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I. INTRODUCTION

The Center for Communication Disorders (the Center) is the clinical training component of the Department of Communication Disorders. It includes all speech-language-hearing clinical services provided on campus. Much of a graduate student clinician's initial clinical experience will be obtained at the Center. The following practica are completed at the Center: CMD 560, CMD 561, and CMD 564 (Speech and Language Practicum I, II and III) and CMD 568 (Audiology Practicum). Each of these practica, although based at the Center, may also include limited assignments at off-campus sites. Student clinicians will have an opportunity to perform clinical work at other facilities during CMD 569 (Neuropathology Practicum) and 562 (School-based Practicum). Information concerning these will be relayed to students by the coordinators responsible for those practica. This manual will prepare student clinicians for new experiences in clinical training at the Center for Communication Disorders. The information in this manual concerns the operation of the Center and the student's role as a graduate student clinician at the Center. Students are responsible for understanding all information contained in this manual by the time they enter their first practicum.

A. MISSION

The Center for Communication Disorders, in conjunction with the Department of Communication Disorders of Southern Connecticut State University, is an on-campus speech-language-hearing clinic. The mission of the Center for Communication Disorders is to provide a variety of family inclusive speech, language, hearing and advocacy services for children and adults with communication disorders in the culturally and economically diverse communities of Greater New Haven and its surrounding counties. The services are provided by graduate students, under the supervision of faculty and clinical instructors in the Department of Communication Disorders.

B. IDENTIFICATION AND GOALS

The Center for Communication Disorders is a unit within the Department of Communication Disorders at Southern Connecticut State University. It is located on the ground floor of Davis Hall. The goals of the Center for Communication Disorders (the Center or CCD) are:

- to provide an on-going clinical experience for the training of graduate students in Communication Disorders;
- to provide comprehensive quality services, including consultative, preventive, diagnostic, treatment, information-and-referral, and follow-up services to persons of all ages who present communication disorders;
- to provide the expertise of its staff to the community in advisory or consultative...
capabilities through presentation of workshops, case conferencing, or program design;
- to provide objective client advocacy through which additional information concerning
  clients, communication can be gathered and directed toward appropriate agencies, with
  necessary supportive services;
- to continue to bind together research and clinical practice in order to effect the most
  efficient, innovative and individualized evidence-based service possible to clients, as well
  as to develop new and/or alternative methods of assessment, intervention and
  supervision.

C. RANGE OF SERVICES

Speech-language pathology and audiology services are offered through specialized programs
to evaluate and treat:
- Articulation and phonological disorders
- Developmental language disorders
- Neurogenic communication disorders including aphasia, traumatic brain injury, and
  cognitive disorders
- Voice disorders, including laryngectomy
- Augmentative/alternative communication skills
- Language to literacy development
- Fluency
- Specialized Audiology services include:
  - Hearing testing
  - Hearing aid dispensing
  - Assistive listening devices
  - Hearing protection
  - Aural rehabilitation
  - Auditory processing assessment and management
  - Educational hearing assessment and consultation
  - Evaluation and treatment of communication disorders such as articulation,
    phonology, delayed and disordered language, voice disorders, neurophysiologic
    speech disorders and aphasia;
  - Audiological evaluation, aural rehabilitation, hearing aid selection, dispensing and
    orientation;

In addition, the Center provides referrals, public education, and community consultation
regarding issues in communication disorders.

The Center for Communication Disorders is in operation from 8:00 A.M. to 7:30 P.M.,
Monday through Thursday, and from 8:00 A.M. to 4:30 P.M. Fridays. (See Center
Brochure, Appendix A).

D. PROFESSIONAL CONCERNS

As a member of the Center staff, the student clinician represents the Center during each
clinical contact. It is imperative that the student clinician's demeanor, attitude and conduct are professional at all times.

1. **Issues in Ethics** - The Center staff are dedicated to upholding the code of ethics of both the American Speech-Language-Hearing Association and the Connecticut Speech-Language-Hearing Association. All student clinicians are expected to meet these standards (see Appendix B).

2. **Confidentiality** - Clients who attend the Center have a right to privacy in obtaining services from the Center. All matters concerning client behavior and case management must be kept strictly confidential. The Center outlines ways in which it protects its clients, privacy. The student clinician must be familiar with, and abide by these rules (see Appendix C).

3. **Observers** - Students who are enrolled in department courses will be observing treatment/evaluation sessions in order to fulfill course requirements. Observation guides (see Appendix D) are provided to direct observers during the session. As observers, they have strict guidelines to follow. The student clinician's responsibility regarding observers is to be certain that the treatment plans are available in the observation room, and that cancelled treatment sessions are indicated on the cancellation board in the Department of Communication Disorders office.

Observers may not leave the observation room with treatment plans. During times that observers are present, and sessions are in progress, lights may not be on in the observation rooms. If observers are disturbing sessions in any way, the student clinician should notify the observers, and if necessary, the clinical instructor. Treatment of SCSU students may not be observed. Questions about student observers should be directed to clinical instructors. Observation hours should be recorded on the appropriate form and signed by the Clinical instructor (see Appendix E).

4. **Safety and Security** - The following guidelines are offered to ensure students, and clients, safety and security while they are at the Center:

   a. *Personal possessions and clinic equipment and materials should never be left unattended.* A limited number of lockers are available for student clinicians on the ground floor of Davis Hall. Students are advised to procure one as soon as the term begins. Lockers are assigned by the department/clinic secretary. Two students may be assigned to one locker.

   b. Students should not remain alone in department or clinic areas. When the faculty member on "lock-up" duty closes the area, students should remove their belongings and go to another area of the building.

   c. Students should park in designated university parking areas. Car-pooling is recommended. If a student is leaving the building alone after dark, campus police may be contacted at extension 25375 for an escort.
d. Students must keep their current local address and telephone numbers on file in the Department as well as a name and telephone number of a person to be contacted in case of emergency. Check with the department or clinic secretary to determine if information on file is correct. Update this information immediately if changes occur.

e. The Department/Center staff must be informed of any medical needs or conditions students may have.

f. The Center holds a policy on fire and medical emergencies (see Appendix F) that will be reviewed with all student clinicians at orientation. All Center staff should be familiar with this policy.

