	0:00	0:00
Expressive/Receptive language	0:00	0:00	0:00
Hearing	0:00	0:00	0:00
Swallowing/Feeding	0:00	0:00	0:00
Cognitive aspects of communication	0:00	0:00	0:00
Social aspects of communication	0:00	0:00	0:00
Augmentative and alternative communication modalities	0:00	0:00	0:00
TREATMENT			
Speech sound production	0:00	0:00	0:00
Fluency and fluency disorders	0:00	0:00	0:00
Voice and resonance	0:00	0:00	0:00
Expressive/Receptive language	0:00	0:00	0:00
Hearing	0:00	0:00	0:00
Swallowing/Feeding	0:00	0:00	0:00
Cognitive aspects of communication	0:00	0:00	0:00
Social aspects of communication	0:00	0:00	0:00
Augmentative and alternative communication modalities	0:00	0:00	0:00
Total Hours	0:00	0:00	0:00
Clockhours Needed (Std. V.C., Std. V.D, non-observation)	375:00		

Guided Observation Hours			
	Child	Adult	Audiology
	0:00	0:00	0:00
Dx			
	Child	Adult	Audiology
Speech	0:00	0:00	
Language	0:00	0:00	
Total	0:00	0:00	0:00
Total Dx Hours:			0:00
Tx			
	Child	Adult	Audiology
Speech	0:00	0:00	
Language	0:00	0:00	
Total	0:00	0:00	0:00
Total Tx Hours:			0:00
Totals:	0:00	0:00	0:00

Total Hours Earned in Different Settings	
(none)	-

Appendix N: CALIPSO Off-Campus Placement Evaluation



DePaul University CALIPSO Off-campus Placement Evaluations

Off-campus Placement Evaluations

Site:

Semester:

Using the following scale, rate your agreement: N/A 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

OVERALL

This practicum experience met my training goals and interests

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

This practicum experience met expectations regarding clinical population, workload, and documentation

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

The site furthered my efforts to achieve my professional goals

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

The site provided a reasonable balance between direct clinical contact hours vs. related clinical responsibilities

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

There were opportunities to discuss the process of ethical decision making

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Evidence-based clinical practice was utilized

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

In general, I felt welcomed at this site

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

I felt prepared to meet the challenges and expectations of this practicum site

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

I would recommend that this site be used for future practicum placements

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

THE PRACTICUM SITE PROVIDED ADEQUATE:

Supervision by clinical supervisor

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Training and orientation

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Physical facilities and work space

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Equipment and materials to engage in effective service delivery

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Administrative/clerical support

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

THE PRACTICUM SITE ALLOWED APPROPRIATE OPPORTUNITIES FOR:

Diagnostic experiences

- 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Treatment

- 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Client and family interactions

- 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Interactions with other professionals

- 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

Interactions with culturally and linguistically diversified populations

- 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

PROVIDE COMMENTS ON THE FOLLOWING:

What were the strengths/positive aspects of this practicum site?

What might you suggest to strengthen the experience at this practicum site?

What advice would you give the next student placed at this site?

Appendix O: CALIPSO Supervisor Feedback Form



Supervisor Feedback Form

* Supervisor: _____

* Site: _____

* Semester: _____

1. Provided an orientation to the facility and caseload.

N/A

No orientation provided. Student oriented him/herself.

Informal orientation provided.

Formal orientation provided with supplemental documentation.

2. Provided the student with feedback regarding the skills used in diagnostics.

N/A

Comments were vague; and therefore, difficult to apply.

Comments were useful but lacked specifics or concrete examples.

Comments were useful, specific, and constructive.

3. Provided the student with feedback regarding the skills used in interviewing.

N/A

Comments were vague; and therefore, difficult to apply.

Comments were useful but lacked specifics or concrete examples.

Comments were useful, specific, and constructive.

4. Provided the student with feedback regarding the skills used in conferences.

N/A

Comments were vague; and therefore, difficult to apply.

Comments were useful but lacked specifics or concrete examples.

Comments were useful, specific, and constructive.

5. Provided the student with feedback regarding the skills used in behavioral management.

N/A

Comments were vague; and therefore, difficult to apply.

Comments were useful but lacked specifics or concrete examples.

Comments were useful, specific, and constructive.

