DIAGNOSTIC PRACTICUM

Supervisor: Christie Witt, M.S., CCC-SLP
Office: 044A
Phone: 346-2577
Office Hrs: See office door
email: cwitt@uwsp.edu

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

Our Schedule
Our diagnostic evaluations will take place on **Tuesdays from 10:30 – 12:30.** Keep your schedules free during those times every week during the semester. **Each week you will need to check the diagnostic schedule at the front desk. All diagnostics are on the calendar in the red diagnostic folder.**

Once diagnostics begin

1. ***Team organization:*** All clinicians will be active in every diagnostic appointment.

   All team members are responsible for file review, preparing diagnostic, taking data, interpreting data, scoring tests, analyzing results, making recommendations, and writing the report.

2. **Weekly Meeting:** We will discuss the up-coming diagnostic and any past diagnostics.

3. ***Diagnostic reports***: Reports will be written as a team and need to be complete before the next diagnostic appointment. You are writing a professional report that will represent you as professionals and this clinic. Your first draft should be your best work. Subsequent drafts will occur as needed and determined by Ms. Witt.

4. ***Clock hours***: Please keep track of the number and type of clock hours earned. You will also document "staffing" hours (meetings to discuss evaluation, treatment and/or recommendations, or exit meetings with parents, caregivers). You should keep track of your hours on a weekly basis. It is not the supervisor's responsibility to keep track of your hours. Staffing hours DO NOT include preparing for diagnostics, scoring tests, transcribing language sample, or meeting with the supervisor or team. However, supervisors have the discretion for exceptions. Clockhours are to be submitted via Calipso at the end of the semester.

5. ***Professionalism***: Your preparedness, organization, confidence, conduct, attire, and grooming influence your credibility as professionals. In addition, respect for your client, family members, co-clinicians, and supervisor, and demonstrating enthusiasm.

6. ***Additional responsibilities***: The team is responsible for video recording the diagnostic session, reserving any equipment and supplies prior to the evaluation, as well as cleaning up the diagnostic room after the session. This includes sanitizing the table, supplies, and equipment used and putting them back where they belong.

7. ***Evaluation***: We will meet as a "Diagnostic Team" at mid semester and use *Calipso* to discuss your progress and development. At the end of the semester we will meet again to discuss your semester progress. You will be graded on clinical competence, clinical writing, professional conduct, increased independence in your diagnostic decision-making, and diagnostic skills.

Witt Clinical Practicum Syllabus

Supervisor: Christie Witt, M.S., CCC- SLP
Phone: (715) 346-2577-office
Office: CPS 044A
Email: Christie.Witt@uwsp.edu

Objectives:

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

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

Paperwork:

1. Weekly Lesson plans
   a. Due on Fridays at noon.
   b. You may complete lesson plans in your own style. There is no template.
   c. Lesson plans should include:
      i. The skill you are targeting.
      ii. The therapy techniques you will implement (example: aided language stimulation, expansion, modeling, etc.)
2. SOAPs
   a. Due weekly by noon on Fridays.
   b. You will save it on your s-drive using the template provided on the s-drive.
   c. If you are working on a team, the author of the SOAP must alternate and you must indicate who the writer is on the SOAP form.
   d. If you are working on a team the SOAP note will be saved on the p-drive.

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

S: *Subjective.* Any subjective information that is relevant to the session.
O: *Objective.* Provide data for each goal (you do not need to state the goal in the note, just results of the session pertaining to the goals. For example, Sam requested an item using a 2 button sequence in 2 out of 4 opportunities.
A: *Assessment.* Write what occurred to result in the success/not success of performance for goals. For example, Minimal visual prompts were needed for 2 button requests.
P: *Plan.* Continue plan of care.

Please note: You can combine the O/A sections if that fits your style.

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

4. Written reflections: These need to be completed and turned in by Friday at noon.

5. Data: We will discuss data collection in our meetings.

6. Session feedback: You will receive written and/or face to face feedback regarding your sessions.

7. Visual Summary of the results of therapy (at the end of the semester).
    a. It needs to be a visual representation (graphs, charts, etc).
    b. This document will be shared with your client/client's family at the final therapy meeting.

8. Final Therapy Report.
    a. There is no template – you need to determine the information that is pertinent to your client.
    b. You will follow this plan for turning in your document:
        i. You are responsible for having this document in the final form at the time of "checkout" at the end of the semester.
        ii. Email Ms. Witt when you have this document or portions of this document ready to review for feedback.
        iii. Editing remarks and suggestions will be saved in your s-drive as separate document. You will make changes and email Ms. Witt when the next draft is ready for review. Each draft should be saved as a new document.
        iv. You will submit it for review until Ms. Witt determines that it is complete.