5. Infection Control - Universal Precautions: Each Center staff member must use proactive measures to prevent the transmission of communicable diseases. Because the Center offers a service to the general public in which physical contact with clients is highly probable and frequently prescribed, clients and clinicians are at greater risk of infection transmission. This becomes more apparent when considering the following:

a. Due to confidentiality law, a clinician may be unaware s/he is treating an individual with a chronic infectious condition; the option of refusal of treatment may not be a possibility due to state anti-discrimination laws.

b. We have a responsibility to protect our clients, clinicians, clinical instructors and employees from infectious diseases. To fail to take prudent and reasonable steps to do so may be considered negligent.

c. An ill client/clinician may need to be absent. Treatment may then be interrupted and time may be lost.

Considering the above, all staff and students of the Center for Communication Disorders shall be aware of the Center's risk management program and shall follow the procedures outlined therein. The risk management program will be presented at an initial clinical seminar meeting and shall be repeated as necessary throughout the treatment terms. All clinical instructors will be responsible for monitoring and enforcing participation. Failures to participate in the program or difficulties in maintaining the program for any reason should be reported immediately to the Center Director for rectification.

The procedures outlined below have been extracted from several sources in which the following have been considered:

a. The kinds of interactions that represent the highest risk for transmitting disease.
b. The means by which disease may be transmitted.
c. Measures that may be taken to prevent transmission.

The following aseptic procedures will be followed by all staff of the Center for
Communication Disorders:

a. Hand washing is probably the single most effective way to break the infection transmission chain. All individuals who come in contact with clients during the course of treatment shall wash their hands in the following situations:
   1) Always before and after working with a client.
   2) Immediately after coming in contact with saliva, blood or other bodily fluids.
   3) Before and after wearing latex gloves, available in each treatment room.

b. The following hand washing technique will be followed:
   1) Using liquid soap, lather hands, wrists and forearms.
   2) Rub hands vigorously with soapy lather for at least 60 seconds.
   3) Rinse thoroughly, allowing water to drain from fingertips to forearms.
   4) Use paper towels to dry hands and arms.
   5) Turn off faucets and handle doorknobs with dry paper towels after drying hands.

c. Liquid soap for hand washing purposes is available in all restrooms on the clinic floor.

d. *Purell* had sanitizer is available in every treatment room, and should be used by clinicians before and after each session and before and after physical contact with clients, unless contraindicated by an individual’s health status. This is especially necessary if a clinician is not able to access a sink in a restroom.

e. At the beginning and end of each treatment or diagnostic session, tabletops and work surfaces in treatment rooms and audiology suites shall be cleaned with an antiseptic *Sani-Cloth* disposable wipes that are available in each treatment area. *Sani-Cloth* disposable wipes may never be used in direct contact with clients. Clinicians with concerns about chemical sensitivity should don disposable gloves prior to using these wipes.

It is the responsibility of each clinician to clean surfaces. Your clinical instructor will monitor your activity. Please inform your clinical instructor when supplies are low.

3. Play materials used in treatment and diagnostics will be cleaned before and after each use with the disinfectant solution.

4. Toys and/or other materials which cannot be easily replaced, replenished or cleaned, for example, stuffed toys or toys made of fabric, will not be used. If difficult to clean materials or toys are needed in treatment or diagnostics, they should be manipulated only by the clinician, who will take care not to have the item come into contact with client/clinician body fluids.

5. Disposable gloves shall be worn when touching body fluids (for example: saliva, tears, blood, cerumen) or mucous membranes of any client. This may occur for example, when performing an oral mechanism exam or handling probe tips. Staff will avoid touching
open lesions or broken skin of any client under any circumstances. Following use, latex gloves shall be properly disposed of.

Any materials removed from a client such as dressings, diapers, any effects which have the potential of coming into contact with body fluids must be disposed of in plastic trash bags.

If you have any questions regarding the specifics of a procedure or if a situation arises which has not been outlined in this program please …

STOP WHAT YOU ARE DOING, WASH YOUR HANDS AND SEEK HELP FROM YOUR CLINICAL INSTRUCTOR OR THE CLINIC DIRECTOR!!

This program has been established to contain infectious transmissions. It is in your best interest and in the best interest of your client to comply. Thank you for doing so. (See Appendix G for related information).

6. **Dress Code** - As with all other aspects of conduct related to the student clinician's role as a Center staff member, the student is expected to dress appropriately. People judge the professionalism of Center staff by both their behavior and appearance. In many cases, such as evaluations, there may be only one contact between a client and the Center. The student will be giving a first and last impression.

Dress for all clinicians should be appropriate for a professional setting. Men require shirt and tie; women may wear dresses, suits, skirts, dress slacks, blouses, and sweaters. NO jeans, shorts or excessively casual or revealing clothing may be worn at any time when on duty in the clinic. Periodic updates to this dress code will be shared with Center staff. *If you are questioning the appropriateness of your outfit, change to something more conservative!*

7. **Clinical Responsibilities** - The Center exists to provide services to clients as well as to provide training for graduate students. It is critical that a high standard of client service be maintained. This service is greatly dependent on student staff. Therefore, a student enrolled in a practicum has indicated by the enrollment a commitment to be available for, and to meet the demands of the service provisions with which s/he is involved. Center clinical instructors will not organize Center activities around individual responsibilities or outside commitments of student clinicians. Students must adjust their schedules, except classes, to meet clinic assignments.

8. **Accommodations for Students with Documented Disabilities** - The Department of Communication Disorders is committed to providing quality academic and clinical training to all students enrolled in the program. In order to ensure *reasonable accommodations*, students who have documented disabilities are strongly encouraged to inform the practicum instructor of their needs at the start of the semester. Reasonable accommodations may be offered only through written agreement with the Disabilities Resource Center at Southern Connecticut State University.
E. BILLING

Each clinical supervisor is responsible for collecting, recording and submitting payments for services at the time the service is delivered. Student clinicians will be responsible for these tasks as directed by their individual supervisors. The clinic will accept cash, personal checks and money orders. Visa, Master Card and Discover cards will also be accepted. Please complete a duplicate receipt for all payments by cash and check. Each clinical supervisor will have a receipt book to use with their clients. Be sure to indicate the date, service provided, name of person paying and name of person receiving payment. Copies of completed billing summaries used for audiological services and speech-language evaluations may be given as receipts.

Payments for speech-language therapy services should be recorded on the appropriate line on the client’s Clinical Encounter form (Appendix O). Payments for audiological products and services and speech-language evaluations should be recorded on the Billing and Payment Record in the client’s chart (Appendix J).