6. Provided the student with feedback regarding the skills used in therapy.

N/A

Comments were vague; and therefore, difficult to apply.

Comments were useful but lacked specifics or concrete examples.

Comments were useful, specific, and constructive.

7. Provided the student with feedback regarding his/her selection of diagnostic or therapy materials.

N/A

Comments were vague; and therefore, difficult to apply.

Comments were useful but lacked specifics or concrete examples.

Comments were useful, specific, and constructive.

8. Explained and/or demonstrated clinical procedures to assist student in clinical skills development.

- N/A
- Provided minimal explanations and/or demonstrations.
- Provided adequate explanations and/or demonstrations when requested.
- Provided thorough explanations and/or demonstrations for all clinical procedures.

9. Utilized evidence-based practice.

- N/A
- Rarely referenced current literature.
- Occasionally referenced current literature.
- Frequently referenced current literature.

10. Encouraged student independence and creativity.

- N/A
- Minimally receptive to new ideas and differing techniques.
- Somewhat receptive to new ideas and differing techniques but did not encourage them.
- Very receptive to new ideas and encouraged use of own techniques.

11. Provided positive reinforcement of student's successes and efforts.

- N/A
- Rarely commented on successes and efforts.
- Occasionally commented on successes and efforts.
- Frequently commented on successes and efforts.

12. Provided student with written and/or verbal recommendations for improvement.

- N/A
- Rarely provided written and/or verbal recommendations except on midterm and final evaluations.
- Occasionally provided written and/or verbal recommendations in addition to the midterm and final evaluations.
- Systematically provided written and/or verbal recommendations in addition to the midterm and final evaluations.

13. Demonstrated enthusiasm and interest in the profession and in providing clinical services.

- N/A
- Enthusiasm and interest rarely observed; frequent negative comments.
- Enthusiasm and interest occasionally observed; occasional negative comments.
- Enthusiasm and interest regularly observed; frequent positive and optimistic comments.

14. Demonstrated effective interpersonal communication with student.

- N/A
- Seemed uninterested and/or unwilling to listen or respond to student's needs.
- Some interest in student's needs shown, but communication lacked sensitivity.
- Aware of and sensitive to student's needs; open and effective communication.

15. Receptive to questions.

- N/A
- Unwilling to take time to answer questions.
- Answered questions inconsistently.
- Answered questions with helpful information or additional resources which encouraged me to think for myself.

16. Available to me when I requested assistance.

- N/A
- Supervisor was rarely available.
- Supervisor was occasionally available.
- Supervisor was always available.

17. Utilized effective organizational and management skills.

- N/A
- Rarely organized; showed difficulty balancing supervisory and clinical responsibilities.
- Somewhat organized; balanced supervisory and clinical responsibilities with little difficulty.
- Always organized; balanced supervisory and clinical responsibilities with ease.

18. Referred me to or provided me with additional resources (materials, articles, video tapes, etc.)

- N/A
- Provided minimal or no additional resources.
- Provided helpful resources upon student request.
- Provided helpful resources without student request.

19. Realistically demanding of me as a student intern.

- N/A
- Expectations were either too high or too low for level of experience with no attempts to adjust.
- Expectations were generally appropriate for my level of experience.
- Expectations were individualized and adjusted according to my strengths and weaknesses.

Overall, how would you rate this clinical experience?

Additional comments?

What experience during this practicum provided you with the greatest learning opportunity

Appendix P: DePaul Exposure Control Plan

DEPAUL UNIVERSITY

Exposure Control Plan

February 2019

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How does this ECP work?

Since DePaul is a large, diverse organization, some units (e.g., schools, departments) have their own exposure control plans, and others supplement the DePaul ECP with a customized Appendix A. Each unit must designate an Exposure Control Officer who has overall responsibility for implementing the ECP in their unit.

The DePaul ECP cannot serve as a complete ECP for any unit until it is accompanied by Appendix A.

1. Purpose and Scope

This exposure control plan ("DePaul ECP") has been developed to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." It is designed to assist DePaul University in implementing and ensuring compliance with the standard, thereby protecting our employees and students.

Occupational exposure is defined as reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials (OPIM) that may result from the performance of an employee's duties. This plan applies to all employees with occupational exposure.