9. Billing:
    a. You are responsible for documenting session dates your client attended.
    b. At the end of the semester you will turn in a completed billing form that documents each session attended.

Meetings

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

Grading

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

DIAGNOSTIC PRACTICUM
COMD 791-794
Fall 2018

Supervisor: Pamela Terrell, Ph.D., CCC-SLP
Email: pterrell@uwsp.edu
Office Hours: pending clinic schedule
Office: CPS 034
Phone: (715) 346-3423

This is an addendum to "CD 495 & CD 791-794 Clinical Therapy Practicum" syllabus. Please refer to it often.

Blessed are the flexible for they shall never be bent out of shape.

Welcome to your first Diagnostic Practicum! As you think about your first day as an evaluator of communication skills it is perfectly normal to be a little bit nervous and a little bit excited. There are a lot of unknowns when diagnosing communication disorders. What if the client doesn't talk? What if there are behavior problems? What if I don't administer, score, or interpret a test correctly? Deep breath….relax. It's a learning process and we, as clinicians, are forever evolving. Communication is dynamic and ever-changing, clients come with their individual personalities and histories, and so do we. When you put all of those factors together it is only natural that a little disequilibrium should result. Accept now that things won't always go as planned, be willing to be flexible, and learn to embrace your mistakes.

As you develop your skills of interviewing and counseling, administering and interpreting tests, conducting play-based assessments, and writing diagnostic reports keep a few concepts in mind:

- Consider each client as a total communicator. Don't think of a client in terms of a phonological disorder or a diagnosis of autism. Think of the client as a human being with an innate desire to communicate and interact with others. Consider all aspects of communication including verbal, written, behavioral, social, facial expressions, gestures, eye gaze, etc. Everyone is saying something, even those who are nonverbal. How does your client communicate and why?
- Be willing to follow the client's lead. If a potential strength or weakness is noted during the interview or play, go ahead and probe even if that wasn't part of your plan.
- Be teachable. None of us have "arrived." Our clients, peers, and supervisors have much to teach us.
- Have fun! Yes, evaluations are work, but they are also fun. Don't get so caught up in the scoring and writing that you forget to enjoy the process of uncovering communication strengths and weakness and the privilege of sharing in someone else's life.

We are all apprentices in a craft where no one ever becomes a master.
Ernest Hemingway

Our Schedule

Our diagnostic evaluations will take place on Tuesday mornings between 1:00-3:00 pm in room 25. Keep your schedules free from at least 12:30-3:30.

I find that the harder I work, the more luck I seem to have.
Thomas Jefferson

Once diagnostics begin

1. ***Team organization:*** All team members are responsible for reviewing the client's file prior to our weekly meeting. Each week a different member will serve as team leader. The team leader is responsible for bringing the client's file to the weekly meeting, providing a verbal overview of the significant points from the case history and/or referral, and finalizing the report. The team leader is also responsible for turning in billing forms and making additional phone calls or contacts.

2. ***Preparation:*** You should come to our weekly meeting with not only a thorough knowledge of the chart, but a list of questions and an outline of your plan for the diagnostic session. The purpose of the meeting is to *refine* your diagnostic plan, not to *create* it. This means that you should already have spent some time in the CMC reviewing possible tests, looking over parent questionnaires, and developing a plan.

3. ***Diagnostic reports***: Scoring tests, interpreting diagnostic findings and writing reports is a team effort; however, the team leader is responsible for making sure that it gets done in the following timely fashion. Suggested timeline:

   Thursday, noon – first draft of report due (hard copy)
   Thursday, 5:00 PM– first draft returned to you
   Tuesday, 8:00 AM – second draft of report due
   Wednesday, 8:00 AM – final report due

   a) Hand all previous drafts and all test forms in with each subsequent draft.
   b) Rough drafts should be typed, double-spaced and free of grammatical and spelling errors. The team leader needs to initial each draft indicating responsibility for proofreading that draft.
   c) Final report is to be single spaced and printed on a high quality printer.

4. ***Weekly team meetings***: We will meet one hour weekly to plan the upcoming diagnostic. In addition, we may review the previous diagnostic. Use these

sessions to evaluate your performance as an individual, as well as a team member. In addition, I can meet with you individually if that is desired or needed. Our team meetings are scheduled for ____________________.

5. ***Clock hours***: Please keep track of the number and type of clock hours earned. You will also document "staffing" hours (meetings to discuss evaluation, treatment and/or recommendations, IEP, or exit meetings with parents). Staffing hours DO NOT include preparing for diagnostics, scoring tests, transcribing a language sample, or meeting with the supervisor or team.

