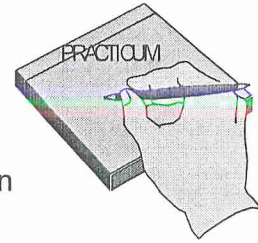


## CLINICAL PRACTICUM - THERAPY

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.

**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)*
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.**
2. **STOP** by my office ASAP (Tuesday) 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.
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 individually if needed.
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 **October 2.** Please **DOUBLE-SPACE.** Use the attached format or the previous format from the client's file. Also complete the attached form "**Editing your own writing.**" 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 **November 17.** **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).

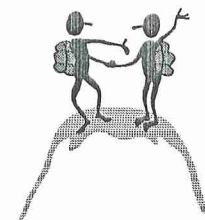
In the event of a fire alarm, evacuate the building in a calm manner. Go to the center hall in the CeSpeech, Language and Hearing Center. Notify instructor or emergency command personnel of any missing individuals.

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.

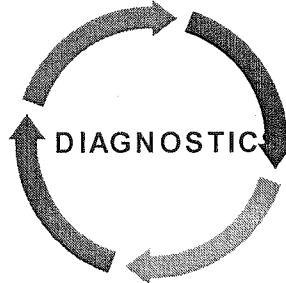
**WITH TEAM WORK, WE WILL ALL MEET OUR GOALS!!!!**





# 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.

## Students will:

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

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

## GENERAL INFORMATION

1. DIAGNOSTIC SCHEDULE: **Tuesday 1-3 p.m.** (alternating weeks)
2. ROOM RESERVATION: #25, **Tuesday 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 **Tuesday 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.

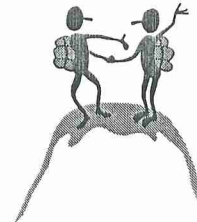
**The report is to be double spaced. All test forms and informal data should be "file ready" and attached.**

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!!!





## University of Wisconsin – Stevens Point

Fall Semester – 2017

### Clinical Practicum - CSD 791/794

Instructor: James Barge

Email: [jbarge@uwsp.edu](mailto:jbarge@uwsp.edu)

Office: 42B

Phone: (715) 346-3085

**Office hours:** Sign up on office door calendar for an appointment at any time during the semester.

#### Objectives:

1. Acquire skills and knowledge required to assess and treat patients with communication disorders.
2. Develop and advance skills in the areas of:
  - Therapy planning
  - Goal writing
  - Data collection
  - Written documentation
  - Interpretation of data
  - Ongoing development of self-evaluation skills
3. Develop skills of interaction with supervisory staff, patients/clients, other students.
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.

#### Students will: (ASHA Standards)

1. Develop clinical skill in oral and written communication sufficient for entry into professional practice

2. Develop clinical skill in the evaluation of clients with communicative disorders and/or swallowing disorders.
3. Develop clinical skill in providing intervention to clients with communicative and/or swallowing disorders.
4. Develop interaction and personal qualities for effective professional relationships with clients, families, caregivers and other professionals.
5. Adhere to the ASHA code of Ethics and behave professionally.
6. Participate in formative assessments (ongoing measurement) for the purposes of improving student learning.

### **Pre-Therapy Information**

1. Please provide me a copy of your current schedule.
2. Client Information – Review the information available on your client. Be prepared to discuss the following issues at our first clinical meeting:
  - a. Questions you may have regarding the client's disorder and therapy
  - b. Questions pertaining to our clinician/supervisor roles.
  - c. Questions related to the client and/or disorder to assist in treatment planning.
  - d. Ideas for lesson planning for the first two sessions.
3. Scheduling Therapy – You are encouraged to review the master therapy schedule on my office door and begin scheduling your patient.
4. Complete Clinic Card – Return to front desk.

### **Requirements**

1. Please provide therapy treatment plans for the initial week following our pre-therapy meeting. Ongoing therapy treatment plans will be required per the supervisor.
2. SOAP notes are required following each treatment. Please let me know when you have placed the completed note in the /s/ drive. Please include amount of contact time, therapy and/or evaluation. Example: client seen for 60 minutes, 40 evaluation, 20 therapy.
3. Reflection/Review Please contact me promptly with questions, ideas, concerns and all other relevant information regarding your care of your client.

Suggested topics to reflect upon are:

- Client participation
- Outcome of activities
- Opportunities for improvement.
- What went well.
- Discussions with family members.



4. Data Collection – You are required to acquire data throughout your sessions. As appropriate, data can be either quantitative and/or qualitative. Your data will be the support of your SOAP note.
5. Weekly supervisory meetings: Meetings are encouraged and available throughout the week. You are welcome to sign up on my office door at any open time. I may contact you to schedule a time to discuss issues as we proceed through the semester.
6. Video Self-assessment: We will select a therapy session to review together.
7. Observation – It is my goal to observe as much of your sessions as possible. You will promptly receive feedback on the findings of my observation.
8. Demonstration of therapy – Please let me know if you would like me to demonstrate therapy. At times, I may enter your session to assist, clarify or provide some other service as needed.
9. Caregiver communication – It is expected that the caregiver be provided with information regarding the objectives of your session and, upon conclusion, a brief review of the session.
10. Evaluation of Clinical Performance – A formal evaluations will be provided at the mid-point and end of the semester.
11. Final Reports – All corrected copies should be submitted. All clinic forms (test protocols, etc) should be included.
12. Infection Control and Universal Precautions – Please refer to the Center’s infection control Policy and Procedures.
13. Confidentiality – Please refer to the Center’s policies and procedures regarding electronic information, client records and audio/video recording.
14. Accommodations: Please discuss during the first week any accommodations required for a documented disability.
15. Grades –
  - A 95% - 100%
  - A- 91 – 95.49%
  