Part-time, temporary, contract and per diem personnel are covered by the OSHA standard and will be treated the same as other employees for the purposes of this plan.

2. Updates

Environmental Health & Safety (EHS) is responsible for implementation of the DePaul ECP. EHS will maintain, review and update the DePaul ECP at least annually. EHS will communicate updates to units that use the DePaul ECP in conjunction with Appendix A.

3. Compliance Methods

Please note that every section below may not apply to your unit.
Refer to Appendix A for unit-specific information.

Restrictions

Eating, drinking, applying cosmetics or lip balm, smoking and handling contact lenses is prohibited in work areas where there is a reasonable likelihood of exposure to blood/OPIM.

Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood/OPIM are present.

Mouth pipetting or suctioning of blood/OPIM is prohibited.

All procedures will be conducted in a manner that minimizes splashing, spraying, splattering and the generation of droplets of blood/OPIM.

Broken glassware must be handled by mechanical means (broom and dustpan, tongs, forceps, etc.)

Universal Precautions

Employees will be trained on and utilize universal precautions, an approach to infection control that involves treating all blood/OPIM as if they contain bloodborne pathogens.

Exposure Determination

See Appendix A – exposure determination is done at the unit level.

Engineering Controls

See Appendix A – engineering controls are specified at the unit level.

Work Practice Controls

Handwashing

Handwashing facilities are readily accessible.

If work is performed in areas without handwashing facilities, either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes must be provided. If these alternatives are used, hands must be washed with soap and water as soon as feasible.

Hands must also be washed after removing gloves and other personal protective equipment (PPE).

Handling and Transport

Blood/OPIM will be placed in a container that prevents leakage during collection, handling, processing, storage and transport. Containers used for this purpose will be labeled and closed prior to handling. Any blood/OPIM specimens that could puncture their container will be placed within a puncture resistant secondary container.

Contaminated Equipment

If equipment is contaminated with blood/OPIM, it will be examined and decontaminated prior to servicing or shipping. If portions cannot be decontaminated, the equipment must be labeled as biohazardous, and the label must specify which portions remain contaminated. This must be communicated to anyone involved in handling, servicing or shipping the equipment.

Contaminated Laundry

If laundry becomes soiled with blood/OPIM or may contain sharps (objects that can penetrate the skin), it must only be handled with proper PPE and placed in a leakproof, labeled or color-coded bag or container prior to transport off-site for proper laundering, or immediately disposed of in a biohazardous waste container (see Biohazardous Waste section below).

Housekeeping

All facilities will be cleaned according to DePaul's custodial services as coordinated by Facility Operations.

Decontamination

All contaminated work surfaces will be decontaminated:

- After completion of procedures
- Immediately or as soon as feasible after any spill of blood/OPIM
- At the end of the workday if the surface may have become contaminated since the last cleaning

Sharps Management

A sharp is any object that can penetrate the skin. A sharp is contaminated if it has potentially/definitely come into contact with blood/OPIM.

Contaminated sharps must not be bent, recapped, removed, sheared or purposely broken.

Contaminated sharps are considered biohazardous waste, and must be placed into a biohazardous sharps container as soon as possible after use.

Biohazardous sharps containers must be closable, puncture resistant and leakproof on the sides and bottom. They must be located as near to their area of use as possible, always kept upright and monitored regularly to avoid overfilling.

If sharps will be decontaminated for reuse, they must be placed in appropriate containers until decontaminated. They must not be stored or processed in a manner that requires employees to reach by hand into the containers.

The following items must always be disposed of in a biohazardous sharps container, *even if unused*:

- Needles
- Hypodermic or intravenous syringes
- Scalpel blades

Biohazardous Waste

DePaul uses the term biohazardous waste to refer to items considered “regulated waste” by OSHA and “potentially infectious medical waste” by the Illinois EPA (please see Appendix B for the full definition).



