

University of North Texas
Department of Audiology & Speech-
Language Pathology

Clinical Practicum Student Handbook

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Introduction

The University of North Texas Department of Audiology and Speech-Language Pathology offers undergraduate and graduate programs in audiology and speech-language pathology. Curriculum for these degrees includes required clinical practica. These practica, together with academic coursework, are designed to develop students' professional knowledge and skills by involving them in clinical service delivery to clients, under the guidance and direction of licensed, certified professionals who serve as practicum supervisors. At the graduate level, clinical practica will enable the student to obtain the necessary supervised clinical clock hours required for certification by the American Speech-Language and Hearing Association (ASHA). Students will enroll in clinical practica during the final two semesters of undergraduate studies, and during the entire program of graduate studies. Students must satisfactorily complete the clinical practica requirements in order to complete the degree requirements.

Students complete the required clinical practica at the University of North Texas Speech and Hearing Center, as well as through assignments to approved off-campus practicum sites. The Director of the Speech and Hearing Center will coordinate assignments to clinical practica. Students will be given the opportunity to request specific practicum experiences consistent with their professional interests; however, assignments may differ from requests due to availability of a practicum setting and/or the student's readiness for the setting.

The purpose of this handbook is to orient the student to the clinical practicum experience and to provide the student with an understanding of the requirements for the clinical practicum. Students will find that the information contained within the handbook provides important information about the University of North Texas Speech and Hearing Center, as well as information about off-campus practicum placements.

About the UNT Speech and Hearing Center

The mission of the UNT Speech and Hearing Center is to serve individuals with speech, language, hearing, and related disorders by providing excellent diagnostic and treatment services, and to provide excellence in clinical education for students in the Department of Audiology and Speech-Language Pathology. The Center operates as a state-of-the-art speech and hearing center, providing speech-language pathology and audiology services to adults and children. All services are provided under the direction of licensed, certified audiologists and speech-language pathologists who are accountable for the outcomes of assessment and treatment and the satisfaction of the client. These speech-language pathologists and audiologists also assume the role of clinical supervisors for the student clinicians enrolled in practicum. Practicum students work directly with clinical supervisors in service delivery to clients. Thus, the UNT Speech and Hearing Center fulfills a dual mission; providing excellent service delivery to clients and excellent clinical education to students.

The UNT Speech and Hearing Center provides many services to clients, including:

- Full audiological assessment
- Hearing aid evaluations

- Dispensing of hearing aids
- Musician's ear plugs
- Specialized audiological assessments including ABR and ENG/VNG
- Educational audiology services
- Aural rehabilitation
- Speech and language assessments
- Treatment of speech, language, voice and fluency disorders
- Preschool language therapy program
- Treatment for language-learning disorders
- Program for adult neurogenic disorders including stroke and TBI - Specialized voice evaluation including video endoscopy - Augmentative/alternative communication services.

Students are assigned to different clinical practicum experiences within the Center, providing varied experiences to develop professional knowledge and skills across the scope of practice of the profession.

Clients come to the UNT Speech and Hearing Center to receive excellent clinical services for speech/language/hearing and related disorders. They are seeking the help of professionals who are not only committed to helping them, but are committed to educating students as well.

Responsibility of Clinical Supervisors

The clinical supervisors of the Center are professionals committed to providing excellent clinical service delivery to clients of the Center and excellent clinical instruction to students within the Department of Audiology and Speech-Language Pathology. Clinical supervisors help students develop clinical competence by encouraging the application of academic theory and knowledge within the clinical setting, guiding and instructing the student in clinical methods, and assisting the student in understanding clinical operations and decision-making. Clinical supervision within the Center adheres to the guidelines provided by ASHA. Supervisors assume roles and responsibilities outlined by ASHA, strive to develop skills and competencies recommended for supervisors by ASHA, and follow the ASHA ethical guidelines for clinical supervision of students. In accordance with ASHA guidelines, supervisors provide direct supervision during at least 50% of diagnostic sessions provided by student clinicians and during at least 25% of therapy intervention provided by student clinicians. For students in the early phases of practicum, supervision often well exceeds these minimum requirements.

Clinical supervisors within the Center utilize an apprenticeship model of supervision. This supervisory model involves ongoing collaboration between the supervisor and the student in training, so that excellent service delivery is provided to the client and the student has the opportunity to develop their clinical skills in a supportive environment rich with instruction and modeling. The goal of the apprenticeship model is to develop self-discovery and self-evaluation skills of the student. The following are key features of the apprenticeship model of clinical supervision:

- The student and supervisor work together to provide excellent clinical services to clients.
- The supervisor serves as an instructor and guide, providing modeling, direction, and consistent feedback to the student.
- The student assumes responsibility and personal accountability for learning.
- Sound communication between the student and supervisor is essential for learning.
- The role of the supervisor is to teach specific clinical skills as well as to develop the student's ability to make appropriate clinical decisions.
- The supervisor provides various amounts of support to the student in the form of explanation, direction, modeling, questioning, and feedback to the student.
- The amount of support provided to the student by the supervisor varies depending on the complexity of the situation, the student's familiarity and experience with the information, and unique circumstances of the clinical situation.
- Maximal support is usually provided to students in the initial phase of practicum, with the expectation that the student will gain independence through instruction and experience; however, supervisors and students will find that various situations may influence the amount of support required.
- Evaluation of the student clinician is based on the amount of support required with the expectation that the student gain independence as the practicum experience progresses.
- Students work to become independently capable of providing excellent clinical service delivery, utilizing the knowledge and experience of supervisors to help them develop and refine their clinical skills.

The outcome of the apprenticeship model of supervision is excellent service delivery to clients and continued growth and independence in clinical knowledge and skills of the student.

The Role of the Student Clinician

Students enrolled in clinical practicum are expected to embrace the desire to provide excellent services to clients and assume personal responsibility and accountability for learning. Students must respect the responsibility of the supervisor to hold paramount the needs of the client while providing opportunity and support to the student during acquisition of clinical knowledge and skills. This requires students to understand that the supervisor must make decisions regarding how much independence to allow the student based on the student's readiness to provide excellent clinical services. Therefore, students who demonstrate a clear understanding of the clinical situation, the ability to apply the necessary knowledge and skills, and ongoing self-evaluation and refinement of methods will have the most independence in the practicum experience. Students who are unable to assess the clinical situation, do not demonstrate necessary knowledge and skills, and are unable to independently evaluate, refine and improve their methods will receive the greatest input and guidance from the clinical supervisors. Ultimately the goal of the clinical practicum is for students to be able to provide quality clinical services with minimal guidance and direction from supervisors, consistent with expectations for entry level professionals.

Research/Evidence-Based Practice

The Department of Audiology and Speech-Language Pathology and the UNT Speech and Hearing Center is committed to expanding scholarly knowledge of the professions, and using that knowledge in the evaluation and treatment of communication disorders. Research and clinical practice are interdependent. Evidence-based practice is the use of current best evidence (obtained through research and scholarly study), clinical expertise (obtained through experience in assessment and treatment of communication disorders) and client/patient values (ASHA, 2005). Evidence-based practice is the cornerstone of all service delivery at the UNT Speech and Hearing Center. As a result, students' clinical experiences should include:

- Application/integration of research evidence presented in coursework
- Opportunity to use evidence as a guide in clinical decision-making
- Opportunity to present research to clients/family members to help them make informed decisions about care
- Opportunity to identify potential research questions

Students participating in clinical practicum are encouraged to take advantage of opportunities for research/scholarly work related to clinical practice. Examples of these may include:

- Writing up a case study for a professional presentation/publication
- Studying the outcome or effectiveness of a clinical intervention
- Implementing clinical protocols based on emerging research
- Evaluating economic/sociological factors related to clinical service delivery, such as cost/benefit ratios for interventions, or patient satisfaction

Competency-Based Evaluation

Students' performance in clinical practicum is evaluated through a competency based assessment process. For each semester of clinical practicum, specific competency levels are designated. These competencies are provided to students at the beginning of each semester. The competencies outline specific clinical skills that students must achieve with designated levels of supervisory assistance. Competencies are sequenced so that the skills advance in complexity and degree of independence required by the student as the student progresses through the program. For example, competencies for students just beginning clinical practicum typically include beginning clinical skills and allow the student to receive significant guidance and direction from the supervisor. Competencies for students who have completed some clinical practicum will include more advanced skills and will require the student to function more independently.

In order for a student to successfully complete clinical practicum for speech pathology a student must achieve a minimum of 70% of the competency requirements for the clinical level. In order for a student to successfully complete clinical practicum for audiology (a letter grade of B or better), a student must satisfactorily achieve the prescribed level of competency for year level as defined and outlined in each semester's clinical syllabus. Students will receive the competency requirements at the beginning of each semester. It is important that students review these requirements and work collaboratively with the clinical supervisor to develop the skills. By the end of the semester, students must be demonstrating a skill in a stable, consistent manner (the

student can complete the skill **most** of the time, except in atypical or difficult situations). Being able to do a skill one time does not indicate competency.

Throughout the semester, the clinical supervisor will give the student ongoing feedback about clinical competency through weekly meetings, written feedback, and feedback of reports/clinical documentation. Supervisors will schedule mid-term meetings with each student and identify any competencies the student should focus on and give specific feedback about overall progress in obtaining competencies. Students who receive a rating of “unsatisfactory progress” should work with the supervisor to identify specific learning needs to meet competency expectations.

Success in clinical practicum is achieved by acquiring specific clinical competencies in the instructional clinic and by demonstrating application of knowledge and skills during actual service delivery to clients.

Individualized Action Plans

Clinical service delivery can be challenging, even for experienced clinicians. For students working to acquire professional knowledge, understand the complexities of clinical service delivery, and develop beginning clinical skills, it can sometimes be overwhelming. To support students and encourage success in the clinical practicum, supervisors will often formulate additional instructional activities for students. These activities are designed to provide the student with a better knowledge base, more direct instruction or modeling, more detailed explanation, or just more opportunity to practice a skill for refinement. Examples of instructional activities include:

- Reading assignments from textbooks or journal articles
- More frequent individualized meetings with the clinical supervisor
- Direct explanation or demonstration of a skill or activity
- A specific assignment by the supervisor for the student to practice a skill - A skill check-off by the clinical supervisor.

It is important that when supervisors suggest or assign instructional activities, students take responsibility for completing the work. It is also important that students and supervisors communicate clearly about the exact expectation for the student. For example, if the supervisor says, “I would like you to practice giving this test” the student will probably understand that the supervisor means go through the test and practice administration as if you were giving it. If, however, the supervisor says, “You need to look over the test before tomorrow”, what exactly is the student expected to do? In this case, the student may want to verify exactly what the supervisor would like the student to be prepared to do. Students should also be open and honest about time constraints they may have as supervisors may be able to assist them in prioritizing the many demands of clinical work.

Supervisors often get frustrated when remedial work is assigned and the student does not complete the assignment. This is often interpreted by the supervisor as lack of interest or desire to learn by the student.

Suggestions to Students for a Successful Clinical Practicum Experience

It's not what you know, it's what you learn!

Supervisors don't expect students to know everything; in fact, they generally understand that students may know very little initially. Supervisors do expect to see students learn. Students can facilitate the learning process by following these suggestions.

Be prepared – take the time to review the clients records and plan what you will do in a clinical session or appointment. Prepare equipment and materials in advance. Arrive on time, prepared to inform your supervisor how you intend to manage that appointment. **Ask specific questions** – analyze what you are not clear about and formulate specific questions for the supervisor. Telling the supervisor “I don't know what to do” or “I'm lost” will prompt them to begin questioning you, which can sometimes make you feel put on the spot. **Self-evaluate** – develop the habit of assessing what went well and what did not. This will help you identify where you need to focus your learning and what assistance you need from the supervisor.

Seek guidance when needed – make certain your supervisor is aware of things you are unsure about. Don't pretend to know something or try to cover-up uncertainties. Explain to the supervisor what you think you should do and then listen for confirmation or additional suggestions.

Be sure you know exactly what is expected – if you are uncertain what the supervisor wants you to do, ask for clarification or further explanation. If you are still unclear, ask for reading material or demonstration.

