SCHOOL OF COMMUNICATIVE DISORDERS EXTERNSHIP HANDBOOK CD 795

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Accredited by the Council of Academic Accreditation of the
American Speech-Language-Hearing Association

November, 2010

THE UNIVERSITY OF WISCONSIN -- STEVENS POINT
SCHOOL OF COMMUNICATIVE DISORDERS
CD 795 GRADUATE EXTERNSHIP PROGRAM

To the Extern Supervisor:

We are pleased that you will be supervising a graduate student during the externship experience. The externship is one of the most important aspects of clinical preparation. It offers students the opportunity to learn within the "real world of work" and to make decisions regarding their future professional goals. You and your colleagues serve as important role models.

I would like to thank the University of Wisconsin-Eau Claire Communicative Disorders Program for sharing information from their "Graduate Externship Handbook" with the School of Communicative Disorders. Their information was especially helpful in the development of this manual. In addition, information was gathered from the UWSP School of Education's "Handbook for Student and Intern Teaching."

This handbook has been prepared for you and the student extern to provide you with information about the University of Wisconsin -- Stevens Point School of Communicative Disorders' externship program. Students are provided with this externship manual prior to beginning the externship. The purpose is to clarify expectations of the externship experience for all concerned: the on-site supervisor, the extern, and the university supervisor. Students understand, however, that additional requirements may be requested by the policies and procedures of your facility, and that they are expected to follow your guidelines while at your facility. Additional information about the University of Wisconsin-Stevens Point Communicative Disorders program can be found at our website at: http://www.uwsp.edu/commd/

Thank you for your willingness to supervise an extern and to help build the speech/language profession. Working with student clinicians often requires a great amount of time and effort. Your willingness to participate in this portion of our program is appreciated by everyone in the School of Communicative Disorders. We recognize your commitment to the preparation of future speech-language pathologists and value your expertise and experience.

Throughout the externship, we welcome any suggestions to strengthen our training program. Suggestions and/or questions about this manual or the externship experience should be directed to Tami Gumz, Director of Clinical Services, using the following contact methods:

Tami Gumz
Director of Clinical Services
1901 Fourth Avenue
College of Professional Studies, Room 36
University of WI-Stevens Point
Stevens Point, WI 54481
Email Address: tgumz@uwsp.edu
Telephone: (715) 346-2456
Fax Number: 715-346-2157

Sincerely,

Tamara Gumz, M.S., CCC-SLP/A
Director of Clinical Services
Center for Communicative Disorders

Due Dates for Paperwork

1. **Paperwork Due from Extern Supervisor by Midterm, Friday, March 11, 2011 --- Please note that externships in medical sites may begin at variable times within the semester and thus this due date should be adjusted accordingly:**
   a. **Appendix E: Completion of midterm evaluation using Evaluation of Therapy Skills Form**
   b. **Appendix E: Midterm completion of the Improvement Plan, if this student is not meeting ASHA Standards**

2. **Paperwork Due from Extern Supervisor by Friday, May 13, 2011:**
   a. **Appendix E: Facility Status Form (unless already completed within past year)**
   b. **Appendix E: Externship Summary of Evaluation Form**
   c. **Appendix E: Completion of final evaluation using the Evaluation of Therapy Skills Form**
   d. **Appendix E: Exit Questionnaire for Off-Campus Supervisors**
   e. **Appendix E: Review of Improvement Plan to determine if all competencies have been met, if this student was not meeting ASHA Standards**
   f. **Final sign off on competencies within the student's original copy of the ASHA Standards Tracking Document**

3. **Paperwork Due from Student Extern by Friday, May 13, 2011:**
   a. **Appendix F: Completed Clock Hour Forms with all clock hours up through Wednesday, May 11, 2010**
   b. **Appendix F: Exit Questionnaire: Externship Site Evaluation Form for Students**
   c. **ASHA Standards Tracking Document: Pre-tab all related competencies within original copy of the ASHA Standards Tracking Document and initiate discussion with on-site externship supervisor to complete final check off on competencies within this document. This will be due to Dr. King by May 13, 2010.**

4. **Paperwork Due from Student Extern Immediately after the Externship is Completed:**
   a. **Appendix F: Completed Clock Hour Forms with clock hours from when submitted on Friday, May 14, 2010 through the last day of the externship**
   b. **Information regarding Place of Employment, if known**

Please send the information directly to the following address:

Tami Gumz, Director of Clinical Services
Room 36, College of Professional Studies
1901 Fourth Ave.
UW-Stevens Point
Stevens Point, WI 54481
(715) 346-2456

tgumz@uwsp.edu

TABLE OF CONTENTS

Page

Purpose of the Externship Experience……………… 1

Goals of the Externship Experience………………… 1

Wisconsin Teaching Standards ………………. 2

Student Preparation Prior to Externship..………….. 2

Process of Planning for the Externship……………. 3

The SCD Clinical Director &
University Liaison's Roles ….…………………. 4

The Student Extern's Role…………………………… 5

The Extern Supervisor's Role……………………….. 8

Suggestions for Student Supervision……….. 9

How To Help the Student……………………… 12

APPENDICES

Appendix A ………………………………………………………………………………….. 13
<u>UWSP School of Communicative Disorders (SCD) Graduate Requirements & Preparation</u>
- **SCD Essential Abilities for Speech/Language Pathologists and Audiologists**
- **SCD Externship Approval Form**
- **SCD COMD 795 & 894 Policies and Procedures for Requesting an Out-of-State Externship**
- **SLP Graduate Program and Course Description**
- **Program Requirements for the Master of Science –Speech /Language Pathology**

Appendix B 24
<u>American Speech, Language and Hearing Association Standards and Department of Public Instruction Standards</u>
- **ASHA's Background Information and Standards and Implementation for the Certificate of Clinical Competence in Speech/Language Pathology – Effective January 1, 2005**
- **ASHA Frequently Asked Questions about the 2005 Certification Standards in Speech/Language Pathology**
- **Summary of Revisions: 2005 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology**
- **Department of Public Instruction: Wisconsin Ten Teaching Standards**

Appendix C.. 63
<u>Supervision Process</u>
- **ASHA's Top 10 Reasons to Supervise a Student**
- **SCD Supervisor/Supervisee Expectations for Enhancing Clinical Problem-Solving & Independence**
- **"Viewpoint: Conveying Expectations about Professional Behavior"**
- **ASHA's Code of Ethics (ASHA, 2010)**
- **Supervision of Student Clinicians (ASHA, 2010)**
- **Clinical Supervision in Speech Language and Audiology (ASHA, 2008)**
- **"The Basics of Supervision"**
- **Medicare Coverage of Students: Speech/Language Pathology (ASHA, 2010)**
- **New Medicare Requirements for Hospital Inpatient Supervison of SLP Students (The ASHA Leader, 2007)**
- **Supervision in Communicative Disorders Bibliography (C. Forster, June 2009)**

Appendix D ……………………………………………………………..……………………… 123
<u>University Liaison Supervisor's Paperwork</u>
UWSP Observation and Proactive Report for Educational Externships
On-site Extern Observation Notes
Extern Correspondence/Contact Log Form

Appendix E 130
<u>Speech/Language Extern Supervisor's Paperwork</u>
Facility Status Form
Externship Summary of Evaluation Form
Evaluation of Therapy Skills Form
Improvement Plan for Academic and Clinical Knowledge and Skills Form
Exit Questionnaire for Off-Campus Supervisors

Appendix F ....……………………………………………………..………… 141
<u>Student Extern's Paperwork</u>
SCD Speech-Language Pathology Clinical Clock Hour Report Form
Clinical Clock Hour Form Directions
Examples of Daily Clock Hour Log Forms
Exit Questionnaire: Site Evaluation Form for Students

Purpose of the Externship Experience

University of Wisconsin-Stevens Point
School of Communicative Disorders Mission Statement

Undergraduate Mission
The mission of the undergraduate program in the School of Communication Disorders is to provide students with a liberal education. In addition to this liberal education, students develop beginning knowledge and clinical skills in the area of communicative disorders. This pre-professional education makes them eligible for applying to a graduate program leading to a Master of Science Degree in Speech-Language Pathology and/or a Clinical Doctorate in Audiology.

Graduate Mission
The mission of the graduate programs in the School of Communicative Disorders is to provide a foundation of professional preparation in audiology and speech-language pathology. Students are provided with learning opportunities to develop the knowledge and skills necessary for an entry level position to competently serve individuals with speech, language, hearing and/or swallowing disorders in any setting within the scope of their education and their expertise.

For the School of Communicative Disorder's (SCD) graduate students, the clinical externship is the final requirement for the Master of Science degree. The experience the students gain in the extern facility serves as a transition between their academic preparation and the "real world" of professional practice.
Graduates of our program who have completed an externship consider it to be the most significant experience of their professional preparation. Graduate students may be placed in a variety of public school settings or medical/clinical settings.

Goals of the Externship Experience

- **To develop oral and written communication skills sufficient for entry into professional practice *(ASHA Stan IV-B; DPI Stan. 6 & 10)***
- **To develop clinical skill in the evaluation of clients with communicative disorders and/or swallowing disorders *(ASHA Stan. IV-G-1; DPI Stan. 8)***
- **To develop skill in providing intervention to clients with communication and/or swallowing disorders *(ASHA Stan. IV-G-2; DPI Stan. 1, 2, 3, 4, 5, 6 & 7)***
- **To develop interaction and personal qualities for effective professional relationships *(ASHA Stan. IV-G-3; DPI Stan. 10)***
- **To develop students' understanding of the ASHA Code of Ethics and professional behavior *(ASHA Stan. IV-G-3d; DPI Stan. 10)***
- **To expose students to participation in formative assessments (ongoing measurement) for the purpose of improving student learning *(ASHA Stan. V-A; DPI Stan. 9)***
- **To receive a license to teach in Wisconsin, student externs must complete an approved program and demonstrate proficient performance in the knowledge, skills, and dispositions under all of the following Wisconsin Teacher Standards (PI 34.02):**

Wisconsin Teaching Standards

Please refer to Appendix B for a full description of each standard with its corresponding knowledge, skills, and dispositions.

1. **CONTENT:** The teacher understands the central concepts, tools 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.
2. **METHODS:** The teacher understands how children with broad ranges of ability learn and provides instruction that supports their intellectual, social, and personal development.
3. **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.
4. **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.
5. **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.
6. **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.
7. **CURRICULUM:** The teacher organizes and plans systematic instruction based upon knowledge of subject matter, pupils, the community, and curriculum goals.
8. **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.
9. **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.
10. **PROFESSIONALISM**: The teacher fosters relationships with school colleagues, parents, and agencies in the larger community to support pupil learning and well being and who acts with integrity, fairness and in an ethical manner.

Student Preparation Prior to the Externship

The SCD program is committed to preparing our graduate students for their externship experience. Students will have mastered the theoretical base necessary to understand the communication disorders in their field. They will have observed and directly worked with a number of clients of various ages, exhibiting a wide range of communication disorders and levels of severity. Students will have had experiences selecting and implementing numerous diagnostic, intervention, data collection, and report writing procedures. Finally, they will be aware of resources they can use for clinical decision-making and problem solving.

If the student intends to do their externship experience in an educational setting, the student must complete the coursework required by the Wisconsin Department of Public Instruction prior to beginning the externship. The student extern and the School of Communicative Disorders must ensure that the student meets all of the requirements for certification by the Wisconsin Department of Public Instruction.

Prior to beginning the externship experience, a graduate student must demonstrate satisfactory clinical skills and knowledge in required clinical practicum and academic coursework. Speech-language students are required to complete a minimum of four enrollment terms of practicum. They will have accrued between 150-250 hours of clinical experience before the start of the extern semester.

<u>The Process of Planning for the Externship:</u>
<u>Assignment to an Extern Facility</u>

A. <u>Initial Student Group Meeting With Clinical Director:</u> Toward the end of the second semester of the graduate program, the Director of Clinical Services meets with all potential externs to present an overview of the externship experience, and to initiate the externship placement process. The Director serves as a facilitator in the placement process.

B. <u>Individual Student Externship Interviews with Clinical Director</u>: Each student must complete an Externship Interview form indicating his or her externship preferences and interests. The information on this form will allow the Clinical Director to conduct long range planning for externs. In addition, students are required to create their resume of educational, clinical, and related work experiences before signing up for an interview with the Director of Clinical Services. Students interested in a medical externship site must meet with the Clinical Director by the end of June. Students interested in an educational externship site must meet with the Clinical Director by the end of July.

During their interview with the Clinical Director, students indicate a desired type of medical or educational setting. They also indicate other career interests, such as preference to work with certain age groups or professional specialties. Geographical preference is also discussed. Externship assignments are based upon the student's academic background, previous clinical experiences, and student interests. The Director will also consult with on-campus staff regarding each student's readiness for the desired externship experience.

Students seeking a medical externship are generally placed in sites that are within Wisconsin and within a 200 mile range from UWSP. Students seeking an educational externship are generally placed in sites that are within a 60-90 mile radius of Stevens Point. If students are interested in educational externships outside of this UWSP service area, approval for educational externships outside of this range may depend on clearance from other teacher education programs in the area of the request. Please refer to Appendix A, "Policies and Procedures for Requesting an Out-of-State Externship and/or an Externship Beyond 200 Miles or 3 ½ Hours from UWSP" to obtain further information about pursuing an out-of-state externship and/or an externship beyond 200 miles or 3 ½ hours away from UWSP. These externships require the approval of the School's Clinical Affairs Committee and there may be an additional fee for supervision services rendered, to offset unanticipated costs assumed by UWSP at the student's choice. Speech-Language Pathology and Audiology in educational and medical settings are not restricted to the state of Wisconsin, however students are strongly encouraged to complete the experience within the state of Wisconsin.

Special requests for externship placements cannot always be granted. Unless explicitly waived by the Clinical Director and the Office of Field Experiences, a student may not be assigned to do student teaching in a facility in which a direct relative is currently employed or serves as a board member, administrator, or supervisor. In cases involving these and other conflicts of interest (i.e., extern has child in the school building; extern has direct relative in the school building or district in a teaching or administrative capacity; the school district has explicitly stated a policy regarding former students of that district's schools returning as student teachers), approval for special requests must be obtained from the Clinical Director. Every effort will be made to provide fully satisfactory assignments for all student externs, but there can be no assurances of specific assignments. It is important that students remain ready to accommodate all demands that the extern semester will place upon their personal and travel arrangements.

Some educational or student teaching assignments are called internships. Generally, these placements involve a contract with an educational agency and some form of provisional certification, both of which permit the intern teacher to assume increased responsibility and thus receive a stipend for their internship experience. In particular, at UWSP there are two types of internships available on a selective basis. In the first, the Wisconsin Improvement Program, under the auspices of the DPI,

sponsors internships that are funded by educational agencies. In the second, educational agencies themselves may offer contracts to uncertified teachers under private prerogatives, DPI permits, or emergency certification rules. These internships are often referred to as "on-the-job" student teaching. Under these types of internships, most of the rules in this handbook remain applicable within the jurisdiction of education agency contracts. Additional information about the internship experience can be obtained through the Clinical Director, upon request.

C. Clinical Director's Contacts with Externship Facilities and Supervisors: The Clinical Director initiates contact with facilities that may meet the needs of each graduate student. The facility works cooperatively with the Director of Clinical Services in the selection process. *Students should not initiate contact or establish a relationship with any externship facility or supervisor to arrange an assignment.*

If a potential supervisor is interested in supervising an extern, based upon discussion with the Clinical Director, the student then makes the next contact to arrange an interview with the extern supervisor. At the interview, the student will bring a copy of their resume and clinical clock hour status. In most instances, only one off campus interview is necessary. Once the extern and the proposed supervisor agree on the placement, the Director follows up by mailing a copy of this Externship Manual describing the requirements of the externship experience.

If the externship site requires a signed service agreement contract with the Center for Communicative Disorders and/or UWSP, a Program Memorandum of Understanding and/or Affiliation Agreement between the UWSP Center for Communicative Disorders and the externship site may be developed and coordinated by the Clinical Director. These documents will be mailed to the facility in November, prior to the initiation of the externship. For public school settings, this is accomplished through the on-campus UWSP Office of Field Experiences in the School of Education.

The SCD Clinical Director & Liaison Supervisor's Roles

Clinical Director's Responsibilities:
The Director of Clinical Services prepares this Externship Manual, coordinates the externship placements for each graduate student, assigns university liaisons to each student extern, completes Affiliation Agreements and Program Memorandum paperwork when necessary, notifies the Office of Field Experiences of all educational externship placements, consults with all university liaison supervisors regarding student externs, and collects all final student extern and extern supervisor paperwork due at the end of the semester. Finally, the Clinical Director acts as the final evaluator of records and submits the student externs' final grades at the end of the semester.

The Director of Clinical Services for the Center for Communicative Disorders or a designated UWSP university faculty/staff member will serve as a liaison between the School of Communicative Disorders and the externship site. This person will serve as the link between the externship supervisor and the School of Communicative Disorders.

University Liaison's Responsibilities:
1. **The liaison will make a direct telephone contact to introduce themselves within the first two weeks of the semester. In addition, the liaison will make frequent telephone or email contacts with both the student extern and the extern supervisor during the externship to monitor the student's progress and status. The liaison is responsible for answering questions that the student or on-site supervisor may have during the semester.**
2. **The university liaison will provide the student and extern supervisor with complete and detailed information regarding ASHA, DPI, and university requirements.**

3. **The university liaison will contact the student and/or on-site extern supervisor to pre-arrange site visits. The Director, or designated faculty/staff member, will make a minimum of one on-site visit during the externship to medical sites. At least two on-site visits are required for externs in educational sites. During each visitation to a medical/clinical or educational site, the university liaison supervisor will observe the student for a minimum of 30-60 minutes, confer with the Supervisee and the Supervisor individually, and hold a group supervision conference.**
4. **All observations within educational settings must be documented on "The UWSP Observation Report" form from the UWSP School of Education. In order to align these observations with DPI's PI34 rules, the university liaison supervisor must reference the ten DPI teaching standards within this observation report. All participants to whom copies must also be provided must sign these forms. The university liaison will leave a carbonless copy with the student and the on-site extern supervisor on the day of the site visit. In addition, the university liaison will forward an electronic copy of the observation report to the student for use in their professional portfolio.**
5. **The university liaison will be available to consult regarding any "problems" that may arise during the externship. They will inform the Clinical Director about concerns within an externship placement. The university liaison will be available for evaluative conferences with the student, upon request.**
6. **The university liaison will keep accurate documentation regarding the student's externship process.**
7. **When assigned to a student placed in an educational setting, the university liaison will be responsible for attending the three required seminars and monitoring the student's progress on their professional portfolio during the EDUC 400 class. As of July 1, 2004, teaching portfolios are required for UWSP graduation and Wisconsin teaching licensure, as per PI34.18 (2). The university liaison will guide the student's progress on the portfolio, evaluate the final draft of the portfolio, and will submit that evaluation to the Clinical Director.**
8. **The university liaison will be responsible for obtaining all necessary externship paperwork from the student and on-site extern supervisor, and will submit all paperwork to the Clinical Director by the due date.**
9. **The liaison will assist the Clinical Director in evaluating the merits of a site for future externship placements.**

The Student Extern's Role

1. Attendance: The externship is full-time, five days a week. Regular daily attendance is expected. Absences are permitted for activities appropriate to the externship, such as attending seminars and other activities sponsored by UWSP. Excessive absences for any reason may result in an extension of the externship. Students are required to arrive at the facility at the beginning of the extern supervisor's day and depart at the end of the extern supervisor's day. Decisions about extending externships due to excessive absence will be made by the university liaison, the extern supervisor, the extern, and the Clinical Director.

Externships in medical facilities are designed for a minimum of 15 weeks. The beginning and ending dates are not restricted to the UWSP semester but are negotiated between the supervisor and the graduate student. The length of the experience will vary dependent upon facility and/or extern supervisor schedules.

Students in a public school placement begin on the first day of the university's semester and continue until the end of the facilities' school year (Wisconsin Stats 118.19 (3) (a)). In accordance with state DPI statute, student or intern teachers must attend every school day in the term as set by the local district calendar. For those students, the externship will extend beyond the 15-week minimum. The length of the experience will vary dependent upon facility schedule.

In the event that the extern supervisor is absent due to extended illness or personal/professional leave, externs are advised to contact the Clinical Director or university liaison immediately. It may be necessary for a change in the extern supervisor to be made. The School of Communicative Disorders cannot justify the use of graduate student externs as substitute employees.

In the event that a work stoppage occurs in a facility where a graduate student extern is placed, it is the policy of the university that students be non-participants to either party involved. Students should not cross picket lines or participate in any facility-related activities until the issues have been resolved or permission to resume activities has been granted. The student extern and the extern supervisor should notify the university liaison or Clinical Director as soon as possible. It may be necessary for the graduate student extern to be re-assigned to another facility to complete the externship.

2. Portfolios: Within educational externships, evidence of student teaching should be collected and prepared during the externship/internship. University liaison supervisors and externship supervisors can assist students in selecting and documenting materials that must be presented for initial DPI licensure requirements. As of July 1, 2004, teaching portfolios are required for UWSP graduation and Wisconsin teaching licensure, as per PI 34.18 (2). Students enrolled in EDUC 400 Professional Portfolio coursework must attend the three required seminars. At the final portfolio seminar, student teachers will exhibit portfolios for initial educator licensure.

3. Facility Expectations: The student is expected to function as a regular staff member in terms of arrival and departure times. Externs are also expected to attend faculty/staff organizational functions such as team meetings, after school staff meetings, in-services, conferences, parent/teacher conferences, or staffings. The student follows the facility's calendar, vacation dates, schedule, building policies, and personnel rules, including immunization requirements and universal precaution policies.

4. Dress Code: Students are expected to observe and use appropriate dress code while at the externship facility. Students are responsible for discussing this issue with the externship supervisor prior to the initiation of the externship experience.