NOTE: Fees for services may be waived for clients who are current SCSU students, faculty or staff, or retirees of SCSU. Your clinical instructor or the clinic director should be consulted if there is a question regarding fees. The Center has a sliding scale for clients who qualify. (Appendix K). Bills should be written out even if the fee has been waived. The bill must indicate "WAIVED" on the bottom portion of the bill and processed as a regular bill. The "WAIVED" bill does not have to be submitted to the client, but must be processed and logged. Make a notation on the "Billing and Payment Record" form as well.

F. SUPERVISION AND GRADING

All clinical activities at the Center are closely supervised by the assigned clinical instructor and the Center Director. The American Speech-Language Hearing Association mandates ratios for supervision, to which the Department and Center strictly adhere. It is hoped that student clinicians will learn from the experiences and diverse styles of the clinical instructors. Clinical instructors function as the legally responsible persons for Center clients; they also function as guides and resource persons for student clinicians. Clinical instructors are available to answer questions, suggest and discuss ideas, and most importantly, to help student clinicians think and develop autonomy and sound clinical judgments.

A minimum of 25% observation of the time spent with each client is required. Note that this is a minimum supervisory requirement and is usually exceeded. Clinical instructors within the Center observe, participate, and provide models in sessions according to ASHA's ratio or greater, depending on the level of skill and prior experience of the clinician and the complexity of the case.
Formative Assessment:
Clinical instructors provide *formative assessment* feedback in a variety of ways: through written critiques, summaries of sessions or individual session evaluations (see Appendices L and M), personal meetings or conferences with clinicians, or demonstration therapy/participation in sessions. Review of clinical skill development and clinician goal setting will be completed by student clinician/clinical instructor teams at midterm (Appendix P). Clinicians should see their clinical instructors with questions or requests for more or different kinds of feedback. It is the clinical instructor’s responsibility to determine the degree of autonomy that each student clinician has attained and to supervise the case accordingly.

Summative Assessment:
For each practica, clinical instructors and student clinicians will engage in a midterm review of emerging clinical competencies. This review will provide the student clinician with a formal opportunity to discuss progress with clinical instructors. A comprehensive competency review format is used for all speech-language pathology practica; a separate competency review format is used for the audiology practicum (see Appendices N, R). If a student receives a midterm clinical grade below a B- in a speech language practicum a specific clinical support plan to aid the student through the remaining practicum will be discussed and the procedures outlined in the Clinical Support Panel will be followed (see Appendix S). Final grades are assigned by each seminar instructor, with advisement from the clinical instructor(s) who worked directly with a student clinician, on the basis of the clinician's performance from midterm to the end of the term, on the degree of independence the student has attained, and on their performance in other seminar activities. In the event that a student has continued to do poorly in a practicum, resulting in a failing practicum grade of C+ or below, student will have the assigned grade entered on their transcript, and will be required to repeat the practicum. A clinical support plan will continue through the student’s next practicum experience. At the end of the repeated practicum, a grade of C+ or below will result in dismissal from the CMD graduate program.

G. CLINIC SEMINARS

As part of their clinic responsibilities, students enrolled in CMD 560, CMD 561, and CMD 564 attend weekly core seminar meetings and up to two additional clinical team meetings that will focus on specific disorder areas. Attendance is mandatory. A portion of the grade for these practica will reflect successful participation in these seminars and completion of all assignments.

H. ORIENTATION MEETINGS

Attendance at all individual or group practicum orientation meetings is mandatory. Notification of days and times of any orientation meetings will be given to students at the beginning of each term.

I. OFF-CAMPUS SESSIONS, OBSERVATIONS, AND CONFERENCES
At times, a student clinician and clinical instructor decide that it would be beneficial to observe a client -- with appropriate signed consent forms -- in his/her natural environment at school or some other program and/or meet with other professionals providing services to the client. The clinical instructor will inform the student on the procedures for making contact and establishing an appointment. The student clinician will report results and file the report in the client's file in the "Chron Sheet" section.

The student clinician and clinical instructor may decide that it would be beneficial to the client to conduct a session outside of the CCD (e.g., to facilitate generalization of a skill). If the client is a minor, parent consent must be obtained. CCD staff or students may not transport clients in their private vehicle. Arrangements should be made with the client to meet at the desired location.

J. CLINICAL CLOCK HOURS

Students must keep a record of their clinical contact hours with all clients on a Clinical Clock Hour Summary Sheet (see Appendix T). The summary sheet should include information concerning client contact according to types of service provided, age range of client, and site of service. The clinical instructor must sign the summary sheets. The signed summary sheet(s) are turned in to the department secretary at the end of the term. Students should keep signed copies of all clock hour sheets for their records.

J. MISCELLANEOUS

1. Bulletin Boards and Mailboxes: Mailboxes for student clinicians and clinical instructors are in Room 012C. Be sure to check the mailboxes for messages at the beginning of each Treatment Term and daily thereafter. Messages and other information for the clinical instructors should be placed in the appropriate boxes. The bulletin board across the hall from the CMD office is for posting notices such as conferences, job opportunities, and ASHA information. In addition, there is a separate board next to Room 019 with information from the national Student Speech-Language-Hearing Association (NSSLHA).

2. E-mail Accounts: All students are issued an SCSU e-mail account upon registering in the program. You must check these accounts daily for information related to your academic and clinical assignments. SCSU e-mail accounts may be linked to other preferred e-mail accounts, if desired.

3. Clinic Forms: Forms used in the clinic are located in room 012C. Please notify the Clinic Director immediately when copies of any of these forms run low.

4. Supplies: If desired supplies or materials are not available, please speak with your clinical instructor. Also, if some of the materials are badly worn, dirty, or broken, please report it to the Clinic Director so that replacements can be ordered.
4. **Electronic Equipment:** Electronic equipment is located in several places including the Speech Science lab (002), the Audiology Suites (013), and the storage cabinets in Room 018D. Equipment is never stored or left unattended in therapy rooms. Please check with your clinical instructor relative to use of this equipment. Student clinicians and clinical instructors will be responsible for signing for equipment and for keeping the rooms in order. If at any time equipment is found to be defective, make a written note of the problem, attach it to the instrument, and notify the Clinic Director as well as bringing it to the attention of your clinical instructor. If the operation of a piece of equipment presents a problem, please find out how to use the device properly before operating.

5. **Test Manuals, Materials, Computer Programs:** Test manuals, materials and published therapy materials are stored in Room 017A and test forms are located in the File cabinets in Room 017. If you need to access this material please see a student worker in the main office, who has a key to this room You must leave your driver’s license or student I.D. to use the Key; it will be returned to you when you return the key. You must sign out all materials in the index card file at the front desk in the main office. Students planning to use specific instruments or a specific test for an evaluation should tape a note to the item(s) indicating the day and hours the resources are needed. Students enrolled in CMD 564 (Diagnostics) have priority over non-564 students for diagnostic materials. Library materials and toys and games located in the Student workroom 009B) are used on an honor system basis. Please replace toys neatly where you found them.