  - B+ 88-90.99%
  
  - B 84-87.99%
  
  - B- 81-83.99%
  
  - C+ 78-80%
  
  - C 74-77.99%
  
  - C- 71-73.99%
  
  - D+ 66.5 – 70%
  
  - D 61 – 66.49%

F Below 61%

16. Professionalism – Your conduct, attitude displayed, your attire directly and significantly affect the degree the client and family members assess your professional credibility. Your clients and caregivers deserve a well prepared, organized and respectful clinician. The clinic dress code will be followed.
17. Partnership – I believe we both are seeking the same objectives, your growth and development as a clinician and the provision of excellent care to people with communicative deficits. The keys to these goals are candid discussion, refining of skills, broadening of insights and respect for all parties involved.

In the event of a medical emergency call 9-1-1 or use Red Emergency Phone located across from room 008, near room 027 and the CMC. Offer assistance if trained and willing to do so. Guide emergency responders to the victim.

In the event of a tornado warning, proceed to the lowest level interior room without window exposure.

In the event of a fire alarm, evacuate the building in a calm manner. Notify instructor or emergency command personnel of any missing individuals.

Act 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 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.



## **University of Wisconsin – Stevens Point**

**Fall 2017**

**Diagnostic Practicum – CSD 791/794**

**Instructor: James Barge**

**E-mail: [jbarge@uwsp.edu](mailto:jbarge@uwsp.edu)**

**Office: 42B**

**Phone: (715) 346-3085**

**Diagnostic Time:**

### **Scheduling**

Please keep the above time periods free. Check the diagnostic schedule (Red folder) frequently.

### **Team Organization**

All members will play an active role in your diagnostic assignments. All team members are required to review files, prepare for the assessment, record and interpret data, score tests, analyze findings, determine recommendations and create written reports.

### **Weekly Meeting**

Required for discussing current and future diagnostic assignments. Anticipate an hour meeting length.

### **Diagnostic Reports**

Reports will be the responsibility of the entire team and completed by the date of the subsequent diagnostic case as applicable. Maintain a high degree of professionalism within the report as it reflects on our clinic, yourself and your supervisor. Revisions will be required as needed.

### **Clock Hours**

Keep track of the number and type of clock hours obtained. Include our weekly meeting and exiting meetings with parents, caregivers as “staffing hours”.

### **Professionalism**

Much of the success achieved in the field of communicative disorders can be attributed to the nature of the relationship between the patient, family members and caregivers with the practitioner. Your preparedness, organization, attire and demeanor significantly affect this relationship.

### **Room and Equipment**

The team is responsible for video recording the diagnostic evaluation, reserving required equipment and obtaining supplies prior to the beginning of the evaluation. Please clean and sanitize the room, supplies and equipment as needed.

### **Grading**

Your final grade will reflect your clinical competence, documentation skills, professional conduct and improving levels of diagnostic decision-making abilities.

#### 1. Grades –

A	95% - 100%
A-	91 – 95.49%
B+	88-90.99%
B	84-87.99%
B-	81-83.99%
C+	78-80%
C	74-77.99%
C-	71-73.99%
D+	66.5 – 70%



D 61 – 66.49%

In the event of a medical emergency call 9-1-1 or use Red Emergency Phone located across from room 008, near room 027 and the CMC. Offer assistance if trained and willing to do so. Guide emergency responders to the victim.

In the event of a tornado warning, proceed to the lowest level interior room without window exposure.

In the event of a fire alarm, evacuate the building in a calm manner. Notify instructor or emergency command personnel of any missing individuals.

Act 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 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.

**University of Wisconsin Stevens Point  
Fall Semester 2017  
Clinical Practicum - CD 791 & 794**

**Instructor:** Charlie Osborne  
**Office Hours:** TBA  
**Email:** [cosborne@uwsp.edu](mailto:cosborne@uwsp.edu)

**Office:** 44B  
**Phone:** (715) 346-4960

**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 (please keep all sessions copies and return all of them to me at the end of the semester). 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 a SOAP note). 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.
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. **Final Therapy Report:** The first four sections of the Final Therapy Report are due on **10/03/16(ish)**. Please submit electronically! If you have questions or concerns about the report let me know. The completed Final Therapy Report is due by **12/12/17**.
6. **Plan of Care** – Please have the POC completed by **10/02/17(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!
7. **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.*

8. **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> High ----- Mid-----Low
<u>Anderson’s Continuum of Supervision</u>			
Evaluation-Feedback Stage	Transitional Stage	Self-Supervision Stage	<u>Clinician Level of Experience</u> 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 **your** 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.*