5. Clock Hour Requirements: Students are responsible for keeping track of the number of contact hours they obtain during the externship. Students will ask extern supervisors to sign for those hours on the required clock hour form provided by the Director (see Appendix F). Students are advised to monitor clock hours closely as the externship progresses to avoid difficulties with earning the required clock hours. If students are externing in an educational setting, speech/language students must earn a minimum of 100 clock hours within the educational setting. ***Clinical externship clock hours will only be earned when all clinical assignments for the semester have been satisfactorily completed with a grade of a "B" or higher.***

6. Liability Coverage: During the term of this Agreement, the State will indemnify University employees, officers, and agents (students in required training, a credit program, or for graduation) against liability for damages arising out of their activities while acting within the scope of their respective employment or agency, pursuant to §895.46(1) and §893.82, Stats. This coverage protects the graduate student externs or interns against claims from third parties for personal injury or property damage caused by the negligent acts of students while performing within the scope of duties as a graduate student extern or intern, including mandated reports of child abuse. Professional liability insurance is also available through the American Speech Language Hearing Association (ASHA). Questions about liability insurance should be directed to the SCD Clinical Director or the UWSP Director of Safety and Loss Control.

7. Substitute Teaching: Agreements in force between UWSP and local education agencies do not permit unlicensed student teachers to serve as substitute teachers at any time, nor are licensed intern teachers permitted to assume responsibilities beyond the limits of an approved internship design.

8. Health, Safety, and Injury Policies: Prior to any externship assignment, students must submit the required health immunization paperwork to the facility. Students externing in an educational setting must have current Tuberculosis immunizations. Student externs should become aware of each externship facility's policies for dealing with health and safety emergencies, particularly those involving infectious diseases and blood-borne pathogens.

At the beginning of an externship assignment, each student should complete personal emergency forms in the site's office. Students should follow the site's policies governing the reporting of any accidents or illnesses that affect the externship assignment. Students must make arrangements for their own health services. At UWSP, all students who are registered as full-time students are eligible for medical care at the University Health Service Facility, which does not include hospitalization care. Students are responsible for securing more complete health coverage under another insurance plan.

9. Statement of Non-Discrimination: UWSP does not discriminate on the basis of sex, race, religion, or ability in its teacher education programs. This statement is published, in part, to fulfill requirements of Section 86.9 of title 45, Code of Federal Regulations, which implements Title IX of the Education Amendments of 1972.

10. Access and Accommodations: The Americans With Disabilities Act (ADA) requires State and local governments and places of public accommodations to furnish appropriate auxiliary aids and services where necessary to ensure effective access and communication for individuals with disabilities, unless doing so would result in a fundamental alteration to the program or service or in an undue burden. Therefore, UWSP, in conjunction with its cooperating schools and agencies, is accessible to student externs/interns with disabilities, and will make every attempt to provide reasonable accommodations for qualified individuals with documented disabilities. All accommodations should be approved through the Office for Students with Disabilities in the Student Services Center at UWSP.

11. Externship Evaluation Form: Upon completion of the externship experience, the student submits the Exit Questionnaire/ Site Evaluation Form in Appendix F to the Director. It may be helpful for students, university liaisons, and extern supervisors to discuss this evaluation together to help in planning future externships.

12. Comprehensive Examinations: This year in place of the capstone projects, the extern students will take comprehensive examinations on January 10, 2011. This is prior to the students starting their externships. However, in the event that the students do not pass their comprehensive examinations, they will have to return to campus to re-take them.

Student Responsibilities

An extern supervisor or clinician holding the appropriate and current ASHA Certificate of Clinical Competence (CCC) must be on-site and available at the externship site at all times when the student is providing clinical services as part of the externship. Extern supervisors may not sign clock hours for clinical experiences that were supervised by another individual. Clinical experiences supervised by a non-certified supervisor do not meet requirements for the externship and therefore cannot be counted.

While facility orientation and observation are necessary and expected within the first week of externship experience, the student should become involved directly in intervention and diagnostic experiences as soon as possible or by week two of the externship.

The student extern should begin to accumulate the caseload during week two, by taking on four clients. A gradual accumulation of the caseload should continue to occur across the next eight weeks of the semester. By week ten, the student extern should be assuming the full caseload, up to a maximum caseload of 35, including diagnostic and therapy responsibilities. It is hoped that students will gain a minimum of 150-200 clock hours of direct service. Additional time may be spent on observation, report writing, staffings, in-service meetings, etc.

Student externs should be expected to conduct a minimum of 5-10 diagnostic assessments. In addition, externs should be expected to write a minimum of 5-10 diagnostic reports and/or Individual Education Plans (IEP), and conduct the conferences and/or IEP meetings that correspond to these assessment reports.

The student extern is expected to fulfill the following responsibilities for completion of the externship (adapted from UW-Eau Claire "Graduate Extern Handbook", 2002) and to adhere to the ASHA Code of Ethics (see Appendix C):

- **Reflect on own strengths, weaknesses, learning styles, and learning needs prior to the externship experience**
- **Find housing and/or transportation to externship sites and assume financial responsibility for housing and transportation**
- **Report to the externship facility at the designated time each day and remain "on site" for the work day of the extern supervisor**
- **Share extern supervisor's facility responsibilities**
- **Attend extramural or outside activities pertinent to the externship assignment, as directed by the externship supervisor**
- **Prepare for clinical activities as specified by the extern supervisor**
- **Participate in clinical activities as specified by the extern supervisor**
- **Participate in written reporting and documentation as specified by the extern supervisor**
- **Attend and participate in staffings for clients**
- **Maintain client confidentiality in all matters**
- **Establish and maintain an effective working relationship with the extern supervisor**
- **Attend and participate in the in-service and other continuing education programs that are made available for the professional staff members at the extern facility**
- **Attend the final meetings of externship students at UWSP**
- **Submit signed clock hour forms to the Clinical Director by the due dates**
- **Submit the Externship Site Evaluation Form to the Clinical Director by the due date**

The final evaluation paperwork is submitted to the clinic director at the end of the UWSP's academic semester. However, the extern student's final grade is contingent on their maintaining their performance until the until the end of their externship. If a student's performance declines at the end of the semester, their grade may be lowered.

The Extern Supervisor's Role

To qualify as an extern supervisor, all extern supervisors *must hold a current Certificate of Clinical Competence from the American Speech Language Hearing Association (ASHA CCCs) in speech-language pathology.*

- **In addition to the ASHA CCCs, a license from the Wisconsin (or applicable state) Department of Regulation and Licensure for the Board of Speech Pathology and Audiology is also required for supervisors in medical settings.**
- **In addition to the ASHA CCCs, supervisors in a public school setting must meet the Department of Public Instruction's criteria, and hold a current license in Speech and Language from the Wisconsin Department of Public Instruction (DPI), have at least three years of teaching experience in the schools with at least one year of teaching experience in the school or school system of current employment, and have completed training in both the supervision process and in the**

applicable Wisconsin Teacher Standards (PI 34.02). This training in supervision can be obtained through supervision coursework or workshops in communicative disorders, education, or other applicable fields of study. Educational externship supervisors who have never supervised a student in accordance with PI34 are invited to enroll in UWSP's graduate course EDUC 758, for which tuition is paid and a flexible schedule of meetings is always available (contact the UWSP Office of Field Experiences at 715-346-2449).

Suggestions for the Supervision of Students

Resources, materials, & additional information regarding the supervision of students are included in Appendix C

Observations by the Supervisor: An extern supervisor or clinician holding the appropriate ASHA Certificate of Clinical Competence (CCC), must be on-site and available at the externship site at all times when the student is providing clinical services as part of the externship. Graduate student externs require direct supervision following the guidelines established by the Clinical Certification Board of the American Speech-Language-Hearing Association. These guidelines specify that the extern supervisor must directly supervise at least 25% of therapy sessions and diagnostic sessions. Please maintain this schedule throughout the student's extern experience to assure awareness of the student's performance and competence. ***At the end of the semester, the total amount of supervision time must be documented to ensure that the 25% requirement was met.***

In the event that the extern supervisor is absent due to extended illness or personal/professional leave, externs arrangements for a change in the extern supervisor must be made. The School of Communicative Disorders cannot justify the use of graduate student externs as substitute employees. The university liaison supervisor or Clinical Director should be notified of any extern supervisor's leaves of absence.

In the event that a work stoppage occurs in a facility where a graduate student extern is placed, it is the policy of the university that students be non-participants to either party involved. Students should not cross picket lines or participate in any facility-related activities until the issues have been resolved or permission to resume activities has been granted. The student extern and the extern supervisor should notify the university liaison or Clinical Director as soon as possible. It may be necessary for the graduate student extern to be re-assigned to another facility to complete the externship.

Extern supervisors must not sign clock hours for clinical experiences that were supervised by another individual. Supervisors engaged in the supervision of student externs must ensure that only professionals with appropriate ASHA certification provide direct clinical supervision. Supervisors must inform students that clinical experiences supervised by a non-certified supervisor cannot meet requirements for the externship.

Before an extern supervisor signs a student's clock hour forms, the extern supervisor is asked to complete the Facility Status Form in Appendix E. ASHA's Council of Academic Accreditation (CAA) requires this form as documentation for accreditation of the SCD program. CAA requires each program to report the name and ASHA account number of all individuals who have supervised our students.

Expectations of Students: While facility orientation and observation are necessary and expected within the first week of externship experience, the student should become involved directly in intervention and diagnostic experiences as soon as possible or by week two of the externship.

The student extern should begin to accumulate the caseload during week two, by taking on four clients. A gradual accumulation of the caseload should continue to occur across the next eight weeks of the semester. By week ten, the student extern should be assuming the full caseload, up to a maximum caseload of 35, including diagnostic and therapy responsibilities. It is hoped that students will gain a minimum of 150-200 clock hours of direct service. Additional time may be spent on observation, report writing, staffings, in-service meetings, etc.

Student externs should be expected to conduct a minimum of 5-10 diagnostic assessments. In addition, externs should be expected to write a minimu` m of 5-10 diagnostic reports and/or Individual Education Plans (IEP), and conduct the conferences and/or IEP meetings that correspond to these assessment reports.

Weekly Conferences: ***Please take some time within the first week of the externship experience to discuss and clarify expectations for the student.*** **The following is a list of important discussion topics for the first week of the externship:**

a. **the required safety policies and personnel rules for the facility (e.g., parking, appearance, how students address teachers, etc.)**
b. **student's personal emergency care if necessary at the facility**
c. **expectations for daily hours (e.g. 7:30 am – 4:30 pm, etc.) and daily schedules**
d. **attendance at required faculty/staff meetings within the facility**
e. **expectations regarding lunch duty, recess duty, etc. – any extra duties in addition to the typical requirements of therapy and evaluation**
f. **days off (e.g. days the supervisor will be absent due to a workshop; best days for the supervisee to schedule job interviews; date the supervisee will be at UWSP for the EDUC 400 meetings, re-take of Comprehensive Exams if necessary, etc.)**
g. **required attendance at weekend or evening activities during the semester**
h. **required or encouraged attendance at conferences during the semester**
i. **how the student should handle sick days and snow days**
j. **times/days student can be released to conduct observations of other professionals in the facility or within the school district**
k. **expectations for making up absences in case of excessive absences**
l. **amount of time the student will spend in observation before beginning direct therapy at the facility, and plan for how student will gradually take on the caseload**
m. **formats and deadlines for written documentation at the facility**
n. **expectations for student lesson plans and self-evaluations**
o. **student use of forms, materials, and resources during the externship at the facility**
p. **UWSP's required student evaluation paperwork; please review the evaluation forms in Appendix E and discuss how they will be used**
q. **methods supervisor/supervisee will use for feedback and weekly conferencing as part of the teaching process**
r. **final date of the externship (15 weeks in medical sites; until last day of the school year in educational sites)**

On-going weekly conferences are a necessary part of any externship experience. These weekly conferences help the student improve his/her competencies and progress to broader responsibilities. Finding time for weekly conferences is important. Conferences should be frequent enough to ensure open lines of communication at all times. Conferences should be held to discuss observed strengths and areas of need, overall plans, information about students, suggestions concerning instruction, and other important matters.

Evaluation of a Student's Performance: **The student will appreciate and benefit from frequent verbal and/or written feedback regarding performance and goal setting.** ***At a minimum, the student should be provided with a formal written evaluation twice during the experience, once at the midpoint and again at the completion of the experience.*** **During the evaluation, the student and supervisor should discuss the strengths and areas in need of improvement. Efforts should be made to establish objectives for improving performance.**

The School of Communicative Disorders has developed clinical evaluation tools for use at midterm and at the end of the semester during the two required formal evaluations of students. These are provided in Appendix E. These evaluation forms were developed in accordance with the new ASHA Standards and Wisconsin DPI Teaching Standards for Clinical Practicum. ***According to Wisconsin Administrative Rule PI 34.15.5(b)3(b) and in alignment with Wisconsin Teacher Standards and criteria, each student in***

an educational externship will include the Externship Summary of Evaluation Form and the Evaluation of Therapy Skills Form as public documents within their Professional Portfolio. **Because of this DPI requirement, these evaluation documents require high standards, detailed information, clear communications, and mutual agreement.**

Following are the required paperwork from the Extern Supervisor. These are available electronically from your student, university liaison supervisor or the clinical director.

Facility Status Form
Externship Summary of Evaluation Form
Evaluation of Therapy Skills Form
Improvement Plan for Academic and Clinical Knowledge and Skills Form (if student is not meeting the ASHA standards)
Exit Questionnaire for Off-Campus Supervisors

The final evaluation paperwork is submitted to the clinic director at the end of the UWSP's academic semester. However, the extern student's final grade is contingent on their maintaining their performance until the until the end of their externship. If a student's performance declines at the end of the semester, their grade may be lowered.

In addition to these forms the Extern Student will need you to sign their clinical clock hours form and also their ASHA Standards Tracking Document. The due dates are all identified on the back of the letter at the beginning of this handbook.

The speech/language externship contributes to the development of *Skills and Knowledge* as specified by ASHA, for acquiring clinical competence in speech-language pathology. The skills and knowledges are acquired across a continuum, with increasing levels of independence, consistency, and problem solving expected over time. If a speech/language student extern does not demonstrate competencies and skills at the expected level, an improvement plan should be developed with the student, on-site supervisor, and liaison supervisor to facilitate progress.

Please contact the Director about any student who may receive a B- or lower. According to the School of Communicative Disorder's academic policies, a B- or lower grade in an externship would indicate unsatisfactory performance. Any serious problems concerning the student's performance should be brought to the attention of the Director of Clinical Services at the School of Communicative Disorders as soon as a problem is suspected.

The extern supervisor, the extern facility, the School of Communicative Disorders, or the student has the right to discontinue the clinical experience of the extern after consultation with the Director of Clinical Services. Examples of reasons for discontinuation are (a) health problems, (b) detrimental professional performance, (c) unethical conduct, (d) participation in the experience adversely affects the students/clients served in the facility, and/or (e) participation in the experience adversely affects the graduate student extern.

The student may elect to drop the externship course or to withdraw from an externship assignment, as per the academic policies outlined within the UWSP Catalog. A course drop or university withdrawal must be made by the tenth week of the semester in the Registration Office. A student may also request to be considered for an "incomplete." As specified in the UWSP Catalog, an incomplete can be issued only if extenuating circumstances occur (e.g., illness, death). An incomplete is reserved for the completion of a definable amount of work which occurs near the end of the semester.

When a situation is such that the externship must be terminated, the following procedures should be followed:

1. **The university liaison and Clinical Director shall make a preliminary evaluation of the reliability of the information available.**

2. **If the externship is in an educational site, the Office of Field Experiences in the School of Education will be consulted immediately regarding any potential school placement removals.**
3. **If information is obtained suggesting a need to remove a student from a placement, the university liaison and the Clinical Director will notify the extern supervisor, the student extern, and the facility that removal is being discussed. All individuals involved will meet together to discuss the concerns. Each individual involved will have an opportunity to respond to concerns.**
4. **All efforts to improve the situation and resolve the problems will be attempted before the student is removed from the externship placement.**

How to Help the Student

- **Prepare a plan of observation and experiences to move the student from entry-level proficiency to a higher level. Provide goal setting and performance feedback to the student on a regular basis.**
- **Expose the student to a varied caseload including disorder type and complexity, ages, and service delivery models. If possible, direct the students to other departments or schools. Encourage the student to spend some days within the semester in observing other professionals in other settings.**
- **Encourage the student to select and administer diagnostic tests, develop appropriate goals and objectives, and implement intervention techniques.**
- **Help the student become familiar with policies regarding data collection, criteria, and other relevant information.**
- **Review procedures and format for report writing. Discuss specific expectations, frequency and type of reports and lesson plans at the beginning of the experience. All reports done by the student should be approved by the site supervisor and countersigned.**
- **Instruct the student to be responsible for complying with procedures for legal, ethical, regulatory, and confidentiality aspects of professional practice.**
- **Encourage the student to consult and collaborate with other professionals.**
- **Introduce the student to the interdisciplinary team process. Make clear the student's role regarding participation in meetings and in communicating with families.**
- **Explain the lines of communication and the administrative organization of the facility.**
- **Expose the student to the fees charged for services, billing procedures, and budget issues.**
- **Inform the student of required readings, special projects, or in-service requirements of the facility.**
- **Assist the student in analyzing diagnostic and treatment sessions, and in developing problem-solving skills.**

APPENDIX A

UWSP School of Communicative Disorders (SCD) Graduate Requirements and Preparation

UWSP School of Communicative Disorders Essential Abilities for Speech/Language Pathologists and Audiologists

UWSP School of Communicative Disorders Externship Approval Form

School of Communicative Disorders CD 795 & 894 Policies and Procedures for Requesting an Out-of-Service Area or Out-of-State Externship

Speech Language Pathology Graduate Program Courses

Program Requirements for the Master of Science Degree in Speech/Language Pathology

Essential Abilities for
Speech-Language Pathologists and Audiologists

Listed below are the essential abilities that someone who enters the professions of speech-language pathology and audiology must possess and therefore are required of undergraduate and graduate students in the School of Communicative Disorders. Students who feel they may require accommodations in order to demonstrate these abilities due to a disability are encouraged to contact the Disability Services Office at UWSP at 715-346-3365.

Physical Abilities

- Participate in classroom or clinical activities for 2-4 hour blocks of time with one or two breaks
- Move independently to, from and within academic/clinical facilities
- Provide for or direct one's own personal hygiene
- Manipulate screening/diagnostic/therapeutic/educational materials
- Respond to emergency situations including fire, choking and in the application of universal precautions
- Visually monitor client responses and use of materials
- Auditorily monitor and orally model correct speech and language production

Interpersonal Abilities

- Work effectively with people
- Make appropriate decisions, including the ability to evaluate and generalize appropriately without immediate supervision
- Understand and respect authority
- Maintain appropriate work place behavior, including punctuality and regular attendance
- Maintain composure in demanding situations
- Complete responsibilities promptly and according to instructions
- Maintain appropriate relationships with clients, students, instructors/supervisors, and colleagues
- Communicate effectively with people in person, by telephone, and in written form by considering the communication needs and cultural values of the listener

Speech/Language and Cognitive Abilities

- Comprehend and read professional literature/reports
- Write university level papers and clinical/educational reports in Standard American English
- Speak Standard American English intelligibly, including the ability to model English phonemes, grammatical features, or other aspects of speech and language
- Independently analyze, synthesize, interpret ideas and concepts in academic and clinical settings
- Maintain attention and concentration for sufficient time to complete academic/clinical activities: typically 2-4 hours with 1-2 breaks
- Schedule and prioritize activities, and provide documentation in a timely manner
- Comply with administrative, legal and regulatory policies within the School of Communicative Disorders and in off-campus practicum and externship sites
- Comply with rules and instructions of faculty/staff within the School of Communicative Disorders and of off-campus practicum and externship site supervisors and staff

March 2005

University of Wisconsin – Stevens Point
School of Communicative Disorders
Externship Approval

Name ____

Approval by Coordinator of Graduate Academic Programs of the SCD

______ Required academic coursework has been completed or is currently in progress, and
_____ Medical/Clinical Externship
_____ Educational Externship

______ Student has overall GPA of 3.0, and

______ Student has met all academic course competencies and no remediation plans are outstanding, and

______ No additional concerns from the SCD faculty regarding successful completion of the externship have been noted.

Approval by Director of Clinical Services of the SCD:

______ Clinical requirements have been completed or are currently in progress, and

______ Student has met all clinical competencies and no remediation plans are outstanding, and

______ No additional concerns from the SCD faculty regarding successful completion of the externship have been noted.

Final Approval for Externship Placement by Associate Dean and Chair of the SCD:

______ Full approval for externship placement
_____ Recommend placement within UWSP service area (60-90 mile radius)

_____ Recommend placement in geographical area of student's choice

______ Approval pending: remediation plan is in place, however progress has been noted
_____ If placement is approved, recommend placement within UWSP service area (60-90 mile radius)

_____ If placement is approved, recommend placement in geographical area of student's choice

______ Approval denied: remediation plan is in place or concerns have been noted, and progress has been limited

____ _____________
Signature of SCD Associate Dean and Chair Date

School of Communicative Disorders
CD 795 Speech/Language Externship and CD 894 Audiology Externship
Policies and Procedures for Requesting an Out-of-State Externship and/or an Externship Beyond 200 Miles or 3 ½ Hours From UWSP

The following policies and procedures are for graduate students planning to pursue an out-of-state externship and/or an externship beyond 200 miles or 3 ½ hours away from UWSP. Unlike externships in the state of Wisconsin and within 200 miles/ 3 ½ hours of UWSP, these externships require the approval of the School's Clinical Affairs Committee. Your adherence to the procedures below will assure that your request will be considered in a timely manner.

Out-of-State School Externship and/or School Externship Beyond 200 Miles/ 3 ½ Hour Drive

1. **If you are planning to do an externship in a school within the state of Wisconsin and the site you have chosen is more than a 200 miles / 3 ½ hour drive from Stevens Point, you must:**
   a. Make sure that you have satisfied the academic course requirements for Wisconsin DPI certification.
      - check with the Coordinator of Academic Programs to make sure you have satisfied those course requirements.

   b. Send a formal request to the Clinic Director/Chair of the Clinical Affairs Committee.
   c. The request must contain the following information:
      - A statement indicating that you understand that you will be required to pay a fee of $900.00 for supervision services rendered, to offset unanticipated costs assumed by UWSP at the student's choice.
      - understand that you may not be provided with direct, on-site supervision from our UWSP SCD program, and that the SCD may need to request direct on-site supervision for you from another graduate program in communicative disorders within the state of Wisconsin.