6. ***Professionalism***: Your preparedness, organization, confidence, conduct, attire, and grooming influence your credibility as professionals. In addition, respect for your client, family members, co-clinicians, and supervisor, and demonstrating pleasure in what you are doing, greatly contribute to an air of professionalism.

7. ***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, sanitize the table, supplies, and instruments used.

8. ***Evaluation***: We will meet individually at mid semester and use the *Clinical Evaluation Form* to discuss your progress and write goals for the second half of the semester. At the end of the semester we will meet again to evaluate progress towards your goals. You will be graded on clinical competence, clinical writing, professional conduct, increased independence in clinical decision making, and improvement of clinical skills.

9. ***Dress Code:*** Please read and follow the Departmental Dress and Personal Appearance Code. Violations in the dress code will adversely affect your clinic grade.

There is no great writing, only great rewriting.
Justice Brandeis

Diagnostic Thought Process (rough draft—complete together before weekly meeting)

Client_______________________________ DOB__________________

1. What are the presenting concerns according to the case history?

2. What else might be related to those concerns (e.g., other areas to assess)?

3. What do I already know about the client?

4. What do I need to know about the client?

5. How can I find out that information?
    - Interview (list questions to ask and why)

    - Formal Testing (What tests do you want to administer? Provide a rationale)

    - Informal Testing (What informal assessment needs to be done? What are you going to assess, how are you going to assess, and what specific materials will you use?)

Final Assessment Plan (Team captain emails prior to DX)

Client: ______________________ Date of Assessment: _______

Clinicians: ____

1. Write out some questions for the case history for clarification or additional information.

2. List the standardized and non-standardized assessment tools you will be using. Also include the rationale for your selection of items to be used.

3. List any activities you are planning along with the purpose and rationale of the activities.

4. Write out your general schedule for the session (put approximate times and who is doing what).

5. Be proactive. Think of any potential counseling and/or family education needs.

Diagnostic Team CD 794 Syllabus
Fall 2018
Diagnostic Time: Thursday 1:00-3:00PM

Instructor: Charlie Osborne
Office Hours: TBA
Email: cosborne@uwsp.edu (office)
Office: 44B
Phone: (715) 346-4960 (office)

Course Description

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

Course Objectives

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

Before Diagnostics Begin

1. Schedule: We will meet to discuss the upcoming diagnostic each week. One of the first things on the agenda will be to establish a time to do this.

2. Scheduling Diagnostics: Our diagnostic evaluations will usually take place on Thursday afternoons 1:00 to 3:00 PM 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. (See attached **Diagnostic Questions and Ideas).** Your remarks will provide a spring board for our planning discussion. Please bring the client's file to the weekly meeting and be prepared to provide a verbal overview of significant points from the case history and/or referral. As the semester progresses, you will gradually assume responsibility for conducting the client initial and exit interviews.

2. Diagnostic Reports: Report formats for various disorders will be provided to assist you in the content and organization of your report. The following schedule indicates when diagnostic reports are due. We will typically spend time at the end of each diagnostic session discussing options for writing the diagnostic report. The goal will be to have a completed report, turned in to the office before the next diagnostic. Deadlines for when the rough draft is to be in, etc. will be determined by us when we have our initial team meeting. Here are several helpful guidelines to follow:

a.) With each rough draft, turn in **ALL test forms and scribbles**.
b.) Be sure to let me know when the draft is in the /p/ drive.
The final draft is to be single spaced and printed on a high quality printer. You are welcome to use my office printer for final drafts.
c.) Each member of the team is responsible for scoring and interpreting the tests that they administer.

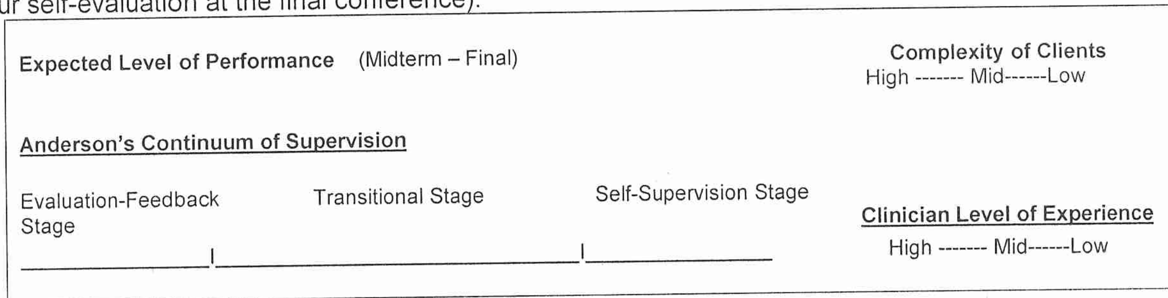
3. Weekly Team Meetings: We will meet for 30-60 minutes each week. The purpose of this meeting will be to plan the upcoming diagnostic. In addition, we will review and evaluate the previous diagnostic session if we did not have an opportunity to do so the day it was conducted. Your self-evaluation, as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