9. **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**



### Clinical Practicum Assignment Schedule

<u>Dates</u>	<u>Assignment</u>
Week 1 09/05/17	Receive clinical assignments, review client file, initial supervisory meeting, schedule clients, etc.
Week 2 09/11/17	Therapy begins!
Week 3 09/18/17	Therapy
Week 4 09/25/17	Therapy
Week 5 10/02/17	<b>1<sup>st</sup> draft of final therapy report due on Monday 10/02/17</b>
Week 6 10/09/17	Therapy
Week 7 10/16/17	Therapy
Week 8 10/23/17	<b>Midterm evaluation</b> Videotaped segment and completed self-evaluation
Week 9 10/30/17	<b>Midterm evaluation</b> Videotaped segment and completed self-evaluation
Week 10 11/06/17	Therapy <i>CO at ASHA</i>
Week 11 11/13/17	Therapy
Week 12 11/20/17	Therapy <i>Gobble, gobble 11/23</i>
Week 13 11/27/17	Therapy
Week 14 12/04/17	Therapy <b>Last day of clinic is 12/08/17</b>
Week 15 12/11/17	<b>Final therapy report (completed copy) due on Tuesday 12/12/17</b> Clock hours are due to Ms. Reynolds, Therapy Schedule Form due, return all borrowed materials to the CMC

**Diagnostic Team CD 794 Syllabus**  
**Fall 2017**  
**Diagnostic Time: Thursday 9:00AM – 11:00PM**

**Instructor:** Charlie Osborne  
**Office Hours:** TBA  
**Email:** [cosborne@uwsp.edu](mailto:cosborne@uwsp.edu) (office)

**Office:** 44B  
**Phone:** (715) 346-4960 (office)

### Course Description

This course provides you with the opportunity to progress towards the development of *Skills and Knowledge* as specified by ASHA, for acquiring clinical competence in speech-language pathology. *Skills and knowledge* are acquired across a continuum, with increasing levels of independence, consistency, and problem-solving occurring over time. This practicum experience allows us to work closely, and with a variety of clients, to accomplish the objectives cited below.

#### Course Objectives

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

### Before Diagnostics Begin

1. Schedule: We will meet to discuss the upcoming diagnostic each week. One of the first things on the agenda will be to establish a time to do this.
2. Scheduling Diagnostics: Our diagnostic evaluations will usually take place on Thursday mornings 9:00 am to 11:00 PM in room 25. Keep your schedules free during those times.

### Once Diagnostics Begin

1. Diagnostic Team Organization: Each team member is responsible for reviewing the client's file prior to our weekly meeting. Additionally, each team member needs to complete and bring in written remarks about the client, disorder, and assessment to the weekly meeting. (See attached **Diagnostic Questions and Ideas**). Your remarks will provide a spring board for our planning discussion. Please bring the client's file to the weekly meeting and be prepared to provide a verbal overview of significant points from the case history and/or referral. As the semester progresses, you will gradually assume responsibility for conducting the client initial and exit interviews.
2. Diagnostic Reports: Report formats for various disorders will be provided to assist you in the content and organization of your report. The following schedule indicates when diagnostic reports are due. We will typically spend time at the end of each diagnostic session discussing options for writing the diagnostic report. The goal will be to have a completed report, turned in to the office before the next diagnostic. Deadlines for when the rough draft is to be in, etc. will be determined by us when we have our initial team meeting. Here are several helpful guidelines to follow:
  - a.) With each rough draft, turn in **ALL previous drafts, ALL test forms and scribbles**.
  - b.) Be sure to let me know which /s/ drive has the rough draft.  
The final draft is to be single spaced and printed on a high quality printer. You are welcome to use my office printer for final drafts.
  - c.) Each member of the team is responsible for scoring and interpreting the tests that they administer.

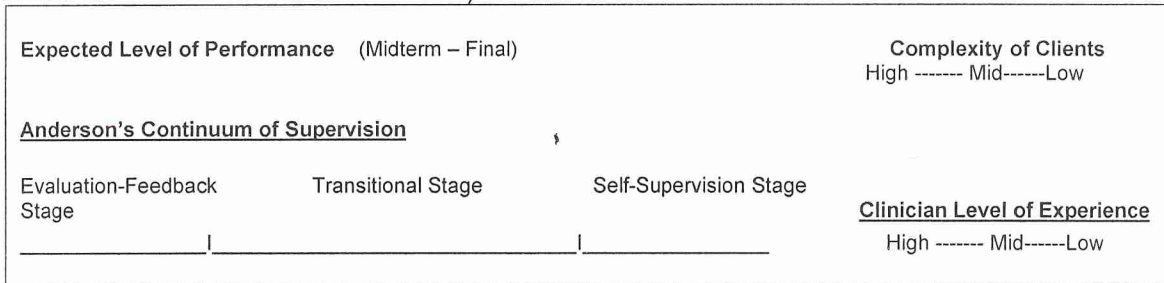
3. Weekly Team Meetings: We will meet for 30-60 minutes each week. The purpose of this meeting will be to plan the upcoming diagnostic. In addition, we will review and evaluate the previous diagnostic session if we did not have an opportunity to do so the day it was conducted. Your self-evaluation, as well as of the team as a whole, is an important component of our meeting, as it prepares you for independence as a professional. If you feel the need to discuss any issues with me beyond the weekly meeting, you may see me during designated practicum office hours as posted on my door, or contact me by email or phone.