6. **Student's Evaluation of Clinical Supervision Experience:** At the end of the semester, each student must fill out the Student’s Evaluation of Clinical Experience form (see Appendix U) for each on-campus clinical instructor that s/he has had during the semester. This is the student’s chance to evaluate the supervision received. This task is considered a mandatory component of each clinical seminar, and failure to turn in supervisory evaluations may result in a grade of “I”. Clinical instructors are not given the reviews until final grades have been issued.

7. **Change of Schedule:** If a client's appointment has been changed, please inform the Center Director in writing so that the master schedule may be adjusted.

II. **AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY DIAGNOSTIC PROCEDURES**

A. **INTAKE INQUIRES**

1. **Referrals** or requests for diagnostic services are accepted from various sources such as parents, school systems, physicians, social workers, psychologists, community agencies and on personal request of the individual seeking evaluation. Initial requests may be made in person, by phone or in writing. Any potential client or referring party who contacts the Center is advised of the intake procedures by clinical instructors or office personnel.
2. **Intake screenings** of potential clients who have never been seen at this Center for diagnostic evaluations are completed using the Telephone Diagnostic In-take Screening Form (see Appendix V). Audiology clients returning for a subsequent evaluation have the pink Audiology Follow-Up Appointments Form (see Appendix W) completed. The completed forms are directed to the appropriate student clerk who will call the client to schedule an appointment when one is available.

3. **Scheduling**: The audiology or speech-language clerk indicates the appointment day, date and time on the intake form and the chron sheet in the client's file. An application packet (see Appendix X) is sent to new clients (either audiology or speech-language) and an appointment card (see Appendix Y) is sent to returning audiology clients to confirm the appointment. The application packet consists of a summary of billing fees, a reminder of the waiting period for therapy, a cover letter, a map, a parking sticker, information regarding clinical evaluation services, an application for clinical services and an authorization form for release of information from other agencies to the CCD. A copy of the letter sent to the client is placed in the outgoing Correspondence section of the client file and the date mailed is indicated on the chron sheet. Audiology client files are then placed alphabetically in the Active File cabinets and the speech-language client files are placed alphabetically in the Diagnostic Working Drawer.

When the client returns the signed consent form allowing the CCD to obtain other agencies' information, an assigned student clerk will send out a copy of the release form and a cover letter requesting the reports or information (Appendix Z).

4. **Preferential Scheduling**: Provision is made for situations requiring preferential scheduling. Factors that would bear upon a request being given special consideration would include severity of a problem in speech, language or hearing or other emergency referrals that, in the opinion of the Center Director, require preferential scheduling.

**B. IMPLEMENTING THE EVALUATION**

1. **Preliminary Planning**: The clinical instructor assigned to the diagnostic evaluation assumes the overall responsibility for the case. With appropriate guidance from a clinical instructor, students will be responsible for developing an appropriate diagnostic protocol. This evaluation scheme is flexible and the clinical instructor makes the final determination for all aspects of the evaluation.

   a. The student(s) assigned to an evaluation must make an appointment with the clinical instructor at least one week prior to the evaluation for planning purposes. In many instances, the client's case history or intake form indicates such a complexity that several planning sessions are needed. It is the student's responsibility to read and be familiar with the case file as soon as the evaluation is scheduled.

   b. Student clinicians must come to their clinical instructors prepared to discuss all information in the client's records; the student should have a list of questions and
areas of concern to be discussed; and a diagnostic plan and rationale outlined for the clinical instructor, including test procedures to be used and areas to be assessed.

c. The clinical instructor will assist the student to define the communicative behaviors to be assessed during the evaluation. Together they will agree upon the assessment protocol for each client. Among the areas to be considered for assessment and observation are: receptive and expressive language abilities, pragmatic and discourse skills, articulation and phonological development, fluency, voice, hearing, oral-motor function, general developmental abilities including fine and gross motor skills, pre-linguistic abilities, overall level of functioning, daily living/self-help skills, and social development.

d. It is the student clinician's responsibility to contact the client prior to the appointment to introduce him/herself, verify or obtain missing information on the intake form and face sheet (see Appendix AA) of the client's file, interview the client if needed, and remind the client of the appointment day, date and time.

2. General Procedures for Conducting the Evaluation

a. When the client arrives at the Center, s/he is met by the clinical instructor and the student clinician conducting the evaluation. The student clinician should introduce the clinical instructor and herself/himself and then escorted them to the evaluation area. An Application for Clinical Services form and an accompanying Authorization to Use Clinic Materials (see Appendix GG) must be completed by the client prior to the start of the evaluation. A case history should then be obtained and information on the "Diagnostic Telephone Intake" form verified. Case History forms for oral interviews are available for child audiology (see Appendix BB), adult audiology (see Appendix CC), adult speech-language (see Appendix DD), and child speech-language (see Appendix EE) clients. Case history forms should never be given to the client to complete. The student clinician must obtain the information orally, based on the instructions of the individual clinical instructor. The interview should close with a brief and simple explanation of the test procedures. In the case of a child, the interview is carried out with the parent or other caregiver(s).

b. The general evaluation sequence is as follows:
   1) interview of responsible party (occurs concurrently with children)
   2) pure tone hearing screening for speech-language clients (see Appendix FF)
   3) evaluation (either Audioligical or speech-language)
   4) post-evaluation conference between clinician and clinical instructor
   5) review of preliminary conclusions and recommendations with the client or responsible party.

c. Throughout the evaluation, clinicians are to conduct themselves in a professional manner.

d. Other graduate students from the Department of Communication Disorders may
observe diagnostic evaluations; however, they must first obtain permission from the clinical instructor. An "Authorization to Use Clinical Material" form, either on the last page of the green application form or on a separate authorization form (see Appendix GG) must have been signed by the client before observations can occur. It is the Clinician's/Clinical instructor's responsibility to ensure that there is such a signed authorization before the evaluation begins.

3. **Specifics to Audiological Diagnostic Evaluations**

   a. The following tests comprise a minimum battery for an audiological evaluation. All measurements are carried out bilaterally and recorded on the Audiogram form (see Appendix HH).

