

## CSD 794 Clinical Practicum Fall 2018

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

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

### 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
  - Writing goals, objectives, and other documentation
  - Professional report writing
  - Managing and interpreting data
  - Self-evaluation of clinical skills
3. To provide an opportunity to use professional interaction skills with the clinical supervisor, parents/families, and other student clinicians.

### Before Clinic Begins

1. Stop by and see me for your clinic assignment. At this time, you will receive the "yellow sheet" and we can discuss possible therapy times. **Please do not call the parents or client prior to our first meeting.**
2. Sign up for a 60-minute meeting time with me – stop by to see me directly to set this up or email to set up a time. If you have a co-clinician, coordinate the meeting time with him/her. It's best if we can all meet together.
3. Prior to our first meeting read the client's file carefully and determine the important information that will be helpful for you to start clinic. **Complete the Initial Meeting form on the S drive.**
4. Please come to our first meeting with the following:
  - Information from the file; complete the Initial Meeting form. You can do this separately or together (if you have a partner).
  - Some ideas for your first session
  - A list of potential therapy times that you have available for therapy sessions, so you can contact the parents ASAP.
5. Read the procedures for the Infection Control Policies for Clinical Practicum.

## 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.

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

### **Dress Code**

The clinic has a well-stated dress code policy that you are expected to follow. I recommend that you bend, sit, stand, etc. in front of a large mirror at home to make sure that all parts remain covered. 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, clinical secretary, and the client/client's parents know of the cancellation. If your client lets you know that they will be canceling a future therapy session, the clinical secretary and me know about the cancellation. **Keep the therapy observation board up-to-date.**

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

## Caregiver Contact

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

## 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 of your clocks coincide; I'll be looking at the waiting room clock. Please be prompt for all meetings. Adhere to deadlines for all paperwork.

## Weekly Supervisory Meetings

Supervisory meetings will be set up for once a week. This is a time set aside for us to discuss your client and their management. These meetings may become less frequent as the semester progresses.

## Written Assignments

### **Lesson Plans**

You will begin the semester by writing a daily plan **at least 24 hours** before your therapy session. I do not have a preference on how you format these, but I do want to see what activities you have planned, how you will use those activities to target your client's goals, how you plan to track data, and therapeutic techniques you intend to use during the session. Save these to the S drive.

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

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

### **SOAP Notes**

SOAP notes must be completed after every session. **Use the template on the S drive** for practicum.

### **Data Collection**

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

### **Self-Reflection**

Complete the form **provided in the S drive** within 24 hours of each therapy session. I will provide written feedback for each session once you have completed your self-reflection. The comments and suggestions I make on the forms are meant to help you and I will try to provide a lot of written and verbal feedback. Please look them over and if you have any questions, bring them to our weekly meeting or schedule a time to meet with me privately.

### **Videotaped Observation**

Clinicians are required to complete a written self-evaluation of a 3-5 minute segment of therapy. Your discussion of your self-evaluation and presentation of the videotaped segment will be a part of the midterm conference.

## 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

Date	Assignment
Week 1 9/4-9/7	Receive clinical assignment, attend initial supervisory meeting, schedule client, plan for start of therapy
Week 2 9/10-9/14	Therapy
Week 3 9/17-9/21	Therapy
Week 4 9/24-9/28	Therapy
Week 5 10/1-10/5	<b>1<sup>st</sup> draft of Final Therapy report due by Monday 10/01</b>
Week 6 10/8-10/12	Therapy
Week 7 10/15-10/19	Therapy
Week 8 10/22-10/26	<b>Midterm evaluation</b> Videotaped Observation
Week 9 10/29-11/2	Therapy
Week 10 11/5-11/9	Therapy
Week 11 11/12-11/16	Therapy
Week 12 11/19-11/23	Therapy
Week 13 11/26-11/30	Therapy
Week 14 12/3-12/7	Therapy Last day of clinic is 12/7
Week 15 12/10-12/14	<b>Final Therapy Report due on Tuesday 12/11</b> <b>Final Evaluation</b> Clock hours are due to Ms. Reynolds, Therapy Schedule Form due, return all borrowed materials to the CMC