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

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

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

7. **Evaluation of Clinical Performance** – Formal evaluations will occur at midterm and at the end of the semester. At the beginning of the semester we will discuss clinical expectations (yours and mine). Our collective decision on what is reasonable (where you hope to be on Anderson's Continuum) will serve as the measure for the midterm evaluation. Also, at the midterm conference we will determine the performance level you hope to be at by the end of the semester (this too, will be the "expected level of performance" you will use when performing your self-evaluation at the final conference).



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

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

- Unknown, Buckaroo Banzai, from the film

Clinician Name: ______________________________

Date of Dx: __________________________ Disorder/Age: ________________________

DIAGNOSTIC QUESTIONS AND IDEAS

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

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

3.) Suggestions for diagnostic procedures.

Communication Sciences and Disorders 794

Diagnostic Practicum 792-794

University of Wisconsin – Stevens Point

Communication Sciences and Disorders — Fall Semester 2018

Supervisor: James Barge M.S. CCC-SLP — Office: 42B

Phone: (715) 346-3085 — E-mail: jbarge@uwsp.edu

Dx time:

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

Team Organization: All members will play an active role in your diagnostic assignments. All team members are required to review files, prepare for the assessment, record and interpret data, score tests, analyze findings, determine recommendations and create written reports. Each week the role of team leader will rotate through the team. The team leader will bring the report to the meeting, provide a verbal overview of the key elements of the case history and referral, ensuring all paper work is completed, and the final report is submitted.

Weekly Meeting: Required for discussing current and future diagnostic assignments. Anticipate an hour meeting length. These meetings are typically held at the off-week diagnostic time.

Diagnostic Reports: Reports will be the responsibility of the entire team and completed by the date of the subsequent diagnostic case as applicable. Maintain a high degree of professionalism within

the report as it reflects on our clinic, yourself and your supervisor. Revisions will be required as needed.

Clock Hours: Keep track of the number and type of clock hours obtained. Include our weekly meeting and exiting meetings with parents, caregivers as "staffing hours".

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

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

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

1. Grades –
   - A 95% - 100%
   - A- 91 – 95.49%
   - B+ 88-90.99%
   - B 84-87.99%
   - B- 81-83.99%
   - C+ 78-80%
   - C 74-77.99%
   - C- 71-73.99%
   - D+ 66.5 – 70%
   - D 61 – 66.49%

CLINICAL PRACTICUM – FALL 2018 CSD 791-794

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

Office: CPS 042D
Email: sreeve@uwsp.edu
Meeting time: TBA

OBJECTIVES:

1. To gain experience providing therapy to clients with communication disorders,
2. To gain experience evaluating clients throughout the course of therapy,
3. To develop and improve skills in the areas of:
    - Therapy planning and implementation
    - Goal writing and other documentation
    - Gathering pre- and post-data
    - Professional report writing
    - Managing and interpreting data
    - Self-evaluation of clinical skills

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

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

ASHA Standards

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

3. Develop clinical skill in providing intervention to clients with communicative and/or swallowing disorders *(ASHA Stan. IV-G-2) (DPI Stan.1,2,3,4,5,6 & 7)*
4. Develop interaction and personal qualities for effective professional relationships with clients, families, caregivers, and other professionals *(ASHA Stan. IV-G-3)(DPI Stan. 10)*
5. Adhere to the ASHA Code of Ethics and behave professionally *(ASHA Stan. IV-G-3d)(DPI Stan. 10)*
6. Participate in formative assessments (ongoing measurement) for the purpose of improving student learning *(ASHA Stan. V-A)(DPI Stan. 9)*

DPI Standards

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

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

PRE-THERAPY INFORMATION

1. SCHEDULE: **Please give me a copy of your schedule** as soon as possible.
2. CLIENT INFORMATION - Review the information available on your client, including background information and past therapy history. Be sure to write down the client's contact phone # for your records. Be prepared to discuss the following issues at our second meeting: any questions you may have regarding the client's disorder and therapy; questions we need to have answered regarding the client/disorder to assist in treatment planning; a general plan for the first two sessions; and possible times for therapy for the semester
3. SCHEDULING THERAPY- Please come to our meeting with a list of potential therapy times that you have available for therapy sessions so we can contact the client ASAP.
4. SCHEDULING ROOMS-After you schedule therapy with the client or parent, schedule a room for therapy. BE SURE to notify me of this room number and the time of therapy. Complete the CLINIC CARD and submit it to the desk. Let me know when you have submitted this information.
5. CMC - Be aware of the policies and procedures for the CMC. Please reserve your materials in advance of your sessions if you anticipate difficulties obtaining any items.