   *After your externship has been approved by the Clinical Affairs Committee, you should work closely with the Clinical Director to determine the specifics of your externship.

2. **If you are planning to do an externship in a school outside of the state of Wisconsin and the site you have chosen is not more than a 200 miles / 3 ½ hour drive from Stevens Point, you must:**
   a. Make sure that you have satisfied the academic course requirements for Wisconsin DPI certification.
      - check with the Coordinator of Academic Programs to make sure you have satisfied those course requirements.

   b. Send a formal request to the Clinic Director/Chair of the Clinical Affairs Committee.
   c. The request must contain:
      - a statement indicating that you have found an externship supervisor and site that will afford you with the best learning experience.
      - a statement indicating that you will be responsible for learning the certification requirements of the state your externship is in.

   *After your externship has been approved by the Clinical Affairs Committee, you should work closely with the Clinical Director to determine the specifics of your externship.

3. **If you are planning to do an externship in a school <u>outside of the state</u> of Wisconsin and the site <u>is more than</u> a 200 mile/ 3 ½ hour drive from Stevens Point, you must:**
   a. Make sure that you have satisfied the academic course requirements for Wisconsin DPI certification.
      - check with the Coordinator of Academic Programs to make sure you have satisfied those course requirements.

   b. Send a formal request to the Clinic Director/Chair of the Clinical Affairs Committee.
   c. The request must contain a statement indicating that you:
      - have found an externship supervisor and site that will afford you with the best learning experience.
      - will be responsible for learning the certification requirements of the state your externship is in.
      - understand that you may not be provided with direct, on-site supervision from our UWSP SCD program, and that the SCD may need to request direct on-site supervision for you from another graduate program in communicative disorders in the state you have chosen.
      - understand that you will be required to pay a $ 900.00 fee for supervision services rendered, to offset unanticipated costs assumed by UWSP at the student's choice.

   *After your externship has been approved by the Clinical Affairs Committee, you should work closely with the Clinical Director to determine the specifics of your externship.

<u>Out-of-State Medical Externship and/or Medical Externship Beyond 200 Miles / 3 ½ Hour Drive</u>

1. **If you are planning to do a medical externship <u>outside of the state</u> of Wisconsin and the site you have chosen <u>is more than</u> a 200 mile/ 3 ½ hour drive from Stevens Point, you must:**
   a. Send a formal request to the Clinic Director/Chair of the Clinical Affairs Committee.
   b. The request must contain a statement indicating that you:
      - have found an externship supervisor and site that will afford you with the best learning experience.
      - will be responsible for learning the certification requirements of the state your externship is in.
      - understand that you may not be provided with direct, on-site supervision from our UWSP SCD program.

*After your externship has been approved by the Clinical Affairs Committee, you should work closely with the Clinical Director to determine the specifics of your externship.

2. **If you are planning to do a medical externship <u>outside of the state</u> of Wisconsin and the site you have chosen <u>is not more than</u> a 200 mile/ 3 ½ hour drive from Stevens Point, you must:**
   a. Send a formal request to the Clinic Director/Chair of the Clinical Affairs Committee.
   c. The request must contain a statement indicating that you:
      - have found an externship supervisor and site that will afford you with the best learning experience.

- will be responsible for learning the certification requirements of the state your externship is in.

*After your externship has been approved by the Clinical Affairs Committee, you should work closely with the Clinical Director to determine the specifics of your externship.

3. If you are planning to do a medical externship <u>within the state</u> of Wisconsin and the site you have chosen <u>is more than</u> a 200 mile/ 3 ½ hour drive from Stevens Point, you must:

a. Send a formal request to the Clinic Director/Chair of the Clinical Affairs Committee.
b. The request must contain a statement indicating that you:
    - understand that you may not be provided with direct, on-site supervision from our UWSP SCD program

*After your externship has been approved by the Clinical Affairs Committee, you should work closely with the Clinical Director to determine the specifics of your externship.

Speech Language Pathology Graduate Program
Sequence as of Spring 2009

I	ComD 723	(3)	Fluency Disorders
	ComD 740	(4)	Neurogenic Communication Disorders and Age-Related Changes
	ComD 765	(3)	AAC
	ComD 773	(1)	Counseling in Speech-Language Pathology
	ComD 784	(3)	Disorders of Phonation
	ComD 791	(1)	Graduate Practicum I
	Total credits	15	
II	ComD 710	(3)	Research Methods in Communication Disorders
	ComD 711	(3)	Clinical and Instrumental Measurement of Speech
	ComD 746	(3)	Dysphagia
	ComD 786	(2)	Cleft Palate and Craniofacial Disorders
	ComD 792	(2)	Graduate Practicum II
	Total credits	13-16	

Electives (0-3 credits)
- ComD 763 (3) Aural Rehabilitation
- ComD 796 (1-3) Independent Study

<u>Summer Session</u>

ComD 738	(2)	Working with Families of Infants and Toddlers At Risk
ComD 742	(2)	Seminar in Autism Spectrum Disorders
ComD 775	(1)	Medical Settings
ComD 793	(1)	Graduate Practicum III
Total credits	6-8	

Electives
- ComD 715 (2) Gross Anatomy of the Head and Neck
- ComD 763 (1-3) Aural Rehabilitation
- ComD 790 (1-3) Seminar in Communicative Disorders
- ComD 796 (1-3) Independent Study

III	ComD 724	(3)	Neuromotor Disorders
	ComD 735	(3)	Language Disorders in School Age Children and Adolescents
	ComD 776	(2)	Schools Methods
	ComD 745	(2)	Advanced Study in Phonological Disorders
	ComD 794	(2)	Graduate Practicum IV
	Total credits	12	

Electives ComD 796 (1-3) Independent Study

IV	ComD 795	(15)	Clinical Semester

<u>Additional Possible Electives:</u>

ComD 796	(1-3)	Independent Study
ComD 797	(1-6)	Workshop
ComD 799	(2-6)	Thesis

12/1/09

School of Communicative Disorders
University of Wisconsin-Stevens Point

Speech Language Pathology Graduate Program Courses

710 Research Methods in Communicative Disorders (3 credits) Critical analysis of research in speech-language pathology and audiology including theoretical support, research design, statistical levels of measurement, methods of reporting research results, and drawing conclusions from the results. Students will be encouraged to pursue research interests during the course. Prereq: cons instr.

711 Clinical and Instrumental Measurement of Speech (3 credits) Contemporary clinical and instrumental assessment procedures for disorders of respiration, phonation, resonance and articulation. Treatment strategies utilizing physiologic and acoustic instrumentation to manage phonation and speech disorders. Prereq: cons instr.

715 Gross Anatomy of the Head and Neck (2 credits) Gross human anatomy for human communication; dissections of the head and neck to view the structural relationships of the mechanisms. Prereq: cons instr.

723 Fluency Disorders (3 credits) Research related to etiology, onset, development, and maintenance of stuttering and other speech fluency disorders. Assessment and treatment of preschoolers, school-age children, adolescents, and adults. Prereq: cons instr.

724 Neuromotor Disorders (3 credits) Critical issues in the assessment and management of motor speech disorders in children, adolescents and adults. Multi-disciplinary aspects of treatment associated with dysarthria, apraxia and other developmental and acquired neuromotor disorders. Prereq: cons instr.

735 Language Disorders in School-Age Children and Adolescents (3 credits) Impact of having a language based disorder, and its effect on literacy development and academic success. Includes information processing, memory, word finding, nonliteral language, and problem solving abilities using various assessments and curriculum based intervention techniques that facilitate academic and social development.

738 Working with Families of Infants and Toddlers at Risk (2 credits) Identification, assessment, program planning and intervention procedures for families of infants and toddlers with/at risk for disabilities. Biological and environmental risk factors, management, and the role of interdisciplinary teams in prevention and early intervention. Prereq: cons instr

740 Neurogenic Communication Disorders and Age-related Changes (4 credits) Acquired neurogenic communication disorders of adults (aphasia, cognitive-communication impairments, language of confusion, language of generalized intellectual impairment) from strokes, trauma, illness, and degenerative disease's. Evaluation, differential diagnosis, and management procedures. Primary aging changes and the impact on communication. Prereq: cons instr

742 Seminar in Autism Spectrum Disorders (2 credit) Assessment and intervention approaches based on current theoretical perspectives of PDD/Autism which will enhance the communication and socialization abilities of this population.

745 Advanced Study in Phonological Disorders (2 credits) Review of contemporary issues related to articulation and phonology. Assessment and treatment strategies for clinically and culturally diverse child and adult populations. Prereq: ComD 345 or equivalent and cons instr.

746 Dysphagia (3 credits) Normal bases of swallowing function as a foundation for exploring contemporary issues in the clinical and instrumental assessment of swallowing disorders in infants, children and adults. Management procedures for swallowing disorders across the lifespan will be reviewed with emphasis on multi-disciplinary aspects of treatment.

763 Aural Rehabilitation/Habilitation (1-3 credits) Counseling and intervention programs and techniques for re/habilitating communication skills of children and adults with hearing loss. Prereq: cons instr.

765 Augmentative and Alternative Communication (3 credits) A life span approach in the assessment, intervention, and management of individuals who are non-speaking because of developmental, motor, or acquired disabilities; determining and developing different communication opportunities supported by a multi-modal communication approach incorporating the use of both low and high technological approaches. Lab experiences will include various voice output systems and different assistive technology computer software. Prereq: cons instr.

773 Counseling in Speech-Language Pathology (1 credit) Theories on and philosophical orientations to the practice of counseling in daily interactions with people with communication disorders. Practical applications for clients with a variety of communication needs and their families in different settings will be targeted, as well as an understanding of the scope of practice within the profession of speech-language pathology. Prereq: cons instr

774 Professional Issues: Diversity and Multicultural Issues (1 credit) Evaluation and management of persons with communication disorders across diverse cultural, personal values and beliefs. Prereq: cons instr

775 Medical Settings (1 credit) Evaluation and management of persons with com-munication disorders within a medical setting. Information regarding various medical settings, ethics, functional goals, and documentation (e.g., billing, report-ing, etc). Prereq: cons instr

776 School Methods (2 credits) Course content will include the application of assessment and intervention skills to public early childhood, elementary, and secondary school contexts. Educational organization, legal mandates, certifica-tion/licensure, curriculum-relevant goals, collaborative roles, and current profess-sional issues will be targeted. Prereq: cons instr

784 Disorders of Phonation (3 credits) Explore current trends in classification, differential diagnosis, assessment, treatment, and prevention of vocal dysfunction and resonance disorders across the life span. Atypical phonation disorders, causes of laryngeal cancer; medical management of malignant tumors of the larynx, and rehabilitation of laryngectomees will also be covered. Prereq: cons instr.

786 Cleft Palate and Craniofacial Disorders (2 credits) Embryological development and anatomy/physiology of the facial and oral structures. Etiology of clefts and craniofacial anomalies. Multidisciplinary assessment and treatment of speech and language skills, including articulation, receptive/expressive language, resonance, voice, and feeding issues. Prereq: cons instr.

790 Seminar in Communicative Disorders (1 – 3 credits) Content varies. Seminar format to study topics associated with speech-language pathology and audiology.

791 Graduate Practicum I (1 credit) Evaluation and management of persons with communicative disorders in the Center for Communicative Disorders and selected off campus facilities. Prereq: cons instr.

792 Graduate Practicum II (2 credits) Evaluation and management of persons with communicative disorders in the Center for Communicative Disorders and select-ed off campus facilities. Prereq: cons instr.

793 Graduate Practicum III (1 credit) Evaluation and management of persons with communicative disorders in the Center for Communicative Disorders and select-ed off campus facilities. Prereq: cons instr.

794 Graduate Practicum IV (2 credits) Evaluation and management of persons with communicative disorders in the Center for Communicative Disorders and select-ed off campus facilities. Prereq: cons instr

795 Clinical Semester (15 credits) Fifteen-week full-time clinical externship in educa-tion, or non-educational professional settings. Prereq: Completion of academic and practicum requirements.

796 Independent Study (1-3 credits) Prereq: cons instr.

797 Workshop (1 to 6 credits) Individual and/or group projects that expand the graduate program course content. May be repeated for credit with different content.

799 Thesis (2-6 credits)

Rev. 12/4/2009

PROGRAM REQUIREMENTS FOR THE MASTERS DEGREE IN SPEECH-LANGUAGE PATHOLOGY

Students will be required to meet ASHA minimum requirements for clinical certification which are in effect at the time of graduation.

Academic Credits

Speech-language pathology graduate students will be required to complete a minimum of 42 graduate credit hours of academic course work. The academic course work will be selected to meet the requirements for the clinical and/or educational certification.

Clinical Practicum/Externship Credits

Students who major in speech-language pathology will complete a total of 21 credit hours of supervised clinical practicum. Three semesters and one summer session of graduate practicum and the clinical externship are required.

The required clinical externship CD 795 (15 semester credits) is an extended clinical assignment on a full-time basis outside the Center for Communicative Disorders for Speech-Language Pathology students. The assignment may be in a school, hospital, or clinical setting.

Clinical Practicum Hours

Students receive a grade for each clinical assignment (i.e., on-campus client(s), diagnostic team, off-campus practicum). Clinical clock hours will be signed and applied toward the graduate degree and ASHA certification requirements if the student earns a grade of B or better. A non-passing grade of B- or below for any clinical assignment will likely result in an extension of the student's academic program.

Academic and Clinical Practicum Improvement Plans

Students who are having difficulty with essential abilities and/or meeting competencies in coursework and/or clinical assignments will receive a written improvement plan (see example in Handbook). An improvement plan specifies the ASHA standards and competencies that the student has not met, as well as a statement explaining what the student must do to meet competency level and a statement explaining what the faculty will do to provide opportunities for improved performance. If a student has an improvement plan, he/she must meet regularly with each academic instructor and clinical supervisor to discuss the plan each semester the plan is in place. The student must make satisfactory progress on each standard on the improvement plan to be considered for off-campus clinical practicum placements. Changes to practicum assignments and placements could extend the length of the student's program. All improvement plans must be completed prior to externship placement, as per Handbook section entitled "Approval for the Clinical Externship". The SCD Faculty determines whether the student has met the standards. If the student does not meet each standard on the improvement plan after a full 15-week semester, he/she will be dismissed from the program.

Comprehensive Exams

Students must receive passing grades on all comprehensive exam questions to graduate.

Thesis

A thesis is optional. Speech-language pathology graduate students who wish to obtain a doctorate degree in the future are encouraged to consider completing a thesis. The student who wishes to consider doing a thesis should discuss their ideas and research plan with a faculty member having similar interests.

Graduate Records

Student files will be kept in the department for a period of 7 years after graduation and are available upon request. After 7 years, the student's transcripts, applications, and the clinical clock hour form will be archived at the University Library and the remainder of the SCD student file will be destroyed.

APPENDIX B

American Speech, Language, Hearing Association (ASHA) Standards and Department of Public Instruction (DPI) Standards

ASHA's Background Information and Standards and Implementation for the Certificate of Clinical Competence in Speech/Language Pathology, Effective January 1, 2005 (ASHA Website - Updated 7/1/05)

Summary of Revisions: 2005 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology (ASHA Website)

ASHA Frequently Asked Questions About the 2005 Certification Standards in Speech/Language Pathology (ASHA Website)

Department of Public Instruction: Wisconsin Ten Teaching Standards

American Speech-Language-Hearing Association

Background Information and Standards and Implementation for the Certificate of Clinical Competence in Speech Language Pathology

(Updated 7/1/05)

Background Information

The Council on Professional Standards in Speech-Language Pathology and Audiology (Standards Council) of the American Speech-Language-Hearing Association (ASHA), which was sunset in December 2000, was responsible for developing the standards for clinical certification and for monitoring those standards. That is, the Standards Council developed new standards in response to changes in the scope of practice, to protect consumers and to promote quality services. In January 2001 the Council For Clinical Certification (CFCC) was established and assumed both the standard-setting and implementation functions. After finalization of the standards, the CFCC began the development of the implementation language, which clarifies or interprets the standards.

The Standards Council had developed an action plan to identify the "â€¦academic, clinical, and other experiences required for attaining the critical knowledge and skills necessary for entry-level, independent practice of speech- language pathology." As a part of that plan, ASHA commissioned the Educational Testing Service to conduct a skills validation study for the profession of speech-language pathology, and the Standards Council examined information from the following: the skills validation study; practice-specific literature (e.g., scope of practice statements, position papers, preferred practice patterns, and publications of related professional organizations); national examination results; information obtained from focus group discussions of the future of speech- language pathology (Practice Setting Panel, ASHA Leadership Conference, Multicultural Issues Board, and the Board of Division Coordinators); a review of external factors (e.g., demographic factors, changes in health care and public education service delivery systems, reimbursement changes in health care and public education service delivery systems, reimbursement regulations, state regulations, and legal issues); consumer groups; and widespread peer review from the ASHA membership, the ASHA leadership, state licensure boards, academic programs, related professional organizations, and consumer groups.

Following a review of the data noted above, the Standards Council published proposed standards for widespread peer review in 1999. The proposed standards were modified on the basis of the peer review comments and adopted by the Standards Council in October 2000, to be implemented in 2005.

Overview of Standards

Although previous certification standards emphasized process measures of academic and clinical knowledge, the 2005 standards combine process and outcome measures of academic and clinical knowledge and skills. Process standards specify the experiences, such as course work or practicum hours; outcome standards require demonstration of specific knowledge and skills. The 2005 standards utilize a combination of formative and summative assessments for the purpose of improving and measuring student learning.

Salient features of the standards for entry- level practice include the following requirements:

A. A minimum of 75 semester credit hours culminating in a master's, doctoral, or other recognized post-baccalaureate degree. The graduate education in speech-language pathology must be initiated and completed in a program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association.

B. Skills in oral and written communication and demonstrated knowledge of ethical standards, research principles, and current professional and regulatory issues.

C. Practicum experiences that encompass the breadth of the current scope of practice with both adults and children (with no specific clock-hour requirements for given disorders or settings) resulting in a minimum of 400 clock hours of supervised practicum, of which at least 375 hours must be in direct client/patient contact and 25 in clinical observation.

D. A 36-week speech- language pathology clinical fellowship that establishes a collaboration between the clinical fellow and a mentor.

E. A maintenance of certification requirement (Standard VII) that went into effect on January 1, 2005.

Standards and Implementation for the Certificate of Clinical Competence in Speech-Language Pathology

Effective January 1, 2005

Applicants for Initial Certification Under the 1993 Standards

Individuals must apply for initial certification on or before December 31, 2005, in order to be evaluated under the 1993 standards.

Applicants for Initial Certification Under the 2005 Standards

Individuals may apply for initial certification on or after January 1, 2005, in order to be evaluated under the 2005 standards. Individuals applying for initial certification after January 1, 2006, will be evaluated under the 2005 standards.

Applicants for Reinstatement Under the 1993 Standards

Individuals must apply for reinstatement on or before December 31, 2005, in order to be evaluated under the 1993 Certification Standards. The reinstatement policy under the 1993 Certification Standards is as follows:

- If lapsed less than 5 years: Submit a reinstatement application form and the appropriate fee.
- If lapsed more than 5 years: Submit an application for certification with the appropriate fee and either (a) obtain a passing score on the Praxis Series examination within the 3 years preceding application or (b) meet the 1993 certification standards.

Applicants for Reinstatement Under the 2005 Standards

Individuals who apply for reinstatement on or after January 1, 2006, cannot be evaluated under the 1993 Certification Standards and must meet the 2005 Certification Standards. The reinstatement policy under the 2005 Certification Standards is as follows:

- If lapsed less than 5 years: Submit a reinstatement application form, the reinstatement fee, and evidence of professional development hours based on the number of years lapsed (i.e., 1 year = 10 hours; 2 years = 20 hours; 3-5 years = 30 hours).
- If lapsed more than 5 years: Submit a new application for certification with the appropriate fee, obtain a passing score on the Praxis Series examination within 5 years of application for reinstatement, complete a modified clinical fellowship (12-weeks duration), and accumulate 30 contact hours of professional development for the 3 years prior to the application for reinstatement.

STANDARD I: DEGREE

Effective January 1, 2005, the applicant for certification must have a master's or doctoral or other recognized post-baccalaureate degree. A minimum of 75 semester credit hours must be completed in a

course of study addressing the knowledge and skills pertinent to the field of speech-language pathology.

Implementation:

Verification of the graduate degree is required of the applicant before the certificate is awarded. Degree verification is accomplished by submitting (a) an application signed by the director of the graduate program indicating the degree date, and (b) an official transcript showing that the degree has been awarded. Individuals educated in foreign countries must submit official transcripts and evaluations of their degrees and courses to verify equivalency.

All graduate course work and graduate clinical practicum required in the professional area for which the Certificate is sought must have been initiated and completed at an institution whose program was accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association in the area for which the Certificate is sought.

Automatic Approval. If the graduate program of study is initiated and completed in a CAA-accredited program and if the program director or official designee verifies that all knowledge and skills requirements have been met, approval of the application is automatic provided that the application for the Certificate of Clinical Competence is received by the National Office no more than 3 years after the degree is awarded.

Evaluation Required. The following categories of applicants must submit a completed application for certification that includes the Knowledge and Skills Acquisition (KASA) summary form for evaluation by the Council For Clinical Certification (CFCC):

(a) those who apply more than 3 years after the completion of the graduate degree from a CAA-accredited program

(b) those who were graduate students and were continuously enrolled in a CAA-program that had its accreditation withdrawn during the applicant's enrollment

(c) those who satisfactorily completed graduate course work, clinical practicum, and knowledge and skills requirements in the area for which certification is sought in a program that held candidacy status for accreditation

(d) those who satisfactorily completed graduate course work, clinical practicum, and knowledge and skills requirements in speech-language pathology at a CAA-accredited program but (1) received a graduate degree

from a program not accredited by CAA, (2) received a graduate degree in a related area, or (3) received a graduate degree from a non-U.S. institution of higher education.

The graduate program director must verify satisfactory completion of both undergraduate and graduate academic course work, clinical practicum, and knowledge and skills requirements.