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## University of Wisconsin – Stevens Point

Fall Semester – 2018

### Clinical Practicum - CSD 791-794

Instructor: James Barge M.S. CCC-SLP

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

Office: 42B

Phone: (715) 346-3085

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

#### Objectives:

1. Acquire skills and knowledge required to assess and treat patients with communication disorders.
2. Develop and advance skills in the areas of:
  - Therapy planning
  - Goal writing
  - Data collection
  - Written documentation
  - Interpretation of data
  - Ongoing development of self-evaluation skills
3. Develop skills of interaction with supervisory staff, patients/clients, other students.
4. The knowledge, skills and disposition criteria for this course are consistent with the following Department of Public Instruction PI 34 standards for certification:
  - The clinician understands the central concepts, tools of inquiry, and structures of the discipline(s) he or she teaches and can create learning experiences that make these aspects of subject matter meaningful for students.
  - The clinician understands how children with broad ranges of ability learn, and provides instruction that supports their intellectual, social and personal development.
  - The clinician organizes and plans systematic instruction based upon knowledge of subject matter, pupils, the community and curriculum goals.
  - The Clinician understands and uses formal and informal assessment strategies to evaluate and ensure the continuous intellectual, social, and physical development of the learner.
  - The clinician is a reflective practitioner who continually evaluates the effects of his or her choices and actions on pupils, parents, professionalism in the learning community, and who actively seeks out opportunities to grow professionally.

#### Students will: (ASHA Standards)

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

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

### **Pre-Therapy Information**

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

### **Requirements**

1. Please provide therapy treatment plans for the initial week following our pre-therapy meeting. Ongoing therapy treatment plans will be required per the supervisor.
2. SOAP notes are required following each treatment. Please let me know when you have placed the completed note in the /s/ drive. Please include amount of contact time, therapy and/or evaluation. Example: client seen for 60 minutes, 40 evaluation, 20 therapy.
3. Reflection/Review-Please contact me promptly with questions, ideas, concerns and all other relevant information regarding your care of your client.
4. Data Collection – You are required to acquire data throughout your sessions. As appropriate, data can be either quantitative and/or qualitative. Your data will be the support of your SOAP note.
5. Weekly supervisory meetings: Weekly meetings are at the discretion of the supervisor. You are welcome to sign up on my office door at any open time.
6. Video Self-assessment: We will select a therapy session to review together.
7. Observation – It is my goal to observe as much of your sessions as possible. You will promptly receive feedback on the findings of my observation.

8. Demonstration of therapy – Please let me know if you would like me to demonstrate therapy. At times, I may enter your session to assist, clarify or provide some other service as needed.
9. Caregiver communication – It is expected that the caregiver be provided with information regarding the objectives of your session and, upon conclusion, a brief review of the session.
10. Evaluation of Clinical Performance – A formal evaluations will be provided at the mid-point and end of the semester.
11. Final Reports – All corrected copies should be submitted. All clinic forms (test protocols, etc) should be included.
12. Infection Control and Universal Precautions – Please refer to the Center’s infection control Policy and Procedures.
13. Confidentiality – Please refer to the Center’s policies and procedures regarding electronic information, client records and audio/video recording.
14. Accommodations: Please discuss during the first week any accommodations required for a documented disability.
15. Grades –
  - A 95% - 100%
  - A- 91 – 95.49%
  
  - B+ 88-90.99%
  
  - B 84-87.99%
  
  - B- 81-83.99%
  
  - C+ 78-80%
  
  - C 74-77.99%
  
  - C- 71-73.99%
  
  - D+ 66.5 – 70%
  
  - D 61 – 66.49%
  
  - F Below 61%
16. Professionalism – Your conduct, attitude displayed, your attire directly and significantly affect the degree the client and family members assess your professional credibility. Your clients and caregivers deserve a well prepared, organized and respectful clinician. The clinic dress code will be followed.
17. Partnership – I believe we both are seeking the same objectives, your growth and development as a clinician and the provision of excellent care to people with communicative deficits. The keys to these goals are candid discussion, refining of skills, broadening of insights and respect for all parties involved.