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

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

2. SOAP NOTES –SOAP notes most be completed after every session. **The SOAP notes form will be emailed to you.** (The "Capstone Binder" in the CMC is a good resource to check out if you need to review SOAP note writing.) Save on your S-drive, name: Reeve SOAP notes.

3. REFLECTIONS/FEEDBACK: Complete daily self-evaluation within 24 hours after your session. These are designed to inspire true reflection of your session and critical thinking. Please save your reflections on your s/p-drive as well. Name: Reeve reflections. Once you open this document, put the date and your reflections/questions. I will provide feedback in a different color. This will be an on-going document throughout the semester. Reflect on the following:
   a. Client's behavior (positive or negative)
   b. Comment on the outcomes of your planned objectives
   c. What could you have adjusted to make the session more productive?
   d. What did you do that made the session a success?
   e. Mention parent discussion that might be applicable
   f. Include resources used – evidence based research/reading.

4. DATA COLLECTION – you are required to collect data during each therapy session. The data collected will support the content of your SOAP note. Keep all your data sheets in a therapy binder.

5. WEEKLY SUPERVISORY MEETINGS - Supervisory meetings are held once a week. This is a time set aside for us to discuss your client and his/her management. Areas of discussion may include: any concerns regarding management or supervision of management; discussion of your client's response to therapy; problem-solving; therapy challenges; and self-evaluation of your performance. These will be scheduled weekly.

6. VIDEO SELF-EVAL: You will also complete a video self-evaluation prior to midterm. We will work on a date for recording and then watch the video together while using the evaluation form. I am looking for great discussion and open dialogue about therapy skills to this point. My hope is to generate 1-3 clinical goal(s) for you for the remainder of the semester based on the evaluation.

7. OBSERVATION: At the beginning of the semester observation will be more frequent, as you become more skilled these observations will not be as frequent. I may or may not inform you that I will be observing. After every observation I will give you some short verbal and/or written comments about your session. During our weekly meeting

I will go into more detail about my observation. The purpose of the observation and feedback is to facilitate the development of your clinical knowledge and skills.

8. CANCELLATIONS-If the parent or client cancels therapy, cancellation notices will be posted by the faculty mailboxes. If you cancel therapy, it is YOUR responsibility to let your supervisor, Ms. Christine Skebba (346-2900) and the client or client's parent know of this cancellation. If one member of the team needs to cancel, it is expected that the other clinician will just take over the entire session.

9. DEMONSTRATION THERAPY-I will be available to demonstrate therapy if necessary. Please let me know if you would like assistance in any area. There may be times when I will enter your session to assist, clarify, or just to get to know that client better. Please know that I view practicum as a team effort.

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

11. WRITTEN ASSIGNMENTS

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

This course also fulfills the American Speech-Language and Hearing Association's (ASHA) standards regarding knowledge outcomes of a program of study as follows:
Standard III-A: The applicant must possess skill in oral and written communication sufficient for entry into professional practice.

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

12. **The writing portion of this course will include a minimum of your final therapy summary report and:**
    a. **Introduction letter to parent/care-giver. This is to be completed and given to parents on the first day of therapy.**

    b. **Self-Evaluation of Writing;** during the semester, you will have opportunities to evaluate your own writing skills. You will revise your therapy report according to feedback given. You will also have opportunities to discuss my comments as they relate to your revisions.

c. **Lesson Plans and Self-Evaluations;** as stated previously, you will write weekly lesson plans for your client and will receive feedback on the lesson plans. Students are also required to write weekly reflections.

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

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

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

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

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

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

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

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

19. **Partnership** – We are entering into a form of partnership. We share several common goals including (but not limited to): to improve the client's communication status; to

increase your clinical expertise; to develop your ability to develop clinical solutions; to develop your ability to accurately assess your own clinical performance; to learn how to make therapy a truly enjoyable experience for the client and yourself; etc., etc., etc. We can meet these goals through mutual cooperation and consistent communication. I will, at times, assume an evaluative role with you, but it is my intent that, for the most part, our relationship of supervisor/supervisee will be one that is more collaborative in nature.

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

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

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

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9/2

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

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

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

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

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

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 measureable content you need to identify in your status section.

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

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

Week #8: Midterm evaluation discussion with supervisor.