Be open to feedback – your supervisor needs to tell you honestly what went well and not so well. Getting defensive or overly emotional can make this difficult and create a communication barrier that prevents optimal learning.

Take initiative and responsibility - show interest, curiosity, and a desire to learn. Seek out extra learning opportunities. Be willing to do what it takes to learn.

Show respect – demonstrate care and concern for the client and recognition of the efforts of the supervisor. Recognize that the supervisor must maintain a difficult balance of providing excellent care to the client and optimal learning for the student.

Set realistic expectations – don't expect perfection from yourself. If you make a mistake, learn from it and move forward.

Be accountable – to yourself, to your client, and to your supervisor. Take responsibility for being prompt, well prepared, and ready to work in the best interest of the client.

Be flexible – be willing to do whatever it takes to serve the client, to learn, and to be the best you can be.

Off-campus Practicum Placement

Students will be placed in off-campus practicum assignments as part of their overall clinical practicum experience. These off-campus assignments generally occur in the fourth and fifth semester of the graduate program for speech-language pathology (SLP) students, and in the

second and third year of the Au.D. program. The fifth semester of the SLP program and the fourth year of the Au.D. program are composed of intensive off-campus externship experiences. The students will be placed in off-campus practicum experiences that prepare them for entry-level practice in the professions.

All off-campus practica are arranged by the Director of the UNT Speech and Hearing Center, or by Clinical Supervisors of the Center. Professionals working in the off-campus practicum sites serve as clinical supervisors for the students placed at the site. Off-campus supervisors are provided evaluation criteria by UNT to assess the student's performance in the off-campus practicum. Communication between the off-campus supervisor and UNT faculty is maintained to assure that supervision is consistent with UNT practices.

Off-campus practicum provides the student with opportunities to experience clinical service delivery models and client populations that often differ from those present in the UNT Speech and Hearing Center. For example, students may be placed in hospital settings, schools, physician offices, or birth to three programs. Off-campus practicum serves as a means of developing students' clinical skills across the broad scope of practice of the professions of speech-language pathology and audiology, thereby preparing the student for professional practice.

Off-campus practicum provides new challenges and learning opportunities for the student. Students may observe differences between practicum experiences at the UNT Speech and Hearing Center and the off-campus setting. These differences may include:

- A faster pace of work with less time for supervisory meetings and consultation
- Different methods of service delivery such as more group treatments, streamlined assessment protocols, or more indirect service delivery
- Multidisciplinary service delivery models that require extensive coordination with other professionals such as teachers, physicians, physical therapists, occupational therapists and others involved in treatment of the client
- Different methods of documentation such as Individualized Education Plans (IEPs), Integrated Family Service Plans (IFSPs), or Medicare documentation, or computerized formats
- Workload management practices such as utilizing assistants, prioritizing tasks, and managing productivity
- Working within the guidelines of eligibility criteria or reimbursement demands

Because these factors require additional learning by the student, it is important that the student demonstrate a readiness to apply previously learned clinical skills acquired within the UNT Speech and Hearing Center within the context of new demands offered in the off-campus practicum setting. In other words, students must show a level of proficiency in their clinical skills during their practicum within the UNT Speech and Hearing Center that suggests they will be successful with the new demands presented in the off-campus setting. UNT faculty will determine a student's readiness for placement in off-campus practicum by evaluating the following prior to their placement:

- Understanding of theoretical components of clinical service delivery as demonstrated in coursework and practicum
- Basic clinical assessment skills such as obtaining a case history, determining an assessment plan, completing assessment activities according to standards and practice guidelines, interpreting results, and sharing results with clients and family members
- Basic clinical intervention skills such as determining baseline performance, writing measurable goals, evaluating the outcome of intervention, and modifying goals when indicated
- Professional communication skills as demonstrated by the ability to document clinical service delivery in a clear, concise, and accurate manner and the ability to discuss issues related to clinical service delivery in an organized and coherent manner appropriate to the audience.
- Professional and interpersonal skills to engage positively in the supervisory process under potentially stressful and demanding situations
- Ability to self-evaluate performance, seek assistance when indicated, and modify behavior based on feedback and experience.

Students should recognize that throughout their coursework and clinical practicum experiences within the UNT Speech and Hearing Center faculty and supervisors will be evaluating each student's readiness for off-campus practicum. Students will be provided the opportunity for remediation if their level of performance does not indicate readiness for placement. Students will not be placed in off-campus practicum when their level of performance in coursework or clinical assignments suggests a significant likelihood of failure in the off-campus placement. Students should be aware that their placements are carefully made with consideration of skill level and need for well-rounded experiences over the course of the program; placement requests may be considered but are not guaranteed of your placement. The placements, once assigned by the supervisor for the semester, are final.

Grading for Clinic

Students will receive continued feedback about their performance in clinic through both formal and informal feedback, skills check-off, and mid-term and final evaluations. A mid-term evaluation will be conducted as a means of providing structured, formal feedback from the supervisor to the student. If the supervisor feels that the student's performance during client service delivery is not adequate for successful completion of the practicum assignment, the supervisor will clearly indicate this concern to the student. At that time, the student and the supervisor will develop precise goals that must be achieved by the student during the remainder of the practicum assignment. The supervisor will usually provide the student with instructional assignments to support the student's learning and facilitate achievement of the goals. Failure of the student to complete the instructional activities or achieve the stated goals may result in a failing grade for the practicum assignment.

Students enrolled in clinical practicum will be provided a course syllabus outlining the objectives of the clinical practicum as well as the competency requirements for the practicum, other course

requirements, and grading practices. Students should refer to the syllabus for information regarding grading.

Students who obtain a passing grade for practicum may count the client contact hours toward the supervised clinical clock hour requirements for ASHA certification.

Semester 1:		Semester 2:		Semester 3:		Semester 4:		Semester 5 - Offsite	
4.00 – 5.00	A	4.25 – 5.00	A	4.50 – 5.00	A	4.50 – 5.00	A	4.60 – 5.00	A
3.50 – 3.99	A-	3.75 – 4.24	A-	4.25 – 4.49	A-	4.25 – 4.49	A-	3.75 – 4.24	A-
3.25 – 3.49	B+	3.50 – 3.74	B+	4.00 – 4.24	B+	4.00 – 4.24	B+	3.50 – 3.74	B+
3.00 – 3.24	B	3.25 – 3.49	B	3.75 – 3.99	B	3.75 – 3.99	B	3.25 – 3.49	B
2.50 – 2.99	B-	3.00 – 3.24	B-	3.50 – 3.74	B-	3.50 – 3.74	B-	3.00 – 3.24	B-
2.25 – 2.49	C+	2.75 – 2.99	C+	3.25 – 3.49	C+	3.25 – 3.49	C+	2.75 – 2.99	C+
2.00 – 2.24	C	2.50 – 2.74	C	3.00 – 3.24	C	3.00 – 3.24	C	2.50 – 2.74	C

Clinic Practicum Pass/Fail Grading Criteria:

1st Semester 5060 Pass/Fail Guidelines (Clinic Practicum): Graduate student clinicians must score an average letter grade of B or better across all sections of the CALIPSO **final** evaluation form. If a first semester graduate student clinician fails to score an average of B- (C or lower is NOT a passing grade) or better on the CALIPSO final clinical evaluation, they will be assigned a **Fail** for the first semester 5060 clinic practicum and will be required to repeat the clinical practicum portion of 5060 (retake/re-register 5060 practicum) in a subsequent semester.

2nd-5th Semester 5060 Pass/Fail Guidelines: Graduate student clinicians must score an average letter grade of B or better on each and all sections of the CALIPSO **final** evaluation form. If a 2nd-5th semester graduate student clinician fails to score a B or better on each section of the CALIPSO final clinical evaluation (B- or lower is NOT a passing grade), they will be assigned a **Fail** for that semester of 5060 clinic practicum and will be required to repeat the clinical practicum portion of 5060 (retake/re-register 5060 clinic practicum) in a subsequent semester.

1st-4th Semester Pass/Fail Guidelines (Classroom Portion): Students must earn a score of 80% or better on each 5060 classroom assignment, and 80% or better on each course exam. If a clinical student in any semester of 5060 clinic practicum fails to score 80% or better on classroom assignments and/or classroom exams, they may be required to take the classroom portion of the 5060 course again in a subsequent semester in which the failed classroom portion is offered. According to the discretion of the 5060 instructor, a remediation project or assignment(s) will be assigned when a student scores below an 80% on any given assignment or exam, in order to fulfill passing criteria for 5060 classroom requirements. In this situation, remediation projects and/or assignments will be judged on a pass/fail basis by classroom instructor and/or clinic director and a determination made whether student will be required to retake the 5060 classroom portion. No more than one remediation project/assignment will be assigned to a graduate student during each

semester of 5060. It should be noted that even if a graduate clinical student is assigned a remediation assignment in a 5060 class, this does not guarantee an automatic pass for that semester. This will ultimately be determined by the classroom instructor and clinic director as based on student's overall clinic/classroom performance and ability to meet ASHA clinical standards.

Recording Clinical Clock Hours

Practicum experiences are designed to meet requirements for certification by the American Speech-Language and Hearing Association, therefore, maintaining records and monitoring accumulation of clinical clock hours is an important responsibility of the student and the program. Students should keep a log of all client evaluations including client's name, age, date of service, and clock hours. These should be totaled at the end of the semester and entered in the diagnostics column of the Semester Clock Hours Form (*Appendix C*). If a client is enrolled in therapy, students should use the client attendance form (*Appendix C*) to record the client's attendance each session throughout the semester. At the end of the semester, the student will calculate the total number of clock hours for a client and record it on the Semester Clock Hours Form (*Appendix C*). Students should complete two identical forms for the semester, one for the student to keep and one to turn into the ASLP department. Each supervisor will verify the student's record of the clock hours by initialing the hours entered on the form. The total clock hours will then be tallied and verified during clinic checkout at the end of the semester. The ASLP Department will maintain a record of the student's clock hours. A record will also be provided to the student at the end of each semester. Students are encouraged to monitor their clock hours to assure that they are obtaining the necessary clock hours for completion of ASHA required hours for certification. Students who have concerns about their clock hours should schedule an appointment with the Center director.

A) ASHA Countable time

Clinicians may define countable time to be reported for ASHA certification as any time spent when a student is engaged in clinical speech-language pathology task and is supervised by a professional certified in speech-language pathology. Exceptions and inclusions of these activities include:

- Students may only report time spent in direct contact with clients. This excludes preparation time, report writing, scoring tests or language samples, and writing lesson plans.
- Prevention hours may be reported if the clinician is providing information or participating in activities that are directly related to prevention of communication disorders (e.g. education on noise exposure, alcohol-related birth defects). □

Evaluation hours may be reported for time spent assessing and diagnosing communication disorders, prior to initiation of an intervention program. Hours may also be reported for informal testing, re-evaluations, and non-standardized tests.

- Treatment or evaluation time may be counted for time spent in professional meetings, individual education (IEP) meetings only if the family or client is present. This excludes time spent meeting with clinical supervisors.
- Observation hours may only be reported as observation and count towards the 25 required hours. These hours may also be reported in the KASA competencies.
- Clinicians with clients who present with more than one communication disorders should distribute the time spent working on each disorder accordingly.
- Hours spent working with children can be defined as birth through elementary school age. Adults may be defined as those in the middle school age (e.g. around 14 years) or older.

B) Computing Clinic Clock Hours

A clinician should record the exact number of minutes/hours that he/she is in direct contact with client during treatment or assessment activities. This can include time spent escorting a client to and from therapy/assessment room is engaging in therapeutic type of interaction. This can also include time spent conferencing with a parent/spouse/caretaker prior to, or after a treatment/assessment session. Amount of time spent in direct contact with client or clinical conference should be recording exactly in terms of minutes/hours; rounding up to the nearest hour or time increment is not appropriate.

If more than one clinician is co-treating during a session, the time spent in session must be split between the clinicians. Clock hours should never be duplicated when more than one clinician is involved. Division of therapy minutes/hours is ultimately determined by the supervisor, and should be agreed upon by clinicians. Division of minutes/hours should be dictated by the amount of direct time each clinician is engaged in treatment or assessment activities with the client during a session.