## Clinical Practicum Fall 2018

Supervisor: Maggie Watson, PhD CCC SLP

Phone: (715) 346-2072-office  
(715) 343 9153-home (emergencies)

Office: CPS 040

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

Meeting time: TBA

### Objectives

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

### Before Therapy Begins

1. Sign up for a meeting time with me; 45-60 minutes – stop by or email to set this up. If you have a co-clinician, coordinate the meeting time with him/her. It is best if we can all meet together.
2. **Prior to our first meeting** read the client's file carefully and determine the important information that will be helpful for you to start clinic. Complete pages 14 & 15 of this document. Do not report everything in the file.... Summarize the critical information.

3. Please come to our first meeting with the following:
  - Information from the file; complete pages 14/15 of this document. You can do this separately or together (if you have a partner).
  - **Some ideas for your first session**
  - A copy of your schedule (**use form 44** outside my door)
  - A list of potential therapy times that you have available for therapy sessions so we can contact the parents ASAP. **Please do not call the parents prior to our first meeting.**
  - Your capstone binder if you are an undergraduate student.
4. As therapy arrangements become finalized, you will need to sign up for a therapy room. You can fill out the sign-up sheet on the door of the room you choose. Let's discuss rooms before you sign up as some clients need a larger or smaller room.
5. Read the procedures for the Infection Control Policies for Clinical Practicum.

### Before Your First Day of Therapy

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

- Lesson plans
- Session evaluation forms/reflection questions
- Data for each session
- Therapy materials you use often (e.g., note cards, etc.)
- Family correspondence Log if necessary.

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

### General Information Regarding Practicum

#### **Attendance**

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Note: If you are sick (i.e. fever, diarrhea, and vomiting, productive cough), please err on the side of caution. We do not want to make our clients sick. If your co-clinician needs to cancel, you will run the session on your own.

## Dress Code

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

## Lesson Plans

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

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

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

## SOAP Notes

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

## Self-Evaluations

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

## Weekly Meetings

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

## Observation

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

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## Written Assignments

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

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

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

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

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

## Final Therapy Reports (FTR)

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## Writing Emphasis and Final Grades

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

## Client Cancellations

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

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

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

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

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

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

### **Tentative Schedule:**

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

**Week of January September 4:** Getting started, e.g., schedules, room assignments, etc.

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

### **About October 1st:**

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

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

- Your goals and objectives written in standard format and reflecting your baseline information).

**Video self-evaluation should be completed during the week of September 24th.**

**Midterm evaluation: about the week of October 22nd.**

**Week of November 26<sup>th</sup> : Final therapy reports should be completed (may just have some final data to fill in). Final conferences with client/families will be during the last week of clinic.**



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

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

**1. State your functional/measurable short-term objective (STO#1):**

- **Activity(ies)** provide a brief description of each activity you have for your first objective.
- **Activity justification (why did you choose this/those activity(ies)?) (justify each activity if you have more than one for an objective):**
- **Stimuli to elicit responses:** give me some idea of what you will use to elicit responses; these could be articulation cards, toys, books, etc.
- **Detailed information about your therapy techniques and strategies (include cueing hierarchy and/or compensatory strategies):** these will probably be consistent across all activities for a particular objective.
- **Type(s) of reinforcement you will use:**
- **Method of data keeping:**

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

(continue with each STO as outlined above)

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

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

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

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

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

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

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

**Type(s) of reinforcement/correction you will use (both to reward appropriate behavior and responses as well as to deal with unacceptable behavior):** SC will receive verbal praise for correct responses, attention to task, etc. SC loves games so the activity will also be rewarding.