- Liquid or semi-liquid blood/OPIM
- Contaminated items that would release blood/OPIM in a liquid or semi-liquid state if compressed
- Items that are caked with dried blood/OPIM and are capable of releasing these materials during handling
- Contaminated sharps
- Pathological and microbiological wastes containing blood/OPIM



- The following types of waste generated in connection with the diagnosis, treatment (i.e. provision of medical services) or immunization of human beings or animals, research pertaining to the provision of medical services or the provision or testing of biologicals:
- Cultures and stocks
- Human pathological wastes
- Human blood and blood products
- Used sharps
- Animal waste
- Isolation waste
- Unused sharps (needles, hypodermic or intravenous syringes and scalpel blades)

Biohazardous waste containers must be closable, constructed to contain all contents and prevent leakage and closed prior to removal to prevent spillage or protrusion of contents during handling.

EHS can provide departments with a variety of biohazardous waste containers that are available from DePaul’s vendor.

Labeling

All biohazardous waste containers, refrigerators/freezers containing blood/OPIM and other containers used to store, transport or ship blood/OPIM must be labeled as “biohazard” or “biohazardous” and include the universal biohazard symbol. Red bags or red containers may be substituted for labels.

Personnel are to notify EHS if they discover items without proper labels.

Personal Protective Equipment (PPE)

PPE is provided at no cost to employees. The Exposure Control Officer ensures PPE is available and that employees are trained in its proper use.

The following procedures related to PPE must be followed:

- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood/OPIM, and when handling or touching contaminated items or surfaces.
- Replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.

- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters or droplets of blood/OPIM pose a hazard to the eye, nose or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood/OPIM, in such away as to avoid contact with the outer surface.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised.
 - Discard utility gloves if they show signs of cracking, peeling, tearing, puncturing or deterioration.
- Remove PPE immediately if it becomes contaminated, and always before leaving the work area.

4. Hepatitis B Vaccination

The hepatitis B vaccination series is available at no cost to all employees with occupational exposure. Vaccination must be offered after initial BBP training and within 10 business days of initial assignment to positions with occupational exposure.

Vaccination costs are covered by the unit. The Office of Research Services will cover the costs for individuals requiring vaccination as part of IRB, IBC or IACUC protocols.

BBP training includes up to date information on hepatitis B vaccination, including the safety, benefits, efficacy, methods of administration and availability of the series.

Vaccination is encouraged unless:

- Documentation exists that the employee has previously received the series
- Antibody testing reveals that the employee is immune
- Medical evaluation shows that vaccination is contraindicated

After BBP training, employees must complete a Hepatitis B Vaccination Acceptance/Declination Statement (Appendix C). Employees who decline vaccination may request and obtain it at any time while they have occupational exposure.

If vaccination is accepted, a pre-vaccination medical evaluation will be provided by a licensed healthcare professional at Presence Sage Medical Group. The first inoculation will be given following the evaluation as long as the vaccine is not contraindicated.

The healthcare professional will provide a written opinion which is limited to whether the hepatitis B vaccination is indicated for the employee and if they received it. EHS will provide the employee with a copy of this written opinion within 15 business days of the completion of their evaluation.

5. Exposure Incident Reporting

If an exposure incident occurs, contact Public Safety immediately. Public Safety will facilitate transportation to the nearest emergency room where post-exposure evaluation and follow up will be performed.

Public Safety will promptly report all exposure incidents to EHS, who will ensure that an Exposure Incident Report is completed.

If the incident involves a percutaneous injury from a contaminated sharp, EHS will ensure it is recorded on the Sharps Injury Log described in Section 8.0.

6. 6.0 Post-Exposure Evaluation and Follow Up

EHS will ensure that post-exposure evaluation includes:

- Documentation of the routes of exposure and the circumstances under which the incident occurred.
- Identification and documentation of the source individual (unless such identification is infeasible or prohibited by state or local law).
- Obtaining consent and making arrangements to have the source individual tested as soon as possible to determine HIV, HCV and HBV infectivity (if they are already known to be HIV, HCV and/or HBV positive, new testing need not be performed).

- Documenting that the source individual's test results were conveyed to the employee's healthcare provider.
- Assuring that the exposed employee is provided with the source individual's test results and information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (i.e., laws protecting confidentiality).
- Collecting the exposed employee's blood (with consent) as soon as feasible after the exposure incident and testing it for HIV, HCV and HBV serological status.

If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, the baseline blood sample will be preserved for at least 90 calendar days. If the exposed employee elects to have the baseline sample tested during this waiting period, testing should be performed as soon as feasible.