STANDARD II: INSTITUTION OF HIGHER EDUCATION

The graduate degree must be granted by a regionally accredited institution of higher education.

Implementation:

The institution of higher education must be accredited by one of the following: Commission on Higher Education, Middle States Association of Colleges and Schools; Commission on Institutions of Higher Education, New England Association of Schools and Colleges; Commission on Institutions of Higher Education, North Central Association of Colleges and Schools; Commission on Colleges, Northwest Association of Schools and Colleges; Commission on Colleges, Southern Association of Colleges and Schools; or Accrediting Commission for Senior Colleges and Universities, Western Association of Schools and Colleges.

Individuals educated in foreign countries must submit documentation that course work was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants educated in foreign countries must meet each of the Standards that follow.

STANDARD III: PROGRAM OF STUDY-KNOWLEDGE OUTCOMES

The applicant for certification must complete a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes.

Implementation:

The program of study must address the knowledge and skills pertinent to the field of speech-language pathology. The applicant must maintain documentation of course work at both undergraduate and graduate levels demonstrating that the requirements in this standard have been met. The minimum 75 semester credit hours may include credit earned for course work, clinical practicum, research, and/or thesis/dissertation. Verification is accomplished by submitting an official transcript showing that the minimum credit hours have

been competed.

Standard III-A: The applicant must demonstrate knowledge of the principles of biological sciences, physical sciences, mathematics, and the social/behavioral sciences.

Implementation:

The applicant must have transcript credit (which could include course work, advanced placement, CLEP, or examination of equivalency) for each of the following areas: biological sciences, physical sciences, social/behavioral sciences, and mathematics. Appropriate course work may include human anatomy and physiology, neuroanatomy and neurophysiology, genetics, physics, inorganic and organic chemistry, psychology, sociology, anthropology, and non-remedial mathematics. The intent of this standard is to require students to have a broad liberal arts and science background. Courses in biological and physical sciences specifically related to communication sciences and disorders (CSD) may not be applied for certification purposes in this category. In addition to transcript credit, applicants may be required by their graduate program to provide further evidence of meeting this requirement.

Standard III-B: The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.

Implementation:

This standard emphasizes the basic human communication processes. The applicant must demonstrate the ability to integrate information pertaining to normal and abnormal human development across the life span, including basic communication processes and the impact of cultural and linguistic diversity on communication. Similar knowledge must also be obtained in swallowing processes and new emerging areas of practice. Program documentation may include transcript credit and information obtained by the applicant through clinical experiences, independent studies, and research projects.

Standard III-C: The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas:

- **articulation**
- **fluency**

- **voice and resonance, including respiration and phonation**
- **receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities**
- **hearing, including the impact on speech and language**
- **swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)**
- **cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)**
- **social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities)**
- **communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies)**

Implementation:

The applicant must demonstrate the ability to integrate information delineated in this standard. Program documentation may include transcript credit and information obtained by the applicant through clinical experiences, independent studies, and research projects. It is expected that course work addressing the professional knowledge specified in Standard III-C will occur primarily at the graduate level. The knowledge gained from the graduate program should include an effective balance between traditional parameters of communication (articulation/phonology, voice, fluency, language, and hearing) and additional recognized and emerging areas of practice (e.g., swallowing, upper aerodigestive functions).

Standard III-D: The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.

Implementation:

The applicant must demonstrate the ability to integrate information about prevention, assessment, and intervention over the range of differences and disorders specified in Standard III-C above. Program documentation may include transcript credit and information obtained by the applicant through clinical experiences, independent studies, and research projects.

Standard III-E: The applicant must demonstrate knowledge of standards of ethical conduct.

Implementation:

The applicant must demonstrate knowledge of, appreciation for, and ability to interpret the ASHA Code of Ethics. Program documentation may reflect course work, workshop participation, instructional module, clinical experiences, and independent projects.

Standard III-F: The applicant must demonstrate knowledge of processes used in research and the integration of research principles into evidence-based clinical practice.

Implementation:

The applicant must demonstrate comprehension of the principles of basic and applied research and research design. In addition the applicant should know how to access sources of research information and have experience relating research to clinical practice. Program documentation could include information obtained through class projects, clinical experiences, independent studies, and research projects.

Standard III-G: The applicant must demonstrate knowledge of contemporary professional issues.

Implementation:

The applicant must demonstrate knowledge of professional issues that affect speech-language pathology as a profession. Issues typically include professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures. Documentation could include information obtained through clinical experiences, workshops, and independent studies.

Standard III-H: The applicant must demonstrate knowledge about certification, specialty recognition, licensure, and other relevant professional credentials.

Implementation:

The applicant must demonstrate knowledge of state and federal regulations and policies related to the practice of speech-language pathology and credentials for professional practice. Documentation could include course modules and instructional workshops.

STANDARD IV: PROGRAM OF STUDY-SKILLS OUTCOMES

Standard IV-A: The applicant must complete a curriculum of academic and clinical education that

follows an appropriate sequence of learning sufficient to achieve the skills outcomes in Standard IV-G.

Implementation:

The applicant's program of study should follow a systematic knowledge- and skill-building sequence in which basic course work and practicum precede, insofar as possible, more advanced course work and practicum.

Standard IV-B: The applicant must possess skill in oral and written or other forms of communication sufficient for entry into professional practice.

Implementation:

The applicant must demonstrate communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. For oral communication, the applicant must demonstrate speech and language skills in English, which, at a minimum, are consistent with ASHA's most current position statement on students and professionals who speak English with accents and nonstandard dialects. For written communication, the applicant must be able to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.

Individuals educated in foreign countries must meet the criteria required by the International Commission of Healthcare Professions (ICHP) in order to meet this standard.

Standard IV-C: The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

Implementation:

Observation hours generally precede direct contact with clients/patients. However, completion of all 25 observation hours is not a prerequisite to begin direct client/patient contact. For certification purposes, the observation and direct client/patient contact hours must be within the scope of practice of speech-language pathology.

For certification purposes, observation experiences must be under the direction of a qualified clinical supervisor who holds current ASHA certification in the appropriate practice area. Such direction may occur simultaneously with the student's observation or may be through review and approval of written reports or

summaries submitted by the student. Students may use videotapes of the provision of client services for observation purposes. The applicant must maintain documentation of time spent in supervised observation, verified by the program in accordance with Standards III and IV.

Applicants should be assigned practicum only after they have acquired a sufficient knowledge base to qualify for such experience. Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward practicum. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client. In rare circumstances, it is possible for several students working as a team to receive credit for the same session depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another interviews the parents, both students may receive credit for the time each spent in providing the service. However, if one student works with the client for 30 minutes and another student works with the client for the next 45 minutes, each student receives credit for the time he/she actually provided services- that is, 30 and 45 minutes, not 75 minutes. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.

Standard IV-D: At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

Implementation:

A minimum of 325 clock hours of clinical practicum must be completed at the graduate level. The remaining required hours may have been completed at the undergraduate level, at the discretion of the graduate program.

Standard IV-E: Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate area of practice. The amount of supervision must be appropriate to the student's level of knowledge, experience, and competence. Supervision must be sufficient to ensure the welfare of the client/patient.

Implementation:

Direct supervision must be in real time and must never be less than 25% of the student's total contact with each client/patient and must take place periodically throughout the practicum. These are minimum

requirements that should be adjusted upward if the student's level of knowledge, experience, and competence warrants. A supervisor must be available to consult as appropriate for the client's/patient's disorder with a student providing clinical services as part of the student's clinical education. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence.

All observation and clinical practicum hours used to meet Standard IV-C must be supervised by individuals who hold a current CCC in the professional area in which the observation and practicum hours are being obtained Only the supervisor who actually observes the student in a clinical session is permitted to verify the credit given to the student for the clinical practicum hours.

Standard IV-F: Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

Implementation:

The applicant must demonstrate direct client/patient clinical experiences in both diagnosis and treatment with both children and adults from the range of disorders and differences named in Standard III-C.

Standard IV-G: The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. Evaluation:

a. conduct screening and prevention procedures (including prevention activities)
b. collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals
c. select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures
d. adapt evaluation procedures to meet client/patient needs
e. interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention
f. complete administrative and reporting functions necessary to support evaluation

g. refer clients/patients for appropriate services

2. Intervention:

a. develop setting -appropriate intervention plans with measurable and achie vable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
b. implement intervention plans (involve clients/patients and relevant others in the intervention process)
c. select or develop and use appropriate materials and instrumentation for prevention and intervention
d. measure and evaluate clients'/patients' performance and progress
e. modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients
f. complete administrative and reporting functions necessary to support intervention
g. identify and refer clients/patients for services as appropriate

3. Interaction and Personal Qualities:

a. communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others
b. collaborate with other professionals in case management
c. provide counseling regarding communication and swallowing disorders to clients /patients, family, caregivers, and relevant others
d. adhere to the ASHA Code of Ethics and behave professionally

Implementation:

The applicant must document the acquisition of the skills referred to in this Standard applicable across the nine major areas listed in Standard III-C. Clinical skills may be developed and demonstrated by means other than direct client/patient contact in clinical practicum experiences, such as academic course work, labs, simulations, examinations, and completion of independent projects. This documentation must be maintained and verified by the program director or official designee.

For certification purposes, only direct client/patient contact may be applied toward the required minimum of 375 clock hours of supervised clinical experience.

STANDARD V: ASSESSMENT

The applicant for certification must demonstrate successful achievement of the knowledge and skills delineated in Standard III and Standard IV by means of both formative and summative assessment.

Standard V-A: Formative Assessment

The applicant must meet the education program's requirements for demonstrating satisfactory performance through ongoing formative assessment of knowledge and skills.

Implementation:

Formative assessment yields critical information for monitoring an individual's acquisition of knowledge and skills. Therefore, to ensure that the applicant pursues the outcomes stipulated in Standard III and Standard IV in a systematic manner, academic and clinical educators must have assessed developing knowledge and skills throughout the applicant's program of graduate study. Applicants may also be part of the process through self-assessment. Applicants and program faculties should use the ongoing assessment to help the applicant achieve requisite knowledge and skills. Thus, assessments should be followed by implementation of strategies for acquisition of knowledge and skills.

The applicant must adhere to the academic program's formative assessment process and must maintain records verifying ongoing formative assessment. The applicant shall make these records available to the Council For Clinical Certification upon its request. Documentation of formative assessment may take a variety of forms, such as checklists of skills, records of progress in clinical skill development, portfolios, and statements of achievement of academic and practicum course objectives, among others.

Standard V-B: Summative Assessment

The applicant must pass the national examination adopted by ASHA for purposes of certification in speech-language pathology.

Implementation:

Summative assessment is a comprehensive examination of learning outcomes at the culmination of professional preparation. Evidence of a passing score on the ASHA-approved national examination in speech-

language pathology must be submitted to the National Office by the testing agency administering the examination.

STANDARD VI: SPEECH-LANGUAGE PATHOLOGY CLINICAL FELLOWSHIP

After completion of academic course work and practicum (Standard VI), the applicant then must successfully complete a Speech-Language Pathology Clinical Fellowship (SLPCF).

Implementation:

The Clinical Fellow may be engaged in clinical service delivery or clinical research that fosters the continued growth and integration of the knowledge, skills, and tasks of clinical practice in speech-language pathology consistent with ASHA's current Scope of Practice. The Clinical Fellow's major responsibilities must be in direct client/patient contact, consultations, record keeping, and administrative duties.

The SLPCF may not be initiated until completion of the graduate course work and graduate clinical practicum required for ASHA certification.

It is the Clinical Fellow's responsibility to identify a mentoring speech-language pathologist (SLP) who holds a current Certificate of Clinical Competence in Speech-Language Pathology. Before beginning the SLPCF and periodically throughout the SLPCF experience, the Clinical Fellow must contact the ASHA National Office to verify the mentoring SLP's current certification status.

Standard VI-A: The mentoring speech-language pathologist and Speech-Language Pathology Clinical Fellow will establish outcomes and performance levels to be achieved during the Speech-Language Pathology Fellowship (SLPCF), based on the Clinical Fellow's academic experiences, setting -specific requirements, and professional interests/goals.

Implementation:

The Clinical Fellow and mentoring SLP will determine outcomes and performance levels in a goal-setting conference within 4 weeks of initiating the SLPCF. It is the Clinical Fellow's responsibility to retain documentation of the agreed-upon outcomes and performance levels. The mentoring SLP's guidance should be adequate throughout the SLPCF to achieve the stated outcomes, such that the Clinical Fellow can function independently by the completion of the SLPCF. The Clinical Fellow will submit the SLPCF Report and Rating Form to the Council For Clinical Certification at the conclusion of the SLPCF.

Standard VI-B: The Clinical Fellow and mentoring SLP must engage in periodic assessment of the

Clinical Fellow's performance, evaluating the Clinical Fellow's progress toward meeting the established goals and achievement of the clinical skills necessary for independent practice.

Implementation:

Assessment of performance may be by both formal and informal means. The Clinical Fellow and mentoring SLP should keep a written record of assessment processes and recommendations. One means of assessment must be the SLPCF Report and Rating Form.

Standard VI-C: The Speech-Language Pathology Clinical Fellowship (SLPCF) will consist of the equivalent of 36 weeks of full-time clinical practice.

Implementation:

Full-time clinical practice is defined as a minimum of 35 hours per week in direct patient/client contact, consultations, record keeping, and administrative duties relevant to a bona fide program of clinical work. The length of the SLPCF may be modified for less than full-time employment (FTE) as follows:

15-20 hours/week over 72 weeks
21-26 hours/week over 60 weeks
27-34 hours/week over 48 weeks

Professional experience of less than 15 hours per week does not meet the requirement and may not be counted toward the SLPCF. Similarly, experience of more than 35 hours per week cannot be used to shorten the SLPCF to less than 36 weeks.

Standard VI-D: The Clinical Fellow must submit evidence of successful completion of the Speech-Language Pathology Clinical Fellowship (SLPCF) to the Council For Clinical Certification.

Implementation:

The Clinical Fellow must submit the SLPCF Report and Rating Form, which includes the Clinical Fellowship Skills Inventory (CFSI) and documentation of successful achievement of the goals established at the beginning of the SLPCF. This report must be completed by both the Clinical Fellow and the mentoring SLP. The Clinical Fellow must also submit the Employer(s) Verification Form, signed by the employer, which attests to the completion of the 36-week full-time SLPCF or its part-time equivalent.

Standard VII: Maintenance of Certification

Demonstration of continued professional development is mandated for maintenance of the Certificate of Clinical Competence in Speech-Language Pathology. This standard took effect on January 1, 2005. The renewal period will be 3 years. This standard will apply to all certificate holders, regardless of the date of initial certification.

Implementation:

Individuals who hold the Certificate of Clinical Competence (CCC) in Speech-Language Pathology must accumulate 30 contact hours of professional development over the 3-year period in order to meet this standard. Individuals will be subject to random review of their professional development activities. If renewal of certification is not accomplished within the 3-year period, certification will lapse. Re-application for certification will be required, and certification standards in effect at the time of re-application must be met.

Continued professional development may be demonstrated through one or more of the following options:

- Accumulation of 3 continuing education units (CEUs) (30 contact hours) from continuing education providers approved by the American Speech-Language-Hearing Association (ASHA). ASHA CEUs may be earned through group activities (e.g., workshops, conferences), independent study (e.g., course development, research projects, internships, attendance at educational programs offered by non-ASHA CE providers), and self-study (e.g., videotapes, audiotapes, journals).

- Accumulation of 3 CEUs (30 contact hours) from a provider authorized by the International Association for Continuing Education and Training (IACET).

- Accumulation of 2 semester hours (3 quarter hours) from a college or university that holds regional accreditation or accreditation from an equivalent nationally recognized or governmental accreditation authority.

- Accumulation of 30 contact hours from employer-sponsored in-service or other continuing education activities that contribute to professional development.

Professional development is defined as any activity that relates to the science and contemporary practice of

audiology, speech-language pathology, and speech/language/hearing sciences, and results in the acquisition of new knowledge and skills or the enhancement of current knowledge and skills. Professional development activities should be planned in advance and be based on an assessment of knowledge, skills and competencies of the individual and/or an assessment of knowledge, skills, and competencies required for the independent practice of any area of the professions.

For the first renewal cycle, beginning January 1, 2005, applications for renewal will be processed on a staggered basis, determined by initial certification dates.

- For individuals initially certified before January 1, 1980, professional development activities must be initiated after January 1, 2005, and completed by December 31, 2007.
- For individuals initially certified between January 1, 1980, and December 31, 1989, professional development activities must be initiated after January 1, 2006, and completed by December 31, 2008.
- For individuals initially certified between January 1, 1990, and December 31, 1999, professional development activities must be initiated after January 1, 2007, and completed by December 31, 2009.
- For individuals initially certified between January 1, 2000, and December 31, 2004, professional development activities must be initiated after January 1, 2008, and completed by December 31, 2010.

All individuals will have a 3-year period to complete the process for renewal of certification.

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Summary of Revisions
2005 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology

Following is a summary of revisions to implementation language-as approved by the Council For Clinical Certification (CFCC)-for the 2005 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology, in chronological order with the most recent at the top.

March 2009

Standard I: Degree, Implementation

- Under Evaluation Required: Added the sentence, "d. those who satisfactorily completed graduate course work, clinical practicum, and knowledge and skills requirements in the area for which certification is sought in a program that was not accredited at the time the individual was enrolled, but which became accredited at a later date."

Standard VI: Speech-Language Pathology Clinical Fellowship

- Added the sentence, "Fellowships that are completed more than 5 years prior to submission of the application for certification are not acceptable."
- Under VI-B: Removed the sentences, "If the request is to use videotapes instead of direct observations, the outline must indicate how many hours will be videotaped, how often the tapes will be made, and how feedback from the mentoring SLP will be provided. Whenever possible, the mentoring SLP and the Clinical Fellow should make arrangements to view the tapes together so that communication about the feedback being provided is immediate."

Standard VII: Maintenance of Certification, Implementation

- Updating of the certification maintenance chart.
- Updated the paragraph explaining the on-going process of certification maintenance.

July 2008

Throughout the document, the phrase "educated in foreign countries" was changed to "educated outside the United States or its territories."

Standard I: Degree, Implementation

- Added "or the official designee" to indicate who can sign the certification application.
- Under Automatic Approval: Added the sentence, "Applicants eligible for automatic approval must submit an official graduate transcript that verifies the date the graduate degree was awarded."
- Under Evaluation Required: Added the sentence, "Applicants requiring evaluating must submit both graduate and undergraduate transcripts for all courses being submitted for certification purposes."

Standard III: Program of Study, Implementation

- Added the sentence, "The minimum 36 hours of course work at the graduate level must be in speech-language pathology."
- Under III-B: Added the sentence, "Methodology courses, such as methods of teaching mathematics, may not be used to satisfy the mathematics requirement."

Standard V: Assessment, Implementation

- Under V-B, Summative Assessment: Added the sentence, "Acceptable exam results are those submitted for initial certification in speech-language pathology that have been obtained no more than five (5) years prior to the submission of the certification application."

Standard VI: Speech-Language Pathology Clinical Fellowship, Implementation

- Under VI-B: Add the sentence, "Use of real-time, interactive video and audio conferencing technology is permitted as a form of on-site observation."

Standard VII: Certification Maintenance, Implementation

- Revision of the certification maintenance interval chart
- Addition of a paragraph explaining the on-going process of certification maintenance.

American Speech-Language-Hearing Association

Frequently Asked Questions About the 2005 Certification Standards in Speech-Language Pathology

Implementation Dates

- When did the 2005 standards in speech-language pathology go into effect?
- Why is the effective date 2006 if the standards are dated 2005?
- I received my degree a number of years ago. Can I still apply under the 1993 standards?

Degree/Accreditation Requirement

- What is the degree requirement for ASHA certification in speech-language pathology?
- In order for me to become certified, does my program need to become accredited, and by whom?
- What verification is required to prove that I have been awarded a graduate degree?

Course Work/Knowledge Areas

- How much course work must be completed?
- What pre-requisite courses are required for certification?
- What courses are acceptable in those four areas?
- What professional area courses are required in speech-language pathology?
- How will the program director know that I have acquired the needed knowledge and skills?
- If a student has received a passing grade in a course, won't that indicate that he or she has gained a particular knowledge or skill?
- Is there a requirement for a certain number of courses or semester hours in speech disorders or language disorders?
- Is there a requirement for course work in audiology? If so, how much?
- In several of the standards, there is the phrase, "the applicant must demonstrate...the aquisition of knowledge or skills." How will a student demonstrate the acquisition of knowledge?

Clinical Practicum

- How much practicum must be completed for ASHA certification under the speech-language pathology standards?
- What activities will count toward the 375 clock hours in direct client/patient contact?
- How many clock hours have to be completed at the graduate level?
- Is there a breakdown of practicum hours for the various disorder categories?
- Are there requirements for a certain amount of hours in the area of audiology?
- What are the supervision requirements?
- Who can supervise the clinical practicum?
- What must be included in supervision?
- Does ASHA have a policy on pay for practicum?

Forms and Documentation

- How will student progress in meeting the certification standards be documented?
- What happens if it is determined that a student has not met all of the requisite knowledge and skills for certification?
- My program uses a form called the KASA. What is the KASA and whose responsibility is it to keep?
- Must I submit the KASA as part of my application for certification?
- What must be submitted when applying for certification?
- Can I apply for certification if I have not yet completed the Praxis exam?
- Before submitting my application. what things do I need to remember to do?
- Once I send in my application, how long will it take to learn whether or not I have been certified?

Summative Assessment

- What mechanism is used for summative assessment?
- Is the graduate program responsible for ensuring that the students take the Praxis exam prior to graduation?
- What is the minimum passing score required for ASHA certification?
- How long do scores remain valid?

Speech-Language Pathology Clinical Fellowship (SLPCF)

- When can the SLPCF be started?
- What are the SLPCF requirements?
- Can the clinical fellow work less than 35 hours per week?
- If the clinical fellow works more than 35 hours per week, can those additional hours shorten the length of the CF?
- The standards use the term "mentoring SLP" rather than supervisor. Is this person one and the same?
- How much observation/supervsion is required during the CF experience?
- How will the mentor and clinical fellow use the SLPCF Report and Rating form?
- Can I wait until I complete my CF experience to apply for ASHA certification?