4. Clock Hours: Please keep track of the number and type of clock hours earned using the appropriate **clock hour log** form. ASHA is now looking for documentation of time spent in "staffing." This means participation in meetings during which evaluation, treatment, and/or recommendations are discussed or formulated, with or without the client present. IEP meetings and exit meetings with clients and/or parents would be considered staffing time. Preparing for diagnostics, scoring tests, transcribing language samples, and meeting with the supervisor or team may not be counted as staffing hours.

5. Professionalism: Your preparedness, organization, conduct, attire, and grooming influence your credibility as professionals. In addition, respect for your client, family members, co-clinicians, and supervisor, and demonstrating pleasure in what you are doing, greatly contribute to an air of professionalism. Notable attention will be given to the trait of professionalism.

6. Additional Responsibilities: The team is responsible for setting up and cleaning up the diagnostic room, and reserving and obtaining equipment and supplies. Following the session, please sanitize the table, supplies and instruments used.

7. **Evaluation of Clinical Performance** – Formal evaluations will occur at midterm (optional) 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).



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 **your** 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.

And remember, no matter where you go, there you are.

■ Unknown, Buckaroo Banzai, from the film



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

Date of Dx: \_\_\_\_\_ Disorder/Age: \_\_\_\_\_

### DIAGNOSTIC QUESTIONS AND IDEAS

1.) Questions about the client that need to be answered by the assessment.

2.) Questions I have about the suspected disorder area or assessment.

3.) Suggestions for diagnostic procedures.

# Off-Campus CSD 794 Speech/Language Practicum Syllabus

Congratulations on receiving this interesting and challenging practicum assignment. The School of Communication Sciences and Disorders is pleased to be able to work with the staff within a variety of medical and educational sites to provide you with this experience. You are expected to fulfill your practicum responsibilities in a way that will enhance this working relationship.

A clinical supervisor from the School of Communication Sciences and Disorders will provide liaison supervision from UWSP. On-site supervisory visits will occur a minimum of one time during the semester. The assigned university liaison supervisor will be available to discuss any concerns that off-campus supervisors might have about the university students during their on-site visits, or they can be reached by telephone at 346-3667. Please feel free to contact your assigned university liaison supervisor at any time.

## As the semester continues, students may expect the following from their assigned university liaison supervisor:

1. The university liaison will make an initial direct telephone call to the off-campus supervisors during this first week of the semester to introduce themselves as the assigned university liaison for the semester and to answer any questions that the off-campus supervisors may have as the students begin their off-campus practicum.
2. The university liaison will meet with each assigned off-campus student during the first week of the semester, to review the syllabus packet and discuss any questions that the student may have before beginning their off-campus experience.
3. The university liaison will continue to make periodic telephone contacts with the off-campus supervisors to monitor the student's progress and status.
4. The university liaison will make a minimum of one on-site visit during the off-campus practicum. Off-campus supervisors have indicated that they appreciate the support of the university faculty while supervising students at their sites and enjoy sharing their professional work and expertise with university faculty. During this visit, the university liaison will observe the student for approximately 30-60 minutes, confer with the supervisor(s) as needed, and hold a final group supervisory conference.
5. The university liaison will arrange to meet with each of their assigned students after their students have received their midterm evaluation from the off-campus supervisor, to ensure that appropriate progress is being made and discuss the student's clinical objectives with them.
6. The university liaison will arrange to meet with each of their assigned students after their students have received their final evaluation from the off-campus supervisor, to discuss the student's performance.
7. The university liaison will be responsible for obtaining all necessary paperwork from the student and the off-campus supervisor at the end of the semester, and will ensure that all paperwork is submitted to the Clinical Director by the due dates.

## GOALS AND OBJECTIVES FOR CLINICAL THERAPY PRACTICUM:

This course provides students with the opportunity to progress towards the development of *skills and knowledge as specified by ASHA*, for acquiring clinical competence in speech-language pathology. The skills and knowledge are acquired across a continuum, with increasing levels of independence, consistency, and problem-solving expected to occur over time. Take responsibility for documenting experiences that provide evidence of skills. Each student's progress towards meeting the applicable skills will be evaluated with the supervisor within the semester. If skills are not demonstrated at the expected level, an improvement plan will be developed to facilitate progress. This practicum experience also allows students and supervisors to work closely to accomplish the course objectives for the Department of Education, which are explained below:

### ASHA and Teacher Standards

**\*\*Refer to specific skills cited on the grading form\*\***

#### **ASHA Standards**

1. To develop clinical skill in oral and written communication sufficient for entry into professional practice (*ASHA Stan. IV-B*)(*DPI Stan. 6 & 10*)
2. To develop clinical skill in the evaluation of clients with communicative disorders and/or swallowing disorders (*ASHA Stan. IV-G-1*)(*DPI Stan. 8*)
3. To 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. To 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. To adhere to the ASHA Code of Ethics and behave professionally (*ASHA Stan. IV-G-3d*)(*DPI Stan. 10*)
6. To participate in formative assessments (ongoing measurement) for the purpose of improving student learning (*ASHA Stan. V-A*)(*DPI Stan. 9*)

#### **InTASC Model Core Teaching Standards**

In order to receive a license to teach in Wisconsin, students must demonstrate proficient performance in the knowledge, skills, and dispositions under all of the following InTASC Teacher Standards (PI 34.02). Upon request, a full description of each standard with its corresponding knowledge, skills, and dispositions can be provided.