   1) pure tone air
   2) pure tone bone
   3) speech reception threshold
   4) speech recognition
   5) MCL
   6) UCL
   7) acoustic immittance measurements
   8) otoscopy

   Masking must be used when indicated.

   b. The following special tests should be administered if there are case history or audiometric indications:

   1) Tone decay
   2) Stenger
   3) ABLB
   4) PI-PB function
   5) Acoustic Reflex Decay
   6) Oto-acoustic Emissions

   c. If indicated, assessment of the client's communication skills should be carried out:

   1) Adults - speech-reading skills
      - Hearing handicap inventory
   2) Children - speech recognition skills in auditory, visual and combined modes
      - receptive vocabulary

   Student clinicians may be assigned to an appointment with a young child or low functioning older child. In that event, the student should consult with the Supervisor concerning the procedures to be used.

   d. Following the completion of the testing, the student clinician should consult with the Supervisor concerning test results and recommendations and then explain the test results and recommendations to the client or the client's parents. If a hearing aid is
recommended, impressions for the earmolds/instruments should be taken before the client leaves the Center.

e. Student clinicians may make earmold impressions. The impressions must be inspected and approved by the Supervisor before they are mailed. All earmold forms must be completed by the Supervisor. The client will be asked to make out a check for the cost of the earmolds. Consult with the Supervisor concerning current cost.

4. **Audiological Rechecks** will follow the same format as Audiological evaluations. The student clinician should be sure that the following are carried out:

   a. The file is read to determine the purpose of the recheck.
   b. The current audiogram is compared with past audiograms to measure the degree of progression. For children, each evaluation should be recorded on a serial audiogram (see Appendix II).
   c. The client's hearing aids (and classroom amplification) are checked and aided testing must be completed.

5. **Hearing Aid Evaluations** require the student clinician to examine the client's file to determine the degree and configuration of hearing loss, speech recognition ability, MCL, UCL, ear differences, age and communication status. The hearing aid evaluation will consist of frequency specific UCL data being obtained for pure tones ranging from 500 – 4000 Hz, earmold impressions being taken for one or two ears, and the proper prescriptive paperwork being filled out to place an order for hearing aid(s).

   a. All children must have a recent otological evaluation before they may be supplied with new hearing aids. A physician's statement must be in the client's file before a new hearing aid may be ordered. Adult clients must have a physician's statement or they must sign a waiver prior to the purchase of a hearing aid.

   b. Once all of the preliminaries have been carried out, the order form for the hearing aid will be completed by the Supervisor. The client will be contacted to return to the Center for a hearing aid orientation when his/her hearing aid(s) arrive. The clinician and supervisor will use the manufacturer’s proprietary software to custom fit the instrument to the client. The clinician and supervisor may carry out an electroacoustical assessment of the hearing aid(s), as well as a measure of real-ear function using the probe-tube system. Obtained insertion gain will be compared with target gain. Measures of functional gain will be obtained at the discretion of the clinical supervisor. The clinician will then instruct the client in hearing aid use and care.

6 **Auditory Processing Evaluation**: The minimum age for APD diagnostics will be 8.0 years on the date of evaluation. All APD evaluations will be comprised of at least one two-hour session. For children over the age of 10 years, a second two-hour session will be scheduled 1-2 weeks following the initial test session. Auditory Processing evaluations will include conventional pure-tone air and bone testing, speech audiometry,
immittance audiometry, and otoacoustic emission testing. Following completion of the peripheral testing, the central auditory test battery will be administered. For children 8.0 years and above, the primary central auditory test battery will be administered, unless it is determined by the Supervisor that the SCAN should be administered. The primary central auditory test battery consists of:

a. dichotic digits test
b. Gaps-in-Noise (GIN) Test
c. frequency pattern test
d. distorted speech test
e. and selected electrophysiological measures.

Modifications may be made in the primary central auditory test battery by the Supervisor as needed to meet the specific requirements of a particular case.

7. **Specifics to Speech-Language Diagnostic Evaluations**: All protocols to be implemented in the diagnosis of speech, language, and related communication disorders will be developed on a case by case basis, determined by the specific clinical concerns presented by each individual seeking diagnostic services. The following procedure will be followed in the development of individual diagnostic protocols (see Appendix JJ):

a. **Statement of client concern**: The student planning a diagnostic session determines the general area of concern expressed by an individual seeking diagnostic service. The general statement of concern is identified from an initial telephone intake, completed application for services, and a follow-up telephone contact. Detailed case history information is obtained during a combination of oral interviews during the follow-up call and as part of the evaluation session. Pertinent case history information is summarized in the final written evaluation report.

b. **Determination of diagnostic issues**: After determining the general client concern, a list of all diagnostic issues related to that concern is made. This list reflects the diagnostic questions to be answered during the course of the evaluation, and serves as a focal point for the planning of a customized protocol of diagnostic activities. Examples of diagnostic issues include topography of disfluencies, presence of an expressive language delay, and phonological characteristics of the articulation disorder.

c. **Development of the diagnostic protocol**: A list of all activities to be implemented during the diagnostic session is developed. All diagnostic tests, activities and procedures are chosen based on their ability to yield data which will address the diagnostic issues previously raised. An attempt is made to include two or more activities to address each issue, in an effort to compensate for the intrinsic limitations of individual tests and procedures. All protocols include a formal hearing screening and examination of the oral mechanism when possible or an informal assessment of these systems when formal examination cannot be completed.
8. **Post Evaluation Conference.** Immediately following the conclusion of the evaluation, the clinical instructor and the student clinician will hold a conference to determine the general outcome of the evaluation and to develop preliminary recommendations in an organized, well-integrated manner, and must be prepared to provide a rationale for their recommendations and to defend them if necessary.

9. **Recommendations of the Center:**

   a. Following the post-evaluation conference, the diagnostic team will inform the client of their preliminary conclusions and recommendations.

   b. After thorough analysis of the evaluation has been completed, more detailed information concerning the results and recommendations may be communicated to the client through a telephone conference, by the written diagnostic report, or optionally, in person at a later time.

   c. The client will be asked to sign a "Release of Information For" form (see Appendix KK) so that reports may be sent to the referral source. The student worker, when processing the report, will send an accompanying cover letter with each report requested by outside agencies (see Appendix LL). If treatment is recommended, a "Therapy Reservation Form" (see Appendix MM) must be completed.

   d. Recommendations can include any of the following:
      1) The client is not an appropriate client for the Center, but other needs are identified and appropriate referrals to various sources should be made. It is the responsibility of the clinical instructor to ensure that the referrals are made in an appropriate manner.
      2) The client needs treatment (Recommendations for the direction of therapy should be made.)
      3) The client needs treatment, and initial sessions should be diagnostic in nature to more accurately determine the nature of the problem.
      4) The client needs an additional evaluation before he can be scheduled for therapy.
      5) The client is not a candidate for therapy at this time but will need reevaluation at a later specified time.
      6) The client does not require treatment because there is not a communication disorder.