Certification Maintenance

- Once I am certified, what do I need to do to maintain my certification?
- What happens if I don't pay the annual fees or if I don't comply with the Certification Maintenance Requirement?

Other Information

- Once I have submitted all of my paperwork, can I begin working without supervision?
- After I apply for certification, how much time to I have to complete the certification process?
- How will I be informed that I have been awarded certification?
- When will I receive the actual Certificate of Clinical Competence?
- Will ASHA notify my state licensure board/regulatory agency once I am certified?
- If I have more questions or need help, is there anyone I can talk with?

Implementation Dates

When did the 2005 speech-language pathology standards go into effect?

The standards went into effect January 1, 2006.

Why is the effective date 2006 if the standards are dated 2005?

The Council For Clinical Certification (CFCC), the certifying body of ASHA, wanted to be sure that individuals who might have been educated under previous standards would have the opportunity to apply without needing to upgrade to the 2005 standards. The CFCC allowed a one year grace period, from January

1, 2005, to December 31, 2005, for individuals to submit applications under the 1993 standards.

I received my degree a number of years ago. Can I still apply under the 1993 standards?

No. If you wish to pursue initial certification in speech-language pathology you must apply under the 2005 standards and meet the knowledge and skill requirements outlined in these standards.

Return to Top

Degree/Accreditation Requirement

What is the degree requirement for ASHA certification in speech-language pathology?

Individuals applying for certification in speech-language pathology must have been awarded a master's, doctoral, or other recognized graduate degree.

In order for me to become certified, does my program need to be accredited, and by whom?

As was required under earlier standards, all graduate level academic course work and clinical practicum submitted for ASHA certification must have been initiated and completed in a program that holds accreditation by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA). You can find a list of CAA accredited programs by using EdFind, ASHA's academic search engine

What verification is required to prove that I have been awarded a graduate degree?

Applicants must submit an official graduate transcript showing the degree and the date it was awarded.

Return to Top

Course Work/Knowledge Areas

How much course work must be completed?

Applicants for certification in speech-language pathology must complete a minimum of 75 semester credit hours (112.50 quarter hours) overall, including at least 36 semester credit hours (47 quarter hours) at the graduate level.

What pre-requisite courses are required for certification?

Although there is not a uniform curriculum that all applicants must have followed, transcript credit is required

as evidence of courses completed in biological sciences, physical sciences, mathematics, and the social/behavioral sciences.

What courses are acceptable in those four areas?

Individual graduate programs will determine which courses are acceptable in biological science, physical science, mathematics, and social/behavioral sciences. The CFCC believes that the individual graduate programs are best equipped to make the assessment as to whether or not specific courses will best serve as providing appropriate and adequate pre-requisite skills and knowledge. A list of courses that might be accepted to satisfy the prerequisite requirement can be found in Standard III-A of the speech-language pathology standards.

What professional area courses are required in speech-language pathology?

Under the 2005 standards, the emphasis is on the acquisition of knowledge and skills, not on completion of specific course work. A graduate program is required to periodically assess the student's acquisition of knowledge and skills as listed in Standards III and IV and will determine which courses will permit acquisition of the mandated knowledge and skills.

How will the program director know that I have acquired the needed knowledge and skills?

Each academic program will have determined the specific student learning outcomes and mechanisms they will use to assess students' acquisition of knowledge and skills. The CFCC expects that programs will use a variety of mechanisms (e.g., performance on exams, submitted papers, performance in clinic), and will make these assessments on an on-going basis.

If a student receives a passing grade in a course, won't that indicate that he or she has gained a particular knowledge or skill?

It may, but a grade won't tell the CFCC which knowledge or skill has been mastered. Knowledge may be gained in more than one area through completion of a course. The CFCC is relying on the academic and clinical instructors/supervisors to assess which knowledge and skills have been achieved and how they have been achieved.

Is there a requirement for a certain number of courses or semester hours in speech disorders or language disorders?

No. Beyond the prerequisite courses noted earlier, there are no specific courses in speech-language pathology

required for certification; however, graduate programs will likely have requirements for course work that are above those required for ASHA certification and that is their prerogative. Additionally, individual state licensure boards may have requirements that are not the same as the ASHA certification requirements. It may be necessary for applicants to be able to provide a breakdown of courses and practicum hours to satisfy those licensure requirements.

Is there a requirement for course work in audiology? If so, how much?

The 2005 standards do not mandate specific course work or clinical practicum in audiology, but do address acquisition of knowledge related to audiology areas. Individual graduate programs and licensure boards may have different requirements in this area.

In several of the standards there is the phrase "the applicant must demonstrate...the acquisition of knowledge or skills." How will a student demonstrate the acquisition of knowledge?

The individual graduate programs will have developed mechanisms for assessing the acquisition of the knowledge and skills listed in the standards. Their verification, via completion of the "Verification by Program Director" page of the application, will be sufficient documentation to the CFCC that the applicant has met the requirements.

Return to Top

Clinical Practicum

How much practicum must be completed for ASHA certification under the speech-language pathology standards?

Applicants for certification under the current standards will be required to complete a minimum of 400 clock hours of supervised clinical experience. At least 25 hours must have been spent in clinical observation and at least 375 clock hours must have been spent in direct client/patient contact.

What activities will count toward the 375 clock hours in direct client/patient contact?

Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward the practicum requirement.

How many clock hours have to be completed at the graduate level?

A minimum of 325 clock hours of clinical practicum must be completed at the graduate level.

Is there a breakdown of practicum hours for the various disorder categories?

The standards do not specify a particular number of hours in different categories. Programs may determine the number of hours they will require and licensure boards may require a specific number of hours in different categories. Students must be aware of the various requirements so that they will be able to meet the standards of these various entities.

Are there requirements for a certain amount of hours in the area of audiology?

No. For ASHA certification, activities must be within the scope of practice of speech-language pathology to meet the requirements. But as noted above, programs and state regulatory agencies may have requirements that differ from the ASHA certification standards.

What are the supervision requirements?

As is stated in the implementation language for Standard IV-E, supervision must be in real time and must never be less than 25% of the student's total contact with each client/patient. Supervision must take place periodically throughout the practicum experience.

Who can supervise the clinical practicum?

Only individual holding current ASHA certification in speech-language pathology may supervise the observation and clinical practicum hours required for ASHA certification. (See Standard IV-C.) Other appropriate individuals, as determined by the graduate program, may supervise hours that are acquired beyond the ASHA certification requirements. The graduate program may use the input of these individuals in assessing the student's acquisition of knowledge and skills in particular areas.

What must be included in supervision?

Supervision must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, improve performance, and develop clinical competence.

Return to Top

Forms and Documentation

How will student progress in meeting the certification standards be documented?

Programs may use the mechanisms of their choice to document and track student progress in the acquisition

of knowledge and skills, including the KASA. The Council on Academic Accreditation (CAA) will review an accredited program's process and forms to ensure compliance with its standard related to accurate record keeping. The CFCC requires an applicant to file a certification application [PDF] that contains the "Verification by Program Director" page to verify that the student has met the appropriate knowledge and skills mandated by the standards

What happens if it is determined that a student has not met all of the requisite knowledge and skills for certification?

Programs must discuss their assessment of knowledge and skill acquisition with the student and it is anticipated that the program will work with the student to develop a plan to address the need for further development. It is the program's responsibility to ensure that the student has met all of the knowledge and skills prior to signing the application for ASHA certification.

My program uses a form called the KASA. What is the KASA and whose responsibility is it to keep?

KASA means Knowledge and Skills Acquisition. The KASA form [PDF] tracks students' progress in gaining the knowledge and skills required to earn the Certificate of Clinical Competence (CCC). In most programs, the maintenance of the KASA is a shared responsibility between the faculty/staff and the student. At the completion of the graduate program, the program director will be required to review the KASA and to complete the "Verification by Program Director" page that is part of the certification application.

Must I submit the KASA as part of my application for certification?

No. The CFCC does not require submission of the completed KASA from any applicant for certification.

What must be submitted when applying for certification?

Applicants who apply within 3 years of completion of the graduate degree need to submit the 3-page application form (includes the "Verification by Program Director" page) and an official graduate transcript that shows the degree and the date it was awarded. If the application is received more than 3 years after receipt of the graduate degree, the applicant must also submit both undergraduate and graduate transcripts for all courses being used to meet ASHA certification. And all applicants are required to submit payment of the appropriate dues/fees to initiate the certification process.

Applicants for certification are also required to submit the Speech-Language Pathology Clinical Fellowship (SLPCF) Report and Rating form [PDF] at the conclusion of the CF experience, and verification from ETS of

having achieved a passing score on the Praxis examination in speech-language pathology.

Can I apply for certification if I have not yet completed the Praxis exam?

Yes. Individuals are eligible to apply for certification once all graduate level academic course work and clinical practicum have been completed and they have been judged by the graduate program as having met all of the knowledge and skills mandated by the current standards.

Before submitting my application, what things do I need to remember to do?

1. Be sure to review all of the paperwork you will be submitting to make sure that you have completed it correctly, that the application bears your signature on page 2, and that the "Verification by Program Director" page has been completed and signed by the director of your graduate program;
2. Before you send in your application, make a copy for your records. While it is a rare occurrence, there are times when materials are lost in the mail and applicants must submit a copy of the original forms in order to affect the certification process. Additionally, the National Office does not retain paper copies of the forms you submit and they are not available once certification has been granted;
3. Please be sure that you have enclosed the appropriate payment either through check or credit card. ASHA accepts either MasterCard or Visa. Applications received without the appropriate payment will be returned to the applicant.

Once I send in my application, how long will it take to learn whether or not I have been certified?

It will take 4 to 6 weeks from receipt of your application for it to be processed. Your care and attention in submitting the application and all required materials will make the process easier. You can check on the status of your application by e-mailing Certification Administration at certification@asha.org.

Does ASHA have a policy on pay for practicum?

ASHA policy allows students to receive pay for services they provide within the clinical practicum setting. However, some academic programs may have policies that prohibit students from being paid for their practicum work. In such cases, ASHA defers to the university's decision about such payment.

Return to Top

Summative Assessment

What mechanism is used for summative assessment?

The summative assessment used for ASHA certification is the Praxis series examination in speech-language pathology administered by the Educational Testing Service (ETS).

Is the graduate program responsible for assuring that the students take the Praxis exam prior to graduation?

No, it is the student's responsibility to be sure that they have completed the examination at the appropriate time. The Praxis examination is designed to be taken once graduate academic course work and clinical practicum have been completed, but in many situations students take the exam as they are beginning their final year in the graduate program.

When the exam is taken, the applicant must list ASHA as a score recipient so that the results will be sent to the National Office. Additionally, it is helpful if the applicant lists his or her graduate program as a score recipient so that the program can report aggregate performance data periodically to the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) for the program's accreditation purposes.

What is the minimum passing score required for ASHA certification?

The current passing score in speech-language pathology is 600. In order for an applicant's score to be accepted for ASHA certification, it must be reported to ASHA by the Educational Testing Service. Score reports received directly from applicants are not acceptable for certification purposes.

How long do scores remain valid?

Exam results submitted for certification in speech-language pathology must have been obtained no more than five (5) years prior to the submission of the certification application. Scores older than 5 years will not be accepted for certification.

Return to Top

Speech-Language Pathology Clinical Fellowship (SLPCF)

When can the SLPCF be started?

The SLPCF (also called the CF) can be initiated once all academic course work and clinical practicum requirements for certification have been completed.

What are the SLPCF requirements?

The SLPCF must consist of the equivalent of 36 weeks of full-time (35 hours per week) clinical practice. Clinical fellows have 48 months from the date of initiation of the CF in which to accumulate 1,260 hours of experience. The CF experience must be comprised of direct patient/client contact, consultations, record keeping, and administrative duties relevant to a valid program of clinical work.

Can the clinical fellow work less than 35 hours per week?

Yes, but if less than full-time employment is used for the CF, the length of the CF must be extended. Professional experience of less than 5 hours per week is not accepted toward meeting the SLPCF requirements.

If the clinical fellow works more than 35 hours per week, can those additional hours shorten the length of the CF?

No. Experience of more than 35 hours per week cannot be used to shorten the CF to less than 36 weeks.

The standards use the term "mentoring SLP" rather than supervisor. Is this person one and the same?

They may be, but not necessarily. While an employment supervisor is not required to hold current ASHA certification, the mentoring SLP must hold certification during the period of time she or he serves as the SLPCF mentor. The mentor will work with the fellow to establish outcomes and performance levels to be achieved during the SLPCF, and will provide guidance throughout the experience. It will be the mentoring SLP's responsibility to engage in periodic assessments of performance, and to evaluate progress toward meeting the established goals and achievement of clinical skills necessary for independent practice. One means of assessment that must be used is the SLPCF Report and Rating form [PDF] that will be submitted to the CFCC at the conclusion of the CF experience.

How much observation/supervision is required during the CF experience?

There must be no fewer than 18 hours of on-site observation of the clinical fellow providing clinical services throughout the CF experience. Additionally, at least 18 other monitoring activities must occur during the experience. The mentoring SLP will use these observations to assess performance and evaluate progress toward achieving the skills necessary for independent practice.

How will the mentor and clinical fellow use the Report and Rating form?

During each third of the CF experience, the fellow and mentor will have a formal meeting where they will

discuss the fellow's performance on the skills listed in the Clinical Fellowship Skills Inventory form. These ratings will be transferred to the SLPCF Report and Rating form [PDF] and both the fellow and mentor will sign the form. This meeting will also be an opportunity for a discussion of areas of concerns or to highlight accomplishments of the clinical fellow.

At the conclusion of the experience, the mentor and clinical fellow will complete and submit the completed SLPCF Report and Rating form to the CFCC. In the final segment of the experience, ratings of "3" or above in the core skills must have been achieved in order for the experience to be accepted. If there are core skills that are not judged to be acceptable, the fellow and mentor should work out an arrangement where additional work can be performed in those areas. Once successfully completed, the additional work must be submitted via a follow-up SLPCF Report and Rating form that has been signed by both the mentoring SLP and the clinical fellow.

Can I wait until I complete my CF experience to apply for ASHA certification?

At the present time you can but this may change. The CFCC has been discussing requiring individuals to submit an application within 60 days of beginning the CF experience; if the application is not submitted within the requisite time period, experience gained more than 60 days prior to receipt will not be accepted. You are strongly encouraged to check the ASHA Web site for any changes in requirements prior to starting your CF.

Return to Top

Certification Maintenance

Once I am certified, what do I need to do to maintain my certification?

You must do three things to maintain your certified status: 1) pay your annual dues/fees when billed, 2) continue to abide by the ASHA Code of Ethics, and 3) participate in continuing professional development hours sufficient to meet the Certification Maintenance Requirements outlined on the ASHA Web site.

What happens if I don't pay the annual fees or if I don't comply with the Certification Maintenance Requirement?

Failure to pay annual fees or meet the maintenance requirement will cause your certification to lapse. Should you decide at a later date that you wish to again be certified, you will need to meet the Certification Reinstatement Requirements in effect at the time you submit your reinstatement application. Current

certification maintenance requirements and reinstatement procedures are detailed on the ASHA Web site.

To be sure that you receive important information regarding your maintenance interval and your annual invoices for dues/fees, be sure to notify the National Office of any name, address, and e-mail changes as they occur. You may make these changes yourself on the member section of the Web site, or by calling the ASHA Action Center at 800-498-2071.

Other Information

Once I have submitted all of my paperwork, can I begin working without supervision?

No. Submission of paperwork does not mean that you are certified. Until you receive notification from the National Office that certification has been awarded, you may not present yourself as being certified; provide independent clinical services; or supervise students in clinical practicum, individuals engaged in the clinical fellowship, or SLP assistants.

After I apply for certification, how much time to I have to complete the certification process?

Once you apply for certification you have five (5) years in which to complete the process.

How will I be informed that I have been awarded certification?

You will receive three things in the mail: 1) a letter of congratulations on your newly received certification, 2) a letter verifying your certification that can be shown to your employer, and 3) a Certificate Order Form to order your copy of the Certificate of Clinical Competence.

When will I receive the actual Certificate of Clinical Competence?

If you wish to receive the actual Certificate, you will need to complete the Certificate Order Form (see above question) and return it to the National Office. Please allow 4 to 6 weeks after submission of your order form to receive the Certificate.

Will ASHA notify my state licensure board/regulatory agency once I am certified?

We will be happy to notify anyone you designate once you become certified, but ASHA does not automatically send verification of certification to other entities. If you need a verification letter once you have been awarded certification, contact the ASHA Action Center at 800-498-2071 to have a letter prepared and sent to the entity you designate.

Please be aware that most licensure boards will not accept a faxed verification letter-check with the licensure board before requesting that the verification letter be faxed to them. ASHA cannot provide copies of certification documents to licensure boards/regulatory bodies because materials submitted are not retained long-term. Please make copies of all documents you submit for certification.

If I have more questions or need help, is there anyone I can talk with?

Yes, there is assistance available. You can contact the ASHA Action Center at 800-498-2071 if you have general questions about the certification process. For specific information regarding your file, you will want to contact the Certification Administration team who will have access to the materials you have submitted. The phone number for the Certification Administration Team is available on the ASHA Web site and will also appear on information you are sent when you submit your application for certification.

Return to Top

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WISCONSIN TEACHER STANDARDS

Standard Description

1 CONTENT: The teacher understands the central concepts, tools 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.

2 METHODS: The teacher understands how children with broad ranges of ability learn and provides instruction that supports their intellectual, social and personal development.

3 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.

4 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.

5 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.

6 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.

7 CURRICULUM: The teacher organizes and plans systematic instruction based upon knowledge of subject matter, pupils, the community and curriculum goals.

8 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.

9 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.

10 PROFESSIONALISM: The teacher fosters relationships with school colleagues, parents and agencies in the larger community to support pupil learning and well being and who acts with integrity, fairness and in an ethical manner.

Wisconsin Teaching Standards

1. **The teacher understands the central concepts, tools 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**

   (NOTE: See Wisconsin DPI Content Guidelines for each certification program for Knowledge, Skills, and Dispositions related to subject knowledge. Website: http://www.uwsp.edu/education)

2. **The teacher understands how children with broad ranges of ability learn and provides instruction that supports their intellectual, social, and personal development.**

   Knowledge: ▪ Teacher candidate describes theoretical frameworks for understanding and identifying patterns of intellectual, social, and personal development.

   Skills: ▪ Teacher candidate plans learning experiences that consider patterns of pupils' individual and group development.

   Dispositions: ▪ Teacher candidate values, accepts, and honors diverse personalities, abilities, socioeconomic, cultural/religious, and gender differences.

3. **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.**

   Knowledge: ▪ Teacher candidate identifies a variety of learning approaches for pupils with diverse needs.

   Skills: ▪ Teacher candidate designs, selects, and implements instructional strategies to accommodate specific pupil needs.

   Dispositions: ▪ Teacher candidate believes all pupils can learn.

4. **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.**

   Knowledge: ▪ Teacher candidate defines and applies elements in critical thinking, problem solving, and performance.

   ▪ Teacher candidate identifies various instructional strategies appropriate to his/her discipline and instructional context.

   Skills: ▪ Teacher candidate selects appropriate instructional strategies to meet curricular goals and pupil's needs.

   ▪ Teacher candidate appropriately utilizes technology in his/her instruction. ▪ Teacher candidate effectively incorporates a variety of learning strategies to support performance skills, problem solving, and critical thinking.

   Dispositions: ▪ Teacher candidate values a wide range of strategies for meeting instructional goals and needs of pupils.

   ▪ Teacher appreciates the importance of using a variety of classroom techniques to encourage pupils to think critically and deeply.

5. The teacher uses an understanding of individual and group motivation and behavior to create a learning environment that encourages positive social interaction, active engagement in learning, and self-motivation.

Knowledge:
- Teacher candidate describes the influence of the learning environment to pupil achievement.
- Teacher candidate identifies developmental influences and differences among pupils.
- Teacher candidate identifies techniques and pedagogical practices to accommodate learner differences.
- Teacher candidate describes the principles of effective group structure and dynamics.

Skills:
- Teacher candidate creates a learning environment that supports social interaction, active engagement, and pupil achievement.
- Teacher candidate creates materials to accommodate diverse learning needs.
- Teacher candidate demonstrates effective group facilitation.
- Teacher candidate varies tempo and pacing instruction.

Dispositions:
- Teacher candidate values teaching as a craft.
- Teacher candidate appreciates change, modifications, and adaptations.

6. 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.

Knowledge:
- Teacher candidate identifies instructional media to foster an interactive classroom.
- Teacher candidate describes strategies that create a supportive environment.

Skills:
- Teacher candidate demonstrates ability to foster a respectful, safe, supportive instructional environment.
- Teacher candidate creates classroom activities that support discussions, open-ended questions, collaboration, communication and active inquiry.
- Teacher candidate uses a variety of instructional techniques, media, and technology to foster and support discovery/authentic learning.

Dispositions:
- Teacher candidate values the importance and role of collaborative and interactive learning.
- Teacher values the importance of verbal and non-verbal communication in establishing an interactive classroom.
- Teacher candidate realizes that, as a teacher, listening is often more important than speaking.

7. **The teacher organizes and plans systematic instruction based upon knowledge of subject matter, pupils, the community, and curriculum goals.**

Knowledge: ▪ Teacher candidate identifies the Wisconsin Model Academic Standards.

Skills: ▪ Teacher candidate integrates trends and research that impact curriculum reform into instructional design.
▪ Teacher candidate writes lessons that align with the Wisconsin Model Academic Standards.
▪ Teacher candidate designs instruction consistent with the nature of the specific discipline.

Dispositions: ▪ Teacher candidate values the importance of building school and community collaborations.
▪ Teacher candidate appreciates student interests and parental and community values and concerns.

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

Knowledge: ▪Teacher candidate identifies a variety of formal and informal assessment strategies.
▪ Teacher candidate describes and explains how assessment is effectively used to monitor pupil progress and instruction.