If more than one student is assigned to an assessment, each student is allowed to receive credit for the time spent providing service, ONLY if different functions are being provided. For example, if one student interviews a parent, and other tests the client, each student may claim full clock hour credit for that time. However, if more than one student is assigned to one function, such as testing a client, this time must be divided between students, depending on the amount of direct contact (e.g. one student tests for the first 40 minutes; and the other student tests for 50 minutes), this time is divided between the students (i.e., 40 minutes for first student and 50 minutes for second student).

C) Reporting Clinic Hours using CALIPSO

Students will be required to use the electronic program Clinical Assessment of Learning, Inventory of Performance, and Streamlined-Office Operations (CALIPSO). Students should submit their clinic clock hours via the CALIPSO program, and supervisors will approve these hours prior to the end of each semester. All clock hours must be submitted and approved, along with a clinical evaluation, before a final grade will be entered into the student CALIPSO system. Students may also use a hard copy to keep track of their hours

throughout the semester using the student clock hour worksheet. If you have any questions or concerns regarding CALIPSO, please ask your clinical supervisor or the general CALIPSO website can be found at: <http://www.calipsoclient.com/>. All clinic hours obtained at assigned offsite centers should be logged into and verified via CALIPSO.

CALIPSO Online Tracking System

The Department of Audiology and Speech-Language Pathology and the UNT Speech and Hearing Center utilize the online student evaluation grading and tracking portal known as CALIPSO. All students in ASLP are required to have and maintain an account. A one-time expense is required for students to set-up and own an account which they will have access to indefinitely. All clinical hours and clinical evaluations for treatment and diagnostics will be maintained in the CALIPSO system.

Performance Rating Scale: CALIPSO utilizes a 5-point rating scale (1=not evident; 2=emerging; 3=present; 4=adequate; 5=consistent.)

Clinical Competency Levels with associated performance expectations: CALIPSO utilizes 3 clinical levels. See “Keys to Clinical Competency” (pg. 14) for performance expectations for each level

Clinical Competency Score: CALIPSO utilizes a competency score of 3.0 for skills reported as competent in the formative assessment.

Keys to Clinical Competency

	4: Exceeds Performance Expectations	3: Meets Performance Expectations	2: Needs Improvement in Performance	1: Performs Unsatisfactorily
<u>LEVEL I</u> (Beginning) 0100 Clinical Hours	Inconsistently demonstrates the clinical behavior. Displays minor technical problems, which do not hinder the therapeutic process. Exhibits awareness of the need to monitor and adjust and makes changes. Modifications are generally effective.	The clinical skill/behavior is beginning to emerge. Efforts to modify skill may result in varying degrees of success	Implements the behavior/skill with difficulty. Efforts to modify are generally unsuccessful	The clinical behavior is not evident. Makes no apparent effort to modify. Is not aware of the need to change

<p><u>LEVEL II</u> (Intermediate) 100-200 Clinical Hours</p>	<p>Adequately implements the clinical skill/behavior. Beginning to demonstrate some independent and creative problem solving. Displays minor technical problems, which do not hinder the therapeutic process.</p>	<p>Inconsistently demonstrates the clinical behavior. Exhibits awareness of the need to monitor and adjust and make changes. Modifications are generally effective.</p>	<p>The clinical skill/behavior is beginning to emerge. Efforts to modify may result in varying degree of success.</p>	<p>Implements the skill with difficulty. Efforts to modify are generally unsuccessful.</p>
<p><u>LEVEL III</u> (Advanced) 200350 Clinical Hours</p>	<p>Adequately and effectively implements the clinical skill/behavior. Demonstrates independent and creative problem solving.</p>	<p>Displays minor technical problems, which do not hinder the therapeutic process.</p>	<p>Inconsistently demonstrates clinical behavior/skill. Exhibits awareness of the need to monitor and adjust and make changes. Modifications are generally effective.</p>	<p>The clinical skill/behavior is beginning to emerge. Efforts to modify may result in varying degrees of success.</p>

Essential Functions Skills and Expectations

In order to acquire the knowledge and skills requisite to the practice of speech-language pathology, to function in a broad variety of clinical situations, and to render a wide spectrum of patient care, graduate student clinicians must have skills and attributes in five areas, according to ASHA and the Council of Academic Programs in Communication Sciences and Disorders (2007). These professional skill areas, while not exclusive, include: communication, motor, intellectual-cognitive, sensory-observational, and behavioral-social. Such skills enable a student to meet graduate and professional requirements as measured by state licensure and national certification. Many of these skills can be learned and developed during the course of the graduate program through coursework and clinical experience.

All graduate students entering the UNT graduate program in SLP will be provided a *Graduate Clinical Student Essential Functions Requirement Agreement* (pg. 49) to read and sign, thus ensuring understanding of the essential functions professional skills required for graduate clinical training in the SLP program.

In the event that a graduate student clinician fails to demonstrate any of the essential function skills, a *Clinical Student Essential Function Skills Checklist* (see below) will be completed so as to designate the specific function(s) that are not being met the s or sustained. In this event, a student may be subject to remediation practices and/or subject to temporary suspension from clinic related training activities. In

certain applicable cases, an *NOC* (see below) will be filed so as to document specific essential function weakness(es), and to designate a remediation plan including student expectations. In the event that a student fails to demonstrate any or all of the essential functions required in clinical practicum, the student may be considered for termination from the clinical training component of the master's degree requirements. Any type of action subsequent to a student's failure to meet or sustain demonstration of essential function skill(s) will be determined by the SLP clinical director, graduate program director and ASLP department head.

The original CAPCSD Essential Functions document may be located the following link:
<https://www.capcsd.org/proceedings/2007/talks/EFchecklist.pdf>

Clinical Student Essential Function Skills Checklist

SLP clinical students must have skills and attributes in five areas: communication, motor, intellectual-cognitive sensory-observational, and behavioral social. These skills enable a student to meet graduate and professional requirements as measured by state licensure and national certification. The starred items (*) are skills that are most inherent and should be present when a student begins the program. If any of these skills are not met, remedial or other action may be taken (see UNT ASLP Clinic Handbook)

Communication Skills:	Met	Not Met
Communicate proficient in both oral and Written English language		
Possess reading and writing skills sufficient to meet curricular and clinical demands *		
Perceive and demonstrate appropriate non-verbal communication for culture and context *		
Modify communication style to meet the communication needs of patients, caregivers, and other persons served.		
Communicate professionally and intelligibly with patients and college colleagues, other healthcare professionals, and community or professional groups.		
Communicate professionally, effectively, and legibly on patient documentation reports, and scholarly papers required as a part of coursework and professional practice		
Convey information accurately with relevance and cultural sensitivity.		
Essential Functions for Speech-Language Pathology Students		

Motor Skills	Met	Not Met
Sustain necessary physical activity level in required classroom and clinical activities.		
Respond quickly to provide a safe environment for patients in emergency situations including fire, choking, etc.*		
Access transportation to clinical and academic placements. *		
Participate in classroom and clinical activities for the defined workday. *		

Efficiently manipulate testing and treatment environment and materials without violation of testing protocol and with best therapeutic practice.		
Manipulate patient-utilized equipment (e.g. durable medical equipment to include AAC devices, hearing aids, etc.) in a safe manner.		
Access technology for clinical management (i.e. billing, charting, therapy programs, etc.).		

Intellectual/ Cognitive Skills	Met	Not Met
Comprehend, retain, integrate, synthesize, infer, evaluate and apply written and verbal information sufficient to meet curricular and clinical demands. *		
Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.		
Solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic and therapeutic plan and implementation.		
Self-evaluate, identify, and communicate limits of one's own knowledge and skill to appropriate professional level and be able to identify and utilize resources in order to increase knowledge.		
Utilize detailed written and verbal instruction in order to make unique and dependent decisions. Sensory/Observational -- A student must possess adequate sensory skills of vision, hearing, tactile, and smell to:		
Visually and auditorily identify normal and disordered – fluency, articulation, voice, resonance, respiration characteristics, oral and written language in the areas of semantics, pragmatics, syntax, morphology and phonology, hearing and balance disorders, swallowing cognition, social interaction related to communication.		
Identify the need for alternative modalities of communication		
Visualize and identify anatomic structures		
Visualize and discriminate imaging findings.		
Identify and discriminate findings on imaging studies.		
Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.		
Recognize when a patient's family does or does not understand the clinician's written and or verbal communication.		

Behavior/ Social Skills	Met	Not Met
Display mature empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others. *		
Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic backgrounds. *		
Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and University and federal privacy policies. *		

Maintain general good physical and mental health and self-care in order not to jeopardize the health and safety of self and others in the academic and clinical settings. *		
Adapt to changing and demanding environments, which includes maintaining both professional demeanor and emotional health		
Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.		
Accept appropriate suggestions and constructive criticism and respond by modification of behaviors.		
Dress appropriately and professionally.		
Function in accordance with clinical training standards, requirements, and expectations in such a way that emotional, physical and mental health do not negatively impact client-clinician clinical interactions in the UNT Speech & Hearing Clinic or at off-site practicum sites.		

Graduate Student Clinical Performance Reviews and Guidelines for Remediation

All graduate student clinicians in SLP practicum and externship assignments will be reviewed twice a semester in a large group forum consisting of clinical supervisory staff and faculty, and the graduate student advisor. Student clinicians will be reviewed with full consideration towards ASHA and KASA standards, whereby students' clinical performances will be measured in accordance with expectations for the specific academic semester and year of the student's graduate training program. Specific clinical competencies for treatment and diagnostic clinical skills are listed in the UNT CALIPSO tracking system, as well as being included on a different UNT practicum evaluation checklists, that are based on the specific semester and year of student's graduate training program.

In the event that a graduate student clinician in their first 4 semesters of graduate school is not performing up to said standards and expectations by the mid-semester review time, a remediation plan and NOTIFICATION of CONCERN (NOC) will be specifically tailored toward that students' individual needs and clinic goals (see attached form). The remediation plan, including specific clinical performance expectations will be communicated to the student, likely in a joint meeting involving the clinic director, supervisors for that student, and the graduate student advisor. The graduate student will be asked to approve the remediation plan and the expected clinical performance competencies as outlined on the NOC. The NOC and other supporting documents (if applicable) will be placed in the student's permanent file and/or downloaded to the student's clinic CALIPSO.

An additional student meeting will be scheduled at or near the end of the academic semester to review student's clinical progress, current performance, and to determine if student is meeting stated expectations as outlined on the NOC. The NOC will be updated accordingly, as will be decisions based on the student's final clinical P/F grade.

If a student is in their 5th semester of graduate training, or Clinical Externship semester, the review process will be guided by the input of the externship clinical supervisor. In most

circumstances, the Clinic Director will gather all supporting evidence regarding the student performance concerns and then proceed with a meeting that will include the clinic director and graduate student advisor. The student will be presented with a specific contract outlining student performance expectations on multiple parameters of treatment and diagnostic clinical skills and competencies for the remainder of the externship semester. Standards for meeting clinical performance expectations will be communicated to the student in a contract form in the event that a student is allowed to return to the externship site for completion. In the event that a student externship is curtailed due to substandard performance, the clinic director and graduate student advisor will devise a remedial clinical plan suited to meet the particular student's clinical deficiencies. If the student is ultimately assigned a failing grade for the externship assignment, and has received a failing clinic grade in a previous clinical practicum semester, they will not be allowed to complete another clinical practicum at UNT.

The clinic director, graduate student advisor and department head (and not the externship site supervisor) will ultimately decide whether a student's clinical externship performance meets ASHA and KASA clinical standards to warrant a passing grade.

Notification of Concern

University of North Texas

The Notification of Concern (NOC) form is used by the UNT Audiology & Speech-Language Pathology (ASLP) department to alert students, and to provide record for the ASLP Department, of concerns that may prevent a student from successfully completing the ASLP program. The NOC should be reserved for only those situations that, if not corrected or addressed, would be a significant barrier to success in the Speech-Language Pathology profession. The process involved with the NOC form is focused on helping a student improve skills, and to provide a tracking mechanism for identifying and applying action plans designed to alleviate the concerns. In some cases, however, it may also be used to identify students who should seriously consider changing majors. Faculty or staff should complete this form as completely and specifically as possible and should involve the student by reviewing the information and issues of concern as indicated below. A student should sign the NOC before it is saved to the student CALIPSO system and departmental records.