10. **Reevaluations:** If a reevaluation of an audiology or speech-language client is recommended, it should be noted in the report that the student clinician should complete a Follow-Up Form (see Appendix W) and give it to the appropriate student clerk. A student worker will contact the client when an appointment becomes available.

**D. DIAGNOSTIC REPORT**

1. **General Format:** Diagnostic Evaluation Reports are to follow the Standard Report Titles
(see Appendix NN) and the format provided in Appendix OO, although students should remember other formats may be required in other school or clinical settings.

2. **Responsibility of Report Writing**: First drafts of the written report are due three days from the date of the evaluation. Final drafts are due no later than two weeks from the date of the evaluation. It is critical that students adhere to these due dates so that diagnostic information will be available to agencies requiring it. ASHA guidelines require that reports be disseminated in a timely fashion. Clinic policy requires that reports be sent within 15 working days of the evaluation.

3. **Style of Writing**: Reports will be written for all evaluations, re-evaluations, and hearing aid orientations. Brief visits for hearing aid repairs must be documented on the client’s *chron sheet*. Each clinical instructor may have certain preferences with regard to the style in which a report should be written. Such variation is desirable in terms of a training experience for the student clinician. Sample reports will be distributed by the clinical seminar instructors or clinical instructors. Rewriting is necessary learning tool. Approval of all diagnostic reports is the responsibility of the clinical instructor.

4. **Final Processing**: When the report has been approved, typed, and completed, the student clinician must sign the report and place it, together with all the data, in the original diagnostic folder in the diagnostic file draw. The clinical instructor completes a final check of the report and client file, completing the *Checklist for Processing of Diagnostic and Audiological Reports* (see Appendix PP), and signs the report. All paperwork must be included in the client file in the appropriate order (see Appendix QQ).

   Note also that for client files only CCD audiology and speech-language reports go in the sections labeled "Audiology" and "Speech-Language". Audiology or speech-language reports from other agencies should be placed in the "Incoming" Section.

   Upon approval by the clinical instructor, the client's file is placed in the "TO BE PROCESSED" section of either the Audiology or Speech-language Working Drawers. A student office clerk/worker will process and mail the report to the adult client or individuals and agencies specified on the *Release of Information* form. Note that if the report is being sent only to the client himself or the parents of the client (child), a completed "Release of Information FOR" form is not needed. The student office clerk will indicate that the report has been processed and mailed, and will return the *Checklist* to the clinical instructor via the staff mailboxes. A cover letter will be attached to each report mailed (see Appendix LL).

   If service is recommended, a Therapy Reservation Form (Appendix MM) should be placed in the Center Director’s mailbox as soon as it is completed.

   The Center's policy on confidentiality applies to all diagnostic procedures. UNDER NO CIRCUMSTANCES IS INFORMATION PROVIDED TO THE CENTER BY ANOTHER FACILITY TO BE RELEASED TO ANY OTHER FACILITY. NO INFORMATION IS TO BE RELEASED FROM THE CENTER WITHOUT WRITTEN
III. AUDIOLOGY AND SPEECH-LANGUAGE THERAPY SERVICES

A. TREATMENT PRELIMINARIES

1. Manner of Referral: Most clients begin treatment following a diagnostic evaluation at the Center. However, some clients may be directly enrolled in treatment for a period of trial or diagnostic therapy; others may bring to the Center a recent evaluation from another facility.

2. Scheduling:
   a. Each treatment term, the clinical instructors develop a treatment schedule from client diagnostic/therapy reservation forms and individual student clinician schedules (see Appendix RR).
   b. The Therapy Reservation Form (see Appendix MM) identify client's preferences for days and times for therapy; a statement of the client's communication disorder or hearing impairment; client's name, address, name of parent/guardian, and phone number.
   c. Prior to each term, students enrolled in practica will be mailed a blank schedule (see Appendix BBB) to be completed and returned by a specified date. This schedule should list all possible days and times for which a student is available to the Center. The student must also provide information regarding coursework and clinical hours to date so that appropriate clients may be assigned.
   d. Students and clients are matched on the basis of schedule, student clinical experience, and academic background. Students may be assigned more than one client and/or more than one clinical instructor. Evening and Saturday assignments are possible.
   e. Clients are scheduled for one to four sessions per week. The length of the sessions may be determined by the age of the client and nature of the communication disorder. Individual and/or group sessions may be provided based on recommendations.
   f. As soon as a client’s therapy schedule has been verified, the student clinician and clinical instructor should complete the bottom portion of the Therapy Reservation form and return it to the Center Director. This information is used to construct the master list (see below) and observation schedule.
   g. Audiology and Speech-Language Pathology diagnostic appointment books and a Client Encounter Book are kept in the file room. Each student is responsible for
maintaining up-to-date client attendance of therapy sessions by recording appropriate information on an individual client attendance sheets in the Client Encounter Book.

If the client's appointment date or time has been changed, the Clinic Director must be notified in writing immediately.

At the front of the Client Encounter Book is an alphabetical list of therapy clients, their disability, clinical instructor, clinician, time and room number. Student clinicians should verify that this information is correct.

g. Each treatment term, clients are assigned a new student clinician, but are under the supervision of the same clinical instructor, whenever possible. This procedure provides students with opportunities for clinical experience with a variety of cases, while providing continuity of care for clients under the direction of one certified clinical instructor.

3. Acknowledgment: The clinical instructor assigned to each case is responsible for informing student clinicians of their case assignments. Clinicians are requested to confirm the date and time of first meeting with their clients prior to appointments.

B. PROVIDING TREATMENT

1. Clinical Instructors: Each client is assigned to a clinical instructor. Each clinical instructor is professionally trained, certified by the American Speech-Language-Hearing Association, and licensed by the Connecticut State Department of Health Services in Speech Language Pathology or Audiology. The clinical instructor is responsible for assuring continuity and progress of treatment for all clients assigned.

