

**University of Wisconsin Stevens Point  
Spring Semester 2017  
Clinical Practicum - CSD 792**

**Instructor:** Charlie Osborne

**Office Hours:** TBA

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**General Information**

**Getting Started** – Once you have your clinic assignment, I suggest you not only review the client's file, but that you observe several sessions from the previous semester for returning clients. I will provide you with the days and times (and room #) when the client attended I have placed the electronic copies of your client's SOAPS, POC, and FTR from the previous semester in your /s/ drive FYI.

**Therapy Plans** – Please have your treatment plan for a session in your /s/ drive before the day of the session. If you have a fluency case, your lesson plan will be a paper one that should be completed a day before your session. There are a variety of therapy plan forms available and, with the exception of fluency cases (where the format is available to you) you may use the one you feel most comfortable using. I don't require you to use a specific form except for fluency cases.

As mentioned, if you have a fluency client there is a specific lesson plan and data collection form that I ask you to use. For child cases, there is also a parent information form that you will ask the parent to fill out once each week. Please attach the completed feedback form to that day's lesson plan/data sheet.

1. **SOAP Notes** – It is expected that you will record daily SOAP notes for your client. Please see the handouts regarding SOAP notes in the clinic D2L site (one is the "shell" for writing in and the other includes information on how to write SOAPS). Let me know by email when you have placed the week's soaps in your /s/ drive.
2. **Self Reflection** - A section for self- reflection is included on the fluency data sheet/lesson plan or by itself outside my office (if your client is not fluency). Please complete this after each session and place it in my mailbox. I will review it, respond to your questions/comments, and return it to you.
3. **Data Collection** – You are required to collect data during each therapy session. The data collected will support the content of your SOAP note. Of course, we may need to discuss exactly what constitutes data and what to collect.
4. **Weekly Supervisory Meetings** –F2F supervisory meetings may be set up for once a week. This is a time set aside for us to discuss your client and his/her management. Areas of discussion may include: any concerns regarding management or supervision of management; discussion of your client's response to therapy; problem-solving therapy challenges; and self-evaluation of your performance.
5. **D2L** - There is a space in D2L set up exclusively for students I supervise. Please view the introductory PowerPoint at the beginning of the semester. It contains information related to your clinical experience this semester.  
On occasion I will have an activity for you to complete or we will have an online discussion. I will email you in advance when we do.
6. **Final Therapy Report:** The first four sections of the Final Therapy Report are due on **02/15/16(ish)**. Please submit electronically! If you have questions or concerns about the report let me know. The completed Final Therapy Report is due by **05/10/16**.
7. **Plan of Care** – Please have the POC completed by **02/15/16(ish)**. This is necessary only for CCCW clients. If you're submitting a POC you do not need to turn in a rough draft of your FTR. Please submit electronically!

8. **Videotaped Observation** – Clinicians are required to complete a written self-evaluation of a 3-5 minute segment of therapy. Your discussion of your self-evaluation and presentation of the videotaped segment will be a part of the midterm conference. *This is an optional task if you have already been supervised by me during a previous semester.*
9. **Evaluation of Clinical Performance** – *Formal evaluations will occur at midterm and at the end of the semester. At the beginning of the semester, we will discuss clinical expectations (yours and mine). Our collective decision on what is reasonable (where you hope to be on Anderson's Continuum) will serve as the measure for the midterm evaluation. Also, at the midterm conference we will determine the performance level you hope to be at by the end of the semester (this too, will be the "expected level of performance" you will use when performing your self-evaluation at the final conference).*

|  |                    |                        |  |
|--|--------------------|------------------------|--|
| <u>Expected Level of Performance</u> (Midterm – Final) |                    |                        | <u>Complexity of Client</u><br>High ----- Mid-----Low          |
| <u>Anderson's Continuum of Supervision</u>             |                    |                        |  |
| Evaluation-Feedback Stage                              | Transitional Stage | Self-Supervision Stage | <u>Clinician Level of Experience</u><br>High ----- Mid-----Low |
| _____   _____   _____                                  |                    |                        |  |

*I ask that you come to the grading conferences with your completed assessment of your performance and the grade you feel you deserve. At these meetings we will discuss your performance along with **you** and my evaluation of your performance. An appropriate letter grade will be determined. Please review the provided grading form and scale for more specific information.*

10. **Partnership** – You and I are entering into a form of partnership. We share several common goals including, but not limited to: to improve the client's communication status; to increase your clinical expertise; to develop your ability to problem-solve clinical situations; to develop your ability to accurately assess your own clinical performance; to learn how make therapy a truly enjoyable experience for the client and yourself; etc., etc., etc. We can meet these goals through mutual cooperation & trust and consistent communication. I will assume an evaluative role with you when it's necessary, but it is my intent that, for the most part, our relationship of supervisor/supervisee will be one that is more collaborative in nature.

**Please refer to the attachment entitled *Standardized Syllabus* for additional information regarding this clinical course**

**There is a D2L component to complement our weekly meetings. In it I hope to share related articles, videos, etc. and to make use of the Discussion Section. This is a work in progress and I will let you know when you're expected to participate.**

### Tentative Clinical Practicum Assignment Schedule

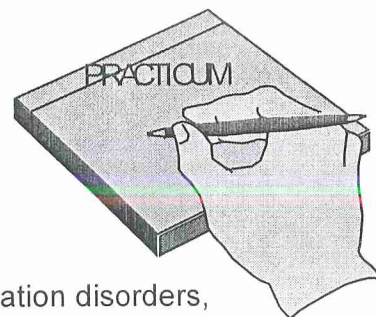
| <u>Dates</u>        | <u>Assignment</u>   |
|---------------------|---|
| Week 1<br>01/23/17  | Receive clinical assignments, review client file, initial supervisory meeting, schedule clients, etc.   |
| Week 2<br>01/30/17  | Therapy begins!   |
| Week 3<br>02/06/17  | Therapy   |
| Week 4<br>02/13/17  | <b>1<sup>st</sup> draft of final therapy report due on Friday 2/15/16(ish)</b><br><i>Osborne @ CESA 5 Conference 2/13 &amp; 14</i>  |
| Week 5<br>02/20/17  | Therapy   |
| Week 6<br>02/27/17  | Therapy   |
| Week 7<br>03/06/17  | Therapy   |
| Week 8<br>03/13/17  | <b>Midterm evaluation</b><br>Videotaped segment and completed self-evaluation   |
| Week 9<br>03/20/17  | <i>Spring Break</i>   |
| Week 10<br>03/27/17 | <b>Midterm evaluation</b><br>Videotaped segment and completed self-evaluation   |
| Week 11<br>04/03/17 | Therapy   |
| Week 12<br>04/10/17 | Therapy<br><i>Osborne @ OPID Spring Conference April 13-15<sup>th</sup></i>   |
| Week 13<br>04/17/17 | Therapy   |
| Week 14<br>04/24/17 | Therapy   |
| Week 15<br>05/01/17 | <b>Last day of clinic is 05/05/17</b><br>Final therapy sessions (parent conferences are usually scheduled for the last day of therapy), <u>schedule final supervisory conference</u>        |
| Week 16<br>05/08/17 | <b>Final therapy report (completed copy) due on Tuesday 05/09/17</b><br>Clock hours are due to Mrs. Reynolds, Therapy Schedule Form due, return all borrowed materials to the resource room |

## CLINICAL PRACTICUM - THERAPY

Mary Day, M.S., CCC-SLP

Office: 42C

Phone: 346-3588



### OBJECTIVES:

1. To gain experience providing therapy to clients with communication disorders,
2. To gain experience evaluating clients throughout the course of therapy,
3. To develop and improve skills in the areas of:
  - Therapy planning and implementation
  - Goal writing and other documentation
  - Professional report writing
  - Managing and interpreting data
  - Self evaluation
4. To improve abilities gathering pre- and post-data,
5. To provide an opportunity to use professional interaction skills with the clinical supervisor, parents/families, and other student clinicians.
6. The knowledge, skills, and disposition criteria for this course are consistent with the following Department of Public Instruction PI 34 standards for certification:
  - The clinician understands the central concepts, tools of inquiry, and structures of the discipline(s) he or she teaches, and can create learning experiences that make these aspects of subject matter meaningful for students.
  - The clinician understands how children with broad ranges of ability learn, and provides instruction that supports their intellectual, social, and personal development.
  - The clinician organizes and plans systematic instruction based upon knowledge of subject matter, pupils, the community, and curriculum goals.
  - The clinician understands and uses formal and informal assessment strategies to evaluate and ensure the continuous intellectual, social, and physical development of the learner.
  - The clinician is a reflective practitioner who continually evaluates the effects of his or her choices and actions on pupils, parents, professionalism in the learning community, and who actively seeks out opportunities to grow professionally.

### Outcomes: Students will:

1. develop clinical skill in oral and written communication sufficient for entry into professional practice (*ASHA Stan. IV-B*)(*DPI Stan. 6 & 10*)
2. develop clinical skill in the evaluation of clients with communicative disorders and/or swallowing disorders (*ASHA Stan. IV-G-1*)(*DPI Stan. 8*)
3. develop clinical skill in providing intervention to clients with communicative and/or swallowing disorders (*ASHA Stan. IV-G-2*) (*DPI Stan. 1, 2, 3, 4, 5, 6 & 7*)
4. develop interaction and personal qualities for effective professional relationships with clients, families, caregivers, and other professionals (*ASHA Stan. IV-G-3*)(*DPI Stan. 10*)
5. adhere to the ASHA Code of Ethics and behave professionally (*ASHA Stan. IV-G-3d*)(*DPI Stan. 10*)
6. participate in formative assessments (ongoing measurement) for the purpose of improving student learning (*ASHA Stan. V-A*)(*DPI Stan. 9*)

### *DPI Standards*

For those students who are interested in obtaining a license to teach in Wisconsin, students must demonstrate proficient performance in the knowledge, skills, and dispositions under all of the following Wisconsin Teacher Standards (PI 34.02).