**Standard #1:** The teacher 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.

**Standard #2:** The teacher understands how children learn and develop, and can provide learning opportunities that support their intellectual, social, and personal development.

**Standard #3:** The teacher understands how students differ in their approaches to learning and creates instructional opportunities that are adapted to diverse learners.

**Standard #4:** The teacher understands and uses a variety of instructional strategies to encourage students' development of critical thinking, problem solving, and performance skills.

**Standard #5:** 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.

**Standard #6:** The teacher uses knowledge of effective verbal, nonverbal, and media communication techniques to foster active inquiry, collaboration, and supportive interaction in the classroom.

**Standard #7:** The teacher plans instruction based upon knowledge of subject matter, students, the community, and curriculum goals.

**Standard #8:** The teacher understands and uses formal and informal assessment strategies to evaluate and ensure the continuous intellectual, social, and physical development of the learner.

**Standard #9:** The teacher is a reflective practitioner who continually evaluates the effects of his/her choices and actions on others (students, parents, and other professionals in the learning community) and who actively seeks out opportunities to grow professionally.

**Standard #10:** The teacher fosters relationships with school colleagues, parents, and agencies in the larger community to support students' learning and well-being.

### **SUPERVISION REQUIREMENTS:**

According to ASHA standards for speech/language pathology, direct supervision must be in real time and must never be less than 25% of the student's total contact with each client/patient and must take place periodically throughout the practicum. These are the minimum requirements that should be adjusted upward if the student's level of knowledge, experience, and competence warrants. A supervisor must be available to consult as appropriate for the client's/patient's disorder with a student providing clinical services as part of the student's clinical education. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence. All clinical practicum hours must be supervised by individuals who hold a current CCC in the professional area in which the observation and practicum hours are being obtained. The supervised activities must be within the scope of practice of speech/language pathology to count towards certification. Only the supervisor who actually observes the student in a clinical session is permitted to verify the credit given to the student for the clinical practicum hours.

### **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.

### **PROFESSIONAL MANNER, CONDUCT, ACCOUNTABILITY, AND DRESS CODE (ASHA Standard III-E & IV-G-3d):**

Credibility as a professional is influenced by appearance and conduct: Note that performance evaluation will take into account the following responsibilities. A pattern of unprofessional conduct in any of the following will result in grade reductions:

- Students are asked to use professionalism when speaking or referring to peers and/or faculty-staff at all times.
- CMC materials may not be checked out for off-campus placements.
- Please review the following dress code policy for the Speech, Language, and Hearing Clinic:

Students are expected to dress in a manner fitting their status as professionals providing services to the public. Although a student's physical appearance may have no relationship to the quality of treatment they provide, it is likely to influence a patient's perception of quality and professionalism. We should always convey the finest possible impressions to our clients and parents/caregivers. While individual preferences are recognized, a clinic that deals with the public requires a conservative approach to grooming, hair, jewelry, fragrances, and dress. All students are required to wear a nametag during clinic practicum at UW-SP's Speech, Language, and Hearing Clinic. If students are placed in an off-campus practicum site, they must talk to their university liaison supervisor as well as their off-campus supervisor to determine the appropriate attire expected for that site.



### **CONFIDENTIALITY (ASHA Standard III-E & IV-G-3):**

While the Clinic's primary function is to prepare students for the profession, the highest possible standards for clinical services must be maintained. One of those standards is the assurance that Protected Health Information (PHI) and other Clinic Information (CI) will be kept confidential. Students have been given a handout entitled "Confidentiality", which provides more specific information regarding policies on oral communication, electronic communication, client records, composing/printing clinical records, and audio/video recording within the Speech, Language, and Hearing Clinic.

### **INFECTION CONTROL AND UNIVERSAL PRECAUTIONS (ASHA Standard III-E & IV-G-3d):**

All students are required to follow the Center's infection control policies and procedures as outlined in the "Guidebook on Infection Control Policy and Procedures" to maintain a clean, healthy environment for client assessment and treatment. Training on communicable diseases, policies, and procedures has been provided to all staff and students prior to their participation in practicum.

### **REPORT WRITING (ASHA Standard IV-B & IV-G-1f):**

Approach report writing as a means to stimulate learning and to help make meaning out of clinical experiences. Written and oral reporting will account for 25% of final grade. All students will receive a mid-term and final grade on written reports using the *Evaluation of Therapy Skills* form.

### **EVALUATION (ASHA Standard IV-B, IV-G-3b & 3d, and V-A):**

Formal evaluations (utilizing the *Evaluation of Therapy Skills* form) will be provided for the student a minimum of two times throughout the semester. The overall average of these evaluations will account for 100% of the final grade.

If skills are not demonstrated at the expected level, an improvement plan will be developed to facilitate progress. An improvement plan may NOT be necessary if a student performs slightly below expectations on only a few specific skills (see *Evaluation of Therapy Skills* form), and if the student is appropriately responding to supervisor input and improving his/her skills. On the other hand, an improvement plan IS necessary if a student consistently performs below expectations.