Skills: ▪ Teacher candidate creates and uses both formal and informal assessments.
▪ Teacher candidate creates assessment criteria for evaluating knowledge and performance.
▪ Teacher candidate interprets data for use in decision-making about instruction and pupil learning.
▪ Teacher candidate creates, utilizes, explains, and modifies assessment measures such as: checklists, rubrics, performance tasks, problem-solving exercises, and simulations.

Dispositions: ▪ Teacher candidate appreciates the need for continuous, ongoing assessment to modify instruction to meet pupil needs.

9. **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.**

Knowledge: ▪ Teacher candidate explains the impact of his/her choices, beliefs, and actions on pupils.
▪ Teacher candidate identifies resources for professional development in the school, community, and beyond.

Skills: ▪ Teacher candidate critically evaluates lessons and makes necessary adjustments.
▪ Teacher candidate critiques and modifies teaching based on reflections.
▪ Teacher candidate identifies personal and professional strengths and builds on them.

Dispositions: ▪ Teacher candidate appreciates the importance of reflection to improve the teaching and instructional environment.
▪ Teacher candidate values professional growth and development.
▪ Teacher candidate values and seeks advice and directions of others.

10. The teacher fosters relationships with school colleagues, parents, and agencies in the larger community to support pupil learning and well being and who acts with integrity, fairness, in an ethical manner.

Knowledge:
- Teacher candidate describes the importance of the community's political structure or climate.
- Teacher candidate identifies the impact of home and community on pupil learning and performance
- Teacher candidate identifies relevant community resources, agencies, and issues.

Skills:
- Teacher candidate examines the relationship between community characteristics and the functioning of the school.
- Teacher candidate develops positive relationships with students, parents, colleagues, and community members.

Dispositions:
- Teacher candidate views the school within its larger community context.
- Teacher candidate understands the importance of building effective relationships within the community.
- Teacher candidate honors his/her position as a role model.
- Teacher candidate values behaving with integrity, fairness, and in an ethical manner.
- Teacher candidate values and seeks positive relationships with the community.

APPENDIX C

Supervision Process

ASHA's Top Ten Reasons to Supervise a Student

UWSP School of Communicative Disorder's Supervisor/Supervisee Expectations for Enhancing Clinical Problem-Solving and Independence

Chial, M. (1999). Viewpoint*: Conveying expectations about professional behavior.* Audiology Today, volume 10, number 4.

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Top Ten Reasons to Supervise a Student

1. Develop and recruit future employees.
2. Stay current—learn what students are learning.
3. Share your expertise with future SLPs.
4. Establish a relationship with university programs.
5. Teach future SLPs to advocate for SLP services.
6. Introduce students to interdisciplinary teaming.
7. Feel good about giving back to the profession.
8. Develop your mentoring and supervisory skills.
9. Enhance your clinical skills by teaching someone else.
10. Leave a legacy.

SUPERVISION MATTERS

Make a difference as a clinical educator

For more information go to www.asha.org (search "student supervision")

ENHANCING CLINICAL PROBLEM SOLVING AND INDEPENDENCE

The goal of the supervision process is to help audiology and speech/language students become independent learners, to challenge them to embrace the concept of being life-long learners who are motivated to recognize professional problem areas, to utilize available resources to solve problems, and to develop corrective action plans.

The following represents supervisor and supervisee expectations to facilitate this growth toward independence in the clinical process and the supervision process.

Supervisor and Supervisee Expectations

Supervisor: Establish a professional relationship with the supervisee and develop open lines of communication with regard to the supervision process.

- Within the first week of each semester, provide clear explanations of preferences in styles and formats of supervision and methods of feedback, based upon the student's place on the supervision continuum.
- Create a safe atmosphere in which students can confidently grow as professionals.

Supervisee: Establish a professional relationship with the supervisor and develop open lines of communication with regard to the supervision process.

- Discuss perceptions of the supervisory process, feedback expectations and supervision needs with the supervisor within the first week of the semester.
- Communicate ideas and concerns with supervisors, so they can more effectively facilitate the clinical experience.

Supervisor: Provide clear written expectations within a thorough syllabus within the first week of the semester.

- Share preferred procedures and deadlines for lesson planning, report writing, and supervisory conferences.
- Adhere to the syllabus and be prepared and punctual in work with students.

Supervisee: Carefully read the practicum syllabus and request clarification, if necessary, within the first week of the semester.

- Reference the syllabus throughout the semester to answer questions about procedures and due dates.

Supervisor: Provide clear and prompt feedback to students on the clinical and supervisory processes, according to the student's placement on the supervision continuum.

- Utilize written feedback, direct verbal feedback within a clinical session, spontaneous or unscheduled verbal interaction following an observation, or formal collaborative individual and/or group conferencing.
- Facilitate clinician self-evaluation and independence by providing less direct feedback and by encouraging more independent problem solving, as the student progresses on the supervision continuum.

Supervisee: Come prepared for supervisory conferences and respect all deadlines.

- State issues, concerns, and ideas for discussion at the beginning and during the supervisory conferences.
- Put thought and study into questions before asking for input. Self-question: “Where have I learned about this before? Where can I get information on my own about this issue?”
- Define and analyze the issue or concern in behavior-specific terms, before asking for input (For example, say, “I am having a hard time managing BL’s behavior. He does not sit in his chair when I am trying to teach him, and then he does not do the task with real effort,” as opposed to, “Therapy isn’t going very well with BL. What should I do?”
- Generate possible actions, solutions and options based upon a review of resources. To demonstrate your effort to answer questions on your own, bring books, notes, articles, etc. with to supervisory meetings.
- Locate and use a variety of resources to obtain information about therapy and diagnostic sessions, including textbooks, class notes/handouts, activity books from the CMC, journal articles, information from peers, and observations of others’ therapy and evaluations.
- Present potential solutions. The supervisor will listen, confirm, or redirect with suggestions and/or feedback.
- Initiate and actively participate in the supervisory process.

Supervisor: Act upon the student’s feedback.

- Implement changes in the therapy, evaluations, and/or supervisory process based upon discussion with the student.
- Evaluate if the solution had the desired effect; if not, generate a new option.

Supervisee: Act upon the supervisor’s feedback.

- Implement changes in the therapy, evaluations, and/or supervisory process based upon discussion with the supervisor.
- Evaluate if the solution had the desired effect; if not, generate a new option.

Supervisor: Demonstrate professionalism in interactions.

- Create an atmosphere which values students’ professional initiative in asking questions and experimenting with sound ideas.
- Discuss concerns with supervisees in a respectful, professional manner.
- When approached by students of other supervisors, redirect students back to assigned supervisor or clarify if student was specifically referred for guidance.

Supervisee: Demonstrate professionalism in interactions.

- Discuss concerns with the case supervisor, as opposed to other supervisors, unless recommended by your supervisor.
- Discuss concerns with the supervisor in a respectful, professional manner.

______________________________________ ______________________________________

Supervisor Date Supervisee Date

Viewpoint

CONVEYING EXPECTATIONS ABOUT PROFESSIONAL BEHAVIOR

Only three learned professions were recognized as such at the beginning of this century: law, medicine, and theology. For good or ill, ours is an age in which occupations ranging from aroma therapy to zymometry claim to be "professions" and their proponents. "professionals." It can be argued that whether an occupation rises to the status of a profession is less a function of claims of importance than of underlying principles and values of practitioners. It can also be argued that professionalism (referring to "the manner spirit and methods of a profession") is more about doing than about being.

Education and training in audiology necessarily emphasize scientific and technical knowledge, as well as clinical skill. Proper preparation also requires attention to the behaviors that distinguish professionals from amateurs and from dilettantes. These behaviors may not be taught, but they certainly can be learned. Perhaps too often we assume that formal statements of ethics and the actions of more experienced models are sufficient indicators of professional behaviors. As a result, students may be unclear about what is expected of them and when they will be accountable for those expectations. One solution is to state - in direct, behavioral terms - what is expected .

The following attempts to do so as simply as possible. It is not intended as rant and cant, but rather as a set of behavioral aspirations. Some of us may have fallen short of some of these aspirations at some time or other. That is less important than our efforts to do the right thing next time.

P R O F E S S I O N A L I S M

Audiology is a professional discipline. Professions require certain behaviors of their practitioners. Professional behavior (which may or may not directly involve other people) have to do with professional tasks and responsibilities, with the individuals served by the profession, and with relations with other professionals. Included among professional tasks are education and training. The following conveys expectations about the behaviors of those who seek to join this profession.

1 You show up.

2 You show up on time.

3 You show up prepared.

4 You show up in a frame of mind appropriate to the professional task.

5 You show up properly attired.

6 You accept the idea that "on time," "prepared," "appropriate," and "properly" are defined by the situations, by the nature of the task, or by another person.

7 You accept that your first duty is to the ultimate welfare of the persons served by your profession, and that "ultimate welfare" is a complex mix of desires, wants, needs, abilities and capacities.

8 You recognize that professional duties and situations are about completing tasks and about solving problems in ways that benefit others, either immediately or in the long term. They are not about you. When you are called upon to behave as a professional, you are not the patient, the customer, the star, or the victim.

9 You place the importance of professional duties, tasks and problem solving above your own convenience.

10 You strive to work effectively with others for the benefit of the person served. This means you pursue professional duties, tasks and problem solving in ways that make it easier (not harder) for others to accomplish their work.

11 You properly credit others for their work.

12 You sign your work.

13 You take responsibility for your actions, your reactions, and your inaction. This means you do not avoid responsibility by offering excuses, by blaming others, by emotional displays, or by helplessness.

14 You do not accept professional duties or tasks for which you are personally or professional unprepared.

15 You do what you say you will do. By the time you said you would do it. To the extent you said you would do it. And to the degree of quality you said you would do it.

16 You take active responsibility for expanding the limits of your knowledge, understanding and skill.

17 You vigorously seek and tell the truth, including those truths that may be less than flattering to you.

18 You accept direction (including correction) from those who are more knowledgeable or more experienced. You provide direction (including correction) to those who are less knowledgeable or less experienced.

19 You value the resources required to perform professional duties, tasks, and problem solving, including your time and that of others.

20 You accord respect to the values, interests, and opinions of others that may differ from your own, as long as they are not objectively harmful to the persons served.

21 You accept the fact that others may establish objectives for you. While you may not always agree with those goals, or may not fully understand them, you will pursue them as long as they are not objectively harmful to the persons served.

22 When you attempt a task for the second time, you seek to do it better than you did it the first time. You revise the ways you approach professional duties, tasks, and problem solving in consideration of peer judgments of best practices.

23 You accept the imperfections of the world in ways that do not compromise the interests of those you serve, or your own pursuit of excellence.

24 You base your opinions, actions and relations with others upon sound empirical evidence, and upon examined personal values consistent with the above.

25 You expect all of the above from other professionals.

Submitted by Michael Chial, Madison, WI. (1999) Audiology Today, volume 10, number 4, p.25.

Code of Ethics

Reference this material as: American Speech-Language-Hearing Association. (2010). *Code of Ethics* [Ethics]. Available from www.asha.org/policy.

Index terms: ethics

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Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

Rules of Ethics

A. Individuals shall provide all services competently.
B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
C. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
D. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.
E. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

F. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.
G. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.
H. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.
I. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
J. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
K. Individuals shall not provide clinical services solely by correspondence.
L. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.
M. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.
N. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.
O. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.
P. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.
Q. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
R. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

Principle of Ethics II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

Rules of Ethics

A. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.
B. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.
C. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.
D. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.
E. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

Principle of Ethics III

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.

Rules of Ethics

A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.
B. Individuals shall not participate in professional activities that constitute a conflict of interest.
C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.
D. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.
E. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.
F. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
G. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

Principle of Ethics IV

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

Rules of Ethics

A. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.
B. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
C. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.
D. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.
E. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
F. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.
G. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
H. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
I. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
J. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
K. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
L. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
M. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.
N. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.

Supervision of Student Clinicians

Board of Ethics

Reference this material as: American Speech-Language-Hearing Association. (2010). *Supervision of Student Clinicians* [Issues in Ethics]. Available from www.asha.org/policy.

Index terms: supervision, students, ethics

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About This Document

This Issues in Ethics statement is a revision of *Supervision of Student Clinicians* (2003). The Board of Ethics reviews Issues in Ethics statements periodically to ensure that they meet the needs of the professions and are consistent with ASHA policies.

Issues in Ethics Statements: Definition

From time to time, the Board of Ethics determines that members and certificate holders can benefit from additional analysis and instruction concerning a specific issue of ethical conduct. Issues in Ethics statements are intended to heighten sensitivity and increase awareness. They are illustrative of the Code of Ethics and intended to promote thoughtful consideration of ethical issues. They may assist members and certificate holders in engaging in self-guided ethical decision-making. These statements do not absolutely prohibit or require specified activity. The facts and circumstances surrounding a matter of concern will determine whether the activity is ethical.

Introduction

This Issues in Ethics statement is presented for the guidance of American Speech-Language-Hearing Association (ASHA) members and certificate holders in matters relating to supervision of students engaged in the provision of clinical services during practicum experiences. ASHA members and certificate holders are employed in a variety of work settings and are required by their employers, by their states, and by governmental agencies, as well as by ASHA, to comply with prescribed personnel standards related to certification and licensure. Although the specific standards of these groups can and do differ, under the Code of Ethics, members and certificate holders delivering or supervising clinical services must hold ASHA certification in the area of their clinical or supervisory work regardless of the work setting, state, or jurisdiction in which they are employed. Further, ASHA-certified individuals engaged in supervision of student clinicians are bound to honor their responsibility to hold paramount the welfare of persons they serve professionally and to ensure that services are provided competently by students under their supervision.

Discussion

The Board of Ethics cites and interprets the following sections of the Code of Ethics (2010) that pertain to the supervision of student clinicians:

- **Principle of Ethics I:** Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities and they shall treat animals involved in research in a humane manner.
- **Principle of Ethics I, Rule A:** Individuals shall provide all services competently.
- **Principle of Ethics I, Rule D:** Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.
- **Principle of Ethics I, Rule G:** Individuals who hold the Certificates of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope

Clinical Supervision in Speech-Language Pathology

Ad Hoc Committee on Supervision in Speech-Language Pathology

Reference this material as: American Speech-Language-Hearing Association. (2008). *Clinical Supervision in Speech-Language Pathology* [Technical Report]. Available from www.asha.org/policy.

Index terms: supervision

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About This Document

This technical report was developed by the Ad Hoc Committee on Supervision in Speech-Language Pathology of the American Speech-Language-Hearing Association (ASHA). Members of the committee were Lisa O'Connor (chair), Christine Baron, Thalia Coleman, Barbara Conrad, Wren Newman, Kathy Panther, and Janet E. Brown (ex officio). Brian B. Shulman, vice president for professional practices in speech-language pathology (2006–2008), served as the monitoring officer. This document was approved by the Board of Directors on March 12, 2008.

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Introduction

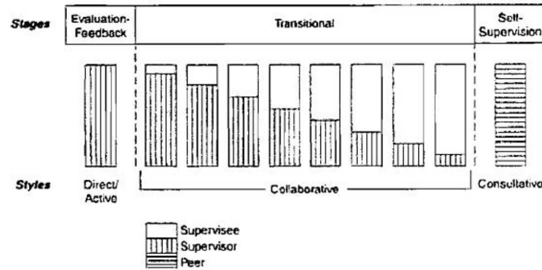
Because of increasing amounts of data from studies on supervision, advances in technology, and a greater understanding of the value of interpersonal factors in the supervisory process, there was a need to update ASHA's 1985 position statement *Clinical Supervision in Speech-Language Pathology and Audiology* (ASHA, 1985b). This 2008 technical report accompanies an updated position statement and knowledge and skills document for the profession of speech-language pathology (ASHA 2008a, 2008b). Although the principles of supervision (also called clinical teaching or clinical education) are common to both professions, the updated documents address only speech-language pathology because of differences in pre-service education and practice between the two professions.

The 1985 position statement identified specified competencies for supervisors, with an emphasis on clinical supervision of students. This 2008 technical report addresses supervision across the spectrum of supervisees, with the exception of speech-language pathology assistants. Professionals looking for guidance in supervising support personnel should refer to the ASHA position statement, guidelines, and knowledge and skills documents on this topic (ASHA, 2002, 2004b, 2004e).

As stated in ASHA's position statement on clinical supervision in speech-language pathology (ASHA, 2008a), "clinical supervision (also called clinical teaching or clinical education) is a distinct area of practice in speech-language pathology and ... is an essential component in the education of students and the continual professional growth of speech-language pathologists" (p. 1). Clinical supervision is also a collaborative process, with shared responsibility for many of the activities throughout the supervisory experience.

At some point in their career, many speech-language pathologists (SLPs) will be involved in a role that involves supervising students, clinical fellows, practicing SLPs, and/or paraprofessionals. Many of these SLPs do not have formal training or preparation in supervision. Recognizing the importance and complexity involved in the supervisory process, it is critical that increased focus be devoted to knowledge of the issues and skills in providing clinical supervision across the spectrum of a professional career in speech-language pathology. The purpose of this technical report is to highlight key principles and issues that reflect the importance and the highly skilled nature of providing exemplary supervision. It is not intended to provide a comprehensive text on how to become a supervisor. The companion document *Knowledge and Skills Needed by Speech-Language*

Figure 1. Continuum of supervision. From *The Supervisory Process in Speech-Language Pathology and Audiology* (p. 25), by E. S. McCrea and J. A. Brasseur, 2003, Boston: Allyn and Bacon. Copyright © 2003 by Pearson Education. Reprinted by permission of the publisher.



Pathologists Providing Clinical Supervision (ASHA, 2008b) delineates areas of competence, and the position statement *Clinical Supervision in Speech-Language Pathology* (ASHA, 2008a) affirms the role of supervision within the profession.

Background Information

In 1978, the ASHA Committee on Supervision indicated that there was little knowledge of the critical factors in supervision methodology (American Speech and Hearing Association, 1978). During the three decades since that report was written, a body of work has been published that has helped to identify some of the critical factors in supervision methodology and their relationship to the effectiveness of supervision.

Jean Anderson's *The Supervisory Process in Speech-Language Pathology and Audiology* (1988) played a significant role in helping professionals understand the critical factors in supervision methodology and their contribution to the effectiveness of supervision. Her continuum of supervision is the most widely recognized supervision model in speech-language pathology (see Figure 1). This model is based on a developmental continuum that spans a professional career.

The continuum mandates a change over time in the amount and type of involvement of both the supervisor and the supervisee in the supervisory process. As the amount of direction by the supervisor decreases, the amount of participation by the supervisee increases across the continuum (J. L. Anderson, 1988). The stages (evaluation-feedback, transitional, self-supervision) should not be viewed as time-bound, as any individual supervisee may be found at any point on the continuum depending on situational variables as well as the knowledge and skill of the supervisee. The model stresses the importance of modifying the supervisor's style in response to the needs, knowledge, and skills of the supervisee at each stage of clinical development. This model also fosters professional growth on the part of both the supervisor and the supervisee.

In addition to the publications from acknowledged experts in the profession, ASHA has provided guidance in the area of supervision through standards, the Code of Ethics, and Issues in Ethics statements. These documents are described below in the sections *Standards, Regulations, and Legal Issues and Ethical Considerations in Supervision*.

Research on Supervision

As the profession of speech-language pathology has advanced, evidence-based knowledge about practice in clinical disorders has developed through experimental and descriptive research. However, there is little empirical evidence in the area of supervision (Spence, Wilson, Kavanagh, Strong, & Worrall, 2001), especially as it relates to client outcomes. Knowledge about supervision in speech-language pathology has primarily come from descriptive studies documented in texts by acknowledged experts, conference proceedings, and personal and shared experience. The results of descriptive studies have led to the identification of some of the behaviors that supervisors need to modify in order to be less directive and to facilitate high levels of critical thinking in supervisees (Dowling, 1995; Strike-Roussos, 1988, 1995, as cited in McCrea and Brasseur, 2003). Another major source of information about supervision comes from the research literature from other professions. McCrea and Brasseur (2003) examined the work of Rogers (1951), Carkhuff (1967, 1969), Leddick and Barnard (1980), and Hart (1982) in psychology; Fiedler (1967) in business management; Kagan (1970) in social work; and Cogan (1973) and Goldhammer (1969; Goldhammer, Anderson, & Kajewski, 1980) in education to show the extent to which other disciplines have contributed to our knowledge of effective supervision, and to emphasize the shared core principles of supervision reagardless of the discipline and/or service delivery setting (Dowling, 2001).

Definition of Supervision

In 1988 Jean Anderson offered the following definition of the supervisory process:

> Supervision is a process that consists of a variety of patterns of behavior, the appropriateness of which depends on the needs, competencies, expectations and philosophies of the supervisor and the supervisee and the specifics of the situation (tasks, client, setting and other variables). The goals of the supervisory process are the professional growth and development of the supervisee and the supervisor, which it is assumed will result ultimately in optimal service to clients. (p. 12)

Anderson's definition is still consistent with the goals of the process but needs some expansion. ASHA's position statement (1985b) noted that "effective clinical teaching" involves the development of self-analysis, self-evaluation, and problem-solving skills on the part of the individual being supervised. Self-analysis and self-evaluation are important activities for the supervisor as well. Therefore, Anderson's definition may be expanded to include the following:

> Professional growth and development of the supervisee and the supervisor are enhanced when supervision or clinical teaching involves self-analysis and self-evaluation. Effective clinical teaching also promotes the use of critical thinking and problem-solving skills on the part of the individual being supervised.

Critical thinking is based on building hypotheses, collecting data, and analyzing outcomes. A supervisor can facilitate the critical thinking abilities of supervisees through collecting data and facilitating problem solving. Engaging in this process will also help supervisees assess the quality of their service delivery. The *Data Collection in Supervision* section that follows provides further information on this topic.

The following sections discuss key issues that affect supervision or influence the supervisory process.

Supervision Across Settings

Professional, clinical, and operational demands across practice settings vary; however, the supervisory process can be viewed as basically the same wherever speech-language pathology services are delivered. Client populations as well as equipment, tools, and techniques used to provide clinical services can differ across the practice settings. Nevertheless, the dynamics of the supervisory relationship and the components of the supervisory process are similar regardless of work setting.