- **Content:** The teacher understands the central concepts, tool of inquiry, and structures of the disciplines he or she teaches and can create learning experiences that make these aspects of subject matter meaningful for pupils.
- **Methods:** The teacher understands how children with broad ranges of ability learn and provides instruction that supports their intellectual, social, and personal development.
- **Diversity:** The teacher understands how pupils differ in their approaches to learning and the barriers that impede learning and can adapt instruction to meet the diverse needs of pupils, including those with disabilities and exceptionalities.
- **Instruction:** The teacher understands and uses a variety of instructional strategies, including the use of technology to encourage children's development of critical thinking, problem solving, and performance skills.
- **Management:** The teacher uses an understanding of individual and group motivation and behavior to create a learning environment that encourages positive social interaction, active engagement in learning, and self-motivation.
- **Communications:** The teacher uses effective verbal and nonverbal communication techniques as well as instructional media and technology to foster active inquiry, collaboration, and supportive interaction in the classroom.
- **Curriculum:** The teacher organizes and plans systematic instruction based upon knowledge of subject matter, pupils, the community, and curriculum goals.
- **Assessment:** The teacher understands and uses formal and informal assessment strategies to evaluate and ensure the continuous intellectual, social, and physical development of the pupil.
- **Reflection:** The teacher is a reflective practitioner who continually evaluates the effect of his or her choices and actions on pupils, parents, professionals in the learning community and others and who actively seeks out opportunities to grow professionally.
- **Professionalism:** The teacher fosters relationships with school colleagues, parents, and agencies in the larger community to support pupil learning and well being and acts with integrity, fairness and in an ethical manner.

### **PRE-THERAPY INFORMATION**

1. **SCHEDULE: Please give me a copy of your schedule** as soon as possible. Be sure to indicate why a certain time will not work for you. Please let me know if you are off campus.
2. **STOP** by my office ASAP (Monday) so that I can inform you of your client's name and other critical information..
3. **READ** the client's file, obtain identifying, background and therapy information. **Sign-up on my door for a 1/2 hour conference as soon as possible.** Be prepared to discuss your plan for therapy.
4. **SCHEDULING THERAPY-** The yellow information sheet will provide you with specific times that the client needs to be scheduled. Please call the client and inform me of the client availability BEFORE you confirm the time and day with the client. **Please avoid: Wednesday 3-5 p.m., Thursday 1-4 p.m. and Friday 9-12 p.m.**
5. **SCHEDULING ROOMS-** BE SURE to notify me of this room number. Complete the CLINIC CARD and submit it to the desk. Let me know when you have submitted this information.
6. **CMC -** Be aware of the policies and procedures for the CMC. Please reserve your materials in advance of your sessions if you anticipate difficulties obtaining any items.

**GENERAL INFORMATION** - The following is a list of requirements for clinical practicum.

Become familiar with EVERY point, as you will be responsible for this information throughout the semester.

1. **THERAPY PLANS-**These are due to me at least 24 hours prior to therapy unless you have daily therapy. These should be sent to be **via email**. **Do not place on your S drive for me to read.** Please use the attached format. Please do not include **any confidential** information in your therapy plan.
2. **SOAP NOTES-**These are to be done following each session and are due with the therapy plans. **Again, please send via email.** Be sure to include percentages obtained from the session. **Use the attached progress note form.**

3. **REFLECTIONS:** Graduate students are to complete weekly reflections. These are to be evaluative in nature (e.g., evaluate your sessions and how you performed; what did you learn; what you would change for the following week.) Please use a narrative format and **keep them in one file. Please email me your reflections at the end of the week.**
4. **CONFERENCES-**These will be scheduled weekly as a group conference. Please do not hesitate to also see me if more time is needed. Undergraduates will have individual weekly meetings.
5. **CANCELLATIONS-**If the parent or client cancels therapy, cancellation notices will be posted. If you cancel therapy, it is YOUR responsibility to let me know, the front desk (346-3667) and the client know of this cancellation.
6. **PLAN OF CARE:** This is due two weeks following your first session. Once this is signed and placed in the client's file, you should submit the **first four sections of your report.** The information from the POC can be placed in the report. Please have the report draft done by **February 26 at the latest.** Please DOUBLE-SPACE. Use the attached format or the previous format from the client's file. Be sure to see me if you have questions or concerns.
7. **DEMONSTRATION THERAPY-**I will be available to demonstrate therapy if necessary. Please let me know if you would like assistance in any area. There may be times when I will enter your session to assist or clarify a particular problem you may be experiencing.
8. **WRITTEN ASSIGNMENTS**

This course also fulfills the American Speech-Language and Hearing Association's (ASHA) standards regarding knowledge outcomes of a program of study as follows:

Standard III-A: The applicant must possess skill in oral and written communication sufficient for entry into professional practice.

*Implementation: The applicant must demonstrate skill in performing a variety of written and oral communication tasks. For written communication, the applicant must be able to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.*

**The writing portion of this course will include a minimum of your final therapy summary report and:**

#### **Self-Evaluation of Writing**

During the semester, you will have opportunities to evaluate your own writing skills. You will revise your therapy summary report according to feedback given. You will also have opportunities to discuss my comments as they relate to your revisions. Please complete the "Editing your own writing form" and attach to your first draft of your Final Therapy Report.

#### **Plan of Care, Lesson Plans, SOAP Notes and Self-Evaluations**

9. **FINAL REPORTS-**The final revision of this report is due on **April 16. ALL CORRECTED COPIES SHOULD BE SUBMITTED.** All clinic forms (test protocols, etc.) should also be included with this information.
10. **INFECTION CONTROL AND UNIVERSAL PRECAUTIONS:** Please refer to the Center's infection control policies and procedures as described in the "Guidebook on Infection Control Policy and Procedures" to maintain a clean environment for treatment purposes.
11. **CONFIDENTIALITY:** Please refer to the Center's policies and procedures regarding electronic information, client records and audio/video recording.
12. **ACCOMMODATIONS:** Reasonable accommodations are available for students who have a documented disability. Please notify your supervisor and the Clinical Director during the first

week of classes of any needs based on a disability that may require a reasonable modification in order for you to participate fully in this course. All accommodations should be approved through the Office for Students with Disabilities in the Student Services Center.

13. EVALUATION - I will complete formal evaluations at midsemester and at the end of the semester. If you are interested in more frequent formal feedback, please let me know. Your final grade will be determined by the average of the two grades. Grades will be based on the following:

|             |             |               |
|-------------|-------------|---------------|
| A 95.5-100  | B- 81-83.99 | D+ 66.5-70.00 |
| A- 91-95.49 | C+ 78-80.00 | D 61-66.49    |
| B+ 88-90.99 | C 74-77.99  | F Below 61.0  |
| B 84-87.99  | C- 71-73.99 |               |

14. PROFESSIONAL RESPONSIBILITIES: I will be monitoring the therapy rooms for appropriate "clean-up." If you have trouble finding cleaning supplies, let me know! If your therapy room has not been cleaned prior to your session, please make a note of this and submit this information. Also, you are not to tape therapy materials on the walls of the clinic.

15. EMERGENCY INFORMATION:

"In the event of a medical emergency call 9-1-1 or use Red Emergency Phone in the hallway. Offer assistance if trained and willing to do so. Guide emergency responders to victim.

In the event of a tornado warning, proceed to the lowest level interior room without window exposure in the middle hallway (with therapy rooms). See [www.uwsp.edu/rmgt/Pages/em/procedures/other/floor-plans.aspx](http://www.uwsp.edu/rmgt/Pages/em/procedures/other/floor-plans.aspx) for floor plans showing severe weather shelters on campus. Avoid wide-span structures (gyms, pools or large classrooms).

In the event of a fire alarm, evacuate the building in a calm manner. Go to the center hall in the CeSpeech, Language and Hearing Center. Notify instructor or emergency command personnel of any missing individuals.

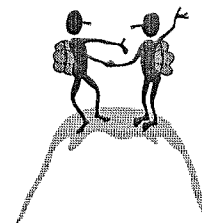
Active Shooter/Code React – Run/Escape, Hide, Fight. If trapped hide, lock doors, turn off lights, spread out and remain quiet. Call 9-1-1 when it is safe to do so. Follow instructions of emergency responders.

See UW-Stevens Point Emergency Procedures at [www.uwsp.edu/rmgt/Pages/em/procedures](http://www.uwsp.edu/rmgt/Pages/em/procedures) for details on all emergency response at UW-Stevens Point."

16: REMEMBER-----You are providing a professional service to your client, please dress accordingly. If you have questions, refer to the Clinic's Dress Code policy.

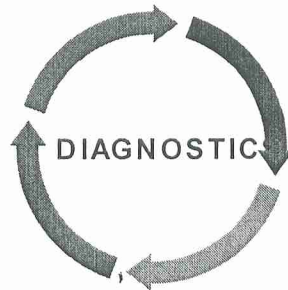
WITH TEAM WORK, WE WILL ALL MEET OUR GOALS!!!!

1/2018



## CLINICAL PRACTICUM - DIAGNOSTICS

Mary Day, M.S., CCC-SLP  
Office: 42C CPS  
Phone: 346-3588 (Office)



### OBJECTIVES:

1. To develop skills in evaluation preparation which includes obtaining information from the file, researching information, and selecting the assessment protocol.
2. To develop skills in test administration which includes organizing the materials, administering formal and informal assessments, collecting data and dealing with the client reaction to testing.
3. To develop skills in test interpretation which includes scoring and analyzing the assessments.
4. To improve verbal communication skills when obtaining information in the parent interview and when presenting findings and recommendations during the staffing.
5. To improve report writing skills which involves writing clear, concise, comprehensive and organized reports.

### Outcomes: Students will:

#### Goals \*\*Refer to specific skills cited on the Evaluation of Diagnostic Practicum form\*\*

1. develop clinical skill in oral and written communication sufficient for entry into professional practice (*ASHA Stan. III-A*)
2. develop clinical skill in the evaluation of clients with communicative disorders and/or swallowing disorders (*ASHA Stan. IV-E-1*)
3. develop interaction and personal qualities for effective professional relationships with clients, families, caregivers, and other professionals (*ASHA Stan. IV-E-3*)
4. adhere to the ASHA Code of Ethics and behave professionally (*ASHA Stan. IV-E-3d*)

### GENERAL INFORMATION

1. DIAGNOSTIC SCHEDULE: **Thursday 1-3 p.m.** (alternating weeks)
2. ROOM RESERVATION: #25 and 018 **Thursday 12-4 p.m.**
3. STUDENT SCHEDULE: Please submit a schedule. Included on this form should be the number of clinical clock hours you have obtained up to this semester.
4. CONFERENCES (ASHA Standards III-A, IV-E-1, IV-E-2, IV-E-3 and V-A): A team meeting will be scheduled weekly. The agenda will include: discussion of the information in the client's file (which should be read by the clinicians PRIOR to the meeting) and



preliminary evaluation plans. These will take place on **Thursday 1-2 p.m. the week prior to the evaluation.**

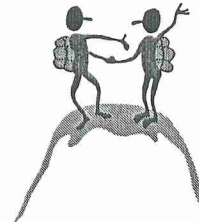
5. **ASSIGNMENT OF DUTIES:** The supervisor will designate the student's roles and responsibilities at the meeting. **Students will rotate the diagnostic duties.**
6. **DIAGNOSTIC PLAN (ASHA Standards III-A, IV-E-2):** The team captain is responsible for providing each team member and the supervisor with a Diagnostic Plan Monday morning before the evaluation session. **Attached to the supervisor's plan should be a copy of all test forms used.**
8. **REPORTS (ASHA Standard III-A):** The team captain is responsible for collecting the information from the other members, coordinating the writing and the typing of the report and submitting it to the supervisor. The report is due to the supervisor by 9 a.m. on Thursday. When extensive analysis needs to be completed, this deadline will be extended.