### **The following general information is important within each off-campus practicum assignment:**

1. You may or may not have access to the client's files at their sites. The classroom teacher, special education resource teacher, or speech/language pathologist can answer any questions that you have about the clients.
2. The off-campus supervisors will be giving you directions regarding the tasks that you are to do with clients. As the semester goes on, you should assume responsibility for planning and direct instruction of activities. However, this issue is at the discretion of each individual supervisor.
3. Regular weekly group student conferences are an option. If you feel that you could benefit from a regular weekly group graduate student conference at the Clinic, please share your thoughts with your liaison supervisor. Please note that your liaison supervisor is available for questions at any time.
4. **You are required to continue this practicum until the final day of practicum on Friday, December 9<sup>th</sup>, 2016.** Occasionally, students are able to continue practicum experiences beyond this date. Often, however, students need to spend the final week studying and completing semester projects.  
**All students are required to attend all scheduled sessions at their assigned sites.** If you cancel a session with a supervisor, it is your responsibility to inform the university supervisor as well. In addition, you will be in charge of rescheduling a make-up session with the supervisor. Excused absences (e.g. doctor's signed excuse, campus or class related extracurricular event with signed excuse, wedding/funeral with documentation required) do not require a make-up session.
5. **The on-site supervisors will be assigning midterm grades due on or around October 28, 2016.** A copy of the *Evaluation of Therapy Skills* Form should be completed online via the CALIPSO student management site. The on-site supervisor's assessment of your performance will determine your grade. You will receive feedback throughout the semester regarding your performance, including verbal and/or written feedback. **The final grade recommendation form from the on-site supervisor are due by Wednesday, December 14<sup>th</sup>, 2016.**
6. When the end of the semester arrives, you will need to submit your clock hours to your on-site supervisor via CALIPSO. Clock hours due Wednesday, December 14<sup>th</sup>, 2016.

7. A copy of the "Facility Status Form" is attached. ASHA requires that programs obtain this information from each off-campus supervisor providing supervision for the School of Communicative Disorders. The on-site supervisor must complete this form and return this paperwork to the Clinical Director by Wednesday, December 14<sup>th</sup>, 2016.
8. Please ask the on-site supervisor if he/she would like you to have her/her home number, just in case you get sick. **Note:** If you become ill and are unable to go to the site, you need to call the on-site supervisor the NIGHT BEFORE your session. If your illness comes on suddenly, call the site at 8:00 a.m. to give your supervisor time to make alternate plans.
9. Communicate with the supervisor regarding days when school is not in session or holidays.

### **Reminder of Due Dates for Paperwork Fall 2017**

1. **Midterm Grade Posted on CALIPSO (on or around October 27, 2017):**
  - a. **Midterm evaluation using the *Evaluation of Therapy Skills* form.** This form is available online via the CALIPSO student management system.
  - b. **Improvement Plan for Academic and Clinical Knowledge and Skills (Only if Applicable):** Midterm completion of the Improvement Plan for Academic and Clinical Knowledge and Skills, if this student is not meeting ASHA Standards.
  - c. **Please let the liaison know when the grade is posted.**
2. **Final Paperwork Due from Supervisor (Wednesday, December 13, 2017):**
  - a. **Final evaluation using the *Evaluation of Therapy Skills* form.** This form is available online via the CALIPSO student management system.
  - b. **Final Evaluation Summary Form.** This form is in your folder and needs to be signed by the supervisor, student, and liaison.
  - c. **Improvement Plan for Academic and Clinical Knowledge and Skills (Only if Applicable):**
  - d. **Facility Status Form (unless already completed once within past year)**
  - e. **Current copies of ASHA card and state license(s)**
  - f. **Off-Campus Practicum Evaluation Summary Form**
  - g. **Improvement Plan (Only if Applicable): Final completed Improvement Plan, if this student was not meeting ASHA Standards**
  - h. **Exit Questionnaire for Off-Campus Supervisors (Optional)**
3. **Paperwork Due from Student by the end of each semester (Friday, December 15<sup>th</sup>, 2017):**
  - a. **Submitted/approved Clock Hours**
  - b. **Student's Exit Questionnaire**
  - c. **Student Information Form (Green Form-1<sup>st</sup> years only)**

**If you have any questions, please feel free to contact me or the assigned Liaison. Please send or give the information directly to the assigned university liaison supervisor or to the clinic director at the following address:**

Sondra Reynolds  
 Director of Clinical Services-SLP  
 Room 36, College of Professional Studies  
 1901 Fourth Ave.  
 UW-Stevens Point  
 Stevens Point, WI 54481  
 (715) 346-4816  
[sreynold@uwsp.edu](mailto:sreynold@uwsp.edu)  
 Fax #: 715-346-2157



## Clinical Practicum Fall 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 or in the P-drive.

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. Written reflections: Following each session, you will answer the reflection questions and save them in your individual s-drive. These need to be completed by Friday at noon.



5. Data: We will discuss data collection in our meetings.
6. Session feedback: You will receive written and/or face to face feedback regarding your sessions.
7. 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.
8. 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. You are responsible for having this document in the final form at the time of "checkout" at the end of the semester.
    - ii. Email Ms. Witt when you have this document or portions of this document ready to review for feedback.
    - iii. Editing remarks and suggestions will be saved in your s-drive as separate document. You will make changes and email Ms. Witt when the next draft is ready for review. Each draft should be saved as a new document.
    - iv. You will submit it for review until Ms. Witt determines that it is complete.
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 whether or not your reason to see her is an emergency; if not sign up for a time to 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.