Student Information					
Student Name:		UNT ID:	000001	Email Address:	xxx.xxx.com
Major:	Audiology & Speech-Language Pathology				
UG or Grad Level:					

General Information					
Date Issued:		Resolved By:		Date resolved:	
Course No:		Course Title:		Semester:	
Originator:		Title of Originator:	Supervisor/Clinic Director	Date Student Responded	

- **Identify the area of your concern** Please check all areas that apply and rate your level of concern for each area
- **Low=alert status.** a The actions already taken were sufficiently successful in the clinic or academic program.
b No action has been taken as yet, but this concern should be monitored.
- **Medium=in need of remediation.** The student needs assistance formulating an action plan and identifying services and resources to help them be successful.
- **High=serious action needed.** a Extension of the student's academic or clinic program. b The issue may warrant possible removal from the program.

<input type="checkbox"/> SKILLS	<input checked="" type="checkbox"/> CONTENT KNOWLEDGE	<input checked="" type="checkbox"/> PEDAGOGY or PERFORMANCE	<input checked="" type="checkbox"/> PROFESSIONAL DISPOSITION
May include concerns in: Speaking Writing Reading Listening or other skills	Many include concerns in factual accuracy, conceptual understanding, procedural understanding, theoretical bases, problem solving or other knowledge issues.	May include concerns with client rapport, developing therapeutic goals and training strategies, data collection, behavior management, treatment preparation and implementation, client tracking, clinical confidence, or other clinic performance issues	May include concerns with attendance, respect, responsibility, initiative, judgement, teamwork, clinic attire, honesty, emotional coping, meeting deadlines, following procedures, or other professional behaviors
RATE YOUR LEVEL OF CONCERN IN THIS AREA (see above): <input type="checkbox"/> high <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> none of above	RATE YOUR LEVEL OF CONCERN IN THIS AREA (see above): <input type="checkbox"/> high <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> none of above	RATE YOUR LEVEL OF CONCERN IN THIS AREA (see above): <input type="checkbox"/> high <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> none of above	RATE YOUR LEVEL OF CONCERN IN THIS AREA (see above): <input type="checkbox"/> high <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> none of above

Describe your concern as specifically as possible. Explain what you have already done to assist the student in resolving this concern. (recommend resources/services, accommodations, discussing the concern, allowing additional opportunities to demonstrate competence, etc.) This information will help the ASLP staff to recommend effective interventions and to avoid repeating strategies that have already proven unsuccessful. (include attachment if appropriate)

Action Plan: Identify what needs to be completed and/or demonstrated so that the student may move forward in the ASLP program. Specify the completion date(s). If applicable, identify other faculty/staff who will participate in determining the students success in resolving this concern

Staff Signature(s): _____

Student Signature: _____ Discussed with _____ (indicate personnel) _____ on ____ (date) _____

Semester Therapy Plan (STP) and Mid-Semester Clinical Conferences

For purposes of (a) providing better clinical training for students, (b) providing increased information to parents, and (c) generally increasing the quality of our service delivery model, two procedures should be incorporated into each student’s clinical experience during each semester:

The student clinician, along with his/her supervisor and client’s parents (caretakers or spouses), should have a scheduled STP conference at the beginning of the semester, wherein the parent, spouse, and/or client should be encouraged to take an active role in designing the STP goals for the semester.

The student clinician, along with his/her supervisor and client’s parents (caretakers or spouse), should schedule one or two conference(s) during a client’s therapy time in order to review treatment progress and provide a specific update regarding the client’s therapeutic status. With many of our child clients, especially those who are not typically observed by a parent, an inter-semester conference focusing on providing therapy information to parents and spouses would be an excellent experience for students (one that is needed in the “real world”), as well as an added service for our clinic patrons.

Note: As usual, the implementation of these procedures is up to each supervisor’s discretion.

Evidence-Based Practice Report (EBP)

Every student enrolled in Clinical Practicum ASLP 5060 will be expected to complete an Evidence Based Practice Report (EBP) based on an article that applies to a client, clinical program, or question. This can be submitted in either written and/or oral form, depending on your supervisor's preference. EBP reports are due for EACH of your clinic assignments at UNT (including the UNT Speech and Hearing Clinic). If you do not have a client at UNT, you are required to write at least one EBP report on an outside client/assignment at an offsite.

Please turn EBP report for UNT Speech and Hearing Center client into UNT supervisor. Turn Price Lab School and other offsite EBP reports into the Clinic Director, unless otherwise designated.

Example EBP Checklist:

1. Article was applicable to clinic case or clinic question.
2. Summarized article in accurate and detailed fashion.
3. Demonstrated critical thinking and sufficient detail in applying article to client, clinical program, or answering clinical question.
4. Report was professionally written/orally presented.

Statement on Required Clinic Hours

The Speech Language Pathology major is accredited by the Council on Academic Accreditation of the American Speech Hearing Association. The faculty of the Department of Audiology and Speech-Language Pathology makes every effort to assure that student clinicians are appropriately supervised and that they receive the appropriate number of hours in each of the required areas. However, all required hours may not be obtained in ASLP 5060 Clinical Practicum. Graduate clinicians will be responsible for completing their required hours in their internship semester. The Clinic Director should be kept apprised of the type of internship each graduate student is planning to complete. If a student wishes to do both child or adult based internships, or other specialized internships, the clinic director will attempt to make assignments at the UNT Speech and Hearing Center that satisfy hours not likely to be obtained during the internship experience.

Statement Concerning Procedures for Making Clinic Assignments

Any student enrolled in ASLP 5060 Clinical Practicum will be required to accept clinical assignments, on and off campus, that are made by the Clinic Director during a given semester. These assignments may be scheduled at any time between the hours of 8:00AM – 6:00PM Monday through Thursday. The assignment of clinical practicum experiences will be based on student training needs, American Speech-Language-Hearing Association (ASHA) requirements, and service demands of the UNT Speech and Hearing Center. Clinical assignments will NOT be made or modified because of student's personal preferences, altered work schedules, academic loads, or individual travel constraints (e.g., lack of transportation, commuting schedules). During a given semester, a student can expect to be assigned up to 2 or 3 full-semester assignments (this

includes offsite centers, individual clients, and groups). If more than three clinical assignments are made, the student may refuse to accept them.

Clinic assignments are determined based on the student's need to fulfill the nine areas included in the Knowledge And Skills Acquisition (KASA) areas. Students need to be competent in all nine areas to complete of the Certificate of Clinical Competence (CCC) in Speech-Language Pathology. Student's clinical assignments will be based on the ages, cultural distribution, and the nine KASA areas that have not been fulfilled. For further information on the nine KASA areas see the section on the standards for the Certificate of Clinical Competence (CCC) in Speech-Language Pathology Part C.

In the event that a clinical assignment is not acceptable to a student (who has less than three assignments), the student may petition to an ad hoc committee (composed of other students and faculty members) to have the assignment waived or modified. If the petition is denied, and the student chooses not to accept the clinical assignment, then the student's clinical grade will be reduced by one grade for that semester (e.g., B becomes C). This grade reduction will be implemented for each client not accepted. All clinical practicum assignments and their subsequent modifications must be authorized by the Clinic Director.

Summary Tips for Students

- Keep accurate and thorough records of evaluation and treatment clock hours. Your supervisor will need to review and verify those clock hours at the end of the semester for credit.
- Be sure to divide clock hours into the appropriate categories.
- Some clients may fit into multiple categories (i.e. a child with speech and language therapy treatment goals). Consult with your clinical supervisor about how to divide the clock hours into the appropriate category.
- Be sure you have the phone number of your supervisor at home if they provide it or their UNT email address.
- Contact your supervisor ASAP in the event of illness or emergency that will require absence from an assigned client. Do not assume they have received your message until you have heard back directly from the supervisor.
- If you are unable to reach your supervisor, contact the Center front desk (940-565-2262) and request assistance in notifying the supervisor of your absence.
- Remember that repeated absence for any reason may jeopardize passing the clinic assignment.

UNT Speech and Hearing Center Clinic Procedures

As student clinicians, you are a member of the clinical team providing services to clients of the UNT Speech and Hearing Center. Part of your clinical learning experience is to gain an understanding of procedures involved in service delivery to clients. Clients of the Center view students as beginning professionals and expect the same level of professionalism from students that they do from supervisors and staff of the Center. It is important that students understand and follow the procedures of the clinic and maintain professionalism at all times.

Clinic Work Environment

The first-floor area of the Speech and Hearing Center is utilized for assessment and treatment of clients and operates as a professional work area. The Center employs a full-time secretary and a full-time billing clerk as well as part-time student workers to support the operations of the Center. These employees manage important aspects of clinical operations such as scheduling clients, managing documentation, billing for clinical services, and ordering clinical supplies and re-sale equipment. Because confidential health information and billing information is stored in the clinic office area, students are restricted from the area behind the reception desk. Employees of the Center are available to assist students in obtaining clinical records and supplies, scheduling clients, and completing billing for clinical services. Students should be mindful of the need to maintain a professional work atmosphere in the clinic work area at all times.

The clinic operates as a fee-for-service provider. This means that most of the clients pay for services received, although some may be seen at a reduced rate or on scholarship according to Center policies. Methods of reimbursement for services include:

- Private pay by the individual receiving services
- A sliding fee scale based on the financial eligibility of the client
- Third party reimbursement (insurance companies)
- Scholarships for specific programs or services
- UNT students receive speech services at the Center free of charge and at a reduced rate for most of audiology services

Students will have the opportunity to learn important information about billing and reimbursement during their practicum experience at the Center. Students will be responsible for completing billing information after each client contact. Billing forms known as “superbills” will be generated for each client appointment and filed behind the supervisor’s name in the billing file (*Appendix C*). Supervisors will assist students in learning the appropriate CPT (Common Procedural Terminology) code and ICD (International Classification of Disease) codes that are used to bill for services. Documentation of the client contact must support the billing codes selected. Learning to bill accurately for services is an important professional skill and essential for ethical practice. Students should seek input and assistance from the supervisor if they have questions about completing the superbill.

Policy for Attendance and Cancellation of Clinic Sessions

1. Attendance

In order to assure professional responsibility on the part of the assistants/clinicians and in order to simplify the problems of deciding between excused and unexcused absences, the following clinic attendance policy has been established.

A clinician must hold 90% of the possible clinic sessions with each of the clients assigned in order to receive credit for the clinical practice course. Likewise, assistants must be present for 90% of assigned sessions. Absences caused by the client do not count against the assistant/clinician. Clinicians may make up absences when proper arrangements can be made for room and supervision time. No more than one make-up session may be scheduled in a given week without your supervisor's approval. The department head may assign a faculty member to review the situation, in cases of extreme illness and prolonged absence.

2. Cancellations

Student clinicians must obtain permission from their supervisors before they cancel therapy sessions. This includes absences due to a doctor's appointment, job interview, leaving early for vacation, etc. The only exception to the above rule is in the case of illness.

If you must cancel a therapy session for any reason it is your responsibility to contact your client, client's parent or care provider directly, your supervisor, and the Clinic front office (940-565-2262), as early in the morning on the day of the absence as possible, or the day before. If you miss a session for any reason, you are required to make arrangements to reschedule session.

If a clinician is ill and has an 8:00 or 8:30 A.M. client, the clinician must call the client to cancel before the client has left home to travel to the Clinic. The clinician must also notify the clinic office (secretary or voice mail) concerning the absence. If the clinician is ill, it is the clinician's responsibility to contact the client to cancel the therapy session. The clinic office should also be contacted as soon as the illness is apparent and the clinic secretary will notify the supervisor, observer(s), and assistant.

It is imperative that the clinic secretary is notified of a reliable phone number for each client.

That is a telephone number at which someone may be reached during the day; a home number, work number, or a babysitter's number, etc. If a clinician must cancel an early morning session, the clinician first should inform the client, then

call the Clinic secretary (273-2543) and leave a message about the cancellation. It is also important that each client have the clinician's number in case the client must cancel an early morning appointment.