**The report is to be double spaced. All test forms and informal data should be "file ready" and attached.**

9. **OTHER DOCUMENTATION:** It is the team captain's responsibility to coordinate the completion of all paperwork.
10. **STUDENT EVALUATIONS:** Formal evaluations will be given at midsemester and at the end of the semester. Your final grade will be based on the average of the grades given. Grades will be based on the following:

|             |             |               |
|-------------|-------------|---------------|
| A 95.5-100  | B- 81-83.99 | D+ 66.5-70.99 |
| A- 91-95.49 | C+ 78-80.99 | D 61-66.49    |
| B+ 88-90.99 | C 74-77.99  | F Below 61.0  |
| B 84-87.99  | C- 71-73.99 |               |
11. **REMEMBER-----**You are providing a professional service to your clients, please dress accordingly. Please consult the clinic policy on dress code, if you have any questions.

**GOOD LUCK AND HAVE A GREAT SEMESTER!!!**



## SYLLABUS REQUIREMENTS SPECIFIC TO C. FORSTER'S PRACTICUM

### LESSON PLAN INFORMATION:

Please purchase a **one-inch hole punch binder** to hold data collections sheets per session. The folder is due **to the supervisor 24 hrs. prior to the scheduled therapy session unless scheduled on a daily basis.** When the folder is turned in, the electronic lesson plan, previous session's self-eval, and SOAP update should also be ready on the student's S Drive, for the supervisor to review. The supervisor will review the planned lesson for the following day as well as review the data collection, SOAP, and self-evaluation information from the preceding session. Electronic copies of all forms are available in C. Forster's S Drive. **Use the "What is Good Teaching?" handout as a guide for writing the self-evaluations on the lesson plan following the sessions.** Your lesson plan folder with written comments will be returned in my "outbox" before your therapy session begins, so please check my outbox. *You will receive C Forster's written feedback on your session in your mailbox or lesson plan folder after I have been able to read your self-evaluation following a session.* If your session has been canceled, your lesson will carry over to the next session, so no new plan would be due.

### OFFICE HOURS – OPEN DOOR POLICY BUT PLEASE SIGN UP FOR "LONGER" QUESTIONS ☺:

While independence is encouraged, this is a learning situation and I am here to help in that process. I also expect, however, that you will locate and use a variety of resources in planning your therapy (textbooks, activity books from CMC, journal articles and their bibliographies pointing toward even more journal articles, interlibrary loan of books/articles, peers, ideas from observing others' therapy, etc.) Please schedule an individual appointment with me if you have questions or wish to discuss therapy with me. I would also highly encourage use of your lesson plan self-evals as a form for posing your questions to me. I promise to respond (perhaps by another question back to you?!!!!!) Your cooperation is appreciated.

### WEEKLY CONFERENCES: (length varies depending on group size)

Communication between students and supervisors is the key element which will allow me as your supervisor to more effectively facilitate your clinical experience. **A significant portion of each conference will be devoted to the student's agenda. I encourage students to do the thinking and talking, and I will listen, confirm, or redirect with suggestions and/or feedback. I strongly encourage students to put thought into their questions before asking for my input.** Student group weekly conferences will be held. Conferences will be held on a weekly basis.

### CANCELLATIONS: Front Desk 346-3667; C. Forster 346-4517

**If the clinician cancels a session, the clinician will be in charge of rescheduling a make-up session with the client/parents.** Excused absences (e.g., doctor's signed excuses, campus or class related extracurricular events with signed excuses, wedding/funeral with documentation required) do not require a make-up session.

### SELF-EVALUATION INFORMATION:

The student will evaluate his/her own performance formally one time during the semester (will involve videotaping and consultation using the recording during a supervisory conference). Please refer to the videotape self-eval form which each student will be reviewing verbally with the supervisor. The student will be required to verbally analyze **at least** one 20-30 minute complete (beginning to end) activity, using the form's questions. The supervisor may require further videotaped self-analysis or observations of other students/clients as additional means of encouraging learning.

### REPORT WRITING:

All drafts of reports will be typed and first drafts should be double spaced. Please refer to the guidelines on the therapy report found in the syllabus packet. **Include all previous drafts and speech or language sample information each time a report draft is turned in.**

### PARENT/TEACHER CONTACTS:

**Final parent / teacher conferences** will be held, in order to discuss the client's semester progress and/or current evaluation/baselining results with the parents and teachers. **The supervisor will be in attendance for all conferences.** The student's agenda will be to discuss the final therapy report and possibly demonstrate actual therapy techniques with the client.

Students are to **document all parent/teacher/childcare provider contacts** throughout the semester on the attached "File Correspondence Log". Students are strongly encouraged to **make FREQUENT parent/teacher contacts** in order to facilitate the client's progress. Work to engage and empower parents and teachers in the therapy process:

- a. Daily "closure" progress updates with parents
- b. Client homework, if appropriate for the client's needs and the family's tolerance
- c. At least two progress updates via teacher email contact or phone call or live observations at school

### **EVIDENCE-BASED PRACTICE:**

Evidence based practice (EBP) involves using the best available clinical literature along with our clinical intuition to guide our assessment and treatment decisions. Examples of EBP literature includes textbook chapters, professional journals, and select internet sources (e.g. ASHA). Students should not limit searches to any one source. Students will be expected to come to conferences having obtained and read relevant research relating to their client's disorders.

### **EVALUATION:**

**Formal evaluations (utilizing the Clinical Evaluation Form) will be provided for the student three times throughout the semester.** The overall average of these evaluations will account for 100% of the final grade. A student can always calculate their current grade by dividing total points earned by total points possible. In addition, written and verbal feedback on therapy performance will be provided.

At the beginning of the semester, we will discuss clinical supervisor and supervisee expectations, based upon their level of experience in coursework and practicum. **Supervisors and supervisees enter into a form of a collaborative partnership to improve the client's communication skills and to improve students' clinical and interpersonal skills. Mutual cooperation and trust and open communication are essential in this collaborative partnership.**

# Clinical Practicum Time Guidelines

Mrs. Forster Spring Semester 2017  
Clinical Supervisor for Therapy Practicum

|  |   |
|--|---|
| <p><b>WEEK #1</b><br/>(Jan 23-27)</p>    | <p><b>Due by Tuesday, Jan 24th</b></p> <ol style="list-style-type: none"> <li>1. <b>Immediately see the supervisor individually</b> (or with co-clinician) to discuss client scheduling and starting date of therapy. <i>please turn in copy of class schedule ASAP</i></li> </ol> <p><b>Wed Jan 25, 2:00-3:15</b></p> <ol style="list-style-type: none"> <li>2. As per email, attend general group meeting to discuss syllabus general clinical procedures; please review the Clinic Standardized Syllabus packet and the Forster Syllabus</li> </ol> <p><b>Due by Thursday 4:30pm:</b></p> <ol style="list-style-type: none"> <li>3. <b>Call the client/parents ASAP</b> to finalize therapy schedule times</li> <li>4. Sign up for a therapy room <b>ASAP (esp. if tx is on M – TH 3:00-5:00 pm).</b></li> <li>5. Clinic Directory Cards due to C. Forster to review before giving them to front desk</li> </ol>   |
| <p><b>WEEK #2</b><br/>(Jan 30-Feb 3)</p> | <p><b>Sign Up on Forster's Door Schedule: One full day before your first session or by Thursday, Feb 2nd: 60 minute client planning conference with C Forster (with co-clinician)</b></p> <p><b>In order to prepare for the planning conference with C Forster, please do the following:</b></p> <ol style="list-style-type: none"> <li>a) Review client's file, and jot notes on "Client Review Form". Make notes on paperwork needed from "Client Paperwork Start Up Checklist."</li> <li>b) Using C Forster's electronic lesson plan form on the S Drive, write tentative outline of semester's measurable Long Term Goals with corresponding Short Term Objectives.</li> <li>c) Write the first lesson plan to the best of your ability directly on C Forster's electronic lesson plan form on your S Drive. Write out your specific plans/materials for baselining both the LTG and the STOs, so that we can review this together in our meeting</li> <li>d) In the next week, arrange to watch videoclips of your client from previous semesters. See email from C Forster for information on how to access these.</li> </ol> <p><b>Meet with C Forster for One Hour Planning Conference – Please come prepared with the above:</b></p> <ol style="list-style-type: none"> <li>a) Discuss "Client Paperwork Start-Up Checklist" and what has to be done for your client</li> <li>b) Verbally share an overview of your client, using your notes from your completed Client File Review sheet</li> <li>c) Discuss tentative semester outline of LTG and STO and your first lesson plan including the following:             <ol style="list-style-type: none"> <li>1) 1 or 2 measurable long term goals, and plans on how you will collect baseline data on these LTGs.</li> <li>2) 2 measurable STOs for each LTG &amp; plans on how you will collect baseline data on these STOs.</li> </ol> </li> <li>d) Review brief written notes of your supervisor and co-clinician (if applicable) values</li> </ol> |
| <p><b>WEEK #2</b><br/>(Jan 30-Feb 3)</p> | <p><b>Begin tx sessions (when obtaining pre-baseline data on initial objectives, count these as diagnostic clock hours; keep track of clock hours in EXACT MINUTES (DO NOT ROUND UP UNTIL THE VERY END OF THE SEMESTER) and tally therapy, diagnostic, staffing/therapy, staffing/diagnostic separately</b></p> <p><b>Improve your Self-Evaluation Skills:</b> Arrange to review the powerpoint with client videoclips entitled "Critical Teaching Behaviors" which can be found on Forster's S Drive under Video Self-Analysis (it follows the videotape</p>   |