**DIAGNOSTIC PRACTICUM**  
**Fall 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 **Thursdays 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, and writing the 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: 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 is 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 do not want to make our clients sick. If your co-clinician needs to cancel, you will run the session on your own.

### 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 is 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 mailbox that is across from my office. If you cancel therapy, it will be your responsibility to let me, the 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 September 4:** Getting started, e.g., schedules, room assignments, etc.

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

### About October 2nd :

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 should be completed during the week of September 25th .**

**Midterm evaluation: about the week of October 23<sup>rd</sup>.**

**Week of November 27th: 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.**

**Lesson Plan that may be useful for the first one or two sessions before you establish objectives.** (Use this format for as many different areas you need to cover). For example, in the first session you may want to evaluate play skills, **determine intelligibility and obtain an MLU (thus 3 questions).** The number of questions you have will vary.

1. What do you want to learn about your client? Why?
  
  
  
  
  
  
  
  
  
  
2. How will you get that information? (Activities, materials, techniques, etc.)
  
  
  
  
  
  
  
  
  
  
3. What do you want to learn about your client? Why?
  
  
  
  
  
  
  
  
  
  
4. How will you get that information?
  
  
  
  
  
  
  
  
  
  
5. What do you want to learn about your client?
  
  
  
  
  
  
  
  
  
  
6. How will you get that information?

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#1):**

- 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#2):**

(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%-moderate cuing)

**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 if 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:

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

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

STG:	ACTIVITY/ MATERIALS	Specific teaching Strategies	PREVIOUS 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/ Mirror and instruction on tongue placement Tongue depressor if necessary to suppress /t/ productions and facilitate placement 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/)  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  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.



**Family Correspondence Log**  
 (keep this in your personal Tx binder)

Date	Type of Contact	Detailed Description (e.g., what was talked about, type of homework, any parental concerns, etc)

The more contact you have with families and teachers, the fewer “surprises” you will have at the end. In addition, clients who practice outside of therapy tend to make better progress, thus you should have frequent contact, a variety of homework assignments, etc.

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? Do the toys have all their parts? 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>	
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**Did I ask my supervisor for help in areas where I am struggling, unsure or don't know what to do?**

## CLINICAL PRACTICUM – Fall 2017

Supervisor: Carri Nimm, M.S., CCC- SLP  
Phone: 715-346-2576 - office  
715-6303443 – text/call (emergencies)

Office: CPS 46D  
Email: [cnimm@uwsp.edu](mailto:cnimm@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*)



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.
2. **CLIENT INFORMATION** - Review the information available on your client, including background information and past therapy history. Be sure to write down the client's contact phone # for your records. Be prepared to discuss the following issues at our second meeting: any questions you may have regarding the client's disorder and therapy; questions we need to have answered regarding the client/disorder to assist in treatment planning; a general plan for the first two sessions; and possible times for therapy for the semester
3. **SCHEDULING THERAPY-** Please come to our meeting with a list of potential therapy times that you have available for therapy sessions so we can contact the client ASAP.
4. **SCHEDULING ROOMS-**After you schedule therapy with the client or parent, schedule a room for therapy. BE SURE to notify me of this room number and the time of therapy. Complete the CLINIC CARD and submit it to the desk. Let me know when you have submitted this information.
5. **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. If you have a co-clinician, pick **the P-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 P-drive.  
Please name them: Nimm lesson plans with the week. 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: Nimm SOAP notes( and put the date). You will write individual SOAP notes the first few weeks. After week three you will write them in partners and can save to the P-drive
3. **REFLECTIONS/FEEDBACK:** Complete daily self-evaluation within 24 hours after your session. Please start this on your P:drive. These are designed to inspire true reflection of your session and critical thinking. Name: Nimm reflection. Once you open this document, put the date and your reflections/questions a-f. 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 your 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.

8. CANCELLATIONS-If the parent or client cancels therapy, cancellation notices will be posted by the faculty mailboxes. If you cancel therapy, it is YOUR responsibility to let your supervisor, Ms. Kay Juhnke (346-3667) and the client or client's parent know of this cancellation. If one member of the team needs to cancel, it is expected that the other clinician will just take over the entire session.
9. 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, clarify, or just to get to know that client better. Please know that I view practicum as a team effort.
10. 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. Do not 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, e-mail, etc.)

#### 11. WRITTEN ASSIGNMENTS

This course fulfills the university writing emphasis requirement for majors within Communication Sciences and 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.*

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

- a. **Introduction letter to parent/care-giver. This is to be completed and given to parents on the first day of therapy.**
- b. **Self-Evaluation of Writing;** during the semester, you will have opportunities to evaluate your own writing skills. You will revise your therapy report according to feedback given. You will also have opportunities to discuss my comments as they relate to your revisions.



- c. **Lesson Plans and Self-Evaluations;** as stated previously, you will write weekly lesson plans for your client and will receive feedback on the lesson plans. Students are also required to write weekly reflections.
- 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 P-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. I will, at times, assume an evaluative role with you, but it is my intent that, for the most part, our relationship of supervisor/supervisee will be one that is more collaborative in nature.