Week #9: Discuss and plan post baseline data process

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

Week #12: See Mrs. Reeve to discuss date/time, and then call to schedule final parent/teacher conferences with families. Students are to inform parents, caregivers, and teachers of **final therapy date of Thursday December 6th. End of the semester parent/teacher conferences will be either Tuesday December 4th or Thursday December 6th.**

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

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

Week #15: Paperwork check out meeting.

CLIENT FILE REVIEW
COMPLETE BEFORE OUR FIRST MEETING

Name:________________________________

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

Client's initials: ___ **Client's Chronological Age** _____ **Client's DX**_____________________

Referral Information:
(This should include referral source, date of initial referral, & reason for referral)

Developmental, Medical, Family History:

Summary of Previous Speech/Language Services:
*(Mention previous services – school based services, birth to three, SLHC-UWSP, etc. Include length of time in therapy. Summarize **most recent services.***

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

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

Note any teaching strategies discussed in the previous FTR:

University of Wisconsin Stevens Point
Fall Semester 2018
Clinical Practicum - CD 791 & 794

Instructor: Charlie Osborne
Office Hours: TBA
Email: cosborne@uwsp.edu
Office: 44B
Phone: (715) 346-4960

General Information

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

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

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

1. **SOAP Notes** – It is expected that you will record daily SOAP notes for your client. Please see the handouts regarding SOAP notes in the clinic D2L site (one is the "shell" for writing in and the other includes information on how to write a SOAP note). Let me know by email when you have placed the week's soaps in your /s/ drive.
2. **Self Reflection** - A section for self- reflection is included on the fluency data sheet/lesson plan or by itself outside my office (if your client is not fluency). Please complete this after each session and place it in my mailbox. I will review it, respond to your questions/comments, and return it to you.
3. **Data Collection** – You are required to collect data during each therapy session. The data collected will support the content of your SOAP note.
4. **Weekly Supervisory Meetings** – F2F supervisory meetings may be set up for once a week. This is a time set aside for us to discuss your client and his/her management. Areas of discussion may include: any concerns regarding management or supervision of management; discussion of your client's response to therapy; problem-solving therapy challenges; and self-evaluation of your performance.
5. **Final Therapy Report**: The first four sections of the Final Therapy Report are due on **10/03/16(ish)**. *Please submit electronically!* If you have questions or concerns about the report let me know. The completed Final Therapy Report is due by **12/11/18**.
6. **Plan of Care** – Please have the POC completed by **10/01/18(ish)**. This is necessary only for CCCW clients. If you're submitting a POC you do not need to turn in a rough draft of your FTR. *Please submit electronically!*
7. **Videotaped Observation** – Clinicians are required to complete a written self-evaluation of a 3-5 minute segment of therapy. Your discussion of your self-evaluation and presentation of the videotaped segment will be a part of the midterm conference. *This is an optional task if you have already been supervised by me during a previous semester.*
8. ***Evaluation of Clinical Performance** – Formal evaluations will occur at midterm and at the end of the semester. At the beginning of the semester, we will discuss*

clinical expectations (yours and mine). Our collective decision on what is reasonable (where you hope to be on Anderson's Continuum) will serve as the measure for the midterm evaluation. Also, at the midterm conference we will determine the performance level you hope to be at by the end of the semester (this too, will be the "expected level of performance" you will use when performing your self-evaluation at the final conference).

<u>Expected Level of Performance</u> (Midterm – Final)

<u>Complexity of Client</u>
High ------- Mid------Low

<u>Anderson's Continuum of Supervision</u>

Evaluation-Feedback Stage	Transitional Stage	Self-Supervision Stage
______________		_____________________________		______________

<u>Clinician Level of Experience</u>
High ------- Mid------Low

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

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

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

Clinical Practicum Assignment Schedule

Dates	Assignment
Week 1 09/04/18	Receive clinical assignments, review client file, initial supervisory meeting, schedule clients, etc.
Week 2 09/10/18	Therapy begins!
Week 3 09/17/18	Therapy
Week 4 09/24/18	Therapy
Week 5 10/01/18	**1st draft of final therapy report due on Monday 10/01/18**
Week 6 10/08/18	Therapy
Week 7 10/15/18	Therapy
Week 8 10/22/18	**Midterm evaluation** Videotaped segment and completed self-evaluation
Week 9 10/29/18	**Midterm evaluation** Videotaped segment and completed self-evaluation
Week 10 11/05/18	Therapy
Week 11 11/12/18	Therapy *CO at ASHA, 11/13-16*
Week 12 11/19/18	Therapy *Gobble, gobble 11/22*
Week 13 11/26/18	Therapy
Week 14 12/03/18	Therapy **Last day of clinic is 12/07/18**
Week 15 12/10/18	**Final therapy report (completed copy) due on Tuesday 12/11/18** Clock hours are due to Ms. Reynolds, Therapy Schedule Form due, return all borrowed materials to the CMC