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|  | <p>analysis form "What is Good Teaching?" also provided for you on S Drive under Video Self-Analysis). Take notes on the "What is Good Teaching?" form itself, and keep these notes for yourself to use throughout the semester.</p>   |
| <p><b>WEEK #3</b><br/>(Feb 6-10)</p>       | <p><b>Begin regular weekly group supervisory conferences (see C Forster's email regarding your specific time/day).</b></p> <p><b>Friday Noon:</b> please inform the supervisor of the session you have chosen to use for the Videotaped Self-Eval to be done in the next two weeks (recommend to use your second or third "teaching" session)</p> <p>If you needed to do a speech or language sample for your client, be working on it so you can turn it in to C Forster for review on or before <b>Wednesday, Feb 15th by 4:30 p.m.</b></p>  |
| <p><b>WEEK #4</b><br/>(Feb 13-17)</p>      | <p><b>Due to be Discussed Within 1-2 days after you videotape:</b> "What is Good Teaching?" self-evaluation form and videotape; this verbal self-eval will take place INSTEAD of the usual lesson plan self eval for the selected session; the form provided on the S Drive for videotape self-evals will be used to verbally review the session; please see C Forster to arrange an individual or co-clinician conference for this week to review the videotape together. You may make informal notes on the form before the meeting, if you wish.</p> <p><b>Reminder: Friday Noon: On your S Drive Lesson Plan document (at the top), update your outline of your Long Term Goal or Goals, with Short Term Objectives designated under each LTG. Please use new color of font, so CF can see the changes you have made (thanks!)</b></p> <p><b>Wednesday, 4:30 p.m.:</b> If you needed to do a speech or language sample for your client, turn it in to C Forster for review</p> |
| <p><b>WEEK #5</b><br/>(Feb 20-24)</p>      | <p><b>Wednesday noon:</b> correspondence file logs due to supervisor, will be returned to students for further additions throughout semester.</p> <p>If you have a teacher, child care provider, etc., to contact, now is the time !!!</p>   |
| <p><b>WEEK #6</b><br/>(Feb 27-March 3)</p> | <p><b>Tuesday:</b> First student evaluation due by supervisor to students. Please make a 30 minute individual apmt with C Forster to discuss this clinical evaluation.</p> <p><b>Reminder - Friday Noon: Update "blue section" LTG/STO outline with any revisions (and please continue to do so through the semester)</b></p>  |
| <p><b>WEEK #7</b><br/>(March 6-10)</p>     | <p><b>Tuesday 4:30 p.m.:</b> Review and use "Guidelines for Final Therapy Report" from C Forster. First draft of therapy report due to supervisor – includes identifying information layout, background information, and LTG/STO outline with pre and post baseline data charted in.</p>   |

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| <p><b>WEEK #8</b><br/>(March 13-17)</p>  | <p><b>Tuesday 4:30 p.m.:</b> Second draft of therapy report due to supervisor (includes revised information through goals/objective sequence).</p>   |
| <p><b>WEEK # 9</b><br/>(March 27-31)</p> | <p><b>Tuesday 4:30 p.m.:</b> Third draft of therapy report due to supervisor (includes revised information through goals/objective sequence)</p>   |
| <p><b>WEEK #10</b><br/>(April 3-7)</p>   | <p><b>Wednesday noon:</b> File correspondence logs due to supervisor (to be returned)</p> <p><b>By Friday Noon: send an email to C Forster sharing your dates and plans for post-baselining and/or additional assessment.</b> Plan to complete ALL postbaselining before Friday, April 21st, at the latest, to allow you time to analyze data and get information into the report draft.</p>   |
| <p><b>WEEK #11</b><br/>(April 10-14)</p> | <p><b>Tuesday:</b> Second student evaluation due by supervisor to students. Please make a 30 minute individual appt with C Forster to discuss this clinical evaluation.</p> <p>Time to do second teacher/child care provider contact</p> <p><b>Tuesday 4:30:</b> First draft of final sections of therapy report due (includes assessment results &amp; post - baseline set-up [add results if available, otherwise add later] and projected recommendations).</p> |
| <p><b>WEEK #12</b><br/>(April 17-21)</p> | <p><b>By Monday Noon:</b> See Mrs. Forster to discuss date/time, and then call to scheduled final parent/teacher conferences with families. Students are to inform parents, clients, caregivers, and teachers of <b>final therapy date of Friday, May 5th.</b></p> <p><b>Tuesday 4:30 p.m.:</b> Second draft of final sections of therapy reports due to supervisor.</p>   |
| <p><b>WEEK #13</b><br/>(April 24-28)</p> | <p><b>Final parent conferences to be conducted next week.</b> Reports should be in near final form at least two days before your final parent/client conference. Keep turning them as often as you can now until C Forster signs off ☺ Please make enough copies of final therapy report (with all revisions made, with supervisor's signature and "OK") to share with all at final parent conference.</p>   |
| <p><b>WEEK #14</b><br/>(May 1-5)</p>     | <p>Students to continue to turn in report drafts until report is in "ready" form for parent conference.</p> <p>Final parent/client conferences to be conducted this week.</p>  |
| <p><b>WEEK #15</b><br/>(May 8-12)</p>    | <p>Please make a 20 minute "paperwork check out" appointment with C. Forster within one day after your final client/parent conference.</p> <p>Optional Final Individual Supervisory Conferences May 10-12. Please schedule with CForster after you receive your envelope with your final clinical evaluation in your mailbox.</p>  |

## Clinical Practicum Spring 2017

Supervisor: Pamela Terrell, Ph.D., CCC-SLP

Phone: (715) 346-3423-office

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Office: CPS 034

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Meeting time: TBA

*The purpose of life is not to be happy - but to matter, to be productive, to be useful, to have it make some difference that you have lived at all.*

Leo Rosten

Welcome to Fall Practicum! I anticipate that we will have a smooth and productive semester in which we will see our clients improve their ability to communicate. Equally as important, I want you to learn more about yourself as a clinician and develop your own skills. Each student brings different abilities, personalities, ideas, and even insecurities to the clinic setting. It is my hope that we can develop and strengthen your attributes and improve your confidence and skill on those areas that you are concerned about.

*Do all the good you can, and make as little fuss about it as possible.*

Charles Dickens

### Objectives

1. To gain experience evaluating and treating individuals who have communication disorders.
2. To develop and improve skills in the areas of:
  - Therapy planning and implementation
  - Writing goals, objectives, and other documentation
  - Professional report writing
  - Managing and interpreting data
  - Self-evaluation of clinical skills
3. To provide an opportunity to use professional interaction skills with the clinical supervisor, parents/families, and other student clinicians.

### Before Therapy Begins

1. Stop by and see me for you clinic assignment. At this time you will receive the “yellow sheet” and we can discuss possible therapy times. Try to schedule before our first meeting.
2. **Prior to our first meeting** read the client’s file carefully and fill out the form (pp. 10-11) that is at the end of this syllabus.
3. Please come to our first meeting with the following:
  - Completed summary form (see number 2 above)—one per clinician
  - Some ideas for your first session
  - Your schedule—if some clinic times with other placements aren’t set, please indicate tentative times
4. As therapy arrangements become finalized, you will need to sign up for a therapy room. You can fill out the sign-up sheet on the door of the room you choose. Let’s discuss rooms before you sign up as some clients need a larger or smaller room. Once you sign up for a room, turn in the white card to Ms. Skebba.
5. Read the procedures for the Infection Control Policies for Clinical Practicum.

We will discuss how we will handle therapy plans, data, and other paperwork issues during our first group meeting.

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### **Child Safety in the Clinic**

- Don’t ever leave a child unattended (e.g., if you have forgotten something, take the client with you to go get it.)
- **Do not let children stand on chairs, lean back in chairs, sit on a counter, etc.**
- Do not plan art projects that require glue guns, staplers, etc.
- Monitor activity level around the bean bags.
- Avoid items such as balloons, pointed scissors, etc
- Monitor activity level in the lobby and hallways.
- Encourage walking, not running.
- **Do not reinforce your client with candy or other high-sugar snacks;** typically eating and talking do not go well together. We can discuss appropriate reinforcements for your client.
- Monitor how the child uses the automatic doors and don’t let them run out into the parking lot.



## Written Assignments

This course acts as the capstone course for undergraduates and is a chance for graduate students to improve their clinical writing skills. Students will complete a variety of **written assignments including SOAP notes, self-evaluations, and therapy reports.**

This course also fulfills the American Speech-Language and Hearing Association's (ASHA) standards regarding knowledge outcomes of a program of study as follows:

Standard III-A: The applicant must possess skill in oral and written communication sufficient for entry into professional practice.

*Implementation: The applicant must demonstrate skill in performing a variety of written and oral communication tasks. For written communication, the applicant must be able to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.*

## Self-Evaluation of Writing

During the semester, you will have opportunities to evaluate your own writing skills. You will revise your therapy summary report according to my feedback. You will also have opportunities to discuss my comments as they relate to your revisions. **When you make corrections, do not remove my previous comments. I will delete them after reviewing your revisions.**

## Final Therapy Summary Reports

We will begin the "final" report fairly early in the semester. See clinic grading form for the parameters you must address. A professional writing style free of grammar, spelling, and typing errors is mandatory. It is also imperative that subsequent drafts address questions, comments and concerns that I voiced on the previous drafts.

## Client Cancellations

If the client or client's parents cancel a therapy session, cancellation notices will be posted by the faculty mailboxes. **If you cancel therapy, it will be your responsibility to let me, Ms. Skebba, and the client/client's parents know of the cancellation. If your client lets you know that he/she will be canceling a future therapy session, let Ms. Skebba and me know about the cancellation.**

### Therapy Tips

#### Things to think about before/during/after therapy

1. Have I arranged the room in such a way to decrease distractions and increase attention? Have I made adaptations for any special needs or concerns? (e.g., wheelchairs, child who is a climber, etc.)
2. Am I thinking about the client as a communicator or a list of goals? How will the therapy I have planned affect the client's ability to interact and communicate?
3. Have I planned age-appropriate activities? Are they fun and interesting? Will they elicit a lot of targets?
4. Have I over-planned? Do I have Plans B and C in case one of my activities doesn't work as I have anticipated?
5. Do I have all of the materials I need? (books, toys, artic cards, games, pen/pencil, crayons, scissors, paper, tests, test forms, etc.)
6. Do I have a "cheat sheet" for things I plan to elicit or address during play or reading activities? (e.g., cooking task to address /k,g/ in IP—"cut, cook, carrot, cold, Coke, candy, good, go, gooey, gum")
7. Do I have an understanding of cueing strategies and how to use them?
  - Verbal cues:**
    - \*Model with direct imitation-: "Say "fan."
    - \*Model with delayed imitation: "This is a fan. What do you want?" ("fan")
    - \*Cloze technique: "Oh, you want the f \_\_\_\_." (while pointing or holding fan)
    - \*Binary choice: "Do you want the *fork* or the *fan*?" (always use desired response as the last option—child more likely to repeat correctly what he just heard)
    - \*Request for clarification: "You want the *pan* (fan)?"
  - Visual cues:**
    - \*Visual Phonics, signs
    - \*Gestures to indicate a phonological property like stop/go or front/back sound
    - \*Pointing to your mouth as you produce the sound or just demonstrate the position of the articulators.
    - \*Pointing
  - Phonemic placement cues:**
    - \*Describing what the articulators are doing in age-appropriate terms ("When you make the /f/ sound remember to bite your bottom lip and let the air leak out.")
    - \*Using a descriptive name to describe phonemes such as "leaky tire sound" (/f/), "be quiet sound" (/ʃ/), "buzzing bee sound" (/z/), etc.
8. Do I have a behavior management plan? Will I remove privileges, use time-out? What will I do if the child refuses to participate...or cries...or throws toys...or self-stims....or tantrums?
9. Do I introduce each therapy activity and its purpose or do I just jump from one thing to another?
10. Do I have a way to keep data that is consistent and logical?
11. Do I look professional? Can I sit down, bend, reach, and stand up without tugging at my clothes to keep tops and bottoms covered? Am I chewing gum?
12. Did I have fun? Doesn't it feel great to make a difference in someone's life?