Often the supervisor is also responsible for day-to-day operations and program management. These supervisors with management responsibilities are accountable to multiple stakeholders (e.g., administrators, regulatory agencies, consumers, employees, and payers). These supervisors also have an obligation to provide clinical teaching to supervisees at all levels of their career. Clinical education may be managed directly by the supervisor, facilitated as a collaborative activity by the supervisor, or delivered in peer training formats (e.g., through literature review and discussion, or continuing education). Methods may vary according to the needs of the clinical population, developmental level of the supervisee, supervisor and supervisee teaching/learning styles and preferences, economics, and practice setting. The basic objective of professional growth and development for both the supervisor and supervisee remains at the core of the supervisory process.

Technology in Supervision

Although technology is not a new concept in supervision, the ways in which technology may be used have changed immensely. It can allow one message to be received by many at one time (through an e-mail list) or it can provide support to just one supervisee through the use of two-way videoconferencing (i.e., "e-supervision"). Through the use of technology, information can be delivered at a distance in real time or be archived for users to retrieve at their convenience. Many forms of technology can be used to support communication and clinical teaching, particularly the Internet, which facilitates the use of e-mail, e-mail lists, instant messaging, Web sites/pages, videoconferencing, video software, Weblogs (or "blogs"), and podcasting. The Appendix provides examples of current uses of technology for supervision. When one uses technology in supervision (e.g., videoconferencing) it is important to be aware of and follow regulatory guidelines involving confidentiality.

The Influence of Power in Supervision

Power has been defined as the ability of one party to change or control the behavior, attitudes, opinions, objectives, needs, and values of another party (Rahim, 1989). Although different models and descriptions of power are described in the literature, some researchers have acknowledged the importance of modifying supervisees' behavior using social and interpersonal influence processes. One form of social

influence is power (Wagner & Hess, 1999). According to Robyak, Goodyear, and Prange (1987), supervisors' power influences trainees to change their clinical behaviors. Other disciplines have extensively investigated social power because of the influence that power has on subordinates' compliance, motivation, satisfaction, task commitment, job performance, and interpersonal conflicts (Wagner & Hess, 1999).

Understanding the influence of social power on the supervisory relationship is important. Supervisors hold the power of grading, signing off on clinical hours, conducting performance evaluations, and making promotion decisions. Lack of awareness of the influence of power can result in intimidation and a reluctance on the part of the supervisee to participate actively in the supervisory experience.

Individuals from diverse cultural and/or linguistic backgrounds may respond differently to the power dynamic (e.g., to people they perceive to be in roles of authority). They may behave in ways that may be interpreted as inappropriate by those who are unfamiliar with their culture and/or background (Coleman, 2000). Therefore, it is important for supervisors to know when to consult someone who can serve as a cultural mediator or advisor concerning effective strategies for culturally appropriate interactions with individuals (clients and supervisees) from specific backgrounds.

Mentoring in Supervision

The terms *mentoring* and *supervision* are not synonymous but are often used interchangeably (Urish, 2004). Mentoring is typically defined as a relationship between two people in which one person (the mentor) is dedicated to the personal and professional growth of the other (the mentee) (Robertson, 1992). While this definition may sound similar to the relationship of the supervisor and the supervisee, the primary focus of supervision is accountability for the supervisee's performance (e.g., providing grades or conducting performance evaluations; documenting professional behavior and clinical performance). In contrast, mentoring focuses on creating effective ways to build skills, influence attitudes, and cultivate aspirations. Mentors advise, tutor, sponsor, and instill a professional identity in mentees. Mentoring is an intense interaction between two people, where the mentor has authority and power based on experience. To highlight the importance of the mentoring role, the 2005 ASHA Standards for Clinical Certification references mentoring. In some sections the terminology has been changed from *supervision* to *mentoring* and from *clinical fellowship supervisor* to *clinical fellowship mentor* (Council for Clinical Certification in Audiology and Speech-Language Pathology [CFCC], 2005).

Some aspect of mentoring should be involved in all supervisory relationships, the degree being dependent on supervisory style, the amount of experience and skill level of the supervisee, and factors associated with the practice setting. Supervisors who maintain a "direct-active" style of supervision as described by J. L. Anderson (1988) are less likely to address the mentoring aspect of supervision. The "direct-active" style focuses mainly on growth in performance rather than on the personal growth of the supervisee. "Collaborative" or "consultative" styles, as described by J. L. Anderson (1988), better facilitate the ability to address the mentoring aspect of supervision. Mentoring is most appropriate when supervisees have moved into the advanced level of the "transitional stage" and/or the self-supervision stage on the Anderson continuum.

Training in Supervision

Many professionals are thrust into the role of supervisor or clinical educator without adequate preparation or training (J. L. Anderson, 1988; Dowling, 2001; McCrea & Brasseur, 2003; Spence et al., 2001). They become "overnight supervisors" and are forced to draw on their own past experiences as supervisees, positive or negative, as a source for their own techniques and methodologies. Supervisors in all practice settings may also have unrealistic expectations concerning the academic and clinical preparation of supervisees, particularly students.

Dowling (2001) and McCrea and Brasseur (2003) discussed research in speech-language pathology by Culatta and Seltzer (1976), Irwin (1975, 1976), McCrea (1980), Roberts and Smith (1982), and Strike-Roussos (1988, 1995) indicating that supervisors who engage in supervisory conferences/meetings without formal supervisory training tend to dominate talk time, problem solving, and strategy development. These supervisors tend to use the same direct style of supervision with all supervisees regardless of their knowledge or skill levels, and without regard for the supervisee's learning style, which can lead to passive supervisee involvement and dependence on the supervisor (J. L. Anderson, 1988). Further, a direct style of supervision diminishes the need for the supervisee to use critical thinking and problem-solving skills. Supervisors should seek training on the supervisory process so that they can learn about differing supervisory styles and develop competence in supervision. This will help ensure the use of strategies and behaviors that promote supervisee learning and development. ASHA's *Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision* (ASHA, 2008b) lists competencies for effective supervision. Training in supervision can be obtained through course work, continuing education programs, self-study, peer mentoring, and resources from ASHA (e.g., products and/or continuing education offerings) and from Special Interest Division 11, Administration and Supervision.

Supervisor Accountability

Quite often, the effectiveness of a supervisor is determined by asking the supervisee to evaluate the clinical instructor. While such evaluations do have some importance, few supervisees have sufficient understanding of the supervisory process to know what to expect of a supervisor. Further, unless complete anonymity is ensured, the likelihood of receiving honest feedback may be questioned. Therefore, supervisors should also evaluate their own behaviors relative to the supervisory process. Given the lack of validated guidelines for accomplishing such self-evaluation, supervisors must devise their own methods of data collection (McCrea & Brasseur, 2003) or turn to resources from other fields. Casey (1985) and colleagues (Casey, Smith, & Ulrich, 1988) developed a self-assessment guide to assist supervisors in determining their effectiveness in acquiring the 13 tasks and 81 associated competencies contained in the 1985 position statement (ASHA, 1985b). Analyzing the results allows the supervisor to identify supervisory objectives, decide on certain procedures, and determine whether goals were accomplished.

Studying the supervisory process in relation to one's own behavior is an opportunity for the supervisor to develop a personalized quality assurance mechanism, and a way to ensure accountability. Making a decision to improve as a supervisor also promotes job satisfaction, self-fulfillment, and ethical behavior, and prevents burnout (Dowling, 2001).

Data Collection in Supervision

Objective data about the supervisee's performance adds credibility and facilitates the supervisory process (J. L. Anderson, 1988; Shapiro, 1994). According to J. L. Anderson (1988) and Shapiro (1994), data collection methods can include rating scales, tallying behaviors, verbatim recording, interaction analysis, and individually designed methods. A number of tools have also been developed for analysis of behaviors and self-assessment (J. L. Anderson, 1988; Casey et al., 1988; Dowling, 2001; McCrea & Brasseur, 2003; Shapiro, 1994). Results from the analysis of this data can be applied both to the supervisee's clinical interactions with clients as well as to behaviors of the supervisor and supervisee during supervisory conferences. Analysis of both the supervisee and supervisor's behaviors during supervisory conferences can yield valuable insights to improve the interactions and outcomes of the supervisory experience for both individuals.

To be effective at their job, supervisors must be concerned about their own learning and development. Studying one's own behavior in supervisory process not only facilitates accountability in clinical teaching, but also is an opportunity for supervisors to examine their own behavior in order to improve their effectiveness in supervision.

Communication Skills in Supervision

Although supervisors may collect data and analyze the behaviors of supervisees, success in facilitating a supervisee's development may ultimately rest on the supervisor's skill in communicating effectively about these behaviors. While there are many resources that discuss interpersonal communication, McCrea and Brasseur (2003) briefly reviewed the literature in speech-language pathology on the interpersonal aspects of the supervisory process, citing Pickering (1979, 1984, 1987, 1990), Caracciolo and colleagues (1978), Crago (1987), Hagler, Casey, and DesRochers (1989), McCrea (1980), McCready and colleagues (1987, 1996), and Ghitter (1987). All of these researchers found a relationship between the interpersonal skills of supervisors and the clinical effectiveness of the supervisees. In their review of the literature, McCrea and Brasseur noted the importance of a supervisor's skill in communication. Adopting an effective communication style for each supervisee was shown to affect the supervisees' willingness to participate in conferences, share ideas and feelings, and positively change clinical behaviors. Ghitter (1987, as cited in McCrea & Brasseur, 2003) reported that when supervisees perceive high levels of unconditional positive regard, genuineness, empathic understanding, and concreteness, their clinical behaviors change in positive directions.

The ability to communicate effectively is viewed by many as an aptitude or an innate skill that people possess without any training. However, many professionals operate at a level of effectiveness far below their potential (Adler, Rosenfeld, & Proctor, 2001). There are also potential barriers to clear and accurate communication (e.g., age, gender, social and economic status, and cultural/

linguistic background). Further information addressing such barriers is included in the sections *Generational Differences* and *Cultural and Linguistic Considerations in Supervision*). Training in interpersonal communication is an important component of supervisory training. Growth in the interpersonal domain will enhance supervisors' proficiencies in interacting with clinicians in a helpful manner.

Standards, Regulations, and Legal Issues

Various external groups provide guidance for or regulation of supervision in speech-language pathology, particularly with respect to students and clinical fellows. ASHA's standards for certification and accreditation, state licensure laws, and federal/state reimbursement programs set minimum standards for the amount of supervision provided to individuals who are not certified SLPs.

At the preprofessional level, the *Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology* (Council on Academic Accreditation in Audiology and Speech-Language Pathology [CAA], 2004) require competent and ethical conduct of faculty, including on-site and off-site faculty. The standards also require programs to demonstrate that "Clinical supervision is commensurate with the clinical knowledge and skills of each student… " (Standard 3.5B; CAA, 2004).

Standards and Implementation Procedures for the Certificate of Clinical Competence address the requirements for direct and indirect supervision of students (CFCC, 2005). The standards require that student supervision be provided by a certified SLP, and that at least 25% of a student's total contact with each client be directly observed. The amount of supervision "should be adjusted upward if the student's level of knowledge, experience, and competence warrants" (CFCC, 2005). Standards for clinical fellows require 36 mentoring activities, including 18 hours of on-site direct client contact observation. Both sets of standards may be updated periodically.

Regulation by state licensure boards is separate from ASHA requirements; therefore, all students, clinical fellows, and certified clinical practitioners must be aware of and adhere to ASHA certification requirements as well as their state's requirements. Licensure laws regulate the provision of SLP services within the state; for SLPs practicing in schools, different or additional standards may also be required. States' requirements for student supervision may in some cases exceed ASHA's requirements.

Supervisors also must be aware of regulations for student supervision issued by payers such as the Centers for Medicare and Medicaid Services (CMS). For services delivered to Medicare beneficiaries under Part B, Medicare guidance explicitly states that the qualified SLP must be in the room at all times and be actively engaged in directing the treatment provided by the student (CMS, 2003, chapter 15, section 230B.1). There is an exception for services to Part A beneficiaries residing in a skilled nursing facility where "line of sight" supervision of the student by the qualified SLP is required instead of "in the room."

The nature of the supervisory relationship includes a vicarious liability for the actions of the supervisee. Supervisors hold full responsibility for the behavior, clinical services, and documentation of the student clinician. For their own protection as well as to foster the growth of students and protect the welfare of clients, supervisors must be fully involved and aware of the performance of the student and address any issues that could affect patient outcomes or satisfaction.

Ethical Considerations in Supervision

ASHA's Code of Ethics (2003) provides a framework for ethical behavior of supervisors across supervisory responsibilities. Principle of Ethics I states that client welfare must always be held paramount. Accordingly, the supervisor must provide appropriate supervision and adjust the amount and type of supervision based on the supervisee's performance. The supervisor ensures that the supervisee fulfills professional responsibilities such as maintaining confidentiality of client information, documenting client records in an accurate and timely manner, and completing other professional activities. In addition, the supervisor has an obligation to inform the client of the name and credentials of individuals (such as students) involved in their treatment.

Principle of Ethics II addresses issues of professional competence, and its rules state that professionals should only engage in those aspects of the profession that are within their scope of competence. Accordingly, supervisors should seek training in the area of effective supervisory practices to develop their competence in this area. Supervisors also have the responsibility to ensure that client services are provided competently by supervisees whether they are students, clinical fellows, or practicing clinicians. In addition, the rules state that treatment delegated to clinical fellows, students, and other nonprofessionals must be supervised by a certified speech-language pathologist.

Principle of Ethics IV addresses the ethical responsibility to maintain "harmonious interprofessional and intraprofessional relationships" and not abuse their authority over students (ASHA, 2003). See the section *The Influence of Power in Supervision* for further discussion of this issue.

Issues in Ethics statements are developed by ASHA's Board of Ethics to provide guidance on specific issues of ethical conduct. Statements related to supervision include *Fees for Clinical Service Provided by Students and Clinical Fellows* (ASHA, 2004a), *Supervision of Student Clinicians* (ASHA, 2004d), and *Responsibilities of Individuals Who Mentor Clinical Fellows* (2007).

Supervisors should also be cognizant of the problems that may arise from developing a social relationship with a supervisee in addition to their supervisory relationship. Although working together may provide opportunities for socialization beyond professional activities, supervisors must be comfortable in addressing a supervisee's performance without being influenced by their relationship outside the work setting.

King (2003) identified situations where ethical misconduct in the area of supervision may occur. Although King's comments were directed to the supervision of students, these concerns can be applied to all supervisory relationships. According to King, situations of potential misconduct can include,

but are not limited to, failure to provide a sufficient amount of supervision based on the performance of the supervisee, failure to educate and monitor the supervisee's protection of patient confidentiality, failure to verify appropriate competencies before delegating tasks to supervisees, failure to demonstrate benefit to the patient based on outcomes, and failure to provide self-assessment tools and opportunities to supervisees.

Supervision by Other Professionals

Increasingly, ASHA-certified SLPs and clinical fellows may work in settings where their direct supervisor may be an administrator or an individual from another profession. Evaluation of clinical skills by that individual is not appropriate, according to ASHA's position statement on *Professional Performance Appraisal by Individuals Outside the Professions of Speech-Language Pathology and Audiology* (ASHA, 1993). Peer appraisal and/or self-evaluation are recommended as alternatives. In addition, guidelines on the *Professional Performance Review Process for the School-Based Speech-Language Pathologist* (ASHA, 2006) were recently developed to help address this frequently occurring situation in schools.

Access to Clinical Externships

Practicing SLPs participate in the training and development of those who are entering the profession. However, pressures within the workplace have created challenges to students gaining access to externship sites (McAllister, 2005). Students are considered by some clinicians and administrators to be a drain on existing resources. The pace of the work, productivity demands, complexity of clients, and program specialization can limit an organization's willingness to embrace the task of student training (McAllister, 2005). In some cases, an externship supervisor's expectations of a student's knowledge and skills may be unrealistic and/or not met. Requirements for specified levels of supervision imposed by regulatory agencies (e.g., CMS) have also been identified as barriers to accepting students.

Staffing shortages can also limit student placement opportunities. Student training is often one of the casualties of inadequate staffing in the workplace. Veteran SLPs have much to offer students and other supervisees, but these individuals may work on a part-time or as-needed basis. Organizations that implement flexible work schedules to retain seasoned employees may refuse student placements because they believe they cannot accommodate the students' scheduling needs (McAllister, 2005). An unfortunate irony exists because sites that do not offer student externship placements are less likely to successfully recruit qualified SLPs.

McAllister (2005) posited the need for innovative solutions in the following areas. A shift in training models may be necessary in some cases to provide more opportunities for student placements. Ingenuity and collaboration between universities and work sites can ultimately produce innovative scheduling, supervisory incentives, and exploration of new supervisory models that may allow for excellent training opportunities. Cooperative partnerships between the universities, work sites, and clinicians are needed to develop collaborative training models appropriate to work site demands and pressures. Universities can play a key role in assisting work sites in experimenting with and evaluating innovative training models and in educating potential and existing supervisors on best practices in clinical education.

Cultural and Linguistic Considerations in Supervision

The population of the United States is becoming increasingly diverse. Supervisors will interact more frequently with individuals from backgrounds that are different from their own. As they interact with others, supervisors will have to take into account culturally based behaviors, values, and belief systems to be successful in their interactions. No universal communication, learning, or behavioral style is used by all people. Many cultural values have a significant impact on how and when individuals choose to communicate, how they behave in various settings, and how they prefer to learn. Differences in cultural values have an impact on the nature and effectiveness of all aspects of clinical interactions, including supervisor-supervisee relationships. Supervisors must take into consideration culturally based behaviors and learning styles of supervisees if their interactions with them are to be successful (Coleman, 2000).

Shapiro, Ogletree, and Brotherton (2002) reported research findings that most faculty were viewed as not being prepared for engaging in the supervisory process even with students from mainstream backgrounds. This problem is even more widespread in view of previous findings that most SLPs do not believe they are prepared to work effectively with clients from culturally and linguistically diverse backgrounds (ASHA, 1985a; Carey, 1992; Coleman & Lieberman, 1995; Keough, 1990). The lack of understanding and/or appreciation for culturally and linguistically diverse clients could also have a significant impact on the nature of interactions these professionals have with other nontraditional students, such as older students or returning students (McAllister, 2005).

Supervisors who supervise individuals from culturally and linguistically diverse backgrounds should develop competencies that will help them engage in appropriate clinical education practices (ASHA, 1998a, 1998b, 2004c, 2005). Many researchers across disciplines have addressed the issue of culturally appropriate clinical intervention strategies (Adler, 1993; N. B. Anderson, 1992, Battle, 1993, Cheng, 1987, Langdon & Cheng, 1992). One of the first suggestions in most of these sources is that the service provider conduct a self-inventory of his or her cultural awareness and sensitivity. Resources for cultural competence awareness assessment may be obtained through ASHA and/or literature review. Recognizing that behavior may be influenced by culture allows supervisors to develop a better understanding of variations among people.

Generational Differences

The coexistence of multiple generations in the workforce presents unique challenges in supervision. Differences in values and expectations of one generation versus another can result in misinterpretations and misunderstandings during supervisor–supervisee interactions. McCready (2007) noted that various authors (Kersten, 2002; Lancaster & Stillman, 2002; and Raines, 2002, 2003) have mentioned that the disparities among generations today are deeper and more complex than in the past. According to Lancaster and Stillman (2002), there are four separate and distinct generations working together today: the Traditionalists (born between 1900 and 1945), the Baby Boomers (born 1946–1964), the Generation Xers (born 1965–1980), and the Millennials (1981–1999). People, places, events, and symbols not only define each of these generational cohorts but

profoundly influence their values and expectations. Supervisors therefore need to be prepared to understand and accommodate attitudes and behaviors that may differ from their own.

McCready (2007) described ways in which supervisors across work settings can bridge the generation gap and facilitate improved communication. One suggestion is to form study groups to investigate the research in this area; the group could then present their findings to a larger group within the work setting (McCready, 2007). The supervisor can also engage in discussions about the generations represented in the work setting and how generational characteristics may and may not apply to specific individuals (McCready, 2007). Such discussion might include generational characteristics that can lead to miscommunication and misunderstandings in interactions with clients and supervisors.

Supervising Challenging Supervisees

Students who are admitted to graduate programs in communication sciences and disorders have successfully passed through a very competitive screening process using a variety of selection criteria such as Graduate Record Examination scores, undergraduate grade point averages, and letters of recommendation. Most of these students perform well in their academic courses and clinical assignments. However, most training programs periodically encounter students who present special challenges during the supervisory process (Shapiro et al., 2002) and are often referred to as "marginal" students. Dowling (1985, as cited in Dowling, 2001) described marginal students as individuals who "cannot work independently, are unable to formulate goals and procedures, have basic gaps in conceptual understanding, and cannot follow through with suggestions" (p. 162). Given the impact on students, programs, clients, and the professions, working effectively with marginal students deserves serious and systematic consideration (Shapiro et al., 2002). These same issues may apply to supervisees of varying experience levels and in all practice settings.

One characteristic that is frequently reported about these challenging supervisees is their lack of ability to accurately evaluate their skill level (Kruger & Dunning, 1999, as cited in McCrea & Brasseur, 2003). Using the supervisory conference/meeting can be critically important in assisting them in evaluating their own performance (Dowling, 2001). During these meetings, supervisors need to give specific feedback based on data collected about the supervisee's performance and provide concrete assistance in planning and strategy development (Dowling, 2001). Eventually, however, the supervisee must learn to engage in self-analysis and self-evaluation to develop an understanding of his or her own performance.

Summary

This document defines supervision and highlights key issues that reflect the complexity of providing exemplary supervision. Acquiring competency as a supervisor is essential to developing supervisory behaviors and activities that are critical to the training of professionals. Such supervisory training may not be provided as part of graduate education programs; therefore, SLPs must look to continuing education opportunities, peer learning and mentoring, and self-study using literature that focuses on the supervisory process (J. L. Anderson, 1988; Casey et al., 1988; Dowling, 2001; McCrea & Brasseur, 2003; Shapiro, 1994; Shapiro & Anderson, 1989). Although there may be opportunities to learn from other disciplines that also use supervisory practices, preparation in the supervisory

process specific to speech-language pathology is critically important. McCrea and Brasseur (2003) and Dowling (2001) discussed ways in which preparation in the supervisory process can be implemented. The models discussed in these texts range from inclusion of information in early clinical management courses to doctoral level preparation. Training that is included as part of academic and clinical training of professionals and extended to supervisors at off-campus practicum sites will enhance the supervisors' effectiveness (Dowling, 1992; and Dowling, 1993, 1994, as cited in McCrea & Brasseur, 2003). ASHA's *Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision* (ASHA, 2008b) delineates specific areas of competence deemed necessary to the provision of effective supervision.