**Expectations for Students- Self-starter, ask questions, be proactive, be creative, have fun, be engaged, functional goals and objectives, activities focused on facilitating communication, independence, and problem solving.**

**Expectations of the Supervisor- Developed by the students- At one of our first meetings, students will be asked to give me their expectations for me as a supervisor.**

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

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**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 C. Nimm** 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 p-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.



**Week #6-7:** Video self-evaluation will be due. Students will be asked to evaluate themselves using the "Evaluation of Therapy Skills" form.

**Week #8:** Midterm evaluation discussion with supervisor.

**Week #9:** Discuss and plan post baseline data process

**Week #11:** First draft of final sections of therapy report due (includes assessment results & post baseline set-up (add results if available, otherwise add later) and projected recommendation. If appropriate for your client, create a home program packet to have ready to give at our final conferences.

**Week #12:** See Mrs. Nimm to discuss date/time, and then call to schedule final parent/teacher conferences with families. Students are to inform parents, caregivers, and teachers of **final therapy date of Thursday 7th. End of the semester parent/teacher conferences will be either Tuesday Dec 5<sup>th</sup> or Thursday Dec. 7th.**

**Week #13:** The last week of clinic and final parent conferences to be conducted next week. Reports should be in near final form.

**Week #14:** Parent/teacher conferences to be conducted this week during the last week of clinic.

**Week #15:** Paperwork check out meeting.

**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 – Fall 2017

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*)



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.
2. **CLIENT INFORMATION** - Review the information available on your client, including background information and past therapy history. Be sure to write down the client's contact phone # for your records. Be prepared to discuss the following issues at our second meeting: any questions you may have regarding the client's disorder and therapy; questions we need to have answered regarding the client/disorder to assist in treatment planning; a general plan for the first two sessions; and possible times for therapy for the semester
3. **SCHEDULING THERAPY-** Please come to our meeting with a list of potential therapy times that you have available for therapy sessions so we can contact the client ASAP.
4. **SCHEDULING ROOMS-**After you schedule therapy with the client or parent, schedule a room for therapy. BE SURE to notify me of this room number and the time of therapy. Complete the CLINIC CARD and submit it to the desk. Let me know when you have submitted this information.
5. **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. 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 or P-drive. Please name them: Reeve lesson plans. These will be on-going.
2. **SOAP NOTES** –SOAP notes must be completed after every session. Save on your S-drive or P-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/P-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.



8. CANCELLATIONS-If the parent or client cancels therapy, cancellation notices will be posted by the faculty mailboxes. If you cancel therapy, it is YOUR responsibility to let your supervisor, Ms. Christine Skebba (346-2900) and the client or client's parent know of this cancellation. If one member of the team needs to cancel, it is expected that the other clinician will just take over the entire session.
9. 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, clarify, or just to get to know that client better. Please know that I view practicum as a team effort.
10. 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. Do not 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, e-mail, etc.)

#### 11. WRITTEN ASSIGNMENTS

This course fulfills the university writing emphasis requirement for majors within Communication Sciences and 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:

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*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.*

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

- a. **Introduction letter to parent/care-giver. This is to be completed and given to parents on the first day of therapy.**
- b. **Self-Evaluation of Writing;** during the semester, you will have opportunities to evaluate your own writing skills. You will revise your therapy report according to feedback given. You will also have opportunities to discuss my comments as they relate to your revisions.
- c. **Lesson Plans and Self-Evaluations;** as stated previously, you will write weekly lesson plans for your client and will receive feedback on the lesson plans. Students are also required to write weekly reflections.



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.

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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 improve the client's communication status; to increase your clinical expertise; to improve 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. I will, at times, assume an evaluative role with you, but it is my intent that, for the most

part, our relationship of supervisor/supervisee will be one that is more collaborative in nature.

**Expectations for Students- Self-starter, ask questions, be proactive, be creative, have fun, be engaged, functional goals and objectives, activities focused on facilitating communication, independence, and problem solving.**

**Expectations of the Supervisor- Developed by the students- At one of our first meetings, students will be asked to give me their expectations for me as a supervisor.**

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

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**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 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. 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 (found in syllabus)
  - What ideas do your caregivers have for their child?
  - Have your first lesson plan written and saved on your s/p-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.
  - 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.

**Week #6-7:** Video self-evaluation will be due. Students will be asked to evaluate themselves using the "Evaluation of Therapy Skills" form.



**Week #8:** Midterm evaluation discussion with supervisor.

**Week #9:** Discuss and plan post baseline data process

**Week #11:** First draft of final sections of therapy report due (includes assessment results & post baseline set-up (add results if available, otherwise add later) and projected recommendation. If appropriate for your client, create a home program packet to have ready to give at our final conferences.

**Week #12:** See Mrs. Reeve to discuss date/time, and then call to schedule final parent/teacher conferences with families. Students are to inform parents, caregivers, and teachers of final therapy date of Thursday December 7th. End of the semester parent/teacher conferences will be either Tuesday December 5th or Thursday December 7th.

**Week #13:** The last week of clinic and final parent conferences to be conducted next week (12/5/17 or 12/7/17). Reports should be in near final form.

**Week #14:** Parent/teacher conferences to be conducted this week during the last week of clinic.

**Week #15:** Paperwork check out meeting.

**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:**