**COMPLETE BEFORE OUR FIRST MEETING**

You can find all of the pertinent information in your client's chart. Look through IEPs, past therapy reports, notes, etc. This may be written on typed. We will mainly be using it to guide our discussion.

Name: \_\_\_\_\_

Client's initials: \_\_\_ Client's Age \_\_\_\_\_ Client's DX \_\_\_\_\_

**Summarize the case & discuss in broad terms the intervention plan. Think about the client as a total communicator, not a list of goals. How does the client communicate (strengths/weaknesses)? What does the client need to learn in order to communicate more effectively?**

**What else would you like to know about your client? How can you find out that information?**

**What areas do you need help with in getting started? Again, be specific here.**

Name \_\_\_\_\_

Video Self-Evaluation  
Terrell/Clinic

**Please complete this individually and turn in a hard copy to me by Friday, March 18. Be thoughtful and reflective.**

1. Carefully observe your interaction with your client (and co-clinician, if applicable). Reflect on your body language, facial expression, and other nonverbal communication.. How did you come across to your client and family members? Is there anything you would change?
2. Consider the intervention techniques you used. List a few techniques that you noted in your session and give a specific example for each. Were you satisfied with the variety and type of intervention techniques? Support your answer.
3. Consider your cueing hierarchy. Give at least one example in which you used several cues to get the desired response. What types of cues tended to be most beneficial?
4. What intervention techniques and/or activities tended to get the best response from your client? Speculate why. (Of course, this can vary widely from day to day).
5. Think about prompts and interaction style with your client. Specifically, were your questions yes/no (closed) or open-ended? Did you ask too many questions? Did you talk too much or too fast? Did you say "Can you?" when you should have said "Let's..."? Did you pause enough to give your client time to respond or initiate? Did you teach and instruct your client or just test, test, test? Also consider the type of feedback/reinforcement and the frequency
6. What clinical skill(s) would you most like to improve upon for the rest of the semester?
7. Brag on yourself! What did you see that made you feel confident and proud?

## CLINICAL PRACTICUM – SPRING 2016

Supervisor: Sarah Reeve, M.S., CCC- SLP  
Phone: 715-346-4006 - office  
715-252-0203 – text/call (emergencies)

Office: CPS 042D  
Email: [sreeve@uwsp.edu](mailto:sreeve@uwsp.edu)  
Meeting time: TBA

### OBJECTIVES:

1. To gain experience providing therapy to clients with communication disorders,
2. To gain experience evaluating clients throughout the course of therapy,
3. To develop and improve skills in the areas of:
  - Therapy planning and implementation
  - Goal writing and other documentation
  - Gathering pre- and post-data
  - Professional report writing
  - Managing and interpreting data
  - Self-evaluation of clinical skills
  - a. What information is necessary to make appropriate clinical decisions?
  - b. What is the function of the lesson plan?
  - c. What is the importance of self-reflection and feedback?
  - d. What is the role of the student clinician/supervisor in the clinical practicum
4. To provide an opportunity to use professional interaction skills with the clinical supervisor, parents/families, and other student clinicians.
5. The knowledge, skills, and disposition criteria for this course are consistent with the following Department of Public Instruction PI 34 standards for certification:
  - The clinician understands the central concepts, tools of inquiry, and structures of the discipline(s) he or she teaches, and can create learning experiences that make these aspects of subject matter meaningful for students.
  - The clinician understands how children with broad ranges of ability learn, and provides instruction that supports their intellectual, social, and personal development.
  - The clinician organizes and plans systematic instruction based upon knowledge of subject matter, pupils, the community, and curriculum goals.
  - The clinician understands and uses formal and informal assessment strategies to evaluate and ensure the continuous intellectual, social, and physical development of the learner.
  - The clinician is a reflective practitioner who continually evaluates the effects of his or her choices and actions on pupils, parents, professionalism in the learning community, and who actively seeks out opportunities to grow professionally.

**Students will: (Refer to specific skills cited on the Evaluation of Therapy Skills form)**

#### *ASHA Standards*

1. Develop clinical skill in oral and written communication sufficient for entry into professional practice (*ASHA Stan. IV-B*)(*DPI Stan. 6 & 10*)
2. Develop clinical skill in the evaluation of clients with communicative disorders and/or swallowing disorders (*ASHA Stan. IV-G-1*)(*DPI Stan. 8*)

**GENERAL INFORMATION** - The following is a list of requirements for clinical practicum. Become familiar with EVERY point, as you will be responsible for this information throughout the semester. If you have a co-clinician, pick **one** S-drive that I will find the lesson plans, reflections, and FTR.

1. **LESSON PLANS**-Please write a weekly plan and turn it in to me at least 24 hours before your therapy session. Plans should be in your S-drive. Please name them: Reeve lesson plans. These will be on-going.
2. **SOAP NOTES** –SOAP notes must be completed after every session. **Use the template on the D2L website for practicum.** Save on your S-drive, name: Reeve SOAP notes.
3. **REFLECTIONS/FEEDBACK:** Complete daily self-evaluation within 24 hours after your session. These are designed to inspire true reflection of your session and critical thinking. Please save your reflections on your s-drive as well. Name: Reeve reflections. Once you open this document, put the date and your reflections/questions. I will provide feedback in a different color. This will be an on-going document throughout the semester. Reflect on the following:
  - a. Client's behavior (positive or negative)
  - b. Comment on the outcomes of your planned objectives
  - c. What could you have adjusted to make the session more productive?
  - d. What did you do that made the session a success?
  - e. Mention parent discussion that might be applicable
  - f. Include resources used – evidence based research/reading.
4. **DATA COLLECTION** – you are required to collect data during each therapy session. The data collected will support the content of your SOAP note. Keep all you data sheets in a therapy binder.
5. **WEEKLY SUPERVISORY MEETINGS** - Supervisory meetings are held once a week. This is a time set aside for us to discuss your client and his/her management. Areas of discussion may include: any concerns regarding management or supervision of management; discussion of your client's response to therapy; problem-solving; therapy challenges; and self-evaluation of your performance. These will be scheduled weekly.
6. **VIDEO SELF-EVAL:** You will also complete a video self-evaluation prior to midterm. We will work on a date for recording and then watch the video together while using the evaluation form. I am looking for great discussion and open dialogue about therapy skills to this point. My hope is to generate 1-3 clinical goal(s) for you for the remainder of the semester based on the evaluation.
7. **OBSERVATION:** At the beginning of the semester observation will be more frequent, as you become more skilled these observations will not be as frequent. I may or may not inform you that I will be observing. After every observation I will give you some short verbal and/or written comments about your session. During our weekly meeting I will go into more detail about my observation. The purpose of the observation and feedback is to facilitate the development of your clinical knowledge and skills.

d. **Writing Emphasis and Final Grade**; the total number of points for the writing emphasis requirements will be based upon a minimum of the therapy report and other items (i.e., self-evaluations of writing, lesson plans, session self-evaluations) and comprise 25% of your total final grade. See your copy of the *final student practicum evaluation form* for a detailed breakdown.

13. **FINAL REPORTS-ALL CORRECTED COPIES SHOULD BE SAVED ON YOUR S-DRIVE**. All clinic forms (test protocols, etc.) should also be included with this information.

14. **INFECTION CONTROL AND UNIVERSAL PRECAUTIONS**: Please refer to the Center's infection control policies and procedures as described in the "Guidebook on Infection Control Policy and Procedures" to maintain a clean environment for treatment purposes.

15. **CONFIDENTIALITY**: Please refer to the Center's policies and procedures regarding electronic information, client records and audio/video recording.

16. **ACCOMMODATIONS**: Reasonable accommodations are available for students who have a documented disability. Please notify your supervisor and the Clinical Director during the first week of classes of any needs based on a disability that may require a reasonable modification in order for you to participate fully in this course. All accommodations should be approved through the Office for Students with Disabilities in the Student Services Center.

17. **EVALUATION** - formal evaluations will be completed at midsemester and at the end of the semester. Your final grade will be determined by the average of the two grades. Do not assume that an A is the typical grade given. Grades will be based on the following:

|                |             |               |
|----------------|-------------|---------------|
| a. A 95.5-100  | B- 81-83.99 | D+ 66.5-70.00 |
| b. A- 91-95.49 | C+ 78-80.00 | D 61-66.49    |
| c. B+ 88-90.99 | C 74-77.99  | F Below 61.0  |
| d. B 84-87.99  | C- 71-73.99 |               |

18. **Professionalism** – Your conduct, the attitude you display, and your attire influence your credibility as a professional. Being prepared, being organized, being respectful of individuals you interact with during the course of your clinical experience (client, client's family, supervisors, other student clinicians, other associated professionals, etc.), and showing confidence and respect for others is important qualities. **Students will have to follow the Clinic Dress Code and dress professionally, if not you will be asked to go home and change your clothes.**

19. **Partnership** – We are entering into a form of partnership. We share several common goals including (but not limited to): to improve the client's communication status; to increase your clinical expertise; to develop your ability to develop clinical solutions; to develop your ability to accurately assess your own clinical performance; to learn how to make therapy a truly enjoyable experience for the client and yourself; etc., etc., etc. We can meet these goals through mutual cooperation and consistent communication.