Administration of Post-Exposure Evaluation and Follow Up

EHS ensures that the healthcare professional(s) performing post-exposure evaluation receive:

- A description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- The results of the source individual's blood test
- Relevant employee medical records, including vaccination status

The healthcare professional will provide a written opinion which is limited to a statement that the employee has been informed of the results of their evaluation and that the employee has been told about any medical conditions resulting from exposure to blood/OPIM which require further evaluation or treatment. EHS will provide the employee with a copy of this written opinion within 15 business days of the completion of their evaluation.

7. BBP Training

Those with occupational exposure receive initial and annual training delivered by EHS. Training may be accessed at any time at ehs.depaul.edu. Training is accompanied by a quiz which upon successful completion is retained as the training record.

8. Recordkeeping

Training Records

Training records are kept for at least three years by EHS. Employees may request a copy of their training records from EHS who will provide a copy within 15 business days.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29CFR 1910.1020, "Access to Employee Exposure and Medical Records."

These records are kept for least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 business days. Such requests should be directed to EHS.

OSHA Recordkeeping

Exposure incidents are evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by Compliance & Risk Management and EHS.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

Appendix A: Compliance Methods

Unit: Speech and Language Clinic

Exposure Control Officer (Name & Title): Treasyri Williams Wood, Clinic Director

Exposure Determination

The following is a list of job classifications in which **all** employees have occupational exposure:

Table 1.

Job Classification		
Faculty working in the clinic		
Staff working in the clinic		

The following is a list of job classifications in which **some** employees have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

Table 2.

Job Classification	Tasks/Procedures

Engineering Controls

<input type="checkbox"/> Biohazardous sharps containers <input checked="" type="checkbox"/> Biohazardous waste containers <input type="checkbox"/> Biohazardous spill kit/s <input checked="" type="checkbox"/> Solidifying powder for body fluid clean up <input type="checkbox"/>	+
---	---

Work Practice Controls

Decontamination:

Blood and OPIM spills must be cleaned and decontaminated promptly with appropriate disinfectant by Facility Operations.

If an accident occurs and blood/OPIM clean up is needed, call Facility Operations at (773) 325-7377 for a custodian's assistance and block off access to the area if needed until a custodian arrives.

Biohazardous Waste:

Materials generated during typical first aid incidents may go in the regular trash. If any materials become soaked with blood or OPIM, or contain an amount of dried blood/OPIM that could flake off, contact Facility Operations at (773) 325-7377 for a custodian's assistance with clean up.

One biohazardous waste bin will be located in the sanitization room of the clinic as a precaution. In situations where it is difficult to tell if body fluids contain blood or not (such as vomit), clinic personnel may clean them up using solidifying powder and deposit materials in the biohazardous waste bin as an alternative to calling Facility Operations for assistance.

Personal Protective Equipment (PPE)

Personnel have access to all PPE they may need in the following locations:

PPE	Stored Location
Gloves	SOP inventory closet and inside PPE kits in every treatment room.
Resuscitation masks	

Specify how personnel obtain PPE and how to handle/dispose of used PPE (appropriate containers for storage, laundering, decontamination or disposal):

PPE may be disposed of in the regular trash unless it is soaked with blood/OPIM or contains an amount of dried blood/OPIM that could flake off. PPE with that level of contamination will be placed in a biohazardous waste bin by Facility Operations.

Exposure Control

Officer Signature: Treasyri Williams Wood Date of Review: 10/12/2021

Appendix B: Illinois EPA PIMW Definition

Title 35, Subtitle M, Chapter I, Subchapter B, Section 1420.102:

"POTENTIALLY INFECTIOUS MEDICAL WASTE" OR "PIMW" MEANS THE FOLLOWING TYPES OF WASTE GENERATED IN CONNECTION WITH THE DIAGNOSIS, TREATMENT (I.E., PROVISION OF MEDICAL SERVICES), OR IMMUNIZATION OF HUMAN BEINGS OR ANIMALS; RESEARCH PERTAINING TO THE PROVISION OF MEDICAL SERVICES; OR THE PROVISION OR TESTING OF BIOLOGICALS:

CULTURES AND STOCKS. THIS WASTE SHALL INCLUDE BUT NOT BE LIMITED TO CULTURES AND STOCKS OF AGENTS INFECTIOUS TO HUMANS, AND ASSOCIATED BIOLOGICALS; CULTURES FROM MEDICAL OR PATHOLOGICAL LABORATORIES; CULTURES AND STOCKS OF INFECTIOUS AGENTS FROM RESEARCH AND INDUSTRIAL LABORATORIES; WASTES FROM THE PRODUCTION OF BIOLOGICALS; DISCARDED LIVE OR ATTENUATED VACCINES; OR CULTURE DISHES AND DEVICES USED TO TRANSFER, INOCULATE, OR MIX CULTURES.