CLINICAL PRACTICUM – Fall 2018
CSD 791-794

Supervisor: Carri Nimm, M.S., CCC- SLP
Phone: 715-346-2576 - office
715-630-3443 – text/call

Office: CPS 046D
Email: cnimm@uwsp.edu
Meeting time: TBA

OBJECTIVES:

1. To gain experience providing therapy to clients with communication disorders,
2. To gain experience evaluating clients throughout the course of therapy,
3. To develop and improve skills in the areas of:
   - Therapy planning and implementation
   - Goal writing and other documentation
   - Gathering pre- and post-data
   - Professional report writing
   - Managing and interpreting data
   - Self-evaluation of clinical skills

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

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

ASHA Standards

1. Develop clinical skill in oral and written communication sufficient for entry into professional practice *(ASHA Stan. IV-B)(DPI Stan. 6 & 10)*

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

DPI Standards

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

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

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.

PRE-THERAPY INFORMATION

1. AN EMAIL NOTIFICATION WILL BE SENT to STOP BY MY OFFICE (046D) AND PICK UP YOUR CLIENT INFORMATION. Review the information available on your client, including background information and past therapy history. Be sure to write down the client's contact phone # for your records. Please see end of syllabus for the tentative schedule and requirements.
2. Attend the Group information Meeting.
3. SIGN UP FOR A 1 HOUR MEETING TO DISCUSS YOUR BACKGROUND INFORMATION AND PLAN FOR THE FIRST DAY OF THERAPY. PLEASE DO THIS WITH YOUR PARNTER. 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.

4. SCHEDULING THERAPY- Please schedule your Therapy ASAP, Clinic begins on the 10th. Time recommendations will be on your student information sheet. SCHEDULE ROOM-After you schedule therapy with the client or parent, schedule a room for therapy. BE SURE to notify me of this room number and the time of therapy. Complete the CLINIC CARD and submit it to the desk. Let me know when you have submitted this information.
5. CMC - Be aware of the policies and procedures for the CMC. Please reserve your materials in advance of your sessions if you anticipate difficulties obtaining any items.

GENERAL INFORMATION - The following is a list of requirements for clinical practicum. Become familiar with EVERY point, as you will be responsible for this information throughout the semester. If you have a co-clinician, use the **P-drive** to save your lesson plans, reflections, and FTR.

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

2. SOAP NOTES –SOAP notes most be completed after every session. **The SOAP note form will emailed to you. These will be ongoing.**
   Save on your P-drive, name: Nimm SOAP notes.

3. REFLECTIONS/FEEDBACK: Complete daily self-evaluation within 24 hours after your session (reflections are part of the lesson plan). These are designed to inspire true reflection of your session and critical thinking. I will provide feedback 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 a therapy binder and bring to 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. These will be scheduled weekly.

6. VIDEO SELF-EVAL: You will also complete a video self-evaluation prior to midterm. We will work on a date for recording and then watch the video together while using the evaluation form. I am looking for great discussion and open dialogue about therapy skills to this point. My hope is to generate 1-3 clinical goal(s) for you for the remainder of the semester based on the evaluation. The evaluation form will be sent to you.

7. OBSERVATION: At the beginning of the semester observation will be more frequent, as you become more skilled these observations will not be as frequent. I may or may not inform you that I will be observing. After every observation I will give you some short verbal and/or written comments about your session. During our weekly meeting I will go into more detail about my observation. The purpose of the observation and feedback is to facilitate the development of your clinical knowledge and skills.

8. CANCELLATIONS-If the parent or client cancels therapy, cancellation notices will be posted by the faculty mailboxes. If you cancel therapy, it is YOUR responsibility to let your supervisor Carri Nimm (715-630-3443), Ms. Christine Skebba (346-2900) and the client or client's parent know of this cancellation. If one member of the team needs to cancel, it is expected that the other clinician will just take over the entire session.

9. DEMONSTRATION THERAPY-I **will be available to demonstrate therapy if necessary. Please let me know if you would like assistance in any area**. There may be times when I will enter your session to assist, clarify, or just to get to know that client better. Please know that I view practicum as a team effort.

10. CAREGIVER CONTACT; At all times keep the caregivers informed of what you plan on working on that day; at the end of the session give the parents information about the session. Typically, this involves any new communication skills that were achieved, a general idea of progress, etc. Do not assume that just because the parent watched the session that they have a good grasp of what happened. If the caregiver is not able to observe, you will need to come up with a method of communication (e.g., notes sent home, phone calls, e-mail, etc.) Please make sure to log any emails/phone calls in a communication Log and any handouts or homework given.