**Tentative Schedule:** (subject to change depending on the needs of your client)

**Week #1-2: We will have two meetings prior to clinic starting.**

- **First meeting: Attend a group meeting time set up by S. Reeve** to discuss syllabus, client scheduling and starting date of therapy; please *turn in copy of class schedule ASAP*.
- **Call the client/parents** to finalize therapy schedule times
- **Sign up for a therapy room & complete white clinic card.**
- **Write letter to parent/caregivers. Co-clinicians can write a letter together. Letter should include:**
  - Brief paragraph introducing yourself
  - Help me get to know your child (likes, allergies, food preferences, other helpful information)
  - What is the best way to contact you (phone? E-mail?)
  - Is it ok for us to contact your child's teacher (if yes, need release of records form)
- **Sign up for a second one-hour meeting time (with co-clinician in applicable) and please come prepared to discuss:**
  - "Client Paperwork Start-Up checklist".
  - Client file review (attached to syllabus)
  - What ideas do your caregivers have for their child?
  - Have your first lesson plan written and saved on your s-drive. We will pull this up and use this for our discussion. Your lesson plan should include the following:
    - 1 or 2 measureable long term goals for the semester, and plans on how you will collect baseline data on the LTGs.
    - 2-3 measurable STOs for each LTG & plans on how you will collect baseline data on the STOs.
- **Complete an initial draft of background information for your Final Therapy Report.**
  - Create space at the top of your FTR for all necessary identifying information. **DO NOT INCLUDE IDENTIFYING INFORMATION UNTIL THE FINAL DRAFT!**
  - Background information usually includes when the child was referred, by whom & why, a brief description of those initial concerns, when child started to receive therapy, brief statement on their progress since they originally started therapy.

**Week #2-3:** Begin therapy sessions. Remember – you are responsible for keeping track of your clock hours. When you are obtaining pre-baseline data on initial objectives, count these as diagnostic clock hours.

**Week #3-4:** Please add "Status of client at the beginning of the semester" to your FTR. To be turned in week 5.

- Status at the beginning of therapy.
  - This section contains information from your initial testing/observations. This **section needs to support the goal . . .**
- Your goals and objectives written in standard format and reflecting your baseline information.

**Week #5:** FTR due with the following completed: background information, status at the beginning of the semester, goals and objectives for the semester.



**CLIENT FILE REVIEW**  
**COMPLETE BEFORE OUR FIRST MEETING**

Name: \_\_\_\_\_

Based upon your review of the client's file, respond to the following questions:

Client's initials: \_\_\_ Client's Chronological Age \_\_\_\_\_ Client's DX \_\_\_\_\_

**Referral Information:**

*(This should include referral source, date of initial referral, & reason for referral)*

**Developmental, Medical, Family History:**

**Summary of Previous Speech/Language Services:**

*(Mention previous services – school based services, birth to three, SLHC-UWSP, etc. Include length of time in therapy. Summarize **most recent services**.)*

**Environmental and Educational History:**

*(Note current living situation and current education. What do your client's caregivers/client hope to see happen this semester)*

**What did you find out from the previous/current clinician(s)?**

*(Contact previous SLHC-UWSP clinicians and/or current clinicians from other facilities)*

**Note any teaching strategies discussed in the previous FTR:**

## Clinical Practicum Spring 2017

Supervisor: Maggie Watson, PhD CCC SLP  
Phone: (715) 346-2072-office  
(715) 343 9153-home (emergencies)

Office: CPS 040  
Email: [mwatson@uwsp.edu](mailto:mwatson@uwsp.edu)  
Meeting time: TBA

### Objectives

1. To gain experience evaluating and treating individuals who have communication disorders.
2. To develop and improve skills in the areas of:
  - Therapy planning and implementation
  - Writing goals, objectives, and other documentation
  - Professional report writing
  - Managing and interpreting data
  - Self-evaluation of clinical skills
3. To provide an opportunity to use professional interaction skills with the clinical supervisor, parents/families, and other student clinicians.
4. The knowledge, skills, and disposition criteria for this course are consistent with the following Department of Public Instruction PI 34 standards for certification:
  - The clinician understands the central concepts, tools of inquiry, and structures of the discipline(s) he or she teaches, and can create learning experiences that make these aspects of subject matter meaningful for students.
  - The clinician understands how children with broad ranges of ability learn, and provides instruction that supports their intellectual, social, and personal development.
  - The clinician organizes and plans systematic instruction based upon knowledge of subject matter, pupils, the community, and curriculum goals.
  - The clinician understands and uses formal and informal assessment strategies to evaluate and ensure the continuous intellectual, social, and physical development of the learner.
  - The clinician is a reflective practitioner who continually evaluates the effects of his or her choices and actions on pupils, parents, professionalism in the learning community, and who actively seeks out opportunities to grow professionally.

### Before Therapy Begins

1. Sign up for a meeting time with me; 45-60 minutes – stop by to see me directly to set this up, or call to set up a time. If you have a co-clinician, coordinate the meeting time with him/her. It's best if we can all meet together.
2. **Prior to our first meeting** read the client's file carefully, and determine the important information that will be helpful for you to start clinic. Complete pages 14 & 15 of this document. Do not report everything in the file.... Summarize the critical information.
3. Please come to our first meeting with the following:
  - Information from the file; complete pages 14/15 of this document. You can do this separately or together (if you have a partner).
  - Some ideas for your first session
  - A copy of your schedule (**use form 44** outside my door)
  - A list of potential therapy times that you have available for therapy sessions so we can contact the parents ASAP. **Please do not call the parents prior to our first meeting.**
  - Your capstone binder if you are an undergraduate student.
4. As therapy arrangements become finalized, you will need to sign up for a therapy room. You can fill out the sign-up sheet on the door of the room you choose. Let's discuss rooms before you sign up as some clients need a larger or smaller room.
5. Read the procedures for the Infection Control Policies for Clinical Practicum.

### Before Your First Day of Therapy

I would like all of the students I supervise to use a three-ring binder/notebook that can be separated into the following sections. This should be personalized to your case/needs, but typical sections include the following:

- Lesson plans
- Session evaluation forms/reflection questions
- Data for each session
- Family correspondence Log if necessary.

During the semester, you will keep all of the information listed above in your notebook and **always bring it to our meetings**. I will ask questions about previous data, etc., during our meetings so always have clinically relevant information available for our meetings.

## General Information Regarding Practicum

### Attendance

Since clinical practicum is an essential part of your clinical training, it is assumed that you will attend all of your weekly therapy sessions with your clients and any weekly meetings with your supervisor. If for any reason you need to cancel a therapy session or a meeting with me, please let me know ASAP. You have all of my phone numbers and email, so there is no reason you should not be able to get in touch with me. You are also responsible for contacting your client and the front desk. You may need to make up therapy sessions that you cancel.

Note: If you are really sick (i.e. fever, diarrhea, vomiting, productive cough), please err on the side of caution. We don't want to make our clients sick.

### Dress Code

The clinic has a well-stated dress code policy that you are expected to follow. I recommend that you bend, sit, stand, etc. in front of a large mirror at home to make sure that all parts remain covered. If you have a partner, "police" each other. You will be moving a lot in therapy sessions with young children, sitting on the floor, and bending over, so plan your clothes accordingly. **Do not put me or any other supervisor in the position of having to comment on your attire.** Dress code violations will result in reducing your grade for clinical practicum. Be aware that as you tug on your clothing to make sure you are adhering to dress code policies; you are taking your attention away from the client.

### Lesson Plans

You will begin the semester by writing a daily plan **at least 24 hours** before your therapy session. Those are best communicated via your "s-drive"; just **send me an email** when it's ready to view.

A note about therapy plans... **ALWAYS over-plan!** Think in terms of no longer than 10-15 minutes per activity for a preschooler and be prepared for one activity to "bomb," so have a Plan B and C just in case.

As you become more comfortable with your client, daily lesson plans may not be necessary.

### SOAP Notes

SOAP notes must be completed after every session. **Use the template on the D2L website** for practicum. Also consult your ComD 360 notes and handouts for how to write a SOAP note.

## Self-Evaluations

I will provide written feedback for every session I watch. On a fairly consistent basis, I will give you a question or two to reflect on. Those questions will be your “self-evaluation”. Answer those questions within 24 hours after your session. If I didn’t leave you a question, you do not have to complete a self-valuation. **Again, send me an email when it is ready to view.** You will also complete a more formal video self-evaluation prior to midterm.

## Weekly Meetings

We may meet in a weekly clinic group each week or individually. I think that the sharing of information among ourselves is a powerful way of learning and is excellent practice for “real world” clinical problem solving and sharing. At our weekly meetings, you may be asked to show and narrate a video, teach a new treatment technique, or look up current evidence-based practices. You can always schedule an individual meeting with me any time during the semester if you need to do so.

## Observation

I will be observing your therapy sessions as much as I can during the semester. After my observation, you will receive a session evaluation form that I will put in your mailbox (but often not until you have completed your own reflection). The comments and suggestions I make on the forms are meant to help you and I try to provide a lot of written and verbal feedback. Please look them over and if you have any questions, bring them to our weekly meeting or schedule a time to meet with me privately.

If there is a part of therapy you want to make sure I watch, please let me know ahead of time.

## Punctuality

You **must be in the waiting room at least 5 minutes** before your session is to start. Double check that all of your clocks coincide; I’ll be looking at the waiting room clock. Please be prompt for all meetings. Adhere to deadlines for all paperwork.

## Caregiver Contact

At all times keep the caregivers informed of what you plan on working on that day; at the end of the session give the parents information about the session. Typically, this involves any new communication skills that were achieved, a general idea of progress, etc. Don’t assume that just because the parent watched the session that they have a good grasp of what happened. If the caregiver is not able to observe, you will need to come up with a method of communication (e.g., notes sent home, phone calls, etc.).

## Written Assignments

This course fulfills the university writing emphasis requirement for majors within **Communicative Disorders** (please see the attached **Standard Scoring Rubric**). Students will complete written assignments including lesson plans, self-evaluations, and therapy reports. Other written assignments will be completed as necessary (i.e. IEP, dismissal reports).

This course also fulfills the American Speech-Language and Hearing Association's (ASHA) standards regarding knowledge outcomes of a program of study as follows:

Standard III-A: The applicant must possess skill in oral and written communication sufficient for entry into professional practice.

*Implementation: The applicant must demonstrate skill in performing a variety of written and oral communication tasks. For written communication, the applicant must be able to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.*

**The Writing Emphasis Portion of this course will include a Plan of Care, SOAP notes, and Final Therapy Summary report.**

## Final Therapy Reports (FTR)

We will begin the "final" report fairly early in the semester. See clinic grading form for the parameters you must address. A professional writing style free of grammar, spelling, and typing errors is mandatory. It is also imperative that subsequent drafts address questions, comments and concerns that I voiced on the previous drafts.