2. Client Records:

a. Information pertaining to each client can be found in individual client files located in the File Room (012C). Files are in alphabetical order in the Active Case drawers. The Center's policy on confidentiality applies to all treatment procedures. UNDER NO CIRCUMSTANCES ARE CLIENT FILES TO BE TAKEN BEYOND ROOM 012 C, THE STUDENT WORKROOM, 006, A CLINICAL INSTRUCTOR’S OFFICE, OR INDIVIDUAL CENTER TREATMENT ROOMS. Each time a file is taken from a file drawer, it must be signed out.

If a client's folder is not found in the "on-going" (Active) files, the student should check the "Waiting List" files, the “Inactive” files and the “Diagnostic Working Drawers for both audiology and speech-language”. If the file is not found, notify a student clerk (worker) at the front desk immediately.

b. The Active (on-going) files (Room 012C) are for therapy clients being seen during the particular term and for audiology clients that have been seen within the last year.
Inactive files in the storage area are for audiology and speech-language clients that have not been seen during the past year. Clients’ files that have not been active in the last ten (10) years are destroyed.

Clients who are waiting for therapy services, following an evaluation, are in the “Waiting” files in Room 012C. Scheduled, to-be-scheduled or on-going speech-language diagnostic files are placed in the Diagnostic Working Drawer in 012C. After the evaluation, the file is placed in either the ”Waiting”, ”Active” or ”Inactive” file cabinets.

c. When planning treatment, the student clinician must extract pertinent information from the client's record. INFORMATION SHOULD NEVER BE COPIED VERBATIM OR PHOTOCOPIED FROM A CLIENT'S RECORD. MATERIAL PERTAINING TO THE CLIENT AND CARRIED BY THE CLINICIAN MUST NOT HAVE IDENTIFYING INFORMATION ON IT.

3. **Initial Conferences:** The initial conference between clinical instructor and student clinician should be scheduled as soon as client assignments are made. Students are responsible for making the appointments, unless assigned by the clinical instructor, at least one week before the first meeting with the client. Treatment must not be initiated until the case has been reviewed by both the student and the clinical instructor and an approved lesson plan generated.

a. Discussion of information in client's file-- Student clinicians should be prepared to discuss verbally pertinent information in the client's record and to present a complete outline of the problem, previous intervention strategies, and client response to treatment.

b. Identifying the Problem – Based upon information in the client's record, the student clinician and clinical instructor will identify the client's overall communication disorder in a clear and succinct manner. Certain communication behaviors will be targeted for examination during the first session(s). These will be based on information and recommendations from the client's records.

c. If reports from other agencies are deemed necessary, the student clinician must obtain permission to request the information. A Release of Information form (see Appendix KK) must be completed and signed by the client, or the client's parents. The student clinician will then mail the form with a cover letter (see Appendix Z) to the agency. Copies of the cover letter must be filed in the client's file under Outgoing Correspondence.

4. **Initial Treatment Session:** The first treatment session should be oriented toward the clinician and client becoming acquainted, and toward obtaining information concerning the client's communication skills/deficits. Baseline data may be obtained for specific communication behaviors and should be recorded as an indicator of the client's non-cued level of performance. Baseline data is obtained as an index for behavioral changes
during the treatment term. Additional or current diagnostic testing may be indicated before treatment planning can begin. All planning for assessment taking place in sessions must be done with the clinical instructor. Clinicians should plan adequate activities for the first treatment session that elicit the behaviors to be measured.

During the first session, each clinician should hand to his/her client the updated *Welcome-to-the-Clinic* letter that is addressed to clients available from the Center Director.

5. **Term Treatment Goals/Objectives:** Following the first treatment session(s), the student clinician and Clinical instructor will, with client input, identify functional outcomes and term treatment goals to be targeted during the term. Additional components of the term treatment plan include initial status (baseline) data and client/caregiver education plan (see appendix VV).

6. **Treatment (Session) Plans:** Unless otherwise stated by the case clinical instructor, a session plan (see Appendix SS) must be completed prior to each client contact. The plan should be completed as follows:
   a. **Functional Outcome Statement:** This should identify the expected outcome of intervention in relation to an individual’s functional needs, and should consider communication need, environments, partners, and participation in life activities
   b. **Semester Goals:** Goals should identify the primary skill(s) being supported in therapy, and the expected level of support and progress that will be required to demonstrate these skills by the end of the semester.
   c. **Objectives:** Each objective must include a behavioral statement, condition(s) in which the behavior will occur, cueing type and frequency and a measurable criterion.
   d. **Skills supported Incidently:** List the skills that will be taught or reinforced incidently, but *not* included in an objective.
   e. **Procedures:** Complete statement of the specific plan of treatment. Procedures should be written so that another clinician could replicate them. Statements concerning stimulus mode, acceptable responses, reinforcement and reinforcement contingency, and measurement may be included. Students are encouraged to list the specific "techniques" they will use, such as "modeling", "expansion", etc.
   f. **Activities:** List the activity sequence in which therapy objectives will be targeted. Specify which objective(s) will be targeted in which activity.
   g. **Materials:** A complete list of all supplies and stimulus items used should be included.

The clinical instructor may require an extra copy of your plan for his/her files or for observers. Under no circumstances should an observer keep a session plan. To ensure confidentiality, use only your client's initials on working copies of session plans, data sheets and treatment progress notes.
7 **Data Keeping:** Measurable data must be kept for all objectives targeted during therapy. The type, frequency and method of data collection will relate to the specific measurable objectives you develop, and may include charting the frequency of occurrence or accuracy of the target behaviors under specific stimulus, response, and reinforcement conditions. Changes to objectives will be determined based on the progress suggested by these data.

8 **Progress Notes:** After each session, brief, dated progress notes should be recorded in SOAP format (see Appendix TT) and submitted to the clinical instructor for review and comment. Only the term-end *Progress Summary* report will go in the clients’ permanent files. In some cases other special notes or raw data also may be placed in the file, with the clinical instructor’s approval.

9 **Self-Evaluation:** The Department of Communication Disorders/Center for Communication Disorders is committed to ensuring that each student becomes a life-long self-directed learner. To that end, each student participating in all speech-language pathology clinical practica will complete a weekly written entry in a clinical self-reflective journal, discussing his/her clinical experiences, learning and identifying areas of self-improvement to be targeted during subsequent sessions. The format for this journal will be disseminated and reviewed in clinical seminars.

10. **Attendance:** Student clinicians must attend each scheduled session. If a student is unavoidably absent or late, the student is responsible for notifying the clients involved as well as the clinical instructors. If a client is absent without notice, the student should call and determine the reason for the absence. The student should then notify the clinical instructor of the absence and the reason.