**Method of data keeping:** I will keep a tally of correct and incorrect responses and indicate if cues were used.

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

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

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

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

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

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

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

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

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

### Lesson Plan Example 2:

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

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

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

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

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

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

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

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

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





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

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

**COMPLETE BEFORE OUR FIRST MEETING**

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

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

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

1. Tell me about this client:

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

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

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

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

6. How to fairly divide the work between you and your partner (if applicable):
7. How are you prepared to handle this case, e.g., previous experience, courses, etc.
8. What areas do you need help with in getting started? Again, be specific here.
9. In your opinion, what are your clinical strengths/concerns?
10. How much supervision and input do you feel that you need? (1=no supervision;  
10=maximum supervision)
- 1 |     |     |     |     |     |     |     |     |     |  
1    2    3    4    5    6    7    8    9    10
11. My clinical supervisor can help me during this clinical experience by...
12. I can help myself during this clinical experience by...

## Therapy preparation checklist\*

<p>Have I arranged the room in such a way to decrease distractions and increase attention?</p> <p>Will the therapy I have planned affect the client's ability to interact and communicate?</p> <p>Have I planned age-appropriate activities? Are they fun and interesting?</p> <p>Will my activities elicit many targets?</p> <p>Have I over-planned?</p> <p>Do I have all of the materials I need? Do the toys have all their parts? Does anything need to be set up before Tx? (e.g, the computer for observation)</p> <p>Do I have a "cheat sheet" for things I plan to elicit or address during play or reading activities?</p> <p>Am I prepared to increase/decrease difficulty as needed?</p> <p>Do I need/ have a behavior management plan?</p> <p>Are my data sheets ready and organized?</p> <p>Do I know what I am going to tell the caregiver about my planned objectives?</p> <p>In the lobby at least 5 minutes early.</p> <p>Ending therapy:</p> <p>Did I give information to the client?</p> <p>Did I give information to the caregiver? Homework?</p>	
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**Did I ask my supervisor for help in areas where I am struggling, unsure or don't know what to do?**

## Clinical Practicum Fall 2018

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

Phone: (715) 346-3423-office  
(715) 544-0230-home  
(715) 572-2548-cell

Office: CPS 034

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

Meeting time: TBD

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

Leo Rosten

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

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

Charles Dickens

### Objectives

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

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. Stop by and see me for your clinic assignment and bring a matrix-type copy of your schedule. At this time, you will receive the “yellow sheet” and we can discuss possible therapy times. **Please do not call the parents or client prior to our first meeting.**
2. **Prior to our first formal meeting** read the client’s file carefully and fill out the form (pp. 9-10) that is at the end of this syllabus.
3. Please come to our first meeting with the following:
  - Completed summary form (see number 2 above)—one per clinician
  - Some ideas for your first session
4. As therapy arrangements become finalized, you will need to sign up for a therapy room. You can fill out the sign-up sheet on the door of the room you choose. Let’s discuss rooms before you sign up as some clients need a larger or smaller room. Once you sign up for a room, turn in the white card to Ms. Skebba.
5. Read the procedures for the Infection Control Policies for Clinical Practicum.

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

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

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



## General Information Regarding Practicum

### Attendance

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

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

### Dress Code

The clinic has a well-stated dress code policy that you are expected to follow. I recommend that you bend, sit, stand, etc. in front of a large mirror at home to make sure that all parts remain covered. 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.

### Therapy Plans

We will discuss therapy plan format at our first meeting.

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

### Weekly Meetings

We will meet in a weekly clinic group each week. 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.

## Written Assignments

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

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

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

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

## Therapy Syllabus

We will discuss your personal therapy syllabus our first clinic meeting. Basically, this is an outline of your goals and objectives, as well as the types of activities and techniques you will be using in therapy. It is a dynamic, rather than static, document and should form the framework of your intervention and guide each session.

## Self-Evaluation of Writing

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

## Final Therapy Summary Reports

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

## Client Cancellations

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

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

**Week of September 4**

Getting started, e.g., schedules, room assignments, etc.