## Writing Emphasis and Final Grades

See your copy of the final student practicum evaluation form for a detailed breakdown.

## Client Cancellations

If the client or client's parents cancel a therapy session, cancellation notices will be posted by the faculty mailboxes. If you cancel therapy, it will be your responsibility to let me, clinical secretary, and the client/client's parents know of the cancellation. If your client lets you know that they will be canceling a future therapy session, the clinical secretary and me know about the cancellation. **Keep the therapy observation board up-to-date.**

If one member of the team needs to cancel, it is expected that the other clinician will just take over the entire session.

## Child Safety in the Clinic

- Don't ever leave a child unattended (e.g., if you have forgotten something, take the client with you to go get it.)
- An adult must be with children that are washing their hands.
- **Do not let children stand on chairs, lean back in chairs, sit on a counter, etc.**
- Do not plan art projects that require glue guns, staplers, etc.
- Do not use items such as balloons, pointed scissors, etc.
- Monitor activity level in the lobby and hallways.
- Encourage walking, not running.
- **Do not reinforce your client with candy or other high-sugar snacks;** typically eating and talking do not go well together. We can discuss appropriate reinforcements for your client. **Talk to me before you plan a cooking activity.**
- Monitor how the child uses the automatic doors
- Monitor your child's behavior in terms of getting "too wild" or "too loud"

#### **Be a good speech model:**

- When is it appropriate to use the words "good" vs. "well" e.g., "You did that so \_\_\_\_\_."
- **Eliminate "yup" and "nope" from your vocabulary while in clinic.**
- Do not use slang such as "You kicked my butt" "Oh my God" etc.
- Articulate clearly, e.g., "what do you have" instead of "Whacha got"
- Don't call your child names, even in fun, e.g., "cheater"
- Don't label your child as "smart" as an overall descriptor. Instead comment on what the child did that was "correct" "a good try" "hard worker" etc.
- Do not ask your client "do you want to..." when they really don't have a choice.
- 

#### **Tentative Schedule:**

**(subject to change depending on the needs of your client)**

**Week of January 23:** Getting started, e.g., schedules, room assignments, etc.

**After about 3 – 4 sessions with your client:** Establishment of objectives

#### **About February 27<sup>th</sup> :**

Complete an initial draft of first part of your final therapy report to include:

- create space at the top for all necessary identifying information,
- background information (this section usually includes when the child was referred, by whom & why, a brief description of those initial concerns, when child started to receive therapy, Brief statement on their progress since they originally started therapy,
- Status at the beginning of therapy for this semester (this section usually contains information from your initial testing/observations; and
- Your goals and objectives written in standard format and reflecting your baseline information).

**Video self-evaluation will be due about the week of February 27<sup>th</sup> .**

**Midterm evaluation: about March 13 – 17<sup>th</sup>**

**Week of April 24<sup>th</sup> : Final therapy reports should be completed (may just have some final data to fill in). Final conferences with client/families will be during the last week of clinic.**





Sample of a lesson plan format used early in the semester once you have a good idea of your objectives.

Clinician \_\_\_\_\_ Date: \_\_\_\_\_ Room #: \_\_\_\_\_  
 Client's Initials \_\_\_\_\_

**1. Functional/measurable short-term objective (STO):**

- Activity #1:
- Activity # 2: (if you are doing multiple activities for the same objective, you can just list those activities here)
- Activity justification (why did you choose this activity?) (justify each activity if you have more than one for an objective):
- Stimuli to elicit responses:
- Detailed information about your therapy techniques and strategies (include cueing hierarchy and/or compensatory strategies): these will probably be consistent across all activities for a particular objective
- Type(s) of reinforcement you will use:
- Method of data keeping:

**2. Functional/measurable short-term objective (STO):**

(continue with each STO as outlined above)

**On the next page is an example for a fictitious client.**

Clinician \_\_\_\_\_ Date: \_\_\_\_\_ Room #: \_\_\_\_\_  
 Client's Initials \_\_\_\_\_

**Functional STO:** SC will produce /f/ in the word-initial position during structured game play with 80% accuracy and minimal cues. (previous data: 72%-mod. cues)

**Activity #1:** "Go Fish" game with /f/ cards

**Activity justification (why did you choose this activity?):** I can select specific words to give SC both success and challenge and he enjoys playing games; the use of the word "fish" comes up often and is used naturally.

**Stimuli to elicit responses (include how the stimuli will be chosen, any modifications or controls you will use):** All of the stimuli will be one-syllable words that begin with /f/ and contain no consonant clusters. Given his phonetic inventory, I will not have to avoid other fricatives, so I can choose words such as "fish" "fizz" etc.

**Detailed information about your therapy techniques and strategies:** I will introduce this activity by reminding SC about "stop" and "go" sounds. We will practice the "leaky tire" sound in isolation, with cues to "bite your lip" as needed. Once the activity begins, I will begin to provide binary choice feedback to increase SC's self-monitoring and carryover. For example, if SC says "pan" I will say, "Do you want the *pan* or the *ffffan*?" with emphasis on the target phoneme. If she still can't correct I will remind her that it has a "leaky tire" sound and imitate the correct articulatory posture. I will also have the client seated so that he can easily look in the mirror if a visual cue is needed.

**Type(s) of reinforcement/correction you will use (both to reward appropriate behavior and responses as well as to deal with unacceptable behavior):** SC will receive verbal praise for correct responses, attention to task, etc. SC will also get to select one of two pretend play activities as a reward for her good behavior.

**Method of data keeping:** I will keep a tally of correct and incorrect responses and indicate whether or not cues were used.

**Homework with this objective:** I will give mom a copy of articulation cards that SC can use at home to play a concentration game with. I will instruct mom how to cue and provide feedback.

**Functional STO:** SC will use *she* and *her* during connected speech with 80% accuracy and cues as needed. (previous data: 52%-max. cues)

**Activity #2:** Structured play with a doll house.

**Activity justification (why did you choose this activity?):** SC can use 3<sup>rd</sup> person feminine pronouns consistently during structured activities, but she uses *her/she* during spontaneous speech. Playing with the doll house is an activity that SC enjoys and it provides plenty of opportunities for connected speech. However, I have some control over the activity because I can set up scenarios involving the mom and/or the baby to practice using pronouns correctly.

**Detailed information about your therapy techniques and strategies:** I have pre-planned some play scenarios to elicit *she* and *her*, but primarily *she* as this is the word that SC has the most difficulty with. Together, we will engage the toys in a familiar play routine and I will provide models such as, “**She** looks hungry! What do you think **she** wants to eat?” SC will be encouraged to use complete sentences to respond, such as “She wants pizza.” If she just answers with one word (i.e., “pizza”), then the phrase will be recast (“She wants pizza.”) and she will be asked again, “Who wants pizza?”

**Type(s) of reinforcement you will use:** The primary reinforcement is being successful in the context of the activity. Verbal praise will be given infrequently for correct pronoun during the activity (e.g., “I like how you used the word “she”).

**Method of data keeping:** Throughout the play activity, I will keep a running tally of correct/incorrect uses of *she* and *her*, separately.

**Homework:** No formal homework will be given as SC is not quite competent enough with this task. However, her mother will be shown how to recast incorrect utterance naturally throughout the day. (i.e., SC: “Her’s crying.” Mom: “Yes, **she** is crying.”)

This lesson plan form is typically used once you have your **objectives firmly established** and have determined appropriate activities and strategies.

Lesson Plan Example 2:

|                  |               |                  |             |
|------------------|---------------|------------------|-------------|
| <u>Clinician</u> | <u>Client</u> | <u>Date/Time</u> | <u>Room</u> |
| <u>Age</u>       | <u>Dx:</u>    |                  |             |

**Long-Term Goal:** AB will increase intelligibility to 80% with familiar listeners in known contexts

| STG:  | ACTIVITY/<br>MATERIALS   | Specific teaching Strategies   | PREVIOUS<br>DATA                        |
|---|--|--|---|
| AB will produce final /k/ in CVC words with 80% accuracy and cues                           | Memory game with /k/ stimulus cards; CVC, no other velars in the word besides initial /k/.   | Verbal models of words with final /k/<br>Mirror and instruction on tongue placement<br>Tongue depressor if necessary to suppress /t/ productions and facilitate placement<br>If task is still too difficult, I will produce the words (sometimes with errors) and have AB tell me if I was correct or not  | 55% (8/14/07)                           |
| AB will produce /s/ blends in Initial Position of words with 80% accuracy and minimal cues. | Storybook reading <u>A Bad Case of Stripes</u> ; blends for production include /st/ /sp/ /sn/ and /sl/, 3 member blends will be modeled but production is not expected | Binary choice of errors w/ correct production last and visual cue (Did she eat with a <b>poon</b> or a <b>spoon</b> ?—hand signal to indicate /s/)<br><br>Elicit production of the CCVC word by having her combine an elongated /s/ with the rest of the word; may need to pause in between, attempt to get the pause shorter<br><br>If production difficulties continue I will have her indicate if my productions are correct or not | 1 <sup>st</sup> time this was addressed |

**Long-Term Goal:** This is your ultimate goal; e.g., improve intelligibility, etc.

**Objectives:** This must be stated in behavioral terms; be specific in terms of what you want the client to do.

**Activity:** This will primarily reflect the context (game, structured pretend play, perceptual play); make sure you have more than enough activities for the time allowed. Again, just a brief phrase will suffice, e.g., “playing “Memory” with two stacks of /g/ stimulus cards.”

**Materials:** Just a brief list of the materials, toys, etc. you will use to help elicit responses.

**Techniques:** This is what **you** will do to assist the client’s success, think of your cuing techniques, clinical strategies, etc. Another way to view this is what is making your activity “clinical” and not just a game of memory. Follow through with specific information if the child does not respond as expected; what you have planned for dealing with errors, etc. This is your opportunity to show me what you know about how to provide clinical techniques to remediate specific errors. Make sure you don’t just list techniques, but also implement them during intervention.

**Previous Data:** record the data from the last time you worked on this particular objective; if it is the first time you are working on the objective, note that.