11. **Chronological Summary of Activities:** Student clinicians and clinical instructors must enter a summary of conversations/contacts with client, parents, teachers etc. that occur outside of the treatment room on the "Chron Sheet" (see Appendix UU) located in the second section of the client's file. Each client visit also must be recorded on the "Chron Sheet". for example, "10/04/10 Client was seen for language therapy session." Always write the month, day and year on all notations. All entries must be written and initialed in ink.

12. **Parent Conferences:** Periodic parent conferences should be held as part of the treatment schedule. The student clinician is responsible for outlining items to be discussed, including treatment goals, test results, techniques, progress and other pertinent information. The student must first discuss arrangements for the conference with the clinical instructor.

If the student clinician feels that it is necessary to hold additional conferences with parents, or to contact school personnel, physicians, or other agencies providing services to the client, the student should discuss this with the clinical instructor. The student may
then follow through with setting an appointment for such a contact or conference. Any specific questions other than customary conversation from parents should be directed to the clinical instructor.

Brief reports regarding all conferences and phone contacts with parents and other professionals should be made on the Chron sheet in chronological order.

C. END-OF-TERM RESPONSIBILITIES

1. **Communication Progress Summary:** An outline of the Communication Progress Summary Report (Appendix WW) is to be followed in the preparation of the report, based on your discussion with your clinical instructor(s). Each clinical instructor will review the Progress Summary Report for his/her case(s) and will make suggestions for changes as needed.

2. **Final Processing:** At the end of the term treatment the following should be submitted to the clinical instructor:
   - therapy reservation form
   - updated release of information form
   - Communication Progress Summary
   - test forms
   - hour sheets (2 copies)
   - envelopes addressed to individuals who are to receive copies of the report

3. **Student Quality Assurance Record Review:** At the end of each treatment term, the student clinician will complete a review of the clinical file for each client assigned to them, using the *Student Quality Assurance Record Review* form (see Appendix BBB). This form will be reviewed and co-signed by the clinical instructor. Any issue related to content, currency or order of information identified in a client’s file will be corrected, or an action plan with timeline for correcting the problem will be identified. All review forms will be submitted to the Center Director by the close of each semester for review as part of an overall quality assurance review.

4. **Case Observation Forms:** At the end of a treatment term, the clinical instructor will complete a Case Observation form (see Appendix XX) which lists dates of a client's attendance and dates of treatment which were observed by the clinical instructor. Clinical instructors will record the percentage of time that each session was observed, which provides documentation for the Department and ASHA.

   Clinical instructors are responsible for assuring that reports and associated materials are mailed within 10 working days following the end of the clinic. Each Clinical instructor's final processing procedure may vary.

D. CLIENT REFERRAL

1. **Referral to Outside Agencies:** If, during or at the end of a treatment term, a referral is to
be made to an outside agency, the reason for the referral and the place of referral must be discussed with the client/parent. The nature of the referral must be noted in the Communication Progress Summary report. Procedures for referral are outlined in the Center Policies and Procedures Manual. The clinical instructor (case manager) is responsible for ensuring that the referral procedures are carried out.

2. **Intra-Center Referral:** If a CCD client is referred by a CCD staff member to the CCD audiology or speech-language clinic, an intra-Center Referral form (see Appendix YY) must be completed and given to the appropriate student clerk for scheduling.

**IV. REMINDERS FOR STUDENT CLINICIANS**

- **ALWAYS BE ON TIME.** Tardiness is inexcusable in a professional workplace. If you are unavoidably detained on or off campus, phone and let us know when to expect you. End and begin every session on time. Leave the treatment rooms neat and clean.

- **IF YOU ARE GOING TO BE ABSENT.** Telephone the Center, your clinical instructor and each of your clients and tell him/her, the day's session will be canceled. It is expected that you will only cancel a scheduled appointment in the case of a dire emergency, after consultation with your clinical instructor.

- **BE SURE ALWAYS TO CHECK YOUR MAILBOX, E-MAIL AND VOICEMAIL** for messages each day.

- **KEEP CENTER RECORDS** for your clients up to date and in order.

- **NEVER DISCUSS YOUR CLIENT** in the presence of inappropriate persons. In the case of a child, NEVER discuss him/her in his/her presence unless you are speaking to him/her. **DO NOT** hold parent conferences in the hall or waiting room.

- **NEVER TAKE CLIENT RECORDS** with identifying information, either in paper or electronic form out of the Center for Communication Disorders. Remember, this is confidential information and it belongs to the Center.

- **KEEP CLINIC AREAS CLEAN AND ORGANIZED.** When you put an item back where you found it, someone else, or you, can find it the next time it is needed.

- **YOU ARE PART OF A PROFESSIONAL SERVICE FACILITY** providing a much-needed service to individuals. You are expected to conduct yourself as a professional member of the Center for Communication Disorders in every way: dress, deportment, language, speech, demeanor, intellect, compassion, understanding, confidentiality and initiative (See Appendix ZZ).

- **ALWAYS ASK FOR HELP WHENEVER YOU NEED IT.** The faculty, staff and clinical instructors are here to help you.

- **BE CONSIDERATE OF OTHER PROFESSIONALS IN THE BUILDING.** Do not
use their facilities or ask for their consultation except through your clinical instructor. Do not use a room unless it is approved by your clinical instructor. Room sign-up sheets are posted on each door and should be filled in by your clinical instructor, in pencil.

- **IF A PARENT IS NOT PRESENT** in the waiting room at the end of the session, you are not to leave a child alone. Check with your clinical instructor for assistance.

- **YOU WILL BE JUDGED BY YOUR COURTESY** to all those around you, including students who observe and your fellow clinicians. Report noisy or disruptive behavior in the observation room to the clinical instructor.

- **LOCKING OF DOORS AND SECURITY**: Keys will be issued only to clinical instructor who is responsible for unlocking and locking all doors. Please report any suspicious incidents in regard to unauthorized persons in the clinic area. LEAVE NO PERSONAL BELONGINGS OR CLINIC MATERIALS UNATTENDED IN THE CLINIC.

- **PHONE NUMBERS**:  
  CENTER FOR COMMUNICATION DISORDERS – (203) 392-5955  
  DEPARTMENT OF COMMUNICATION DISORDERS - (203) 392-5954  
  CLINIC DIRECTOR - (203) 392-5982  
  CAMPUS POLICE, Non-Emergency - 392-5375  
  EMERGENCY - 911

- **FURNITURE IN THERAPY ROOMS**: If you must switch furniture around within a room or from one room to another, PLEASE put the furniture back where you got it when finished.