**Week of September 10**

Establish rapport, develop objectives with your client and begin work on your "Therapy Syllabus"

**Week of September 17: Therapy syllabus and Plan of Care due**

**Video self-evaluation will be due during the week of October 22**

**Midterm evaluation: Week of October 22**

**By November 5**

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

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

**Final conferences are the week of December 3 and Final Therapy Reports will be due after your final conference and in a final edited form before we review grades.**

### Therapy Tips

Things to think about before/during/after therapy

1. **Have I arranged the room in such a way to decrease distractions and increase attention?**  
Have I made adaptations for any special needs or concerns? (e.g., wheelchairs, child who is a climber, etc.)
2. Am I thinking about the client as a communicator or a list of goals? How will the therapy I have planned affect the client's ability to interact and communicate?
3. Have I planned age-appropriate activities? Are they fun and interesting? Will they elicit a lot of targets?
4. Have I over-planned? Do I have Plans B and C in case one of my activities doesn't work as I have anticipated?
5. Do I have all of the materials I need? (books, toys, artic cards, games, pen/pencil, crayons, scissors, paper, tests, test forms, etc.)
6. Do I have a "cheat sheet" for things I plan to elicit or address during play or reading activities? (e.g., cooking task to address /k,g/ in IP—"cut, cook, carrot, cold, Coke, candy, good, go, gooey, gum")
7. Do I have an understanding of cueing strategies and how to use them?

#### **Verbal cues:**

- \*Model with direct imitation: "Say "fan.""
- \*Model with delayed imitation: "This is a fan. What do you want?" ("fan")
- \*Cloze technique: "Oh, you want the f \_\_\_\_." (while pointing or holding fan)
- \*Binary choice: "Do you want the *fork* or the *fan*?" (always use desired response as the last option—child more likely to repeat correctly what he just heard)
- \*Request for clarification: "You want the *pan* (fan)?"

#### **Visual cues:**

- \*Visual Phonics, signs
- \*Gestures to indicate a phonological property like stop/go or front/back sound
- \*Pointing to your mouth as you produce the sound or just demonstrate the position of the articulators.
- \*Pointing

#### **Phonemic placement cues:**

- \*Describing what the articulators are doing in age-appropriate terms ("When you make the /f/ sound remember to bite your bottom lip and let the air leak out.")
  - \*Using a descriptive name to describe phonemes such as "leaky tire sound" (/f/), "be quiet sound" (/ʃ/), "buzzing bee sound" (/z/), etc.
8. Do I have a behavior management plan? Will I remove privileges, use time-out? What will I do if the child refuses to participate...or cries...or throws toys...or self-stims... or tantrums?
  9. Do I introduce each therapy activity and its purpose or do I just jump from one thing to another?
  10. Do I have a way to keep data that is consistent and logical?
  11. Do I look professional? Can I sit down, bend, reach, and stand up without tugging at my clothes to keep tops and bottoms covered? Am I chewing gum?
  12. Did I have fun? Doesn't it feel great to make a difference in someone's life?

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

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

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

**COMPLETE BEFORE OUR FIRST MEETING**

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

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

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

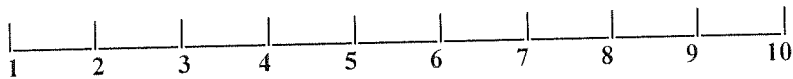
**Summarize the case & discuss in broad terms the intervention plan. Think about the client as a total communicator, not a list of goals. How does the client communicate (strengths/weaknesses)? What does the client need to learn in order to communicate more effectively?**

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

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

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 to me during the week indicated on the schedule. 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?



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. Initial rough draft should be completed by the end of your second therapy week.

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

Conversation group for people with aphasia  
Fall 2018  
1:00 pm – 2:00 pm  
Mondays Room TBD

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

Office: 037 CPS

Phone: 715-346-4657

Email: [Julia.King@uwsp.edu](mailto:Julia.King@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. King will meet weekly during the semester.

Document hours: You will earn clinical hours for this assignment. ASHA Standards: 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

Abstract

A common request from recent graduates of SLP graduate programs is more group practicum experience. Two graduate students from the School of Communicative Disorders at UW-Stevens Point detail how facilitating an aphasia group enhanced their graduate program. Each student kept a weekly 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. (70 Words)

Summary

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 9-10-18

Last group 12-3-18

Final meeting, discuss reflections, 'sign hours'