3. Externship Site Attendance Policy

An attendance policy will be in force for all student clinicians enrolled in ASLP 5060 and attending a school or other outside practicum site. The following requirements and procedures will apply:

1. Students are required to attend every session of their outside practicum assignments. If a student misses a session due to medical reasons (or other extenuating circumstances), a make-up session will be required during finals week or at some other time that is arranged by the student and practicum site supervisor. If more than one session is missed due to medical reasons, a doctor's statement is required. You are required to make up all missed sessions as arranged through supervisor.
2. If the UNT clinic is cancelled for weather related reasons, most surrounding schools will be cancelled. However, if you are assigned to a non-school site, attendance is required if safe travel permits. In any event, a student should call the practicum supervisor to confirm attendance or not.
3. If a student attends the NSSHLA conference, he/she will be excused from their outside practicum site on that day----however, make-up sessions are encouraged if possible.
4. If your supervisor cancels, you are not required to go on that particular day. If therapy is cancelled due to staffing, parent conferences, or other types of professional meetings, you are required to attend and at least observe, unless your supervisor does not think it would be instructive or appropriate. These types of professional activities can be valuable learning experiences.
5. Attendance sheets in the form of clock-hour worksheets (with individual dates) will be required for students enrolled in ASLP 5060 for each outside practicum site. You are to have your practicum supervisor initial each date on the clock-hour sheet that you attend. These sheets can be carried back and forth to sites, or left at sites to be filled out each time a student attends. At the end of a semester, a supervisor's signature will be required on the practicum site clock-hour work sheet in order for hours to be recorded. This clock-hour work sheet should be used in conjunction with the externship placement clock-hour worksheet, and both turned in to clinic secretary at the end of semester.

Externship/Offsite Assignment Procedures

1. Clinic student should contact Offsite Center Supervisor as soon as possible to let the supervisor know you are assigned to their site for the fall or spring semester. You should plan on starting the offsite assignment on the first day UNT classes begin, if not before based on agreement with UNT and offsite supervisor.
2. You should determine the days/times you will be attending the offsite center when talking with your Offsite Supervisor. (See below.)
3. For all Offsite assignments, students must fill out the office form noting days/times of attendance, and return to clinic secretary as soon as possible.
 - a. The Offsite Center Supervisor determines what clinical activities student will do and with what types of clients.
 - b. The Offsite Center Supervisor will (a) determine the kinds of lesson plans and logs student will maintain, (b) provide ongoing supervision and evaluation, (c) hold student evaluation sessions, and (d) determine student clinic grade for the offsite center.
 - c. Students do not have to comply with policies and procedures of the UNT Speech and Hearing Center that do not apply at the offsite center, however, attendance is MANDATORY! See offsite attendance policy under policy section.
 - d. At the end of the semester, the Offsite Supervisor will verify number of student hours and enter evaluation information into student's CALIPSO.
4. If a clinic student has questions, they should first be directed to the Offsite Supervisor. If student has irresolvable issues with offsite center placement or supervisor, they should consult with Clinic Director.
5. Regarding STP and End of Semester Reports: If you do not have a client at the UNT Speech and Hearing Center, you are required to write at least one STP and EOS for a client at the assigned offsite enters. You may choose any client of interest for the STP and EOS. These documents are to be turned to the Clinic Director at the appropriate times during the semester. You may share these documents with your Offsite Supervisor, however, he/she is NOT required to read and/or grade these, unless they wish.

Health Insurance Portability and Accountability Act (HIPAA)

As a health care provider, the University of North Texas (UNT) Speech and Hearing Clinic in the Department of Audiology and Speech-Language Pathology (ASLP) must comply with the Federal Health Insurance Portability and Accountability Act (HIPAA) regulations. Faculty, staff, and student clinicians of UNT must comply with these regulations.

1. *What is HIPAA?*

HIPAA is the Health Insurance Portability and Accountability Act of 1996 that was designed to protect health insurance coverage for workers and their families when they changed or lost jobs. These are Federal regulations being developed by the Department of Health and Human Services, of which only the first two have been published; the Electronic Data Interchange (EDI) Rule and the Privacy Rule.

2. *How does HIPAA affect me and the UNT Speech and Hearing Clinic?*

The rules state that any health care provider that maintains or transmits “individually identifiable health information” is subject to HIPAA. It is intended to protect the privacy of individually identifiable health information contained in a patient’s medical record.

Making a reasonable effort to protect our client’s confidentiality is the primary focus of HIPAA as it applies to us.

3. *I understand that I need to adhere to the following guidelines and procedures in order to honor client privacy and HIPAA regulation in the UNT Speech and Hearing Clinic.*

- Never discuss or reveal any identifying information about a client(s) in public areas inside or outside of the UNT Clinic building and/or ASLP department. Even casual discussion about any of our clients outside of the UNT clinic is prohibited.
- Never leave papers or materials with a client(s) name(s) in public places in or outside of the UNT clinic.
- Never take written materials out of the UNT clinic with any type of client information on them; lesson plans, logs, clinical reports may be written outside of UNT clinic, ONLY if no identifying information is included on them.
- Never take video/audio recordings of clients outside of UNT clinic or ASLP department; if using personal computer/IPhone to tape client, this should be erased immediately after analysis, and must never leave the UNT clinic
- Storage devices such as flash drives, dvds, cameras, or others containing client personal information (e.g., clinic reports, photos), should never be taken outside of the UNT clinic or ASLP department
- When printing clinic related reports, use only the client’s initials until printing the final draft, which should be printed inside the UNT clinic only.
- All copies of clinic report drafts should be shredded when you are finished with them; the final draft must be printed in the UNT clinic or ASLP department.
- Never save client related reports on a computer, storage device or other, outside of the UNT clinic. Never take storage device containing client report with identifying information outside of UNT clinic or ASLP department.
- Client permanent files can only be read or utilized inside the UNT clinic or ASLP department. Client files must never leave the clinic or department under any circumstances.
- Any phone calls pertaining to UNT clinic clients should not be made in public areas in or outside of the UNT clinic.
- All requested client related files, reports or other client related information must be sent via postal mail; FAXes are not secure devices
- E-mails pertaining to clients should contain initials only when emailing to or from a source outside of the UNT clinic or department

- Information about a client can only be sent if there is a current permission for release of information in the client's file
- When exchanging information about a client, use only the minimum amount of information that is necessary to accomplish the purpose of the disclosure
- Persons outside of the ASLP major are not allowed in clinical treatment/diagnostic areas, or areas in which client information is available or stored (e.g., student computer lab, office, library, assessment labs and clinic rooms, etc.). ASLP students are not to bring friends, relatives or others into these areas of the clinic or department without special clearance from the clinic director. Persons outside of the ASLP major are never allowed to observe clinic treatment or diagnostic activities without clearance from the clinic director and special permission from a client or client's guardian, spouse or parent.

It is understood that exchanging information about clients with faculty and fellow student clinicians is part of your educational and clinical experience at UNT, but it is necessary that you make every effort to respect UNT clients' privacy. Due to the configuration of most university speech and hearing clinic areas, clients in the waiting areas may easily overhear personal and professional conversations. Thus, any discussions about clients or clinical activity that are not directed at a specific client or family member should be conducted in a private area of the UNT clinic or ASLP department. In the event whereby you are unsure if a particular action would potentially be in violation of a client's privacy rights, you are encouraged to error on the side of caution!

I have read the UNT client privacy protection guidelines above and agree to adhere to each procedure as long as I am a student in the Department of ASLP. In the event that I am determined to be out of compliance with any of the HIPAA related guidelines, my privileges and or affiliation with the UNT Speech and Hearing Clinic and/or Department of ASLP may be revoked, or I will be subject to another disciplinary action.

Printed Student Name

Date

Student Signature

We realize that exchanging information about clients with faculty and fellow student clinicians is part of your educational experience at UNT, but it is necessary that you respect our clients' privacy and treat each client with respect. Due to the configuration of our clinic area, people in our waiting areas may easily overhear personal and professional conversations. Thus, we ask that any discussions about clients or clinical activity be conducted in the Resource Room, classrooms, or a faculty member's/ supervisor's office. Even casual discussion about clients outside of the clinic is strongly discouraged.

Client Confidentiality

Clients who receive services at the UNT Speech and Hearing Center have the right to confidentiality. The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that mandates specific requirements all health care providers must follow related to client confidentiality. The UNT Speech and Hearing Center has specific guidelines to comply with HIPAA requirements. It is important that students follow these guidelines at all times.

Notice of Health Information Practices (Appendix C) – all clients of the Center receive this information before receiving services at the Center. The notice describes how each client's health information (known as protected health information or PHI) may be used. The notice describes client's rights regarding their PHI, including:

- The right to confidential services
- The requirement that release of PHI to others not directly involved in the client's care or necessary for reimbursement be authorized by the client before release
- The right to read records related to services received and, if requested by the client, the right to amend those records if deemed appropriate
- The right to request an accounting of all releases of PHI to others

Students should adhere to the following guidelines in order to assure client confidentiality of PHI:

- Do not discuss any information about clients of the Center, including the names of clients receiving services at the Center, with anyone not involved in the care of the client (anyone other than supervisors, faculty, staff, or other professionals involved directly in the client's care).
- Be mindful of discussion with family/caregivers in the clinic waiting area where others are present. If specific or sensitive information needs to be discussed, ask the client or family/caregivers to come back to the treatment area where privacy is possible. Do not conduct case history interviews or engage in extensive counseling in the waiting area.
- Keep all clinical records secure. Clinical files should never leave the UNT Speech and Hearing Center. Do not leave reports, clinical files, or lesson plans out in sight of others. Do not type clinical reports in computer files accessible by others. Do not leave reports on unattended computer screens.
- If client information is to be presented in case studies, classroom learning activities, or class project, all identifying information (client's name, address, record number, etc.) must be removed. If a videotape of a session is to be shown to others not directly involved in the client's care, written authorization must be received by the client. The authorization must specify who will view the tape and what the information will be used for.
- Client information may be used in research activities only if all identifying information is removed from the data. If identifying information is included, written authorization must be obtained from the client.

Client information can be disclosed/released under the following circumstances **without** written authorization from the client:

- Information released to the client or guardian of the client. The client does not need to sign a release form when they receive the information.
- For purposes of ongoing treatment, for example, consultation with a supervisor or consultant on the case
- For payment purposes, for example when information is sent to an insurance company for payment
- For organizational needs, for example if information is reviewed for quality assurance purposes by clinic administration.

Policy on Department Identification Cards and Name Badges

Students must obtain a University of North Texas student identification card, and a UNT Speech and Hearing nametag. These nametags should be worn in every practicum setting including the UNT Speech and Hearing Center.

Questions or concerns about nametags and ID cards should be taken to the administrative office in room 260 of the UNT Speech and Hearing Center.

Note: You must be wearing a badge to maintain HIPAA compliance. Students who are not wearing a badge will be unable to engage in clinical activities.

Policy on Department and Clinic Closing Hours

The Audiology and Speech-Language Pathology Department and UNT Speech and Hearing Center is open from 8:00 A.M. to 6:00 P.M. Monday through Thursday (as designated each semester by the Clinic Director), and from 8:00 A.M. to 5:00 P.M. Friday. It is the clinicians' responsibility to have all materials returned and to vacate the clinic by that time.

Policy Regarding the Closing of Clinic due to Bad Weather

If **UNT cancels classes**, all clinic activities are automatically CANCELED. If UNT delays the start of classes, the Clinic will start when UNT classes start.

It is imperative that you review this policy with your client the first day of clinic and exchange phone numbers so that contacts can be made on these days. This means that you should still **call your individual clients to remind them about clinic cancellations**, especially the newer ones, and especially at the beginning of each semester, so as to prevent any potential confusions or trips to the clinic. If you are working with a UNT student in clinic, please let them know that they are allowed to attend their clinic session on these days, but you will contact them first to let them know if you can make it to the clinic. You should NEVER put yourself at risk to get to the clinic on these days!

CounselEAR

In the fall of 2018, the UNT Speech and Hearing Center transferred over to electronic documentation and now uses CounselEAR for all client documentation and billing. CounselEAR is an online, cloud-based system specifically designed to make the clinic more efficient and effective. Students will register for CounselEAR at the beginning of the semester.