11. WRITTEN ASSIGNMENTS

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

A. **The writing portion of this course will include a minimum of your final therapy summary report and:**
   a. **Introduction letter to parent/care-giver. This is to be completed and given to parents on the first day of therapy.**

   b. **Self-Evaluation of Writing;** during the semester, you will have opportunities to evaluate your own writing skills. You will revise your therapy report according to feedback given. You will also have opportunities to discuss my comments as they relate to your revisions.

   c. **Lesson Plans and Self-Evaluations;** as stated previously, you will write weekly lesson plans for your client and will receive feedback on the lesson plans. Students are also required to write weekly reflections.

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

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

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

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

clprww
9/2

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

- **I will have one large group Meeting to be held on Tuesday, September 4th at 1:00 to go over syllabus and general questions. If you cannot attend, please contact me.**

Week #1-2 : (Sept. 1st-14th) We will have one meeting prior to clinic starting on Sep. 10th. Please sign up on my door with your co-clinician for a one-hour meeting Thursday the 6th. If this day does not work, please contact me directly ASAP.

- **Call the client/parents** to finalize therapy schedule times
- **Sign up for a therapy room & complete white clinic card. (at front desk)**
- **Write letter to parent/caregivers. Letter should include:**
  - Brief paragraph introducing yourself
  - Help me get to know your child (likes, allergies, food preferences, other helpful information)
  - What is the best way to contact you (phone? E-mail?)
  - Is it ok for us to contact your child's teacher (if yes, need release of records form)
- **Please come to 1 hour meeting prepared to discuss:**
  - "Client Paperwork Start-Up checklist" sent to you via email.
  - Client file review (found in syllabus BELOW).
  - What ideas do your caregivers have for their child?
  - Have your first lesson plan written and saved on your s/p-drive. We will pull this up and use this for our discussion. Your lesson plan should include the following:
    - 1 or 2 measureable long term goals for the semester based on information supplied by the parents and previous services and plans on how you will collect **baseline data** on the LTGs.
    - 2-3 measurable STOs for each LTG & plans on how you will collect baseline data on the STOs.
- **Complete an initial draft of background information for your Final Therapy Report. (Due Friday September 14th)**
  - Create space at the top of your FTR for all necessary identifying information.
  - Background information usually includes when the child was referred, by whom & why, a brief description of those initial concerns, when child started to receive therapy, brief statement on their progress since they originally started therapy.

Week #2-3: (Sept. 11-21st) Begin therapy sessions no later than 13th of September if possible. 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 (September 17-21st): Your goals and objectives written in standard format and reflecting your baseline information to be discussed during your weekly meeting.

Week #3-4:(September17-28th) 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 October 1st).

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 measureable content you need to identify in your status section.

Week #5(Oct. 1st): 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 (October 8-19th) : Complete video self-evaluation, then evaluate yourself using the "Evaluation of Therapy Skills" form. Schedule meeting with supervisor for Week 8 (October 22nd).

Week #8 (October 22nd): Midterm/video self-evaluation discussion with supervisor.

Week #10 (Nov. 5th): Discuss and plan post baseline data process

Week #11(Nov. 12th): First draft of final sections of therapy report due (includes assessment results & post baseline set-up (add results if available, otherwise add later) and projected recommendation. If appropriate for your client, create a home program packet to have ready to give at our final conferences.

Week #12(Nov. 19th): See Mrs. Nimm to discuss date/time, and then call to schedule final parent/teacher conferences with families. Students are to inform parents, caregivers, and teachers of **final therapy date of Thursday December 6th. End of the semester parent/teacher conferences will be either Tuesday December 4th or Thursday December 6th .**

Week #13(Nov. 26th): The last week of clinic and final parent conferences to be conducted next week Reports should be in near final form. Begin note to next semester clinicians.

Week #14:(Dec. 3rd) Parent/teacher conferences to be conducted this week during the last week of clinic.

Week #15(Dec. 10th): Paperwork check out meeting.

<u>CLIENT FILE REVIEW</u>
<u>COMPLETE BEFORE OUR FIRST MEETING</u>

Name:________________________________

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

Client's initials: ___ **Client's Chronological Age** _____ **Client's DX**_____________________

Referral Information:
(This should include referral source, date of initial referral, & reason for referral)

Developmental, Medical, Family History:

Summary of Previous Speech/Language Services:
(Mention previous services – school based services, birth to three, SLHC-UWSP, etc. Include length of time in therapy. Summarize ***most recent services.***

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

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

Note any teaching strategies discussed in the previous FTR: