

## 1. Specific service delivery instructions

### A. In-Person Clinical Assignments, Special Instructions:

During your initial phone conversation with the client or family members, please inform them that the following policies are in place:

Cleaning after sessions:

1. Leave therapy room door open after your session.
2. Clean everything that is touched during the session.
3. Face shielding is optional, unless the client is unable to wear a mask.
4. Clinicians are to check for symptoms associated with Covid-19.

Regarding Documentation:

Utilize the p drive if you have a solo assignment

Utilize the s drive if you are paired with another clinician.

### B. Tele-therapy Clinical Assignments, Special Instructions:

During the initial phone conversation, confirm with the client or family member that all sessions will be conducted via zoom.

Prior to each session:

- Verbally request permission to conduct this session via tele therapy. Document their response at the beginning of your soap note.

During each session: **Maintain strict confidentiality in your setting.**

Regarding Documentation:

Utilize shared drive for all SOAP notes. Assign 2 letter ID to your client.

Utilize the p drive if you have a solo assignment Utilize the s drive if you are paired with another clinician.

This requires you to document from UWSP. Please see me with questions or concerns.

## 2. All clinical Assignments-Getting Started:

1. Contact the client or family members to determine dates and times of session.
2. Please refer to the master schedule posted on my office door to avoid overlapping sessions whenever possible.
3. In person assignments, remember to inform our visitors of the face covering policy.
4. Enter your times on the master schedule.
5. Review the case history for your client.
6. Schedule a meeting with me to discuss our approach to this assignment.
7. Be prepared to discuss the following issues at our first clinical meeting:
  - Questions you may have regarding the client's disorder and therapy
  - Questions pertaining to our clinician/supervisor roles.
  - Questions related to the client and/or disorder to assist in treatment planning.
  - Ideas for lesson planning for the first two sessions

## 3. Face Coverings

- At all UW-Stevens Point campus locations, the wearing of face coverings is mandatory in all buildings, including classrooms, laboratories, studios, and other instructional spaces. Any student with a condition that impacts their use of a face covering should contact the [Disability and Assistive Technology Center](#) to discuss accommodations in classes. Please note that by university policy unless everyone is wearing a face covering, in-person classes cannot take place. Failure to adhere to this requirement could result in formal withdrawal from the course.

### Other Guidance:

- Please monitor your own health each day using [this screening tool](#). If you are not feeling well or believe you have been exposed to COVID-19, do not come to class; email your instructor and contact Student Health Service.
  - As with any type of absence, students are expected to communicate their need to be absent and complete the course requirements as outlined in the syllabus.
- Maintain 6 feet of physical distance from others whenever possible.
- Do not congregate in groups before or after class; stagger your arrival and departure from the classroom, lab, or meeting room.
- Wash your hands or use appropriate hand sanitizer regularly and avoid touching your face.
- Please keep these same healthy practices in mind outside the classroom.

**It is all of our responsibilities to follow the policies as directed by the University of Wisconsin – Stevens Point to maintain the safe operation of our clinic.**

## 4. What we are going to accomplish this semester together:

### Outcomes:

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
  - Verbal professional presentation experience
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.

## 5. Requirements

1. Please provide therapy treatment plans for the initial week following our pre-therapy meeting. Ongoing therapy treatment plans may be required per the supervisor. *That being stated, the attributes of flexibility and adaptability arising from your sincere practice of actively listening to your client is highly valued by your supervisor and, likely, by your future clients.*
2. Timely SOAP notes are required following each treatment. Please see documentation guide.
3. Reflection/Review. Please see your supervisor following your session to discuss issues in a timely manner.
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. Video Self-assessment: We may select a therapy session to review together.
6. Observation – It is my goal to observe as much of your sessions as possible. You will receive feedback on the findings of my observation.
7. 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.
8. 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.
9. Evaluation of Clinical Performance – A formal evaluation will be provided at the end of the semester.
10. Final Reports – All corrected copies should be submitted electronically.
11. Confidentiality – Please refer to the Center’s policies and procedures regarding electronic information, client records and audio/video recording. The student will ensure a confidential environment in which to engage in tele-therapy. All written electronic correspondence with your supervisor will be void of any identifying information.
12. Accommodations: Please discuss during the first week any accommodations required for a documented disability.
13. Professionalism – Your conduct, attitude displayed, your attire directly and significantly influence the degree the client and family members assess your professional credibility. Your clients and caregivers deserve a well prepared, organized, informed and respectful clinician. The clinic dress code will be followed.

## 6. Feedback and Weekly supervisory meetings:

Feedback will be provided to you dependent upon the service model. In either case, feedback will be prompt. Weekly meetings will be held as the assignment dictates. Meetings will be held at my discretion. You are **encouraged** to set up a meeting throughout this semester. Please email me with notice and provision of recommended dates/times.

## 7. 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 and cognitive deficits. The keys to us meeting and exceeding our expectations are candid discussions, refining of skills, broadening of insights and deep respect for all parties involved.

## 8. Grades

A	95% - 100%	C	74 – 77.99%
A-	91 – 95.49%	C-	71 – 73.99%
B+	88-90.99%	D+	66.5 – 70.99%
B	84-87.99%	D-	61 – 66.99%
B-	81-83.99%	F	Below 61%

Grades will be determined through use of Calipso and influenced by adherence to clinical procedures as described in this document.

## 9. Other

**UWSP Service Desk** The Office of Information Technology (IT) provides a Service Desk to assist students with connecting to the Campus Network, virus and spyware removal, file recovery, equipment loan, and computer repair. You can contact the Service Desk via email at [techhelp@uwsp.edu](mailto:techhelp@uwsp.edu) or at (715) 346-4357 (HELP) or visit this [link for more information](#).

**Care Team** The University of Wisconsin-Stevens Point is committed to the safety and success of all students. The Office of the Dean of Students supports the campus community by reaching out and providing resources in areas where a student may be struggling or experiencing barriers to their success. Faculty and staff are asked to be proactive, supportive, and involved in facilitating the success of our students through early detection, reporting, and intervention. As your instructors, we may contact the Office of the Dean of Students if we sense you are in need of additional support which we may not be able to provide. You may also share a concern if you or another member of our campus community needs support, is distressed, or exhibits concerning behavior that is interfering with the academic or personal success or the safety of others, by reporting [here](#).

**Equal Access for Students with Disabilities\*** UW-Stevens Point will modify academic program requirements as necessary to ensure that they do not discriminate against qualified applicants or students with disabilities.

The modifications should not affect the substance of educational programs or compromise academic standards; nor should they intrude upon academic freedom. Examinations or other procedures used for evaluating students' academic achievements may be adapted. The results of such evaluation must demonstrate the student's achievement in the academic activity, rather than describe his/her disability.

*If modifications are required due to a disability, please inform the instructor and contact the [Disability and Assistive Technology Center](#) to complete an [Accommodations Request form](#). Phone: 346-3365 or Room 609 Albertson Hall.*

In the event of a medical emergency, call 911 or use red emergency phone located in the middle hallway in the department. 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 which is the middle hallway in the department. See [www.uwsp.edu/rmgt/Pages/em/procedures/other/floor-plans](http://www.uwsp.edu/rmgt/Pages/em/procedures/other/floor-plans) ([Links to an external site.](#)) for floor plans showing severe weather shelters on campus. Avoid wide-span rooms and buildings.

In the event of a fire alarm, evacuate the building in a calm manner. Meet at the College of Professional Studies sign on Fourth Avenue. Notify instructor or emergency command personnel of any missing individuals.

Active Shooter - Run/Escape, Hide, Fight. If trapped hide, lock doors, turn off lights, spread out and remain quiet. Follow instructions of emergency responders.

See UW-Stevens Point Emergency Management Plan at [www.uwsp.edu/rmgt](http://www.uwsp.edu/rmgt) ([Links to an external site.](#)) for details on all emergency response at UW-Stevens Point.

# 10. Documentation Guide for SOAPS

## 1. Documentation of time

Begin each daily note by stating the amount of time spent with the client. For example,

*The client was seen for 65 minutes*

## 2. Documentation of Consent (tele-therapy)

*The client agreed to have this session conducted through tele-therapy*

## 3. Soap format

### (S) Subjective

All relevant information stemming from the session that is **not measurable**. Not measurable does not suggest unimportant. This would include client or family member comments of success or struggle. In addition, please add your thoughts on their perceived attitude, motivation and level of cooperation. *The client was pleasant, cooperative and well-motivated. Or, The patient's spouse reports improved word finding skills during conversation with friends.*

### (O) Objective

All relevant information derived from the session that is **measurable**. For example, *client was accurate in 65% attempts with minimal assistance when naming her grandchildren.* In theory, you (present in the therapy room) and I (watching remotely) should be able to write the same objective statement.

### (A) Assessment

As an SLP, what is **your SLP** interpretation of the above information? The assessment section is not a reiteration of the above, nor should it ever contain information that is not referenced in either S or O.

The assessment section is your professional opinion, as an SLP, of the current state of the client. For example, *XX persists with expressive > receptive aphasia as evidenced by chronic word retrieval struggles. These word finding issues limit his participation in his areas of responsibilities and desired interests related to verbal expression. It should be noted, however, that XX was benefitted by the provision of phonemic cues to elicit the target word.*

### (P) Plan

The plan indicates the **specific recommended direction** that the therapist and client should take on subsequent session(s). To write, "Continue with plan of care" is inadequate. Instead, *"Continue with provision of phonemic cues to assist with word finding skills toward stated expressive language goals, instruct family members as able."*

Please remember that at the conclusion of the session, you have the responsibility to create a document, that has **legal standing**. Your documentation should provide answers to the following questions from a speech pathologist's perspective:

What did I see?

What did I hear?

What did I do in response to what I saw and heard?

What impact did my response have upon the patient and their performance?

## CSD 791-794 Spring 2022

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

Phone: (715) 346-3423 (office)

(715) 572-2548 (cell)

Meeting time: TBA

Office: CPS 034

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

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

Leo Rosten

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

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

Charles Dickens

### Objectives

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

*My heart is singing for joy this morning. A miracle has happened! The light of understanding has shone upon my little pupil's mind, and behold, all things are changed.*

Anne Sullivan

### **Before Therapy Begins**

1. **After our initial meeting** read the client's file carefully and fill out the form (pp. 5-6) that is at the end of this syllabus.
2. Submit these items as soon as possible after our first meeting. I would prefer paper copy in my box, but email is fine too, especially for 2<sup>nd</sup> years who may also be off-campus.
  - Completed summary form (see number 2 above)—one per clinician
  - Some general ideas for your first session
  - Your schedule—if some clinic times with other placements aren't set, please indicate tentative times
3. As therapy arrangements become finalized, you will need to sign up for a therapy room. You can fill out the sign-up sheet on the door of the room you choose. Let's discuss rooms before you sign up as some clients need a larger or smaller room. Once you sign up for a room, turn in the white card to Christine.
4. Read the procedures for the Infection Control Policies for Clinical Practicum.

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

### **General Information Regarding Practicum**

#### **1. 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 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 my phone number, 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: Since we are still in a pandemic, please err on the side of caution. If you have a runny nose or a cough, it may be allergies, but it may not. Get tested on campus, even if you are vaccinated (which I sincerely hope that you are).**

## 2. Therapy Plans

We will discuss therapy plan format at our first meeting. A note about therapy plans... **ALWAYS over-plan!** For example, 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. For adults, be aware that conversation often IS the activity and therefore, not a “waste of time.”

## 3. Weekly Meetings

If schedules permit, we will meet in a weekly clinic group. I think that the sharing of information among ourselves is a powerful way of learning and is excellence 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 to share with the group. You can always schedule an individual meeting with me any time during the semester if you need to do so.

Date	Topic
Week of 1/24	Clinic Introduction
Week of 1/31	Grand Rounds/Establishing Goals and Objectives
Week of 2/7	Grand Rounds/Planning Therapy
TBD...	Pending schedules...
Week of 3/14	Midterms

## 4. Written Assignments

This course provides an opportunity for graduate students to learn and improve their clinical writing skills. Students will complete a variety of written assignments including SOAP notes, self-evaluations, and therapy reports. This meets ASHA Standard III-A: The applicant must possess skill in oral and written communication sufficient for entry into professional practice.

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

## 5. Client Cancellations

If the client or client’s parents cancel a therapy session, cancellation notices will be posted by the faculty mailboxes. **If you cancel therapy, it will be your responsibility to let me, Christine, and the client/client’s parents know of the cancellation. If your**

**client lets you know that he/she will be canceling a future therapy session, let Christine and me know about the cancellation.**

**6. Statement on Tele-therapy and In-Person Therapy**

Most intervention at this time will occur in person, while some intervention will be via teletherapy. The procedures required to ensure safety, confidentiality and effectiveness will differ with each mode of presentation. This syllabus will largely address the common components of intervention across both tele-tx and in-person settings. Specific instructions will be provided to you based on your assigned setting. If you are in person, make sure that you wear a face covering that covers your mouth and nose in the clinic. You are also responsible for wiping down the table, chairs, faucets (if applicable), door knobs, and light switches in each room, as well as following COVID protocols for materials from the CMC. Your clinic grade may be negatively impacted if you aren't adhering to proper cleaning protocols.

**Tentative Schedule:**

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

<b>Week of January 24</b>	Getting started, e.g., meet together, schedules, room assignments, etc.
<b>Week of January 31</b>	Baseline/pre-test; rough draft of objectives for your client; begin therapy syllabus
<b>Week of February 7</b>	Solidify LTGs and STOs
<b>Week of March 7</b>	Video self-evaluation is due at the end of the week
<b>Week of March 14</b>	Midterm evaluation--I'd like for your video self-evaluations to be completed prior to the midterm conference
<b>Week of April 25</b>	First draft of the beginning of your Final Therapy Report is due. See Canvas for form. It should include: <ul style="list-style-type: none"> <li>• all necessary identifying information,</li> <li>• background information (this section usually includes when the client was referred, by whom &amp; why, a brief description of those initial concerns, when client began to receive therapy, and a brief statement on their progress)</li> <li>• Status at the beginning of therapy (this section usually contains information from your initial testing/observations; and</li> <li>• your goals and objectives written in standard format and reflecting your baseline information).</li> </ul>
<b>Week of May 2</b>	Final conferences; final therapy report due in completed form after the conference

## COMPLETE AFTER OUR FIRST MEETING

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

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

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

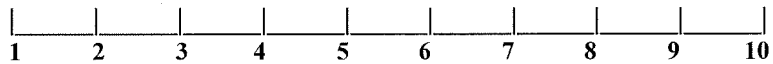
**Summarize the case & discuss in broad terms the intervention plan. Think about the client as a total communicator, not a list of goals. How does the client communicate (strengths/weaknesses)? What does the client need to learn in order to communicate more effectively?**

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

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

**In your opinion, what are your clinical strengths? (If you haven't had clinic yet, what do you *think* they are?)**

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



**Justify your response:**

**How would you define our roles as student clinician and clinical supervisor?**

Name \_\_\_\_\_

Video Self-Evaluation  
Terrell/Clinic

**Please complete this individually and turn in a hard copy. Be thoughtful and reflective.**

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

### Therapy Syllabus

You will develop your own personal “therapy syllabus.” A table format will be the easiest/best way to portray and convey this information. You will likely want to put your table in a horizontal format to give yourself more room. This table will be a working, living document in which you might make changes throughout the semester.

In your table I would like you to include the following information:

STO	Rationale for STO	Possible activities	Therapy techniques	Rationale for tx techniques	Cueing hierarchy

## Clinical Practicum – Spring 2022 CSD 792

**Supervisor:** Bethany Weltzin, M.S., CCC-SLP

**Office:** CPS 044A

**Email:** [bweltzin@uwsp.edu](mailto:bweltzin@uwsp.edu)

### PRACTICUM OBJECTIVES:

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

### ASHA and Teacher Standards

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

- To develop clinical skill in oral and written communication sufficient for entry into professional practice (*ASHA Stan. V-A*)(*INTASC Stan. 6, 10*)
- To develop clinical skill in providing intervention to clients with communicative and/or swallowing disorders (*ASHA Stan. IV-B-2*) (*INTASC Stan. 1,2,3,4,5,6 & 7*)
- To develop interaction and personal qualities for effective professional relationships with clients, families, caregivers, and other professionals (*ASHA Stan. V-B-3*)(*INTASC Stan. 10*)
- To adhere to the ASHA Code of Ethics and behave professionally (*ASHA Stan. V-B-3d*)(*INTASC Stan. 10*)

### BEFORE THERAPY BEGINS:

1. Stop by and see me for your clinic assignment, at which time you will receive an informational (“yellow”) sheet and a “Client File Review Form.” If you have a co-clinician, coordinate a time to stop by together. Please bring your schedule, as we will discuss possible therapy times based on the client’s preferences as well as your schedule. We will also discuss possible therapy rooms.
  - Once we have spoken, check and make note of the availability of the therapy room(s) we discussed, and you can then contact your client or the client’s parents to set up therapy; try to do this before our first meeting (see #2).
    - **Contacting the client/parent(s):** when contacting the client/parent(s), first use the CMC phone and from then on, if you feel comfortable, you can call using your personal phone; otherwise, the CMC phone is always available for you to use.

You may also email if that is the client's preferred mode of communication. Correspondence with the client/parent(s) must be professional. Delete the contact at the end of the semester.

- Once your therapy is scheduled, reserve your therapy room by filling out the sheet on the therapy room door, filling out a white card (located at the front desk) and returning it to Mrs. Skebba at the front desk, and emailing me with the information as confirmation.
  - Follow the same procedures for scheduling if you are providing virtual therapy (reserve a therapy room and fill out/return a white card). Let me know if your Zoom account has been set up as HIPAA-compliant yet or not (this is something that must be set up by IT)
2. Sign up for a 45-minute meeting time with me. If you have a co-clinician, coordinate the meeting time with them. Bring your schedule. Prior to this meeting, complete the following:
    - Read the client's file carefully and fill out the "Client File Review" form, one per clinician, and bring it to the meeting
    - Ideas/plans for the first 2 sessions – write your plans on the lesson plan template in your S or P drive. Try to fill out all sections to the best of your ability with as much detail as possible.
      - Following our pretherapy meeting, write therapy plans for the initial 2 weeks of therapy (the second week might have to be slightly adjusted after gaining information during the first week)
      - Review "Clinical Resources" folder in the S drive under "Forms - bweltzin." Resources include topics such as SOAP note writing, FTR support, etc.
  3. Read the procedures for the Infection Control Policies for Clinical Practicum.
  4. 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.
  5. As you start therapy and going forward, make sure that you start your session time once you get into the therapy room, and make sure the session is the full number of minutes before ending the session/leaving the therapy room (unless the session needs to be ended early for a reason). Be attentive to the time and ensure that the client gets the full amount of therapy.

#### **WRITTEN REQUIREMENTS AND COLLABORATION:**

\*Note: Forms will be in your S drive (or P drive if co-clinicians). Check your saved documents regularly for any feedback that may be added.

**Therapy Plans:** Therapy plans for the first 2 sessions are expected for the initial supervisory meeting. Therapy plans for each upcoming week should be completed in the S drive (or P drive if co-clinicians) no later than 12:00 noon on Fridays of the week before.

- Be detailed and thorough in your lesson plans, especially when describing the procedures/intervention strategies/prompting hierarchy.
- When thinking about therapy plans, remember to always over-plan! Think in terms of no longer than 10-15 minutes per activity for a preschooler and be prepared with a couple of back-up plans just in case.



- If you are co-clinicians: while you'll together plan therapy activities/materials/strategies, you each must take a different day of each therapy week and write the lesson plan for that day; the clinician with the last name that is alphabetically first can take the first session of the week, and the other clinician can take the second session of the week. Follow this pattern throughout the semester.

**SOAP Notes**: SOAP notes must be completed after every session within 24 hours; save to the S drive (or P drive if co-clinicians).

- If you are co-clinicians: while you'll collaborate about SOAP Notes, you each must take a different day of each therapy week and write the SOAP Note for that day; the clinician with the last name that is alphabetically first can take the first session of the week, and the other clinician can take the second session of the week. Follow this pattern throughout the semester.

**Feedback and Reflection Form**: I will be observing your therapy sessions while writing feedback on your "Feedback and Reflection Form," which will be in your S drive (or P drive if co-clinicians). The purpose of the observation and feedback is to facilitate the development of your clinical knowledge and skills. You will then have an opportunity to reflect on your therapy sessions using that same form, underneath each session's feedback. Read the feedback provided, answer any questions that were asked, and complete your daily self-reflection; reflections must be completed after every session within 24 hours (a helpful tip is to do this after your SOAP note, as both are due within 24 hours after your session). If you are co-clinicians, please write your reflections one after another on the form, indicating which reflection belongs to which clinician.

**Final Therapy Report (FTR)**: You will begin to work on your FTR early on and will work on it section by section throughout the semester; please see the end of the syllabus for the Practicum Schedule, which includes deadlines. 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.

**Data Collection**: Data must be collected during each therapy session to monitor the client's progress towards his/her goals, and to support the content of your SOAP note. Keep all your data sheets organized and in one location so we can refer to them. It is imperative that you store your data sheets and any other clinic paperwork in a confidential manner.

**Supervisory Meetings**: You will attend a weekly supervisory meeting (with your co-clinician if applicable). During this meeting we will discuss writing skills, clinical skills, and any other details relevant to your client. As the semester goes on, the frequency of or the need for weekly meetings is subject to change at the discretion of the supervisor.

**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.

**Collaborative Experience**: This semester will be full of collaboration as we work together. We share several common goals including (but not limited to): 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. We can meet these goals through 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.

## **GENERAL PRACTICUM INFORMATION:**

### **Clinic COVID Guidelines Spring 2022**

The UWSP Speech, Language and Hearing Clinic will supply the student with appropriate personal protective equipment (PPE) and follow infection control measures recommended by the CDC/University/Professional organizations. Students are also expected to be mindful of implementing the Covid guidelines required by UWSP and the UWSP Speech, Language and Hearing Clinic (and any local, state, or federal authorities) in their personal lives, in order to protect their more vulnerable patients. This has been a rapidly changing situation. Students are encouraged to contact their supervisor if any Covid related questions/situations come up that are not covered here.

If you are seeing patients in person at the UWSP Speech, Language and Hearing Clinic this semester you are expected to:

- Wear a well-fitting face covering that covers your nose AND mouth when you are in the clinic. Badger Shields may be necessary during therapy so the client can see your entire face. Badger Shields must be fitted appropriately at the base. Open shields are not acceptable, unless a face covering is then worn underneath. Clear panel face coverings may also be worn so your mouth is more visible than a solid face covering. At all UW-Stevens Point campus locations, the wearing of face coverings is mandatory in all buildings, including classrooms, laboratories, studios, and other instructional spaces. Any student with a condition that impacts their use of a face covering should contact the Disability and Assistive Technology Center to discuss accommodations in classes. Please note that by university policy unless everyone is wearing a face covering, in-person classes cannot take place. Failure to adhere to this requirement could result in formal withdrawal from the course.
- After each therapy session, wipe down/sanitize surfaces in the therapy room including the table, chairs, light switches, and your own belongings. Follow the CMC's policy for the cleaning of borrowed CMC materials.
- Wash/sanitize your hands frequently, especially before and after touching your face or face covering.
- If you are unvaccinated and a close contact of someone who tests positive for COVID, quarantine for 7 days if you have a negative test on day 6 or 7.
- Students must NOT attend clinic if they are not feeling well, and they must follow any isolation or quarantine protocol required by the clinic and university. Please contact your supervisor if extended absences will be necessary so clinic coverage can be arranged.

**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 your clinical experience (client, client's family, supervisors, other student clinicians, other associated professionals, etc.), and showing confidence and respect for others are important qualities.

**Dress Code:** As previously stated, your attire is an important part of professionalism. The clinic has a well-stated dress code policy that you are expected to follow; please review it thoroughly and implement it daily. Professional dress is mandatory.

**Attendance:** Since clinical practicum is an essential part of your clinical training, you must attend all your weekly therapy sessions and all weekly supervisory meetings. If for any reason you need to cancel a therapy session or a meeting with me, please let me know ASAP. Please see "Therapy Cancellations" below for additional information about your responsibilities if you need to cancel therapy.

**Punctuality:** Please be on time and do not keep the client waiting. You must be in the waiting room at least 5 minutes before your session is to start. Double check that all your clocks coincide. Your therapy start time should start once you are in the therapy room. Please be prompt for all meetings. Adhere to deadlines for all paperwork.

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

**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."

**Caregiver Contact:** Always keep the caregiver(s) informed of what you plan on working on that day, and at the end of the session give the caregiver(s) 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 caregiver(s) 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, emails, etc.). Please make sure to log any notes/emails/phone calls in a correspondence log, as well as any handouts or homework given.

**Therapy Cancellations:**

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

board. You may need to make up therapy sessions that you cancel. If you are not feeling well, you must NOT attend clinic; please see mandatory COVID Guidelines above.

- If one member of a clinician team needs to cancel, it is expected that the other clinician will take over the entire session.
- Document therapy cancellations in both your SOAP notes and in your therapy plans.

**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 an accommodation for you to participate fully in practicum. All accommodations should be approved through the Disability and Assistive Technology Center.

**Practicum Schedule:** (See next page).

Date	Spring 2022 Practicum Schedule
Week 1 1/24-1/28	Receive clinical assignment, schedule therapy, plan for start of therapy, schedule and attend initial supervisory meeting
Week 2 1/31-2/4	First week of therapy <b>Start obtaining baseline data</b>
Week 3 2/7-2/11	Therapy Finish obtaining baseline data <b>Draft of "Goals and Objectives" section of FTR due 2/11 at 4:30 PM</b>
Week 4 2/14-2/18	Therapy <b>Finalized "Goals and Objectives" section of FTR due 2/18 4:30 PM</b>
Week 5 2/21-2/25	Therapy <b>"Identifying Information" and "Background Information" sections of FTR due 2/25 at 4:30 PM</b>
Week 6 2/28-3/4	Therapy <b>"Status of Client" section of FTR due 3/4 at 4:30 PM</b>
Week 7 3/7-3/11	Therapy
Week 8 3/14-3/18	Therapy <b>Midterm Practicum Meetings (instead of weekly meetings) Billing forms due to supervisor at the time of meetings</b>
Week 9 3/21-3/25	<i>Spring Break: March 21-25: no school</i>
Week 10 3/28-4/1	Therapy
Week 11 4/4-4/8	Therapy <b>Procedures section(s) of FTR due 4/8 at 4:30 PM</b>
Week 12 4/11-4/15	Therapy
Week 13 4/18-4/22	Therapy <b>Start obtaining post-baseline data (and documenting it in FTR) "Summary and Impressions" section of FTR due 4/22 at 4:30 PM</b>
Week 14 4/25-4/29	Therapy <b>Finish obtaining post-baseline data (and documenting it in FTR) "Recommendations" section of FTR due 4/29 at 4:30 PM Finalized, proofread FTR due 4/29 at 4:30 PM</b>
Week 15 5/2-5/6	Last week of therapy <b>FTR meetings with clients/clients' parent(s)</b>
Week 16 5/9-5/13	<b>Final Practicum Meetings Final paperwork and clock hours due to supervisor at the time of meetings</b>



## **CLINICAL PRACTICUM- Spring 2022 CSD 791-794**

Supervisor: Carri Nimm, M.S., CCC- SLP  
Phone: 715-630-3443 – text/call

Office: CPS 042A  
Email: cnimm@uwsp.edu

### **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 required teaching standards. Please see Clinic Handbook for details in the CSD shared drive under forms.

### **Clinic COVID Guidelines Spring 2022**

The UWSP clinic will supply the student with appropriate personal protective equipment (PPE) and follow infection control measures recommended by the CDC/University/Professional organizations.

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

The student is encouraged to contact their supervisor if any Covid-19 related questions or situations come up that are not covered here.

### **If you are seeing patients in person at the UWSP Speech, Language and Hearing Clinic this semester you are expected to:**

- Wear a well-fitting face covering that covers your nose AND mouth when you are in the clinic areas.
- Wash/sanitize your hands frequently, especially before and after touching your face or face covering.
- Students must NOT attend clinic if they are not feeling well, and they must follow any isolation or quarantine protocol required by the clinic and university. Please contact your supervisor if extended absences will be necessary so clinic coverage can be arranged.
- Please refer to the university COVID regulations page for policies.  
<https://www.uwsp.edu/coronavirus/Pages/default.aspx>
- You must clean your therapy rooms as part of your clinical expectations. To not do so may impact your grade.

#### Face Coverings:

- At all UW-Stevens Point campus locations, the wearing of face coverings is mandatory in all buildings, including classrooms, laboratories, studios, and other instructional spaces. Any student with a condition that impacts their use of a face covering should contact the Disability and Assistive Technology Center to discuss accommodations in classes. Please note that by university policy unless everyone is wearing a face covering, in-person classes cannot take place. Failure to adhere to this requirement could result in formal withdrawal from the course.

#### Other Guidance:

- Please monitor your own health each day using this screening tool. If you are not feeling well or believe you have been exposed to COVID-19, do not come to class; email your instructor and contact Student Health Service.
  - As with any type of absence, students are expected to communicate their need to be absent and complete the course requirements as outlined in the syllabus.
- Maintain 6 feet of physical distance from others whenever possible.
- Do not congregate in groups before or after class; stagger your arrival and departure from the classroom, lab, or meeting room.
- Wash your hands or use appropriate hand sanitizer regularly and avoid touching your face.
- Please keep these same healthy practices in mind outside the classroom.

#### **PRE-THERAPY INFORMATION**

1. AN EMAIL NOTIFICATION WILL BE SENT to you that your client has been assigned. Please E-Mail me immediately and we can make a time to meet so I can give you that information and go over course expectations on Monday the 24<sup>th</sup> or Tuesday the 25<sup>th</sup>. 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. Please see end of syllabus for the tentative schedule and requirements
2. SIGN UP FOR A 45 MINUTE MEETING (this can be virtual or in person) on Thursday 27<sup>th</sup> or Friday the 28<sup>th</sup> TO DISCUSS YOUR BACKGROUND INFORMATION AND PLAN FOR THE FIRST DAY OF THERAPY. Be prepared to discuss the following issues: 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 sessions.  
**\*\* Attached to this email will be a form called background information for you to use when looking at the files and a client file checklist to be filled out to make sure the client's file is up to date.**
3. SCHEDULING THERAPY- Please schedule your Therapy ASAP after you get your assignment from me, Clinic begins the week of January 31<sup>st</sup>. Time recommendations will be on your student information sheet and your supervisor will let you know what days.
4. In Clinic Clients:
  - After you schedule therapy with the client or parent, **schedule a room for therapy.** Please notify me of this room number and the time of therapy. Complete the CLINIC



CARD (found at front desk by Ms. Skebba) 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. Please become familiar with every point, as you will be responsible for this information throughout the semester. You will be completing all paperwork in the clinic on the S Drive if you do not have a partner. If you have a partner this semester you will put all paperwork in the P Drive.

1. LESSON PLANS-Please write a weekly plan (The template will be emailed to you) Turn this in into me each week by Monday at 12:00am. This should be labeled, **Nimm lesson plans**. These will be on going in the same document each week.
2. SOAP NOTES –SOAP notes must be completed after every session within 24 hours. **The SOAP note form will be emailed. These will be ongoing each week.**  
Save in the S drive: **Nimm SOAP notes**.
3. REFLECTIONS/FEEDBACK: Complete daily self-evaluation within 24 hours after your session (reflections are part of the lesson plan template). These are designed to inspire true reflection of your session and critical thinking. Feedback will be provided in a different color on the side. This will be an on-going document throughout the semester. Please respond to any questions I put to you. 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 one location so we can refer to them.**
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.
6. VIDEO SELF-EVAL: You will complete a video self-evaluation prior to midterm. 1-3 clinical goal(s) will be established for you to work on the evaluation form will be sent to you. More information will be provided.

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. 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 Carri Nimm (715-630-3443), Ms. Christine Skebba (715-346-2900).
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:** Always 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.) **Please make sure to log any emails/phone calls in a communication Log and any handouts or homework given.**
11. **WRITTEN ASSIGNMENTS: The writing portion of this course will include a minimum of your final therapy summary report and:**
  - a. **Introduction letter or email to parent/caregiver:** This is to be completed and given to parents on the first day of therapy. This includes information about yourself that introduces you to your client.
  - 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.
  - c. **Lesson Plans/SOAP notes/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. SOAP notes are completed after every session.
  - d. **End of Semester letter to the next clinician:** To include: An example of a recorded session you would like the next clinicians to watch. Strategies you know work with your child. Activities you found helpful.
12. **FINAL REPORTS-ALL CORRECTED COPIES SHOULD BE SAVED IN YOUR S or P Drive.**

13. **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.
14. **CONFIDENTIALITY:** Please refer to the Center’s policies and procedures regarding electronic information, client records and audio/video recording.
15. **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 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.
16. **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	
17. **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 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.
18. **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.

**Attendance:** Since clinical practicum is an essential part of your clinical training, it is assumed that you will attend all 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 my phone number 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. **If you are sick (i.e. fever, diarrhea, vomiting, productive cough), please err on the side of caution. We do not want to make our clients sick.**

19. **Punctuality**-You must be in the waiting room (VIRTUAL AND IN PERSON THERAPY) at least 5 minutes before your session is to start. Double check that all your clocks coincide. Please be prompt for all meetings. Adhere to deadlines for all paperwork.

20. **Child Safety in the Clinic**

- Do not 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"

21. **Diversity Statement**- The CSD Department agrees with the UWSP Diversity and Inclusion Statement, written by a working group of UWSP employees and endorsed by the 2019-2020 Diversity Council and Common Council. It states:

**"The students, faculty, and staff of the University of Wisconsin-Stevens Point (UWSP) recognize the lived experiences, identities, and contributions of past students, faculty, staff, and community members. In recognition of this history, we commit ourselves to the ongoing work of building and championing an inclusive UWSP. We strive to dismantle bias and hate by empowering voices of the marginalized and building relationships of trust across differences. Together we aim to develop and support a community where all can safely maintain integral, personal identities, be equitable participants, and learn from one another.**

**Each of us has a responsibility and role in actively educating ourselves while holding one another accountable. In so doing, we cultivate a reflective, engaged culture of learning and living which supports, embraces, and celebrates diversity, inclusivity, and accessibility. We are a university where all are encouraged to challenge and debate complex issues in order to sustain a campus culture that nurtures reflection, learning, holistic development, community engagement, and global citizenship.**

**Our goal is equitable educational opportunities. As such, UWSP encourages inclusive pedagogy and the integration of differing perspectives across disciplines. Diverse needs and perspectives must be accounted for when making institutional decisions, and in turn, immediate action must be taken to address hate, bias, and harassment.**

**None of this will be accomplished immediately. This process demands mindful reflection, continual commitment, and resources from the University of Wisconsin System, UWSP leaders, and each of us personally. We remain committed to the learning, development, safety, and well-being of all while working toward an inclusive community. Together, we build a better UWSP."**

**\*Expectations for Students- Be a 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.**

**WITH TEAMWORK, WE WILL ALL MEET OUR GOALS!!!!**

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

- I will meet with you all separately or with your partner on Monday the 24<sup>th</sup> or Tuesday the 25<sup>th</sup> to give you your assignments and go over the syllabus. Please do this as soon as you hear from myself or Mrs. Reynolds about your client assignment. It will be about 15-20 minutes in length, and we can do it virtually if needed.

**Week #1-2 (September 1<sup>st</sup> -10<sup>th</sup>):** We will have one meeting prior to clinic starting. Please contact me via email to set up a time for a 45-minute meeting on Thursday the 27<sup>th</sup> or Friday the 28<sup>th</sup>. If this does not work, please contact me directly ASAP. Via email or phone (715-630-3443).

- **Call the client/parents** to finalize therapy schedule times- Please document all parent interaction on a correspondence log throughout the entire semester. (Example log attached in e-mail)
- **Sign up for a therapy room ASAP & complete white clinic card. (At front desk and only if you are seeing children in the clinic)**
- **Write letter to parent/caregivers to be given at your first meeting. 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)?
- **Please come to meeting on the 27<sup>th</sup> or 28<sup>th</sup> prepared to discuss:**
  - Client file review (in initial e-mail).
  - Client Paperwork startup check list. (e-mailed).
  - What ideas do your caregivers have for their child?
  - Have your first general lesson plan written and saved on one-drive. We will pull this up and use this for our discussion. Your lesson plan should include the following:
    - 1 or 2 possible measurable long-term goals for the semester based on information supplied by the parents and previous services and plans on how you will collect **baseline data** on the LTGs. This will be your best guess.
    - 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. (Due, Monday the 7<sup>th</sup>)**
  - 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.
  - I will email an example. **Do not use my example as a template.** Start your FTR from scratch and use the letterhead I sent in your welcome email.

**Week #2-3 (February 1-11<sup>th</sup>):** Begin therapy February 1<sup>st</sup> if possible. We will discuss start date at our initial meeting. 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. Clock hour forms are by office 041.

**Week #4 (February 14th :)** Your goals and objectives written in standard format and reflecting your baseline information to be discussed during your weekly meeting.

**Week #4-#5:(Feb. 14-25th)** Please add “Status of client at the beginning of the semester” to your FTR. To be turned in before your weekly meeting the week of 27th).

*This section contains information from your initial testing/observations. This section is similar to the “Present Level of Academic Achievement and functional Performance” in an IEP. In this section you describe the student’s strengths and the unique needs of the child. You may include parent concern/comments as well. Consider describing how the disability affects involvement in age-appropriate activities.*

- This section should be measurable, objective, functional, and current.
- It also includes the results of most recent evaluations (e.g. formal and informal baseline data)
- You will use this information to establish a baseline for writing goals.
- Remember that “measurable” means you can count it or observe it. When you are tempted to write unmeasurable terms such as ‘difficulty,’ ‘weak’, ‘unmotivated’, ‘limited’, ‘uncooperative’, and so on, stop and ask yourself, “What do I see the student doing that makes me make this judgment call?” What you actually see or hear the student doing is the measurable content you need to identify in your status section.

**Week #5 (February 21<sup>st</sup>):** FTR due at your weekly meeting with the following completed: background information, status at the beginning of the semester, **goals and objectives for the semester.**

**Week #6-7 (February 28<sup>th</sup>- March 11th):** Complete video self-evaluation, then evaluate yourself using the “Evaluation of Therapy Skills” form. You will also be required to grade yourself. (Form will be emailed) Schedule meeting with supervisor for Week 8 (March 14th). The evaluation will be emailed to you.

**Week #8 (March 14th):** Midterm/video self-evaluation discussion with supervisor.

**Week #10 (April 4th):** Discuss and plan post baseline data process.

**Week #11 (April 11th):** First draft of final sections of therapy report due. Includes procedures, 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 (April 18th):** 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.

**Week #13 (April 25th):** The last week of clinic to get your baselines done and final parent conferences to be conducted next week Reports should be in near final form. Begin note to next semester clinicians.

**Week #14 (May 2<sup>nd</sup>):** Parent/teacher conferences to be conducted this week during the last week of clinic.

**Week #15 (May 9th):** Paperwork check out meeting. (FTR complete, SOAP notes complete, Letter to clinician, Billing form, Yellow Form for next semester, and Hours submitted). All the checkout information will be gone over with you. At times therapy will go into Week 15 so be prepared for that eventuality.





## CSD 792: Clinical Practicum Spring 2022

Supervisor: Trescha Kay, MA CCC-SLP  
Office Phone: (715) 346-3588  
Phone: (715) 252-9211-cell

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

**NOTE: Covid-19 is still something we need to be very cautious about. It is everyone's responsibility to keep our clients, ourselves, our peers, and our clinic healthy. You need to wear a mask whenever you are in a university building. This masking policy extends to clients as well, however, we will make exceptions on a case-by-case basis. If you have a client who cannot mask (for whatever reason), you need to wear a face shield as well. These are available at the front office. The first one is free to clients and students.**

**Additionally, it is the responsibility of the clinician to complete cleaning protocols following each in-person session. This includes wiping down tables, chairs, and doorknobs. You will also need to clean your own therapy materials prior to returning to the CMC. If you have questions about the CMC procedures, see the CMC GA for assistance.**

### Practicum 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
  - 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.

### General Information Regarding Practicum

#### Attendance

Since clinical practicum is an essential part of your clinical training, it is assumed that you will attend all 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 my phone number 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. **If you are really sick (i.e. fever, diarrhea, vomiting, productive cough), please err on the side of caution. We don't want to make our clients sick.**

## Dress Code

The clinic has a well-stated dress code policy that you are expected to follow. I recommend that you bend, sit, stand, etc. in front of a large mirror at home to make sure that all parts remain covered. You will be moving a lot in therapy sessions with young children, sitting on the floor, and bending over, so plan your clothes accordingly. Also, keep in mind that the camera is high on the wall and looking down at you. **Do not put me or any other supervisor in the awkward 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.

## Client Cancellations

If the client or client's parents cancel a therapy session, cancellation notices will be posted by the faculty mailboxes. If you cancel therapy, it will be your responsibility to let me, 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, let the clinical secretary and I know about the cancellation.

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

## Caregiver Contact

Keep the caregivers informed at all times 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.).

## 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"

### **Observation**

I will be observing your therapy sessions as much as I can during the semester. 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 your clocks coincide; I'll be looking at the waiting room clock. Please be prompt for all meetings. Adhere to deadlines for all paperwork.

### **Written Assignments**

All assignments will be saved in the S or P drives. Do not delete my electronic comments, only "resolve". This is how I keep track of what I have commented on and how your writing development is coming along.

### **SOAP Notes**

SOAP notes must be completed after every session. They are due no later than 24 hours after your session. You will revise your notes based on my feedback. Always assume that your SOAP note will be read by another professional outside of clinic.

### **Data Collection**

You are required to collect data during each therapy session. The data collected will support the content of your SOAP note.

### **Self-Observations**

You are required to complete two self-observations throughout the semester. The intention is for you to notice your techniques, habits, efficacy of treatments, strengths, and weaknesses.

### **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.

### Semester Schedule

<b>Date</b>	<b>Assignment</b>
Week 1 1/24-1/28	Receive clinical assignment, attend initial supervisory meeting, schedule client, plan for start of therapy
Week 2 1/31-2/4	First week of clinic
Week 3 2/7-2/11	Therapy <b>Client status section of FTR due 2/11 at 5p</b>
Week 4 2/14-2/18	Therapy <b>Goals and Objects section of FTR due 2/18 at 5p</b>
Week 5 2/21-2/25	Therapy <b>Background section of FTR due 2/25 at 5p</b>
Week 6 2/28-3/4	Therapy <b>Self-Observation 1 due 3/4 at 5p</b>
Week 7 3/7-3/11	Therapy
Week 8 3/14-3/18	<b>Midterm meetings</b>
3/21-3/25	Spring break
Week 9 3/28-4/1	Therapy
Week 10 4/4-4/8	Therapy
Week 11 4/11-4/15	Therapy <b>Procedures section of FTR due 4/15 at 5p</b>
Week 12 4/18-4/22	Therapy <b>Self-Observation 2 due 4/22 at 5p</b>
Week 13 4/25-4/29	Thanksgiving <b>Summary and Impressions and Recommendations sections of FTR due 4/29 at 5p</b>
Week 14 5/2-5/6	Therapy Last day of clinic is 5/6
Week 15 5/9-5/13	<b>Final Evaluation</b> Clock hours are due in Calipso, Therapy Schedule Form due, return all borrowed materials to the CMC

Conversation group for people with aphasia  
Spring 2022  
Monday 1:00 pm – 2:00 pm

**Clinical Supervisor: Julia M. Fischer, Ph.D., CCC-SLP**

Office: 037 CPS

Phone: 715-346-4657 (w) 715-252-9610 (c)

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

Goal of a conversation group:

A conversation group is a time where people with aphasia can participate in conversations with communication partner support. It is also a time for people with aphasia to try using communication strategies. The group should meet each individual's communication challenges.

Volunteer Requirements:

Planning: Group leaders and Dr. Fischer will meet as needed during the semester.

Document hours: You will earn clinical hours for this assignment; ASHA Standard: Adult language treatment.

The following is a conference proposal written by 2 former aphasia group leaders.  
Title: Aphasia Group: The Experience Enhanced Our Graduate Program

A common request from recent graduates of an SLP graduate program is more group practicum experience (UWSP School of Communicative Disorders, 2012). Group practicum experiences may be limited for a number of reasons. Two possible reasons include limited opportunities in the clinical settings where a student is placed during her or his program, and a student's need to earn practicum hours across the content areas and age groups described in Standards IV-C and V-F which may not be conducive to group treatment (Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association, 2012). Graduate students report wanting to feel more prepared for an externship as well as for the responsibilities of a new job as reasons for wanting more group treatment experience (J. M. King, personal communication, October 22, 2012).

Method and Results

Two graduate students from the School of Communicative Disorders at the University of Wisconsin-Stevens Point detail how facilitating an aphasia group enhanced their graduate program. Each student kept a weekly reflection log tracking what she learned, what worked well, and what could have gone better. Several themes emerged from the logs highlighting the benefits of this group practicum experience. The themes included: applying course content to authentic communication activities for each group member; understanding the three prongs of evidence-based practice when planning and implementing a treatment program; learning the benefits of group aphasia therapy; and appreciating the role of humor and laughter in a supportive communication environment.

These themes will be illustrated with examples. These students who facilitated an aphasia group during graduate school recommend all graduate students take advantage of group practicum experiences to enhance their programs as well.

#### References

Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2012). 2014 Standards for the Certificate of Clinical Competence in Speech-Language Pathology. Retrieved April 9, 2012 from <http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>.

UWSP School of Communicative Disorders (2012). [Annual assessment of graduate students completing their externship]. Unpublished raw data.

#### Important Dates

Begin group 1/31/2022

Last group 5/2/2022

Final meeting, discuss reflections, submit clock hours for approval

**Clinical Practicum**  
**Spring 2022**  
**Graduate Level - CSD 791-794**

**Supervisor:** Amanda Pagel, M.S., CCC- SLP

**Office:** CPS 044B

**Phone:** 920-475-8867 – text/call

**Email:** [apagel@uwsp.edu](mailto:apagel@uwsp.edu)

**Objectives:**

1. Acquire skills and knowledge required to assess and treat patients with communication disorders.
2. Develop and advance skills in the areas of:
  - a. Therapy planning
  - b. Goal writing
  - c. Data collection
  - d. Written documentation
  - e. Interpretation of data
  - f. Ongoing development of self-evaluation skills
  - g. Verbal explanation of findings to interested parties.
3. Develop skills of interaction with supervisory staff, patients/clients, other students.

The knowledge, skills, and disposition criteria for this course are consistent with the following Department of Public Instruction PI 34 standards for certification:

- a. 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.
- b. The clinician understands how children with broad ranges of ability learn, and provides instruction that supports their intellectual, social and personal development.
- c. The clinician organizes and plans systematic instruction based upon knowledge of subject matter, pupils, the community and curriculum goals.
- d. The clinician understands and uses formal and informal assessment strategies to evaluate and ensure the continuous intellectual, social, and physical development of the learner.
- e. 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.

## Student Learning Outcomes:

(Consistent with ASHA Standards, see grading form)

1. Develop clinical skill in oral and written communication sufficient for entry into professional practice. (ASHA Stan.V-A)(INTASC Stan 6, 10)
2. Develop clinical skill in providing intervention to clients with communicative disorders and/or swallowing disorders. (ASHA Stan. IV-B-2) (INTASC Stan.1,2,3,4,5,6 & 7)
3. Develop interaction and personal qualities for effective professional relationships with clients, families, caregivers and other professionals. (ASHA Stan. V-B-3)(INTASC Stan. 10)
4. Adhere to the ASHA code of Ethics and behave professionally. (ASHA Stan. V-B-3d)(INTASC Stan. 10)

## Clinic COVID Guidelines Spring 2022

Students are expected to follow all University guidelines regarding COVID safety in order to protect our most vulnerable clients. Because COVID continues to be a rapidly changing situation, please frequently visit the University's COVID site for the most up to date policy information:

<https://www.uwsp.edu/coronavirus>. The student is also encouraged to contact their supervisor if any Covid-19 related questions or situations come up that are not covered here.

**All students (regardless of whether they are providing in-person services or teletherapy) are expected to be in the clinic in some capacity (for chart reviewing, documentation, meetings, etc.) and therefore are required to do their part to keep clients safe and the clinic open. This includes:**

- Wear a well-fitting face covering that covers your nose AND mouth when you are in the clinic areas and on campus. Face masks are highly recommended in the community around people outside of your immediate household.
  - At all UW-Stevens Point campus locations, the wearing of face coverings is mandatory in all buildings, including classrooms, laboratories, studios, and other instructional spaces. Any student with a condition that impacts their use of a face covering should contact the Disability and Assistive Technology Center to discuss accommodations in classes. Please note that by university policy unless everyone is wearing a face covering, in-person classes cannot take place. Failure to adhere to this requirement could result in formal withdrawal from the course.
- Wash/sanitize your hands frequently, especially before and after touching your face or face covering.
- **Students must NOT attend clinic if they are not feeling well**, and they must follow any isolation or quarantine protocol required by the clinic and university. Please contact your supervisor if extended absences will be necessary so clinic coverage can be arranged.

## General Information

- **Checklists:** Included in this syllabus are 3 checklists for you to use at the start of the semester (“Starting Therapy Checklist”), during midterms (“Midterm Checklist”), and at



the end of the semester (“Ending Therapy Checklist”). Please read through this information carefully as you will be responsible for completing these tasks.

- **Resource Folder:** I will share a OneDrive Folder with you entitled “Resources for Clinicians.” In this folder, you will find a variety of useful documents, links, articles, and templates. This folder will be shared with multiple clinicians and is not secure, so ensure that you do NOT put any client information into this folder.
- **S:/P: Drives:** You will be given access to either a S: drive (if you are a student working alone) or a P: drive (if you are working with a partner). These are SECURE and can only be accessed here in the clinic. This is where you will save SOAP notes, Final Therapy Reports (FTR), Plan of Care (POC) – anything that contains your client’s name or other identifying information. I have access to your S:/P: drives and will check these frequently to review SOAP notes, check progress on the FTR/POC, and add feedback.
- **Feedback:** I typically try to provide at least 2 forms of feedback: written and verbal.
  - o **Written Feedback:** In your S:/P: drives, you will see a “Feedback and Reflection Form.” This is a running document that I use to type out feedback as I observe your sessions. Typically, at the beginning of the semester, I provide frequent and detailed written and verbal feedback. As you gain independence, the amount of feedback will fade and the type of feedback I provide will change. This is to be expected and is keeping with best practice to promote self-monitoring and independence.
  - o **Verbal Feedback:** The timing of verbal feedback may look different for every clinician and may change throughout the semester, though it is my goal to touch base with you verbally at least weekly (likely more at the beginning of the semester). Depending on schedules and clinician/supervisor preference, we could meet after scheduled sessions to discuss right away how each session went. Another possibility is to set up a predetermined time to meet weekly/biweekly to discuss that week’s sessions and future plans. Additionally, clinicians are welcomed to stop by my office any time the door is open to discuss any questions or concerns. (Also see “Clinician Team Meetings” below. **We will make decisions regarding opportunities for verbal feedback/discussion as schedules for the semester form and needs are determined.**
- **Clinician Team Meetings:** This semester, I will be breaking my group of clinicians into teams based on client type. (For example, if you are working with a child with a speech sound disorder, you will be teamed with other clinicians who have children with speech sound disorders.) These Clinician Groups will meet together and with me every other week (day/time TBD; location – in person and/or virtual - TBD). While each meeting will

have a pre-determined topic (see below), these meetings are truly for problem-solving, so you are encouraged to bring your clinical problems/questions to the team. (Clinicians, however, must maintain client confidentiality at all times – including during team meetings). Clinician team meetings are designed for increased collaboration and problem solving with not only a supervisor, but with peers as well. Attendance and participation in team meetings is required.

- **Meetings:**

- Meeting 1: Getting Started/SOAP notes
- Meeting 2: Goal/Objective Writing
- Meeting 3: Data Sheets and Materials
- Meeting 4: Therapy Techniques/Strategies
- Meeting 5: Open – will vary based on each team's needs
- Meeting 6: Wrapping up/Semester Share

- **Clinician Teams:**

- Adult AAC
- Child Speech Sound Disorder
- Child Written Language
- Social Communication
- Fluency

- **Reflection:** As noted above, in your S:/P: drives, you will see a “Feedback and Reflection Form.” Underneath the notes I leave regarding the session, there is a spot for the clinicians to respond with a reflection on the session. If we are unable to meet to discuss the session within 24 hours of the session in question, this is a REQUIREMENT. If we have a planned one-on-one meeting (not a team meeting) within 24 hours of the session in question, I will count our verbal discussion as your reflection, and a written reflection is not needed.
- **Lesson Plans:** Lesson plans are required for each session for a minimum of the first 2 weeks of therapy. Ongoing therapy treatment plans will be required per the supervisor's discretion, which will factor in clinician experience level, type of case, complexity of treatment, etc. Therefore, being asked to complete additional lesson plans beyond the 2 weeks does not reflect poorly on the clinician.
- **SOAP Notes:** SOAP Notes must be completed within 24 hours of each session. SOAP note templates and guidelines can be found on the shared folder “Resources for Clinicians: Clinical Writing: SOAPs.”
- **Data:** You are required to keep data each session (- this will support the content of your SOAP note). Data can be both quantitative and qualitative. Often clinicians find it

beneficial to set up a data collection sheet ahead of sessions. There are some templates available in the “Resources for Clinicians” folder under “Clinical Writing: Data Keeping.” If you develop your own data sheet that you think may benefit other clinicians, please feel free to add to the folder (ensuring first that you do not have identifying information on it).

- **Final Therapy Reports:** Final Therapy Reports (FTRs) are to be completed for each client each semester. Templates for the FTRs can be accessed in the “Resources for Clinicians” folder via “Clinical Writing: FTR.” If the client has been here in the clinic during previous semesters, you will review previous FTRs as you read through the client’s file. However, if you would like to see more examples, please let me know and I will be happy to provide you with some. As you will see in the examples, the FTRs are typically completed in sections that lend themselves nicely to the progression of therapy. Please plan to have the following sections *drafted* by the following dates:
  - o Background Information – 2/7/2022
  - o Status at the Beginning of Therapy –2/14/2022
  - o Goals, Objectives, and Baselines – 2/21/2022
  - o Procedures – 4/11/2022
  - o Results, Summary/Impressions, Recommendations – 5/2/2022
  
- **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, and my presence in a session is not a direct reflection of your performance.
  
- **Caregiver Contact:** Always keep the caregivers informed of what you plan on working on that day, and at the end of the session give the parents information about how it went. Typically, this involves any new communication skills that were achieved, a general idea of progress, etc. Do not assume that just because parents 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.) Please make sure to log any emails/phone calls in a communication log and/or SOAP Notes and any handouts or homework given.
  
- **Infection Control and Universal Precautions:** In addition to wearing face coverings, students must also work to prevent the spread of infection/illness by properly cleaning the therapy room after sessions. Students must use disinfectant wipes to clean all table surfaces, chairs, high-touch points (such as doorknobs/light switches) and all clinic materials that are to be returned to the CMC. Additionally, leave all therapy doors OPEN between sessions to allow for better ventilation of air.

- **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.
- **Confidentiality:** Please refer to the Center's policies and procedures regarding electronic information, client records and audio/video recording.
- **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 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.
- **Evaluation:** Formal evaluations will be completed at midsemester and at the end of the semester. You have access to the grading form to view the skills on which you will be graded in the "Resources for Clinicians" folder ("Midterms"). Final letter grades will be based on the following percentages:
 

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	
- **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 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.
- **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. 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.

- **Attendance:** Since clinical practicum is an essential part of your clinical training, it is assumed that you will attend all 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 my phone number 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. **DO NOT COME TO CLINIC IF YOU ARE NOT FEELING WELL.** We don't want to make our clients sick. Please see Clinic COVID Guidelines located at the beginning of the syllabus for more information.
  
- **Punctuality:** Please be on time and do not keep the clients waiting. A good rule of thumb is to be in the waiting room (VIRTUAL AND IN PERSON THERAPY) at least 5 minutes before your session is to start. Please be prompt for all meetings. Adhere to deadlines for all paperwork.
  
- **Child Safety:** 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.

## Starting Therapy Checklist

- ✓ Receive **Welcome Email**
- ✓ **Read Syllabus** in its entirety
- Meet me briefly** (10-15 minutes) on Monday, Jan 24 to get your clinic assignment. You can email me ahead of time to claim a specific time, or feel free to stop by at any time during that day. If you cannot meet in person, please email me ahead of time to set up a time to Zoom on Monday.
  - We will also talk about some scheduling considerations, including recommendations for dosage, day/time, and treatment room options.
- Check out your client's file** from the front office.
  - Review your client's file, completing the "Client File Review" found in the "Resources for Clinicians" folder under "Clinical writing: FTR"
  - Note: If you do not yet have access to your S:/P: drive, make sure you do NOT put any identifying information on this form. Instead of client's name, put "XX". Do not use other names, birthdates, etc. Do **not** save it to the shared folder.
- Please **schedule your therapy** sessions ASAP by contacting the client/parents. Clinic begins the week of 1/31/21. Let me know when you have it scheduled ASAP and sign up for the therapy room (by adding your name/time to the sheet on the door).
- Fill out clinic card** (found at the front office) and hand-in to Mrs. Skebba.
- Schedule a **45-minute meeting** with me to discuss the background information on your client and plan for your first day of therapy. This should occur on Wed 1/26 or Thurs 1/27.
  - If you have a partner, please coordinate this so that you are both present.
  - Please have your lesson plan for the first session at least *drafted* by this time.
  - Be prepared to discuss the following issues: 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.
- Let me know** what questions, concerns, thoughts you have as you prepare for your first session!

## Midterm Checklist

- Receive email** alerting you to begin the midterm process. This will be sent out the week of 2/28/22. (We will have the goal of all midterm meetings being completed prior to leaving for spring break on 3/18/22).
- Following the email's instructions, **sign up** for a midterm meeting with me for the week of 3/7/22 or 3/14/22. (Partners should sign up for these meetings as individuals).
- Ensure access to the "Resources for Clinicians" folder, looking over forms in the "**Midterm**" subfolder. (All forms needed for the midterm process are located here.)
- Complete the appropriate **self-grading form** (Graduate students, use "Grad Student Calipso Worksheet;" Undergrads use "Undergrad evaluation worksheet"). Make sure you read the grading scale carefully when completing this form. I am not looking for you to match my scores for you, so just be honest and reflective in your choices.
- If in-person, coordinate with me to get a session recorded for you to watch for completion of the "**Student Self-Evaluation**". If 100% teletherapy, plan a time to complete the self-eval as soon after a session as possible (so that it is fresh in your mind).
- Write 2 objectives for yourself as a clinician** (at the bottom of the "Student Self-Evaluation Form.") Make these meaningful, measurable, and attainable by the end of the semester.
  - Examples: "I will read 2 evidenced-based articles related to my client's disorder and implement at least 2 strategies into therapy." "I will develop a family-friendly home program for my client to promote carryover in the client's home." "I will develop a data sheet that can be used effectively every session to gather quantitative and qualitative data on my client's performance."
- Email** or hand-in your worksheets at least 24 hours before our scheduled meeting.
- Attend your scheduled meeting with me.** This will take about 30 minutes.
- Billing forms** are also due around this time – look for an email from myself and/or Mrs. Skebba about when to fill these out.

## Ending Therapy Checklist

- Determine when you will hold your **last session**. Clinic ends for most the week of 5/2/2022 but remains open the week of 5/9/2022 for making up cancelled sessions.
- Confirm the final session** with client/caregivers and schedule a time during that last session to hold the final meeting.
  - Please coordinate this with my schedule to ensure my availability during that time as well.
- Prepare the **visual information** that is needed for the final meeting with caregivers. (For some, that may be a chart of progress and a list of procedures; for others, the whole FTR may be required).
  - Regardless, ensure your post-baseline results are completed and ready to be discussed with client/caregivers during the final meeting. This means that ideally you are not leaving your final baselining for the last session.
- Have your **yellow sheet** (i.e., "Case Recommendations") available during your final meeting to ask client/caregivers about interest for summer and/or fall semesters.
- Following the final meeting with clients/caregivers, **finalize FTR** and send me an email when it is ready for me to print.
- Complete final **SOAP note and fill out billing form**, checking your dates/times for the second half of the semester.
- Schedule a final meeting** with me to go over paperwork and grades (plan for 30 minutes).
- (Grad students only) - **Submit hours** via Calipso, preferably before the final meeting with me.
- Attend your final meeting**, bringing your Billing Form and yellow sheet. (Undergrads only – bring your clock hour sheet for me to sign). I will print out your FTR and have you sign it at this meeting.
- Congrats!** Enjoy your time off!



# Diagnostic Clinical Practicum

Spring 2022

Graduate Level - CSD 791-794

**Supervisor:** Amanda Pagel, M.S., CCC- SLP

**Office:** CPS 044B

**Phone:** 920-475-8867 – text/call

**Email:** [apagel@uwsp.edu](mailto:apagel@uwsp.edu)

**Meeting Times:** TBD based on clinicians' and supervisor's schedules

## 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*)

## Clinic COVID Guidelines Spring 2022

Students are expected to follow all University guidelines regarding COVID safety in order to protect our most vulnerable clients. Because COVID continues to be a rapidly changing situation, please frequently visit the University's COVID site for the most up to date policy information:

<https://www.uwsp.edu/coronavirus>. The student is also encouraged to contact their supervisor if any Covid-19 related questions or situations come up that are not covered here.

**All students (regardless of whether they are providing in-person services or teletherapy) are expected to be in the clinic in some capacity (for chart reviewing, documentation, meetings, etc.) and therefore are required to do their part to keep clients safe and the clinic open. This includes:**

- Wear a well-fitting face covering that covers your nose AND mouth when you are in the clinic areas and on campus. Face masks are highly recommended in the community around people outside of your immediate household.
  - At all UW-Stevens Point campus locations, the wearing of face coverings is mandatory in all buildings, including classrooms, laboratories, studios, and other instructional spaces. Any student with a condition that impacts their use of a face covering should contact the Disability and Assistive Technology Center to discuss accommodations in classes. Please note that by university policy unless everyone is wearing a face covering, in-person classes cannot take place. Failure to adhere to this requirement could result in formal withdrawal from the course.
- Wash/sanitize your hands frequently, especially before and after touching your face or face covering.
- **Students must NOT attend clinic if they are not feeling well**, and they must follow any isolation or quarantine protocol required by the clinic and university. Please contact your supervisor if extended absences will be necessary so clinic coverage can be arranged.

### 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 Tuesday mornings from 9-11am in room TBA. 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. Your remarks will provide a springboard 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.

- **Team Lead:** Additionally, team members will alternate taking on the role of team lead. The Team Lead is responsible for: initial contact of client/family, securing reservations for the diagnostic room and materials, and ensuring all paperwork is completed by team (including billing form). The Team Lead is the supervisor's main point of contact for that case.

2. Diagnostic Reports: Report formats for various disorders will be provided to assist you in the content and organization of your report. 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.

3. Weekly Team Meetings: We will meet during our diagnostic spot on the off weeks to finalize **the report for the prior diagnostic and plan the upcoming diagnostic.**

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.



**Diagnostic Practicum Spring 2022  
CSD 792**

Supervisor: Trescha Kay, MA CCC-SLP  
Phone: (715) 575-9363-office  
(715) 252-9211-cell

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

**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*)

**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 planning meeting. Your remarks will provide a springboard 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. 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.

3. 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.

4. 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.

5. 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.

#### **Clinic COVID Guidelines Spring 2021**

The UWSP clinic will supply the student with appropriate personal protective equipment (PPE) and follow infection control measures recommended by the CDC/University/Professional organizations. Students are also expected to follow the social distancing, travel and group gatherings guidelines required by UWSP Speech, Language and Hearing Clinic (and any local, state, or federal authorities) in their personal lives, in order to protect their more vulnerable patients. This has been a rapidly changing situation. The student is encouraged to contact their supervisor if any Covid-19 related questions or situations come up that are not covered here.

**If you are seeing patients in person at the UWSP Speech, Language and Hearing Clinic this semester you are expected to:**

- Wear a well-fitting face covering that covers your nose AND mouth when you are in the clinic areas and in the community around people other than those that reside in your immediate household.
- Wash/sanitize your hands frequently, especially before and after touching your face or face covering.
- Maintain social distancing of 6 feet
- Avoid gatherings of more than 10 people (even with masking and social distancing)
- Quarantine for 14 days if you are a close contact of someone who tests positive for COVID
- Students must NOT attend clinic if they are not feeling well, and they must follow any isolation or quarantine protocol required by the clinic and university. Please contact your supervisor if extended absences will be necessary so clinic coverage can be arranged.

**Do the following after travel (outside of Central WI) or attending gatherings with people outside of those that reside in your immediate household:**

- Quarantine for 14 days (even if you test negative upon return)

**COVID 19 Testing/screening requirements:**

- Please remember to complete the daily symptom screenings each day you plan to come to campus.
- Students who live on campus will continue to be required to be tested weekly for COVID 19.
- Students that live off campus and Staff/faculty will now need to complete biweekly COVID 19 screenings if they are coming to campus even 1 day per week.

Please see the [COVID 19 Testing page](#) for more information.





**University of Wisconsin – Stevens Point**  
**Clinical Practicum Graduate Level – Spring 2022**  
**CSD 495 - 791 -794**

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

Office: CPS 042D / virtual mtgs.  
Email: [sreeve@uwsp.edu](mailto:sreeve@uwsp.edu)  
Office hours: One-on-one meetings will be scheduled with all student clinicians

**OBJECTIVES:**

1. To gain experience evaluating and treating individuals who have communication disorders.
2. To develop and improve skills in the areas of:
  - Evaluation and treatment skills in communication
  - Therapy planning and implementation
  - Professional writing (including goals, SOAPs, plan of care, and final therapy reports)
  - Gathering pre-data/baseline, post-data/results, weekly data for SOAPs
  - Managing and interpreting data
  - Self-evaluation of clinical skills
  - Interprofessional collaborative practice (IPP)
3. To provide an opportunity to use professional interaction skills with the clinical supervisor, parents/families, and other student clinicians.
4. To provide an opportunity to use interprofessional education (IPE) and interprofessional collaborative practice (IPP).
5. The knowledge, skills, and disposition criteria for this course are consistent with the required teaching standards. Please see “Clinic Handbook” for details in the CSD shared drive under form.
6. The knowledge, skills and disposition criteria for this course are consistent with the required ASHA standards. Please see the clinic handbook for details in the CSD shared drive under forms or go to the ASHA website for current standards.

**Statement on Tele-therapy and In-Person Therapy:** Intervention at this time may occur in a tele-therapy context, while some intervention will be held in-person. The procedures required to ensure safety, confidentiality and effectiveness will differ with each mode of presentation. This syllabus will largely address the common components of intervention across both tele-therapy and in-person settings. Specific instructions will be provided to you based on your assigned setting.

**PRE-THERAPY INFORMATION**

1. I will send an email notification informing you that we will be working together this semester for clinical practicum. We need to set up a meeting time a.s.a.p. so I can provide you with your client information. Review the information available on your client(s), including background information, past therapy history, and information from previous student clinicians. Be sure to write down the client’s contact phone # for your records. Please see end of syllabus for the tentative schedule and requirements.

2. THERAPY SCHEDULE: The Reeve clinical practicum is collaborating with Assumption Catholic Schools in Wisconsin Rapids. We are scheduled for services on **Tuesdays and Thursdays from 12:00 – 4:00 p.m.** You are responsible for providing transportation to and from the off-campus practicum sight.
3. With your co-clinician and Mrs. Reeve, arrange a one-hour meeting time to discuss your “Client File Review” (found in syllabus) and plan for the first day of therapy.
4. 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. We have access to some items you can use for therapy at Our Lady Queen of Heaven.
5. 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.

**Complete needed paperwork for Diocese of La Crosse:**

- “Authorization and Acknowledgement of Criminal Background Check”
- “Diocese of La Crosse Protect and Heal Employee and Volunteer confidential Questionnaire”
- “Annual Verification of Protect and Heal Training” – the red book, green book, and “Protect and Heal Training” video can be found on Diocese of La Crosse website.
  - Click on three bars on the top
  - Offices and Ministries
  - Safe environment
  - Training
  - Paid staff and volunteers
  - Online safe environment training

**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, use the **P-drive** to save your lesson plans, reflections, and FTR. If you do not have a co-clinician use the **S-drive**. If you are providing on-line sessions, a shared folder on One-Drive will be set up.

1. LESSON PLANS-Please write a weekly plan and turn it in to me at least 24 hours before your first therapy session of the week. Plans should be in P-drive or S-drive. Please name: Reeve lesson plans. These will be on going.

*Due to COVID-19 clinic restrictions, lesson plans, SOAPs, and reports may be placed in a shared folder on the One Drive. Any client documents that are placed in the One Drive must have identifying information removed and have pseudo names..*

2. SOAP NOTES –SOAP notes must be completed after every session within 24 hours. **The SOAP note form will be emailed to you. These will be ongoing.** Save on your P-drive or S-drive, name: Reeve SOAP notes.

*Due to COVID-19 clinic restrictions, lesson plans, SOAPs, and reports may be placed in a shared folder on the One Drive. Any client documents that are place in the One Drive must have identifying information removed and have pseudo names.*

3. REFLECTIONS/FEEDBACK: Accomplished through discussion or written reflection
4. DATA COLLECTION – you are required to collect data during each therapy session. The data collected will support the content of your SOAP note. Include the beginning and end time within the SOAP note. **Keep all your data sheets in a therapy binder and bring to weekly meetings.** We will have data show-n-tell during our weekly meetings.
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.
6. VIDEO/Calipso self-evaluation: Using the supplied Calipso evaluation form, you will complete a video self-evaluation prior to midterm. I am looking for great discussion and open dialogue about therapy skills to this point. My hope is to generate 1-2 clinical goal(s) for you for the remainder of the semester based on the evaluation. You will be using the supplied Calipso evaluation forms to grade yourself based on ASHA standards.
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 for UWSP-SLHC: 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. Skebba (346-2900) and the client/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. CANCELATIONS for off campus clinic: Assumption Catholic Schools staff *may* inform us of a student absence. If you need to cancel therapy, it is YOUR responsibility to let your supervisor and classroom teacher know of this cancellation. If possible, set up make-up therapy time.
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 for UWSP-SLHC: Always 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, and possible home carryover activities. 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) Please make sure to log any emails/phone calls in a communication Log and any handouts or homework given. CAREGIVER CONTACT for off clinic: It is your responsibility to find the best way to keep caregivers informed. Working as a team will achieve greater results!

## 11. WRITTEN ASSIGNMENTS

This course acts as a capstone course for undergraduates and is a chance for graduate students to improve their clinical writing skills. Students will complete a variety of written assignments (see description A below). Other written assignments will be completed as necessary (i.e., Plan of Care, dismissal reports, note to future clinician).

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.*

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

- a. **Introduction letter to parent/caregiver. This is to be completed and given to parents on the first day of therapy.**
- b. **Introduction letter to teachers and staff at Assumption Catholic Schools.**
- c. **Midterm report**
- d. **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. **When you make corrections, do not remove my previous comments. I will delete them after reviewing your revisions.**
- e. **Lesson Plans and Self-Evaluations;** as stated previously, you will write weekly lesson plans for your client.

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

13. 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 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.

***Any student who faces challenges securing their food or housing and believes this may affect their performance in the course is urged to contact the Dean of Students for support. Furthermore, please notify the professor if you are comfortable in doing so. This will enable her to provide any resources that she may possess.***

14. **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.

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 |               |

15. **Professionalism & Dress Code** – 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 your clinical experience (client, client’s family, supervisors, other student clinicians, other associated professionals, etc.), and showing confidence and respect for others are important qualities. 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.

16. **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 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.

17. **Attendance**- Since clinical practicum is an essential part of your clinical training, it is assumed that you will attend all 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 my phone number and email. You are also responsible for contacting your client and the front desk. You may need to make up therapy sessions that you cancel. **If you are sick (i.e., fever, diarrhea, vomiting, productive cough), please err on the side of caution. We do not want to make our clients sick.**

18. **Punctuality**-You must be in the waiting room (VIRTUAL AND IN PERSON THERAPY) at least 5 minutes before your session is to start. Double check that all your clocks coincide; I will be looking at the waiting room clock. Please be prompt for all meetings. Adhere to deadlines for all paperwork.

## **Child Safety in the Clinic**

- Do not 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.**
- Monitor activity level in the lobby and hallways.
- Encourage walking, not running.
- Monitor how the child uses the automatic doors
- Monitor your child's behavior in terms of getting "too wild" or "too loud"

\*Expectations for Students- Be a 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.

**WITH TEAMWORK, WE WILL ALL MEET OUR GOALS!!!!**

## **Covid-19**

This course will abide by the policies directed by the University of Wisconsin - Stevens Point concerning safety precautions within the current pandemic.

## **Face Coverings**

- At all UW-Stevens Point campus locations, the wearing of face coverings is mandatory in all buildings, including classrooms, laboratories, studios, and other instructional spaces. Any student with a condition that impacts their use of a face covering should contact the [Disability and Assistive Technology Center](#) to discuss accommodations in classes. Please note that by university policy unless everyone is wearing a face covering, in-person classes cannot take place. Failure to adhere to this requirement could result in formal withdrawal from the course.

In the event of a medical emergency, call 911 or use red emergency phone located in the middle hallway in the department. Help 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 which is the middle hallway in the department. See [www.uwsp.edu/rmgt/Pages/em/procedures/other/floor-plans](http://www.uwsp.edu/rmgt/Pages/em/procedures/other/floor-plans) (Links to an external site) for floor plans showing severe weather shelters on campus. Avoid wide-span rooms and buildings.

In the event of a fire alarm, evacuate the building in a calm manner. Meet at the College of Professional Studies sign on Fourth Avenue. Notify instructor or emergency command personnel of any missing individuals.

Active Shooter – Run/Escape, Hide, Fight. If trapped hide, lock doors, turn off lights, spread out and remain quiet. Follow instructions of emergency responders.

See UW-Stevens Point Emergency Management Plan at [www.uwsp.edu/rmgt](http://www.uwsp.edu/rmgt) (Links to an external site) for details on all emergency responses at UW-Stevens Point.

**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 and other team members (teachers, principle, SLP).**  
**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 if applicable) and come prepared to discuss:**
  - "Client Paperwork Start-Up checklist" sent to you via email.
  - "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 measurable 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
    - Activities to establish rapport with your client.
- **Complete an initial draft of background information for your Final Therapy Report. Also include LTG/STO on your report (these may change after you obtain baseline data. These sections are due by the end of week 2 of the semester.**
  - *Create space* at the top of your FTR or POC 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.

If your clinic assignment is the **Assumption Rapids Catholic School collaboration**, you will need to complete a midterm progress report and an end of the semester progress report. **Due dates and format will be discussed in our weekly meetings.**

**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. Clock hour forms are by office 041.

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

This section contains information from your initial testing/observations. *This section is similar to the "Present Level of Academic Achievement and functional Performance" in an IEP. In*

*this section you describe the student's strengths and the unique needs of the child. You may include parent concern/comments as well. Consider describing how the disability affects involvement in age-appropriate activities.*

- This section should be measurable, objective, functional, and current.
- It also includes the results of most recent evaluations (e.g., formal and informal baseline data)
- You will use this information to establish a baseline for writing goals
- Remember that “measurable” means you can count it or observe it. When you are tempted to write unmeasurable terms such as ‘difficulty,’ ‘weak’, ‘unmotivated’, ‘limited’, ‘uncooperative’, and so on, stop and ask yourself, “What do I see the student doing that makes me make this judgment call?” What you actually see or hear the student doing is the measurable content you need to identify in your status section.

**Week #3-4:** Finalize your goals and objectives written in standard format and reflecting your baseline information. Share these with the client’s parent/caregiver.

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

**Week #5-6:** Complete video self-evaluation using the “Evaluation of Therapy Skills” form. Develop one or two clinical goals(s). (If your clinic is virtual – you will not have to complete a video self-evaluation)

**Week #7-8:** Midterm/video self-evaluation discussion with supervisor.

**Week #9-10:** Procedures section completed on **FTR or POC and due by the end of week 10 of the semester.** Discuss and plan post baseline data process

**Week #11: By the end of week 11 of the semester,** first draft of final sections of therapy reports due (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 **the final therapy date of Thursday May 5th. End of the semester parent/teacher conferences will be scheduled during week 15 of the semester.**

**Week #13:** The last week of clinic next week. Reports should be in near final form. Parent/Teacher conference should be scheduled. Begin note to next semester clinicians.

**Week #14:** Last week of clinic this week.

**Week #15:** Parent/Teacher conference this week and paperwork check out meeting.



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

You can find all the pertinent information in your client's chart. Look through IEPs, past therapy reports, notes, etc. I also encourage you to talk with parents/caregivers, previous clinicians, and school-based clinicians and teachers. This may be handwritten or typed. We will mainly be using it to guide our discussion.

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

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

**Summarize the case & discuss in broad terms the intervention plan. Think about the client as a total communicator. How does the client communicate (strengths/weaknesses)? What does the client need to learn to communicate more effectively?**

**What did you find out from the previous/current clinician(s) and parent/caregivers?**  
*(Contact previous SLHC-UWSP clinicians and/or current clinicians from other facilities)*

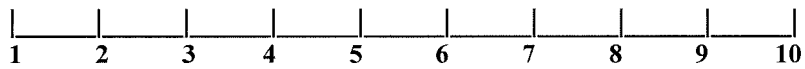
**Note any teaching strategies discussed in the previous FTR:**

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

**What areas do you need help with getting started? Be specific here.**

**In your opinion, what are your clinical strengths? (If you haven't had clinic yet, what do you *think* they are?)**

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



**Justify your response:**



## Therapy Tips

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

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