CounselEAR Student Setup:

- When beginning CounselEAR, Becky Bullard, the UNT billing specialist, will send you an email including your username (this will be your UNT email) and a temporary password.
- Login to CounselEAR using this information.
- Once signed in, click your name in the upper right hand corner. This will pull up your user profile.
- In the box “Password”, type in your desired new password.
- In the box below, retype your new password.
- Click save.

General Rules and Guidelines:

- CounselEAR may NOT be accessed outside of the clinic for any reason. It is a HIPAA violation.
 - If you log in to CounselEAR on a personal computer while in the clinic, you must log out prior to leaving the clinic.
- There are tutorial videos on CounselEAR for additional support
 - Click “Help” on the blue bar and a drop down menu will appear
 - Under “Support Information”, click “Tutorial Videos”
- Do not share your login information.
- When using CounselEAR, you must always be logged into your own account. All changes made must be done on your own account.
- CounselEAR has a “Chat” feature with which you can message the front desk and other clinicians.
 - Ex: This can be used to inform the front desk if a client or parent has contacted you directly to cancel.
 - It is not recommended that you do not use this feature to contact supervisors. Email is the preferred method.
- At the bottom each patient profile, there is an option to add notes.
 - Ex: If you call a client for either dx or tx purposed, please write notes based on the call. This will allow supervisors, the front desk, and fellow clinicians to view this information.
- As superbills will no longer be printed out, they will no longer be referenced to. The new term will be “invoices”. These will be filled out electronically on CounselEAR.
- Anytime you have an appointment, you must complete an invoice the SAME DAY.
- There will no longer be an attendance book. Attendance will be tracked using the patient visits on CounselEAR.
- When a client shows up for their appointment, a pop-up will appear on your screen to let you know they have arrived.

Client Records/Documentation

Learning to document clinical service delivery is an important professional skill and one that many students find challenging. The ASHA Code of Ethics states that “individuals must maintain accurate records of professional services rendered and products dispensed and shall allow access to these records when appropriately authorized” (American Speech-Language and Hearing Association, Code of Ethics, 2003). Part of your practicum experience will include learning to write evaluation reports, treatment plans, and progress notes in a clear, concise, and professional manner.

When a client receives services at the UNT Speech and Hearing Center, a permanent client record is established that will contain all relevant documentation of services provided to the client on CounselEAR. It is important that students keep in mind the following important points about the client record:

- Students are not to log in to their CounselEAR account outside of the UNT Speech and Hearing Center.
- Records must be kept confidential at all times. Records may not be printed or distributed to individuals not involved in the client’s treatment, reimbursement, or operations of the center without authorization from the client.
- The client record serves as a legal document of all professional services provided. The record may be subpoenaed for legal matters.
- Clients may access their clinical records by requesting in writing to do so.
- Client reports are sent to referring physicians, schools, and other agencies.
- Client reports must be completed within the Center guidelines and must reflect standards of the Center.

After registering for CounselEAR, students may access the clinical file of a client by searching their name in the patient search, clicking on their client’s name, and then clicking on the documents tab. The documents tab includes folders, including: Outside Assessment-SP, UNT Assessments-SP, and UNT Speech-Language Program. Students will find that the documents tab contains all relevant documentation of information related to services provided to the client including case history information, evaluation reports, treatment plans and progress notes, and correspondence with other professionals. Students will find that the clinical record contains all relevant documentation of information related to services provided to the client including case history information, evaluation reports, treatment plans and progress notes, and correspondence with other professionals.

Learning to document services in a professional style is an important skill that often requires considerable effort for students. Similar to clinical skills, students usually require a great deal of guidance and input from supervisors when learning to write clinical reports. Students can easily feel overwhelmed and frustrated by the amount of revisions supervisors request on reports and clinic notes. It is important for students to keep in mind that clinical supervisors have two important goals when working with students on clinical reports. One is assuring that the report

clearly and accurately documents the clinical services provided to the client in a professional manner. The second is helping the student learn the skill of clinical documentation. Unfortunately, some students do not take full advantage of the learning opportunities provided in the editing and revision process, and work only to finish the task. Students are provided the following suggestions to assist them in learning to document clinical services:

- When reading clinical reports, pay attention to the style and wording of the report. Note how the report conveys factual and interpreted information in a professional style. Take to time to read and study reports written by others.
- Think about the major points which need to be conveyed in the report. Including nonsignificant or irrelevant detail results in a report that is lengthy and cumbersome to read.
- Take time to proof-read and edit a report. Assess the report for spelling, grammar, clarity and conciseness.
- When receiving a report back from a supervisor with revisions, take time to analyze the revisions and understand why the supervisor made the changes.
- Keep electronic or hard copies of reports complete with revisions to refer to in the future. For confidentiality purposes, remove the client's name and all identifying information. Electronic copies with identifying information may only be saved on a clinic computer; completed reports may not be saved on external drives that may be removed from the Center. All electronic reports must be de-identified before leaving the Center.
- Consult with clinical supervisors regarding ways to improve clinical documentation skills.
- Keep in mind that correct spelling, grammar, and punctuation is expected of college students on all writing assignments.

It is important for students to recognize that clients and other professionals draw conclusions about the capabilities of a professional based on the thoroughness, accuracy, and completeness of their documentation. Each report is an opportunity to build a good professional reputation.

Working Files

Clients who receive ongoing treatment in the Center may have a working file in addition to the permanent client file. A working file serves as a means of tracking ongoing treatment activities and facilitating communication between the student clinician and the supervisor. Working files may include:

- Treatment plans for individual sessions
- Raw data or summary data about treatment sessions
- Records of practice activities or homework assignments given to clients
- Records of educational information provided to clients and/or family members

Information contained in the working file is summarized into formal progress notes and treatment summaries and then destroyed in a manner that assures confidentiality. Although the

working file is not considered a permanent or legal record, it may contain confidential information and should be maintained in a manner consistent with client confidentiality. The following guidelines apply to the working file:

- The working file should not leave the UNT Speech and Hearing Center.
- Working files should be kept secured in the filing cabinet in the student work area. The work area is locked each evening.
- The student clinician should update the working file with a daily treatment plan prior to each session and place the file in the observation room of the assigned treatment room for the supervisor to access during the session.
- At the conclusion of the session, the student should retrieve the working file from the observation room, update the file with any data from the session, and return the working file to the file cabinet.

Cultural Diversity

One of the challenges and rewards of professional practice is the opportunity to work with individuals from varied cultural backgrounds. During practica, students generally have the opportunity to participate in service delivery to individuals from diverse cultural and racial backgrounds. Some students have previous experience that transfers well to these situations. Perhaps they have attended schools with a multicultural or multiracial student body. Perhaps they have studied other cultures. Perhaps they themselves are from a culturally diverse background. Some students, though, have few experiences to draw upon. They may be unaware of the enormous impact of culture on communication and how culture can influence attitudes about disability. Even slight cultural differences may influence a client or family's decision about whether to seek evaluation for a problem, enroll in treatment, or express concerns or questions to service providers. During practica, students should learn to recognize and respect cultural diversity. As a service provider, students are expected to always work in the best interest of the client regardless of race, gender, religion, sexual orientation, ethnic background, social beliefs or ability to pay. This does not mean that everyone is treated the same. This means that everyone's individual circumstances, values, and belief systems are taken into consideration during clinical service delivery and decision-making. Students are provided these suggestions to assist them in learning to serve individuals from varied cultural backgrounds:

- Do not be judgmental. It is our responsibility to educate and inform, but not to decide what is right for others.
- Treat everyone with care, concern, and respect. This is the hallmark of professionalism.
- Learn how cultural diversity can affect typical clinical activities. For example, in some cultures it is considered rude to ask personal questions such as those associated with childbirth that might appear on a case history form. It is important for students to learn how to ask such questions in a manner that respects the culture of the individual.
- Take the time and effort to learn about individuals' cultures and belief systems and incorporate this knowledge into all aspects of clinical service delivery.

Dress Code

The Speech and Hearing Center provides professional services to clients from a diverse community. Supervisors and students are expected to maintain a clean, professional appearance at all times during patient care. **Name tags are expected to be worn at all times during patient care.**

Approved Attire:

- Solid-colored scrub tops and matching-colored bottoms, excluding pastel shades, neon and white, are the standard clinic attire for students. Contrasting color piping along the neckline only is permissible.
- Undergarments should not be visible through tops or pants. Scrubs that allow skin to be seen when bending down or over are not appropriate. Undershirts/camisoles may be considered.
- Appropriate footwear includes closed-toe shoes such as athletic footwear or clogs, but excludes flip flops, rain boots and Vibram “barefoot” shoes.
- Conservative ear piercings and non-obtrusive jewelry
- UNT Speech or Audiology approved jackets/pullovers

Attire Not Appropriate for Patient Care

- Unnatural hair colors (blue, purple, pink, orange, etc.) either as highlights or full color, are not appropriate for clinic.
- Nose rings/studs, bull-ring, eyebrow, tongue, lip and ear-gauge piercings are not permitted during patient care cultural piercings should be discussed with the Clinical Directors when necessary.
- Tattoos of any sort that portray vulgarity or profanity must be covered by a long-sleeve shirt if on the arms or removable bandage if located on any visible portion of the body. Sleeve tattoos are not permitted in the clinic and will be covered by a solid long-sleeve shirt under scrubs. Questions about tattoos should be discussed with the Clinical Directors. The Clinical Directors have final discretion regarding visibility of tattoos in their respective clinics.
- Shorts, jeans, t-shirts, midriff shirts, flip flops, leggings, and other “street clothes”

It is important for students to keep in mind that professional demeanor significantly influences a client’s assessment of the competence of the professional. Right or wrong, appearance of the professional is a key component of professional demeanor. Individuals who are not compliant with the clinical dress code will be asked by their supervisor to return home to change clothing.

Equipment and Materials

The Department of Audiology and Speech-Language Pathology invests significant resources in equipment and materials for the education of students and service delivery to clients. Part of learning clinical service delivery involves learning to use and manage equipment, keeping in mind

that treatment space and equipment is generally utilized hour after hour by many students and supervisors. Therefore, equipment must be returned to designated storage areas immediately after use, and treatment spaces must be cleaned and ready for the next client. Students should utilize the following guidelines for responsibly managing equipment and materials of the Center:

- Learn to operate all equipment safely and according to guidelines. If a student is unsure how to operate equipment, they should seek assistance from the clinical supervisor.
- Follow guidelines regarding maintenance and calibration of equipment.
- Report any equipment malfunctions to the clinical supervisor immediately. The student and supervisor should complete the Equipment Repair Form (*Appendix C*) when equipment malfunctions are identified. It is important that malfunctioning equipment not be utilized in service delivery to clients.
- Return all equipment and materials to designated storage areas. Materials should be sorted and cleaned before returning.
- Notify the clinical supervisor, clinic secretary, or clinic graduate assistants if clinic supplies are low or empty so that they may be reordered promptly.
- Do not leave toys, electrical cords, or materials on the floor where they may be a fall hazard to others.
- Keep in mind safety when choosing materials for use with small children. Do not select materials with small parts that may be a choking hazard to a child under three years of age.

Students and supervisors may make requests for additional materials or equipment to the Center director. Every effort will be made to secure equipment or materials needed for client intervention. Students may make copies of reproducible worksheets or therapy materials on the copier in the student work room. Laminating material, construction paper, markers, and other therapy supplies are available in the student work area or the clinic office.

Diagnostic Test Material Policy:

1. Unless you have explicit permission from a supervisor, student clinicians are not permitted to take diagnostic tests (located on the library shelves) home. If a student has permission to remove a test from the clinic, the test must be checked out after 6:00, and returned by 8:00 AM the following day. Make sure this is indicated when you check out the test. You know the policy for checking out tests.
2. When practicing test administration, do NOT use original test protocols; these are expensive. Students may use the photocopies located in the library filing cabinet. When administering tests with one's diagnostic team and/or during an assessment, a practice test protocol may be used, and then the information needs to be transferred to the original test protocol. Sometimes in the test situation, it is nice to be able to scribble notes in margins and/or mark up your protocols, and to complete after going back and listening to tape etc.
3. After you finish scoring the test and the report is finalized, you will place the completed original test protocol in the permanent file. This protocol must be completely filled out with the client's identifying information, chronological age, all composite scores, and all subtest scores. In the past, protocols have been inserted that lack important information.

This should be done in ink so as to be permanent. In the future, we want the protocols to present the most accurate picture of the client's test performance, so the protocol must be filled out in its entirety.

4. If you are asked to use some of our protocols at an off-site, please indicate that to me in an email.
5. If we are down to the last 5 protocols in the drawer, please contact your GSA office to replenish as soon as possible. The GSA email is sphs-gsaoffice@unt.edu.

Involvement of Family/Caregivers

The UNT Speech and Hearing Center encourages active involvement of family members and caregivers in the evaluation and treatment process. Family members, particularly parents of children, should be viewed as important partners in the treatment process. Every effort should be made to advance their knowledge and understanding of the assessment and intervention process, assist them in understanding how to facilitate the client's communication, and develop their ability to advocate effectively for the client.

As a means of facilitating involvement of the family/caregiver, the supervisor and student clinician may:

- Invite the family/caregiver to observe sessions in the observation or treatment area
- Request that the family/caregiver actively participate in the treatment activities
- Model or demonstrate treatment techniques for the family/caregiver and coach them in learning to do the same techniques outside of treatment
- Provide ongoing education to the family/caregiver in a clear and understandable manner
- Elicit feedback from the family/caregiver about the client's communication abilities outside of the treatment setting
- Encourage the family/caregiver to express questions or concerns about the treatment process and respond accordingly
- Conduct formal counseling sessions with the client/family/caregivers
- Provide home programs that the family or caregivers can be involved in

An important part of professional preparation is learning to establish a positive, effective working relationship with the client and the client's family and caregivers. Students sometimes feel challenged to answer questions or provide specific suggestions, particularly when they are struggling to understand a client's status or behaviors. If a client or family expresses concerns or doubts about assessment results or treatment activities, students may feel defensive or unappreciated for their efforts. Sometimes these feelings prevent clinicians from engaging the family/caregivers actively in treatment. Students should keep in mind that these situations are part of the challenges of professional practice. Effective professionals learn how to encourage input and questions from clients and family/caregivers, respond to concerns or complaints in a helpful, non-defensive manner, and to value the contribution of the client and their family/caregivers in the assessment and treatment process. Students should seek input from clinical supervisors about ways of engaging the client and the family/caregivers in intervention, methods of explaining sometimes complicated clinical information in understandable terms and techniques to encourage input and feedback from the client and family/caregiver.

Infection Control Policy

Infection Control – “the conscious management of the environment for the purposes of minimizing the potential spread of disease” (Bankaitis & Kemp, 2003)

- I. Universal Precautions
 - a. Wash hands after each therapy session
 - b. Wear gloves when performing an oral mechanism examination
- II. Cleaning and Disinfection
 - a. All cleaning and disinfection should be completed immediately after each therapy session. If you are unable to clean each directly after your session, place the dirty items into the “Need to be Cleaned” bin in the observation hallway. **Return to clean the items as soon as your time allows.**
 - Communal toys that are shared between children → Disinfect after each therapy session
 - Small toys with inside spaces → Wipe the surface of the toy using a disinfectant wipe; clean hinges, nooks and crannies, etc.
 - Large toys with inside spaces → Immerse in cleaning liquids
 - General surfaces such as tables and chairs → surfaces immediately after each session
 - b. Sterilization must be done when an object is contaminated with any infectious substances such as blood, mucous, or other bodily fluids.
 - c. Objects made completely of plastic (no fabric, batteries, buttons, etc.) can be cleaned in the dishwasher. Place objects inside a mesh bag to prevent them from falling downse the gentlest cycle, then allow objects to air-dry.
 - d. Playthings made of metal can be sanitized by using a mixture of bleach and water. Use a tablespoon of bleach diluted in a quart of water and allow the toys to air-dry.
 - e. Objects made of fabric can be spot cleaned with a disinfectant wipe.
 - f. Books can be cleaned with a cloth that has been dipped into a 50/50 mixture of distilled white vinegar and water or mild soapy water. Stand the books upwards and separate the pages while they dry.

(Geddes, 2017)

- III. Standard Therapy Room Items
 - a. Each therapy room should always be stocked with the following items:
 - i. Flavored/unflavored tongue depressors
 - ii. Hand sanitizer
 - iii. Tissue boxes
 - iv. Table wipes
- IV. Locating Cleaning/Infection Control Supplies
 - a. Cabinet 17 (Middle Hallway) – Infection control/clean up kit, personal protection kit, blood borne pathogen clean up kit, Latex gloves

- b. Cleaning Supplies (Contact GSA office – sphs-gsaoffice@unt.edu) – Paper towels, hand sanitizer, windex, Lysol, wipes/disinfectant wipes, tissues

Observation Area/Video Recording Equipment

Many treatment areas of the UNT Speech and Hearing Center are equipped with observation areas and/or video recording equipment that may be utilized for clinical supervision activities and/or family/caregiver education. Clinical supervisors may observe speech therapy treatment sessions from the observation room, their computer or they may choose to observe in the treatment room where they can provide direct assistance or modeling to the student clinician. Sometimes supervisors may invite the family/caregiver to observe sessions with them so that they can explain intervention techniques to the family/caregiver while the student clinician works with the client. Supervisors may also request that student clinicians review a recorded treatment session for analysis. Video recording is also utilized for family/ caregiver education purposes as well. Computers will be available in the student work room for students to view recorded sessions. Students are not permitted to download sessions to their personal flash drives to view outside of the clinic.

Safety/Emergency Procedures

Students are expected to adhere to the following guidelines to assure the safety of all clients and co-workers of the Center:

- In the event of a fire, the student should immediately remove any clients from the area and activate an alert to co-workers. Upon hearing a fire alarm, all students and staff will proceed with the fire evacuation plan.
- Space heaters will not be used in any treatment areas.
- Electrical cords should not be run across a floor where they could pose a fall hazard to others.
- Materials and toys will not be left on the floor as to cause a fall hazard to others. Age appropriate materials and toys will be used in treatment.
- Children will be supervised at all times, including in the waiting area. If a parent or caregiver is not present at the conclusion of treatment, the student clinician or supervisor should wait with the child or ask a member of the clinic staff to wait.
- Children should only be released to the care of a custodial parent or designated caregiver at the conclusion of treatment. If someone other than a custodial parent or designated caregiver is to pick up the child, the parent should provide notice to the clinician, and the clinician should verify the identity of the person prior to releasing the child.
- All accidents or injuries to staff, student clinicians, clients, or visitors should be reported immediately to the clinical supervisor and Center director.

Incident Reporting Policy

It is the policy of the University of North Texas Speech and Hearing Clinic to utilize an incident reporting and management system as an integral tool in ensuring the health and welfare of individuals receiving services administered by clinicians of the University of North Texas Speech and Hearing Clinic. All significant incidents associated with the University of North Texas Speech and Hearing Clinic personnel, clients, or the public will be documented and reported to the clinical supervisor and a copy forwarded to the clinic director. A significant incident is defined as any incident that is unexpected or has an unexpected outcome. All employees, contract personnel, volunteers, and/or agents of the UNT Speech and Hearing Clinic will follow the Incident Reporting policy.

Incident Reporting Policy Rationale:

A mechanism for handling reportable incidents must be established in an effort to ensure proper management of incidents, determine any potential legal liability, and to enhance the quality of care to our clients by identifying problem areas in an effort to prevent the occurrence of future incidents. It is also done to document threatening incidents to staff so that potential safety hazards can be addressed.

Reportable Incidents:

Any event which is not consistent with the routine operation of the University of North Texas Speech and Hearing Clinic and that adversely affects or threatens to affect the well-being of the employees, faculty members, clients, students, visitors, or property of the University, regardless of whether an actual injury is involved or not.

1. Classification of Injury:
 - a. None: no injury.
 - b. Minor: application of a dressing, ice, cleaning of wound, limb elevation, or topical medication.
 - c. Moderate: suturing, application of steri-strips/skin glue, or splinting.
 - d. Major: surgery, casting, traction, or required consultation for neurological or internal injury.
 - e. Catastrophic: disability or death.

Violent Disturbance Incidents:

Everyone is asked to assist in making the Speech and Hearing Center a safe and peaceful place to carry on business as normally as possible. However, disturbances sometimes do occur and everyone should be aware of actions to take. For clinic purposes, "violent" disturbances are defined as any physical or non-physical act that results in threatened or actual harm to a person or property. It also includes any threatening words or actions whether verbal or non-verbal." Take the following steps if a violent disturbance occurs:

1. Stop the session; alert the front desk to call for police assistance. For emergencies, immediately dial 911. For non-emergency threats, call the campus police first (940) 565-3000.

2. In the event of a violent disturbance, front desk employees should move other clients in the reception area and other spaces to a secure location. Clients already in therapy rooms should stay in their room and keep the door closed.
3. If the client is being physically violent, a clinician should not try to engage with or restrain that client in any way. Do not take any unnecessary chances.
4. Assist the campus police when they arrive by supplying them with all additional information and ask others to do the same.

Reporting Guidelines:

1. The involved person reports all incidents causing injury or property damage, or where there was the potential for such injury or property damage, to appropriate supervisor and/or Clinic Director immediately.
2. In the event that there is suspected abuse, incidents should be directly reported to Texas Department of Family Protective Services at (940) 387-8544.
3. In the event that the incident warrants contact with a public safety or law enforcement agency, the UNT public safety department should be contacted directly at (940) 565-3000 and/or the Denton Police Department (940) 349-8181 or 911 in the case of an emergency situation.
4. All reportable incidents should be additionally reported by telephone call to the UNT Risk Management Services at (940) 565-2109 and/or UNT Office of Institutional Compliance at (940) 565-4080. In the case of reporting an incident to the UNT Risk Management Services or UNT Office of Institutional Compliance, details of the incident are not required, just a call notifying the office that there was an incident.
5. The Incident Report Form is filled out immediately by the supervisor, employee or faculty member, or anyone else witnessing the incident.

UNT Speech & Hearing Center Suspected Child Abuse Reporting Policy

Suspected Child Abuse Reporting Policy Statement:

The University of North Texas Speech and Hearing Center places the highest emphasis on the safety and well-being of its students, faculty and staff. The University of North Texas Speech and Hearing Center places the same emphasis on the safety and well-being of its visitors and particularly those visitors who are minors.

Suspected Child Abuse Reporting Policy Rationale:

Minors may visit the University of North Texas Speech and Hearing Center for a number of reasons, including but not limited to visits as a client or visits as someone who is accompanying a client. The protection of minors, especially from physical or sexual abuse, is a core value of The University of North Texas Speech and Hearing Center, and every member of the center has an obligation to comply with the provisions of this policy.

Reportable Incidents:

All students, volunteers, and third-party contractors are required by University of North Texas Speech and Hearing Center policy to report suspected cases of child abuse and/or neglect. These incidents include the following instances:

Abused Child:

A child is abused when an individual:

- a. inflicts, causes to be inflicted or allows to be inflicted, physical injury by other than accidental means, which causes death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function to such child;
- b. creates a substantial risk of physical injury to the child by other than accidental means which would be likely to cause death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function;
- c. commits or allows to be committed any sex offense against such child, including all sexual acts, fondling a child, or having the child touch the person in a sexual manner;
- d. commits or allows to be committed an act or acts of torture upon such child;
- e. inflicts excessive corporal punishment upon such child; or
- f. causes an illegal controlled substance to be sold, transferred, distributed or given to a child.

Neglected Child:

A neglected child is any child who is not receiving the proper or necessary nourishment or medically indicated treatment including food or care, or otherwise is not receiving the necessary support or medical or other remedial care or other care necessary for his or her well-being, including adequate food, clothing or shelter; or who is abandoned by his or her parents or other person responsible for the child's welfare. Neglect may also include failure to provide adequate supervision to a child, such as when a child is left unsupervised or left in the care of someone incapable.

Reporting Guidelines:

1. In the event that there is suspected abuse, incidents should be directly reported to Texas Department of Family Protective Services at (940) 387-8544.
2. The Suspected Child Abuse Incident Report Form is filled out immediately by the supervisor, employee or faculty member, or anyone else witnessing the incident and delivered to the front desk of the UNT Speech and Hearing Center or faxed to 940-369-7702.
3. In the event that the incident warrants contact with a public safety or law enforcement agency, the UNT public safety department should be contacted directly at (940) 565-3000 and/or the Denton Police Department (940) 349-8181 or 911 in the case of an emergency situation.
4. All reportable incidents should be additionally reported by telephone call to the UNT Risk Management Services at (940) 565-2109 and/or UNT Office of Institutional Compliance at (940) 565-4080. In the case of reporting an incident to the UNT Risk Management Services or UNT Office of Institutional Compliance, details of the incident are not required, just a call notifying the office that there was an incident.

Quality Improvement

Like most professional practices, the UNT Speech and Hearing Center maintains a program for quality improvement of services. This program involves ongoing collection and analysis of information and data with the objective of identifying opportunities to improve the quality of services to clients receiving services at the Center, as well as the educational services to students. Because the UNT Speech and Hearing Center has a dual mission of excellent service delivery to clients and excellent clinical education to students, quality improvement activities encompass both missions. The UNT Speech and Hearing Center Quality Improvement Plan includes the following:

- Collection and analysis of client satisfaction surveys
- Collection and analysis of student satisfaction surveys, including satisfaction with clinical supervisors and satisfaction with the clinical practicum experience
- Auditing of clinical records and billing information
- Peer review of clinical documentation
- Analysis and review of operational information such as denials for reimbursement, waiting lists for services, and compliance with confidentiality guidelines
- Tracking of feedback or complaints from clients, referral agencies, and other stakeholders
 - Tracking the timeliness of documentation

For a quality improvement program to work most effectively, each individual in the organization must take responsibility for identifying and sharing information to improve the quality of services. Professional practice involves an ongoing commitment to improve the quality of services. As student clinicians, you can contribute to the quality improvement process in the following ways:

- Work to develop a positive working relationship with your supervisor that allows for the sharing of new ideas and identification of ways to improve service delivery to clients as well the clinical education process.
- Approach problems or obstacles with a process of improvement ideology. If something goes wrong, think about what might make it work better. Instead of blaming others, think of ways a process may be changed to encourage accuracy or quality.
- Identify problems and opportunities for improvement in a positive manner. Don't just complain; think about possible solutions. Don't be afraid to share ideas.
- Be committed to doing whatever it takes to provide the best clinical services to your clients and the best educational environment for yourself.

Important Summary Points

- The UNT Speech and Hearing Center provides professional audiology and speech language pathology services to the community. Clients often judge the quality of the services they receive based on the professionalism of the students, supervisors, and staff of the Center.
- Students should know and follow guidelines for confidentiality at all times. HIPPA laws that affect the use and disclosure of protected health information (PHI) in the Center are the same as guidelines followed by hospitals, clinics, and private practices.
- The client record is considered a legal document and may be subpoenaed by a court of law. Records should support clinical decision-making and recommendations. Ask yourself if the documentation would allow you, the provider, to explain or defend a clinical decision perhaps a year or two when you may have little recollection of the evaluation or treatment episode. Also, records must support billing.
- Students are expected to follow the dress code of supervisors and staff of the Center at all times.
- Clinical education involves learning to use equipment and materials in a safe, appropriate manner that is considerate of the workflow of the entire Center. Students are responsible for managing the resources of the Center responsibly.
- Clinical research supports that the involvement of family and caregivers in management of communication disorders improves the outcomes for persons with the disorder. Students are expected to learn how to engage the family/caregivers actively in evaluation, treatment and decision -making and to respect the culture of all individuals involved in services.
- Students are expected to maintain a safe environment for clients, co-workers, and themselves. Students must learn and follow all environmental safety guidelines including infection control, equipment safety, fire safety, and emergency procedures.

- Quality improvement is key to long-term success of any organization. Audiologists and speech-language pathologists must be committed to continually assessing and improving the quality of services they provide. Begin your commitment to quality improvement now. Identify ways of improving the services you provide to clients. When asked for feedback about your clinical education experience, be honest and open while respecting the efforts of others. Work together with other students, supervisors, and faculty provide excellent clinical service delivery to clients of the Center and excellence in clinical education to students of the department.

Preparation for Medical Offsite

Students will be required by the affiliate facility to complete SOME or ALL of the following contract conditions. MOST places require the following:

- Criminal Background Check
- Liability insurance – ASHA endorses a plan for student liability insurance coverage that typically covers \$1,000,000 to \$3,000,000.
- Immunizations
 - Rubella, or immune status
 - History of chicken pox (varicella) or evidence of immunization
 - Tuberculosis skin test (must be obtained within one month of internship)
 - Two measles vaccinations after the age of one.
- Hepatitis B Series Shots
- Health Insurance
- CPR Certification
- First Aid
- Blood Borne Pathogens (OSHA)
- High Risk Substance Abuse
- Mandatory Reporter Training

Preparation for School Offsite

Many school districts will provide a criminal background check through the school. However, it is important that students check with their school offsite supervisor regarding background check/immunization requirements.

General Offsite Information

Clinical offsite placement requests are submitted to the UNT Clinical Supervisor that organizes the externship placements. Not all students will receive their first choice of externship placement. Once externships are assigned, the student is responsible for contacting their offsite supervisor regarding

any forms or certifications needed. The student will also be asked to create a “student profile” including their clinical experiences at UNT that will be sent to the offsite supervisor. Students will receive treatment and diagnostic competency forms that are to be taken to offsite supervisors and brought back to the clinic when the offsite is completed.

Student Evaluation of Clinical Externship Site

After completing a clinical externship, students must complete an evaluation of their clinical offsite. This information provides the clinic director of knowledge of the student’s overall experience and knowledge gained while in their externship.

Clinical Externship Forms

The following forms will be provided to you by the clinical supervisor responsible for assigning clinical externships:

- Externship Placement Request Form
- Student Profile Form
- Treatment Competency Evaluation Form
- Diagnostic Competency Evaluation Form
- Student Evaluation of Externship Site Form

Resources for Students

The American Speech-Language-Hearing Association (ASHA) provides excellent resources for students considering or in the process of pursuing a career as an audiologist or speech-language pathologist. These resources are available at www.asha.org/students. The UNT Audiology and Speech-Language Pathology Department holds accreditation from the Council of Academic Accreditation for the graduate audiology and speech-language pathology programs. CAA accreditation requires programs to continually evaluate the quality and effectiveness of their graduate education programs. The CAA also provides a procedure for students to register formal complaints. Students may review this procedure at www.asha.org/Academic/accreditation/accredmanual/section8.htm. Students who wish to file a complaint to the CAA may submit that complaint to:

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

Clinical Orientation Acknowledgement

____I verify that I have read the UNT Speech and Hearing Center Clinic Manual and that I understand the policies/procedures related to clinical practicum in the Center. I agree to abide by the policies and procedures described in the clinic manual. I understand that failure to follow policies/procedures could potentially impact my grade in clinical practicum. Furthermore, I understand that failure to follow policies and procedures that place my clients, my fellow students, or myself at risk for injury may result in suspension from clinical assignments.

____I verify that I have read information regarding patient's protected health information and confidentiality requirements. I agree to abide by the practices described in the manual regarding patient confidentiality.

___I verify that I have read the Safety/Emergency Procedures, and I agree to abide by them at all times.

___I acknowledge receiving information on infection control practices. I agree to follow Universal Precautions, including body substance isolation procedures.

___I acknowledge receiving information on incident reporting policies. I agree to abide by them at all times.

Student Clinician

Date

**Graduate Clinical Student Essential Functions Requirement Agreement
UNT Department of Audiology and Speech Pathology**

This agreement is intended as a guide for incoming students in the Speech Pathology graduate program to understand the necessary professional and functional requirements associated with successful completion of the clinical program. In order to acquire the knowledge and skills requisite to the practice of speech-language pathology, to function in a broad variety of clinical situations, and to render a wide spectrum of patient care, graduate student clinicians must have skills and attributes in five areas: communication, motor, intellectual-cognitive, sensory-observational, and behavioral-social. These skills enable a student to meet graduate and professional requirements as measured by state licensure and national certification. Many of these skills can be learned and developed during the course of the graduate program through coursework and clinical experience. In the event that a graduate student clinician fails to demonstrate any of the essential function skills, the student may be subject to remediation

and/or suspension from clinic related training activities at the discretion of the clinical director, graduate program director and department head.

The starred items (*), however, are skills that are most inherent and should be present when a student begins the program.

Communication – A student must possess adequate communication skills to:

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

Motor – A student must possess adequate motor skills to:

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

Intellectual/Cognitive – A student must possess adequate intellectual and cognitive skills to:

- Comprehend, retain, integrate, synthesize, infer, evaluate and apply written and verbal information sufficient to meet curricular and clinical demands. *
- Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.
- Solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic and therapeutic plan and implementation.
- Self-evaluate, identify, and communicate limits of one's own knowledge and skill to appropriate professional level and be able to identify and utilize resources in order to increase knowledge.

- Utilize detailed written and verbal instruction in order to make unique and dependent decisions.

Sensory/Observational -- A student must possess adequate sensory skills of vision, hearing, tactile, and smell in able to:

- Visually and auditorily identify normal and disordered – fluency, articulation, voice, resonance, respiration characteristics, oral and written language in the areas of semantics, pragmatics, syntax, morphology and phonology, hearing and balance disorders, swallowing cognition, social interaction related to communication.
- Identify the need for alternative modalities of communication
- Visualize and identify anatomic structures
- Visualize and discriminate imaging findings.
- Identify and discriminate findings on imaging studies.
- Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.
- Recognize when a patient’s family does or does not understand the clinician’s written and or verbal communication.

Behavioral/Social - A student must possess adequate behavioral and social attributes to:

- Display mature empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others. *
- Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic backgrounds. *
- Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and University and federal privacy policies. *
- Maintain general good physical and mental health and self-care in order not to jeopardize the health and safety of self and others in the academic and clinical settings. *
- Adapt to changing and demanding environments, which includes maintaining both professional demeanor and emotional health
- Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.
- Accept appropriate suggestions and constructive criticism and respond by modification of behaviors.
- Dress appropriately and professionally.
- Function in accordance with clinical training standards, requirements, and expectations in such a way that emotional, physical and mental health do not negatively impact client-clinician clinical interactions in the UNT Speech & Hearing Clinic or at off-site practicum sites.

Adapted from the *Council of Academic Programs in Communication Sciences and Disorders (2008)*

<https://www.capcsd.org/proceedings/2007/talks/EFchecklist.pdf>

I understand and agree to adhere to the *Clinical Student Essential Functions* guidelines upon entrance into the UNT ASLP department. In addition, I understand that if these skills are not demonstrated at any level of my graduate student clinic training, I may be subject to remedial,

and/or disciplinary and/or possible suspension related outcomes, according to the discretion of the SLP clinical director, graduate student advisor, and departmental chair.

Student Name

Date

Suspected Child Abuse Incident Report Form



Please complete the following information within 24 hours of any incident involving any suspected child abuse or neglect of a Program Participant. This form should be delivered to the front desk of the UNT Speech and Hearing Center or faxed to 940-369-7702.

Reporting Party Information:

Name of Reporter: _____

Title: _____
Did reporter witness the incident? (Y/N): _____ Reporter Phone number: () _____
Reporter Signature: _____ Today's Date: _____

Victim Party Information:

Name of Victim: _____ Birthdate or approx. age: _____
Sex: _____ Victim phone number: () _____
Address: _____ State: _____ Zip: _____
Present location of victim: _____ School: _____ Grade: _____
Physically disabled? (Y/N): _____ Developmentally Disabled: (Y/N): _____
Type of abuse (circle one or more): PHYSICAL MENTAL SEXUAL NEGLECT OTHER (specify): _____
Relationship to suspect: _____

Incident Information:

Date/time of incident: _____ Place of incident: _____

Narrative description (what victim said/what the mandated reporter observed/what person accompanying the victim said/ similar or past incidents involving the victim or suspect):