These are some of the areas I will be observing as you conduct your clinical sessions; I will put comments in the right-hand column.

|   |  |
|---|--|
| <p style="text-align: center;"><b><u>Therapy Plan</u></b></p> <ul style="list-style-type: none"> <li>• Objectives are appropriate</li> <li>• Objectives are measurable</li> <li>• Activities are appropriate</li> <li>• Problems are anticipated</li> <li>• Supervisor suggestions incorporated</li> </ul>  |  |
| <p style="text-align: center;"><b><u>Therapy Implementation</u></b></p> <ul style="list-style-type: none"> <li>• Rules/activities explained</li> <li>• Modification of tasks as needed</li> <li>• Use of appropriate cues/models</li> <li>• Consistent behavior management</li> <li>• Effective use of time</li> <li>• Maximum responses elicited</li> <li>• Client self-evaluation encouraged</li> <li>• Feedback and reinforcement</li> <li>• Adapts to client's needs</li> <li>• Accurate data collection</li> <li>• Home program and education</li> </ul> |  |
| <p style="text-align: center;"><b><u>Professional Skills</u></b></p> <ul style="list-style-type: none"> <li>• Attire/grooming</li> <li>• Use of client-friendly language</li> <li>• Communicates well with family</li> <li>• Active participation in session</li> <li>• Appropriate response to supervisor feedback</li> <li>• Prepared for supervisory conference</li> <li>• Makes referrals as needed</li> <li>• Adheres to infection control procedures</li> <li>• Punctuality</li> </ul>  |  |

**COMPLETE BEFORE OUR FIRST MEETING**

You can find all of the pertinent information in your client's chart. Look through IEPs, past therapy reports, notes, etc. This may be written on typed. We will mainly be using it to guide our discussion.

Name: \_\_\_\_\_

Client's initials: \_\_\_ Client's Age \_\_\_\_\_ Client's DX \_\_\_\_\_

**1. Tell me about this client:**

**2. Now focus on more current information. Tell me about the client as a total communicator, not a list of goals. How does the client communicate (strengths/weaknesses)? What does the client need to learn in order to communicate more effectively?**

**Significant variables related to this case (be succinct here):**

**Any testing (formal and informal) you may want to conduct & why:**

**Any additional information you may need from the teachers/caregivers & why:**

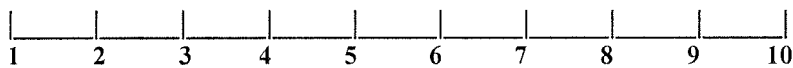
**How to fairly divide the work between you and your partner (if applicable):**

**How are you prepared to handle this case, e.g., previous experience, courses, etc.**

**What areas do you need help with in getting started? Again, be specific here.**

**In your opinion, what are your clinical strengths/concerns?**

**How much supervision and input do you feel that you need? (1=no supervision; 10=maximum supervision)**



**My clinical supervisor can help me during this clinical experience by...**

**I can help myself during this clinical experience by...**



### Therapy preparation checklist\*

|   |  |
|---|--|
| <p>Have I arranged the room in such a way to decrease distractions and increase attention?</p> <p>Will the therapy I have planned affect the client's ability to interact and communicate?</p> <p>Have I planned age-appropriate activities? Are they fun and interesting?</p> <p>Will my activities elicit many targets?</p> <p>Have I over-planned?</p> <p>Do I have all of the materials I need?<br/>Do the toys have all their parts?<br/>Does anything need to be set up before Tx? (e.g, the computer for observation)</p> <p>Do I have a "cheat sheet" for things I plan to elicit or address during play or reading activities?</p> <p>Am I prepared to increase/decrease difficulty as needed?</p> <p>Do I need/ have a behavior management plan?</p> <p>Are my data sheets ready and organized?</p> <p>Do I know what I am going to tell the caregiver about my planned objectives?</p> <p>In the lobby at least 5 minutes early.</p> <p>Ending therapy:</p> <p>Did I give information to the client?</p> <p>Did I give information to the caregiver? Homework?</p> |  |
|---|--|

**Did I ask my supervisor for help in areas where I am struggling, unsure or don't know what to do?**

## DIAGNOSTIC PRACTICUM Spring 2017

**Supervisor:** Christie Witt, M.S., CCC-SLP

**Office:** 044A

**Phone:** 346-2577

**Office Hrs:** See office door

**email:** [cwitt@uwsp.edu](mailto:cwitt@uwsp.edu)

This is an addendum to “CD 495 & CD 791-794 Clinical Therapy Practicum” syllabus that can be found on D2L.

### Our Schedule

Our diagnostic evaluations will take place on **Tuesdays from 1:00 – 3:00**. Keep your schedules free during those times every week during the semester. **Each week you will need to check the Diagnostic Schedule at the front desk. All diagnostics are on the calendar in the Red Diagnostic Folder and you are allowed to get the folder and check the schedule.**

### Once diagnostics begin

1. **Team organization:** All clinicians will be active in every diagnostic appointment.  
  
All team members are responsible for file review, preparing diagnostic, taking data, interpreting data, scoring tests, analyzing results, making recommendations, writing report
2. **Weekly Meeting:** We will discuss the up-coming diagnostic and any past diagnostics.
3. **Diagnostic reports:** Reports will be written as a team and need to be complete before the next diagnostic appointment. You are writing a professional report that will represent you as professionals and this clinic. Your first draft should be your best work. Subsequent drafts will occur as needed and determined by Ms. Witt.
4. **Clock hours:** Please keep track of the number and type of clock hours earned. You will also document “staffing” hours (meetings to discuss evaluation, treatment and/or recommendations, or exit meetings with parents, caregivers). You should keep track of your hours on a weekly basis. It is not the supervisor’s responsibility to keep track of your hours. Staffing hours DO NOT include preparing for diagnostics, scoring tests, transcribing language sample, or meeting with the supervisor or team. However, supervisors have the discretion for exceptions. Clockhours are to be submitted via Calipso at the end of the semester.
5. **Professionalism:** Your preparedness, organization, confidence, conduct, attire, and grooming influence your credibility as professionals. In addition, respect for your client, family members, co-clinicians, and supervisor, and demonstrating enthusiasm.
6. **Additional responsibilities:** The team is responsible for video recording the diagnostic session, reserving any equipment and supplies prior to the evaluation, as well as cleaning up the diagnostic room after the session. This includes sanitizing the table, supplies, and equipment used and putting them back where they belong.
7. **Evaluation:** We will meet as a “Diagnostic Team” at mid semester and use *Calipso* to discuss your progress and development. At the end of the semester we will meet again to discuss your semester progress. You will be graded on clinical competence, clinical writing, professional conduct, increased independence in your diagnostic decision-making, and diagnostic skills.

## Clinical Practicum Spring 2017

Supervisor: Christie Witt, M.S., CCC- SLP  
Phone: (715) 346-2577-office

Office: CPS 046A  
Email: Christie.Witt@uwsp.edu

### Objectives:

Refer to the standard CSD 495 & CSD 791-794 Clinical Therapy Practicum Syllabus on D2L.

### Course Requirements:

This course involves working at the UWSP-Speech Language and Hearing Clinic. You will be completing course requirements while working at the clinic. This clinic provides services to the public. You are required to adhere to the guidelines and policies written in the clinic handbook which can be found in D2L.

### Paperwork:

1. Weekly Lesson plans
  - a. Due on Fridays at noon.
  - b. You may complete lesson plans in your own style. There is no template
  - c. Lesson plans should include:
    - i. Skill you are targeting
    - ii. Therapy techniques you will implement
2. SOAPs
  - a. Due weekly by noon on Fridays
  - b. You will save it on your s-drive as a running document.
  - c. You will use the SOAP form on Ms. Witt's s-drive.
  - d. If you are working on a team, the author of the SOAP must alternate and you must indicate who the writer is on the SOAP form.
  - e. If you are working on a team the SOAP note will be saved on one team member's s-drive only.

Here is an example of what I will be looking for in a SOAP notes:

S: *Subjective*. Any subjective information that is relevant to the session.

O: *Objective*. Provide data for each goal (you do not need to state the goal in the note, just results of the session pertaining to the goals. For example, Sam requested an item using a 2 button sequence in 2 out of 4 opportunities.

A: *Assessment*. Write what occurred to result in the success/not success of performance for goals. For example, Minimal visual prompts were needed for 2 button requests.

P: *Plan*. Continue plan of care.

3. Plan of Care:
  - a. Find the plan of care form on the s-drive.
  - b. This needs to be completed by the end of the second week of therapy.
  - c. We will discuss how to complete this form in a clinic meeting.

4. Video self-eval: You may be asked to do a video self-evaluation.
5. Data: We will discuss data collection in our meetings.
6. Visual Summary of the results of therapy (at the end of the semester).
  - a. It needs to be a visual representation (graphs, charts, etc).
  - b. This document will be shared with your client/client's family at the final therapy meeting.
7. Final Therapy Report.
  - a. There is no template – you need to determine the information that is pertinent to your client.
  - b. You will follow this plan for turning in your document:
    - i. Due the 2<sup>nd</sup> Friday following the start date for your client: Background, status at the beginning of the semester, long term/short term goals.
    - ii. You are responsible for having this document in the final form at the time of "checkout" at the end of the semester.
    - iii. Email Ms. Witt when you have this document or portions of this document ready to review for feedback.
    - iv. You will receive written feedback in your mailbox once it's reviewed. When you have made changes, you will place that edited paper document back in Ms. Witt's mailbox to indicate that the next review is ready.
    - v. You will submit it for review until Ms. Witt determines that it is complete
8. Reflections
  - a. We will do a significant amount of oral, face to face reflecting. I often will meet with you as you are cleaning up your therapy room to discuss your thoughts.
  - b. At times I will provide written feedback and will require you to respond to questions. Those responses will be saved in your s-drive and I will email you to let you know that there are written reflections to be reviewed.
  - c. Reflections may not be required for each session.
9. Billing:
  - a. You are responsible for documenting session dates your client attended.
  - b. At the end of the semester you will turn in a completed billing form that documents each session attended.

## Meetings

1. We will discuss and schedule clinic meetings at our initial clinical meeting. You will be expected to participate in discussions regarding clinic which may include but is not limited to goal writing, data collection, plan of care, final therapy report, SOAP notes.
2. Mid-term meeting: You will participate in a mid-term meeting. You will be expected to discuss what you have learned during your clinic experience.
3. End-term meeting: You will participate in a final grade meeting. You will be expected to discuss what you have learned, your strengths, and potential areas for improvement.
4. Additional Meeting: You are responsible for initiating meetings at your discretion. These meetings may be used to address clinic specific questions, paperwork, other questions, or for general support. To initiate a meeting, you can:
  - a. Sign up on Ms. Witt's door
  - b. Stop by to see if Ms. Witt is available – if Ms. Witt's door is closed, decide

meet. If it is an emergency, knock on the door. If she is in her office and available (not on the phone) she will direct you to enter.

### Grading

1. Ms. Witt will assign grades at mid-term and end-term meetings using the form on Calipso.
2. You will be graded on clinical competence, clinical writing, professional conduct, increased independence in clinical decision making, and improvement of clinical skills.