HUMAN PATHOLOGICAL WASTES. THIS WASTE SHALL INCLUDE TISSUE, ORGANS, AND BODY PARTS (EXCEPT TEETH AND THE CONTIGUOUS STRUCTURES OF BONE AND GUM), BODY FLUIDS THAT ARE REMOVED DURING SURGERY, AUTOPSY, OR OTHER MEDICAL PROCEDURES; OR SPECIMENS OF BODY FLUIDS AND THEIR CONTAINERS.

HUMAN BLOOD AND BLOOD PRODUCTS. THIS WASTE SHALL INCLUDE DISCARDED HUMAN BLOOD, BLOOD COMPONENTS (E.G., SERUM AND PLASMA), OR SATURATED MATERIAL CONTAINING FREE FLOWING BLOOD OR BLOOD COMPONENTS.

USED SHARPS. THIS WASTE SHALL INCLUDE BUT NOT BE LIMITED TO DISCARDED SHARPS USED IN ANIMAL OR HUMAN PATIENT CARE, MEDICAL RESEARCH, OR CLINICAL OR PHARMACEUTICAL LABORATORIES; HYPODERMIC, INTRAVENOUS, OR OTHER MEDICAL NEEDLES; HYPODERMIC OR INTRAVENOUS SYRINGES; PASTEUR PIPETTES; SCALPEL BLADES; OR BLOOD VIALS. THIS WASTE SHALL ALSO INCLUDE BUT NOT BE LIMITED TO OTHER TYPES OF BROKEN OR UNBROKEN GLASS (INCLUDING SLIDES AND COVER SLIPS) IN CONTACT WITH INFECTIOUS AGENTS.

ANIMAL WASTE. ANIMAL WASTE MEANS DISCARDED MATERIALS, INCLUDING CARCASSES, BODY PARTS, BODY FLUIDS, BLOOD, OR BEDDING ORIGINATING FROM ANIMALS INOCULATED DURING RESEARCH, PRODUCTION OF BIOLOGICALS, OR PHARMACEUTICAL TESTING WITH AGENTS INFECTIOUS TO HUMANS.

ISOLATION WASTE. THIS WASTE SHALL INCLUDE DISCARDED MATERIALS CONTAMINATED WITH BLOOD, EXCRETIONS,

EXUDATES, AND SECRETIONS FROM HUMANS THAT ARE ISOLATED TO PROTECT OTHERS FROM HIGHLY COMMUNICABLE DISEASES.

"HIGHLY COMMUNICABLE DISEASES" MEANS THOSE DISEASES IDENTIFIED BY THE BOARD IN RULES ADOPTED UNDER SUBSECTION (E) OF SECTION 56.2 OF THE ACT. (See Section 1420.102 of this Part.)

UNUSED SHARPS. THIS WASTE SHALL INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING UNUSED, DISCARDED SHARPS: HYPODERMIC, INTRAVENOUS, OR OTHER NEEDLES; HYPODERMIC OR INTRAVENOUS SYRINGES; OR SCALPEL BLADES.

Appendix C: Hepatitis B Vaccination Acceptance/Declination Statement



Hepatitis B Vaccination Acceptance/Declination Statement

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

[I received the vaccination series on:

Approximate dates

Was your vaccination through a previous employer? No

DePaul is required to obtain copies of your Hepatitis B vaccination records if they are available. Please attach copies of these records if you have them.

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

[I accept participation in the vaccination series.

[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.

Printed Student Name

Signature

Department

Date

Please print and sign this form (a handwritten signature is required), scan, and send to:

Environmental Health & Safetyehsoffice@depaul.edu

** If this statement is required as part of an IBC protocol, please copy the Office of Research Services (ORP@depaul.edu) on this email. **