Research Directions

Systematic study and investigation of the supervisory process is necessary to expand the evidence base from which increased knowledge about supervision and the supervisory process will emerge. Topics for further research may include the following:

- exploring different supervisory approaches that promote problem solving, self-analysis, and self-evaluation to develop clinical effectiveness;
- identifying essential components of training effective supervisors;
- examining the efficacy of supervisory training on supervisor/supervisee satisfaction and competence;
- identifying the basic behaviors/skills that supervisors should use in their interactions with supervisees that are essential to an effective working relationship;
- examining how supervisory style affects the development of clinical competence;
- examining different methods to develop more efficient models of supervision;
- examining supervisor behaviors that enhance supervisee growth (e.g., examining the process for negotiating and mutually agreeing on targets for change and measuring the impact that supervisor change has on the supervisee's professional growth) or training supervisors to use specific interpersonal skills (e.g, empathy, active listening) and then measuring how such skills enhance supervisee growth (McCrea & Brasseur, 2003);
- examining the effectiveness and efficiency of technology in delivering supervision;
- examining the impact of supervision on client outcomes;
- examining supervisory approaches and communication styles with supervisees in consideration of gender, age, cultural, and linguistic diversity;
- examining aspects of the supervisory process (i.e., understanding, planning, observing, analyzing, and integrating) and the relationship of each to the success of the supervisory experience (McCrea & Brasseur, 2003).

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Appendix

Uses of Current Technology for Supervision

E-mail with attachments: The primary benefit of using electronic mail is the speed of delivery versus traditional mail. If contacting the supervisor by phone is difficult, an e-mail message may be sent instead. With e-mail, the supervisor has the option of responding at his or her convenience rather than trying to schedule a phone call or a face-to-face meeting with the supervisee when only a short response may be required. Lesson plans, sample individualized education program goals, diagnostic reports, and so on may be attached and submitted to the supervisor for his or her review and comment.

E-mail lists: Sending messages via e-mail to a closed list of supervisees. Each supervisee has the opportunity to ask questions, pose problems, or ask for suggested resources from peers. This can be extremely powerful in learning from each other's experiences and sharing innovative ideas or tried-and-true therapy techniques.

Instant messaging: The individual can see which other individuals are available at their computer through "buddy" icons and contact them through instant messaging. A group can communicate in an instant messaging conference, or the SLP can converse with his or her supervisor instantly rather than waiting for the supervisor to check e-mail.

Web sites/Web pages: Information pertinent to supervisees (such as frequently asked questions on licensure renewal, guidelines on service delivery options, or frequently used forms) is placed on the supervisor's Web site. The supervisees can access the information when needed. Supervisees can suggest what materials, links, or resources they would find helpful to have uploaded to the supervisor's site.

E-supervision: Using two-way videoconferencing to supervise graduate students in a public school setting is one example of electronic supervision according to Dudding and Justice (2004). The equipment costs of videoconferencing are offset by the productivity in clinical instruction. Dudding and Justice reported that electronic supervision allows for more flexibility in scheduling and a reduction in travel costs while also increasing the student's knowledge and appreciation for technology.

Video software: Embedding a visual message within an e-mail or on a Web site provides access to information when it is needed, and the message can be archived for later reference as well. With the use of video software, the supervisor can easily video record a message while also embedding photos or graphics into the message. The software requires a simple mounted camera on the computer to video record the supervisor's message. The message can be an update on therapy techniques or a short training on the use of new forms, for example. Once recorded, it can be embedded into an e-mail and sent out to all of the supervisees or archived on a Web site to be accessed when needed. This expedites the training process by only recording and delivering the message one time and makes the information available when the supervisee has time to retrieve the information, which can differ for all involved.

Weblogs: Journal entries displayed in reverse chronological order. The supervisor and others can leave comments or statements of support for the supervisee in this interactive format.

The ASHA Leader

August 16, 2005 Feature

The Basics of Supervision

by Wren S. Newman

see also

- Supervisory Scenarios
- Medicare/Medicaid: Student & CF Supervision
- References

Supervision affects the professions of audiology and speech-language pathology at many levels. It is an aspect of the training that every clinician has experienced during graduate preparation. Other supervisory relationships are less commonly encountered, but certainly exist in the professions. These include: supervision of other SLPs or audiologists, of those in other disciplines (i.e., PT, OT), of clinical fellows, of doctoral students in audiology, and supervision of assistants (where state law allows), and of support staff.

Basic Supervision for Graduate Students

Students who are working to become SLPs, audiologists, or AuDs must be supervised in a variety of settings and have experience with clients across

the age span presenting with a variety of communication disorders.

For the graduate student, supervision is a process where the learner is guided and supported through clinical training with the goal of developing clinical and professional knowledge and skills. Toward the end of their graduate program, student clinicians are typically assigned by their university's faculty to off-site placements enabling them to obtain diagnostic and intervention experiences with a variety of disorder types.

Supervisors must be cognizant of the limited experience of supervisees and recognize that they are not ready to "hit the ground running" upon arrival at off-campus sites. Supervisees are continuing to learn and are being provided the opportunity to apply the theory learned throughout the graduate curriculum to clinical practice. A key role of the supervisor is to develop skills in students that will enable them to critically evaluate and use new information gained from one sort of diagnostic or treatment experience to another that may pose slightly different challenges.

It is important for externship supervisors to meet with the prospective supervisee before initiating the assignment. Supervisees benefit from knowing the expectations of the supervisor who should, in turn, explore the supervisee's expectations for the experience. This first meeting should provide the participants some sense of what will develop over the time at the site.

If this preliminary meeting determines that the student will be a good match for the culture of the setting and that it could be a positive learning opportunity, then the university will typically establish a contract with the site. The contract should outline the responsibilities of the university and the clinical site and serve to protect all parties. The university will generally have a coordinator of externships (or similar title) who will follow through in setting up the details of the student's experience.

Often these placements are established up to a year in advance of the assignment. Start and end dates are determined and any requirements of the particular setting are reviewed. For example, a hospital setting might require that the student be available to work weekends or that the student have completed coursework in the area of dysphagia. Some settings may be considered best suited for a student who can manage a schedule that changes hour to hour, or some settings may involve patients who are critically ill.

Students should be assigned to practicum experiences after they have had sufficient coursework to support the knowledge needed to work with the clinical population. Direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward practicum.

Although it is the student's responsibility to maintain a record of the earned

hours, it is advisable that the supervisor monitor the number of hours recorded as earned. The university should provide the externship supervisor with information as to the number of hours needed at the placement site and experiences required (e.g., specific patient disorders, ages).

As of 2005, certification standards, including clinical requirements, have been revised by the Council for Clinical Certification (CFCC). As only those professionals who hold the CCC in speech-language pathology or audiology are eligible to serve as supervisors, the importance of maintaining certification is critical.

In the revision of the standards, it is noted that the amount of supervision to be provided is not specifically defined. The student should receive supervision based on the "student's level of knowledge, experience, and competence. Supervision must be sufficient to ensure the welfare of the client/patient."

The Externship Experience

On day one of the externship experience, the supervisee should be provided a thorough orientation to the site including billing procedures, dress code, emergency procedures, paperwork requirements, and the policies and procedures unique to the placement. With this foundation, the supervisor and supervisee can move to the core of what supervision is all about.

Anderson (1988) created a model of the supervisory process referred to as the Continuum of Supervision that provides a framework from which the supervisor and the supervisee can view the process together.

Initially, the supervisor should be directive. The supervisee will benefit from specific input and feedback for each client assigned for intervention or diagnosis. The supervisor will be the lead in planning for the needs of the clients with whom the supervisee is working. Typically, this is a comfortable start for the supervisee; however, it is hoped that the student will move through this stage of development relatively quickly.

For many supervisees, the directive role of the supervisor is a comfortable one. The transition to independence can create anxiety. The supervisor is wise to recognize that fact, and be sensitive to any signs of unusual stress exhibited by the supervisee. The desired outcome is that the supervisee moves along the continuum and begins to demonstrate the required clinical and professional skills with increasing independence. It is expected that the supervisee will become more participatory in all aspects of client management and will begin to self-analyze clinical behavior.

In this transition stage, the supervisor provides input and feedback but the tone of the supervisory relationship becomes more collaborative. The supervisee may be able to become more independent when working with clients having some disorder types sooner than with other disorder types

(e.g., the supervisee may work effectively in setting short- and long-term goals with children with phonological disorders but may have difficulty establishing reasonable goals for children with autism).

By the end of the externship experience, the supervisor is expected to collaborate in a consultative role with the supervisee. The supervisor listens and supports the supervisee in problem solving. The supervisee manages the case with greater independence; however, the supervisor is ultimately responsible for the primary management of the caseload.

ASHA's position statement relative to Clinical Supervision in Speech-Language Pathology and Audiology (1985) highlights 13 tasks and skills of supervision considered basic to successful clinical teaching. One task, basic to the success of the experience, notes the importance of establishing and maintaining an effective working relationship with the supervisee. Supervision is evaluative and the supervisee is in a position of reduced power in the relationship. Supervisors need to be sensitive to the power differential. The supervisory relationship is a unique one, and because of its fragility, it is usually not beneficial to exert power.

On the other side of the supervisory relationship, it may not be healthy to develop a close "friendship" with the supervisee. The supervisee needs to understand that the supervisor is a teacher and too much social comfort may not allow for objective evaluation. A balance where the supervisor and

supervisee are "friendly" and mutually respectful and supportive is optimal.

Other tasks of supervision address the clinical and professional skills required of the SLP or audiologist. Supervisors are encouraged to determine ways to assist the supervisee to address these skills. Demonstrations by the supervisor may be an effective strategy for clinical teaching; however, supervisees need to develop their own clinical style. The goal of supervision is not to create clones. The supervisee requires self-awareness to eventually work independently.

Some supervisees may not recognize their own clinical strengths; others may not recognize their weaknesses. Supervisory feedback is critical to the development of self-awareness and clinical and professional skills. Ongoing oral and written feedback is recommended. Be cognizant that a comment in the hallway between patients may not be understood, remembered-or be confidential. Written feedback provides a lasting record of information provided to the supervisee (and to the supervisor).

Provide a balance of things that the supervisee is doing well with the areas to be targeted for improvement. A long list of things that are not going well will be overwhelming. Schedule regular supervisory meetings to assure understanding of feedback provided. Development of supervisee self-awareness may be enhanced through review of patient/client sessions, and through ongoing planning for future sessions incorporating information

from prior sessions.

Evaluation of the supervisee typically follows a schedule provided by the university setting. The supervisor should receive information about the grading process including the evaluation tool. Universities provide a campus contact, and supervisors should feel free to discuss questions and problems with the university liaison. Many universities will have a scheduled visit to the placement to review how the externship is progressing. At that time, any concerns of the supervisee or the supervisor should be discussed. It is not the off-site supervisor's responsibility to manage difficulties with the supervisee independently. The university liaison will provide support in problem-solving strategies and in managing issues or concerns.

Supervising the Fellowship Experience

Supervisors who are participating in the supervision of a fellowship experience are encouraged to review the SLP Clinical Fellowship Handbook for complete details relative to the management of the fellow. The Clinical Fellowship Report and Rating Scale, which includes the Clinical Fellowship Skills Inventory (CFSI) for Speech-Language Pathology and Audiology, provides ongoing evaluation and direction for the clinical fellow at intervals during the fellowship period.

As in all aspects of the professions, ethical behavior must oversee all actions

associated with the supervisory process. The Code of Ethics (ASHA, 2001a) addresses the supervisory process as noted by:

- Principle I-Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally.
- Principle II-Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence.
- Principle IV-Individuals shall honor their responsibilities for the professions and their relationships with colleagues, students, and members of allied professions. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intrapro fessional relationships, and accept the professions' self-imposed standards (ASHA, 2001a).

The Code of Ethics guides supervisors to continually assure that the patient is optimally served, that supervisees are provided quality supervisory input, and that the supervisee is respected throughout the experience.

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Supervisory Scenarios

#1. You are a SLP at an outpatient rehab facility and the supervisor of a clinical fellow (CF) who began at your site approximately three months ago. You have designed a caseload for the CF providing a variety of experiences with pediatric clients. The CF works effectively with several clients with articulation and/or language delays but problems arise when the CF works with a small group of children on his schedule who have been diagnosed with autism. The CF indicates "the children are not sitting through the session nor are they interested in the activities I am presenting." You schedule a meeting with the CF and explain that he is working independently with some disorders but children with autism present some unique challenges. You collaborate on a plan to address specific areas needing development-establishing alternatives to extended periods of sitting, and establishing activities to address targeted objectives based on the interests of the children. You observe a few sessions and note improvement in the children's participation based on these modifications. The CF leads the next meeting with you and recognizes the positive changes. He correctly identifies other areas to address in the planning for the children.

How was this situation successfully managed? What other strategies might

be considered?

#2. You are a full-time audiologist working at a large metropolitan hospital. You have agreed to supervise an AuD student from the state university. The student is scheduled to work with you in the newborn hearing screening program in addition to several other assignments. Screenings are scheduled for 6 a.m. three mornings a week. The student has arrived late for four of six scheduled screenings. You meet with the student and tell her that she must arrive at the site by 5:45 on the mornings of the screenings as a requirement for successful completion of the experience and follow up with a memo indicating the same information. The following week the student arrives late again saying, "it's just too difficult for me to get here by 6 a.m." You contact the faculty liaison for externship experiences for strategies on managing the problem from this point.

Should the supervisor have contacted the university? How might that be a solution to this situation?

Medicare/Medicaid: Student & CF Supervision

Keep in mind that many private health plans and state Medicaid programs selectively adopt Medicare coverage policies.

Medicare Supervision of Students. In 2001, the Centers for Medicare and Medicaid Services (CMS) determined that student-assisted outpatient (Part B) speech-language pathology and audiology services are covered only when the "qualified practitioner is present and in the room for the entire session... directing the service, making the skilled judgment, and is responsible for the assessment and treatment" and "is not engaged in treating another patient or doing other tasks at the same time." For Part A services in a skilled nursing facility, the patient and the student must be within line of sight of the supervisor. There are no specific rules for other Part A settings. While students may enter notes in the patient's medical record and sign them, the supervisor's counter-signature is always required.

Medicare Supervision of Clinical Fellows. A clinical fellow (CF) is fully qualified under Medicare if state-licensed. Many states issue temporary, provisional, or interim licenses to CFs. For those states in which licensure is not granted to CFs, there may be a predicament because Medicare (1) does not consider the CF a student and (2) does not cover speech-language pathology or audiology services rendered by support personnel or assistants.

State Medicaid Programs

Students: Each state is free to adopt its own policy regarding coverage of services by students.

Clinical Fellows: Federal Medicaid regulations consider CFs fully qualified, thus no additional supervision requirements apply. If a state requires licensure to practice but does not allow licensure of CFs, the CF services could be covered under the federal Medicaid regulation that allows services to be rendered "under the direction of" a qualified SLP or audiologist. Although each state is free to determine the supervisory conditions for "under the direction of," CMS has outlined its expectations, which include the supervisor's responsibility to be familiar with each case, and see the patient at the beginning of treatment and periodically throughout. The expectation is that supervisors take professional responsibility for services provided under their supervision.

—Mark Kander, ASHA's director of Health Care Regulatory Analysis

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Medicare Coverage of Students: Speech-Language Pathology

Medicare allows limited billable interactions between students and beneficiaries. Medicare law describes the professions that are qualified to provide services to beneficiaries. Practitioners must be licensed by the state or have a credential such as the ASHA Certificate of Clinical Competence in those states without licensure. [1]

This student policy described below does not apply to Clinical Fellows practicing in states that grant Clinical Fellows temporary or provisional licensure; such licensed practitioners are fully qualified according to Medicare regulations. However, in States without such licensure, Medicare treats Clinical Fellows as graduate students requiring "in the room" supervision.

Part A Patients

The only policy regarding student services for Medicare Part A beneficiaries relates to those provided in skilled nursing facilities (SNFs).

The level of supervision of students required for Part A residents in SNFs is specified by the Centers for Medicare and Medicaid Services (CMS). CMS revised the regulations for the SNF prospective payment system in the Federal Register of July 30, 1999, (Vol. 64, No. 146, p. 41661).

A therapy student who is participating in field experience must also be under "line-of-sight" level of supervision of the professional therapist.

This application to Part A SNF beneficiaries allows the supervisor flexibility to perform other services while remaining in the "line-of-sight" of the student. An important amendment to the July 30 Federal Register (SNFs-Part A) appeared in the Federal Register, November 4, 1999 (Vol. 64, No. 213, p. 60122). This amendment allows treatment by therapy students to be counted in the minimum data set (MDS) as minutes of therapy received by the resident.

Other Part A providers such as rehabilitation agencies and home health agencies should refer to Part B requirements for student supervision requirements and , as always, state regulations.

Note: In February, 2007, CMS released a policy governing therapy students in Part A hospital settings. The supervision requirement was less stringent than under Part B, but the policy was withdrawn prior to the published effective date.

Part B Patients

ASHA received a formal response to concerns raised when some Medicare carriers refused to acknowledge a Medicare program clarification sent to ASHA (November 9, 2001) relating to payment involving therapy students for Part B services. The CMS policy is found in the Medicare Benefit Policy Manual, Chapter 15, Section 230.B.1 [PDF].

Section 15/230.B.1 of the Medicare Benefit Policy Manual "manualizes" Program Memorandum (PM) AB-01-56, "Questions and Answers Regarding Payment for the Services of Therapy Students Under Part B of Medicare." Section 15/230.B.1 indicates that a therapist may bill and be paid for the provision of services when the "qualified practitioner is present and in the room for the entire session." The student may participate "in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment." Section 15/230.B.1 further states that billing and payment are appropriate when the "qualified practitioner is present in the room guiding the student in service delivery when the therapy student...(is) participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time."

These rules apply to both individual and group therapy. One-to-one patient contact is not necessary for group therapy even though constant attendance is required.

This student policy does not apply to clinical fellows practicing in States that grant clinical fellows temporary or provisional licensure (as discussed above). However, in States without such licensure, Medicare treats clinical fellows as graduate students requiring "in the room" supervision.

Additional Guidance Regarding SLP Students

A November 9, 2001, letter was received by ASHA from Terrence L. Kay, Director of the Division of Practitioner and Ambulatory Care in the CMS Center for Medicare Management, clarified the student issue with specific regard to speech-language pathology and audiology students.

The letter states that Medicare requires that the qualified practitioner be "in the room guiding the student in service delivery when the graduate student is participating in the provision of services, and the practitioner is

not engaged in treating another patient or doing other tasks at the same time. Mr. Kay's letter also states, "The qualified practitioner is responsible for the services and as such, signs all documentation." He added parenthetically that the student may also sign the documentation if desired.

Mr. Kay included two scenarios, one for speech-language pathology services and one for audiology services, to illustrate Medicare Part B billable services. They are:

- A speech-language pathologist is seeing a Medicare Part B beneficiary who has aphasia. The speech-language pathologist, with the graduate student's participation, develops a treatment plan for the session and both see the patient with the speech-language pathologist controlling the services rendered. The speech-language pathologist is in the room and engaged only in that patient's treatment at all times.
- An audiologist is assessing the hearing of a Medicare Part B beneficiary who was referred because of hearing loss and vertigo. The graduate student participates in conducting the pure tone and speech audiometry. The audiologist is in the room and engaged only in that patient's assessment at all times.

For further information or additional information, contact Steven White or Mark Kander at 800-498-2071, ext. 4126 or 4139 respectively, or by e-mail at swhite@asha.org or mkander@asha.org .

[1] In states without licensure, the individual must have successfully completed 350 clock hours of supervised clinical practicum, performed not less than nine months of supervised full-time audiological or speech-language pathology services after obtaining a master's or doctoral degree in audiology, speech-language pathology, or a related field, and successfully completed a national examination in audiology or speech-language pathology.

Return to Top

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The ASHA Leader

March 27, 2007 Feature

New Medicare Requirements for Hospital Inpatient Supervision of Speech-Language Pathology Students

by Mark Kander

In April the Centers for Medicare and Medicaid Services (CMS) will implement a new policy for Part A inpatient hospital therapy services that will provide greater independence for speech-language pathology students. Effective April 1, students will be considered to be under the direct supervision of a qualified speech-language pathologist if the clinician is present on the same unit or same floor while the patient is treated.

The SLP must be "immediately available according to the circumstances appropriate to the service rendered," sign all documentation, and actively participate in treatment, according to the CMS transmittal on changes in coverage policies for outpatient therapy services (Chapter 15 of the Benefit Policy Manual). This change in policy helps speech-language pathology students better learn how to practice on their own, and also allows qualified SLPs to treat other patients while the student is performing treatment activities.

The current student services policy for Part B outpatient services remains unchanged. The supervising SLP must be present and directly overseeing the evaluation or treatment session.

The same CMS transmittal establishes that coverage policies for outpatient therapy services apply to inpatient hospital settings unless there are specific national inpatient policies that differ. "Inpatient hospitals" are defined as acute care hospitals, inpatient rehabilitation facilities and units, long-term care hospitals, critical access hospitals, and inpatient psychiatric facilities and units.

The full text of the revisions to the Medicare Benefit Policy Manual [PDF] is available on the CMS Web site.

Mark Kander, ASHA's director of health care analysis, can be reached at mkander@asha.org or at 800-498-2071, ext. 4139.

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APPENDIX D

University Liaison Supervisor's Required Paperwork

UWSP Observation and Proactive Report for Educational Externships– at least 2 visits required for all educational sites

- ***Due at end of semester***

Observation Notes (optional)

Correspondence/Contact Log Form

- ***Due at end of semester***

****Note: Many of these forms are available electronically on Desire 2 Learn (D2L).**

UNIVERSITY OF WISCONSIN - STEVENS POINT
University Supervisor Formative Assessment

Student/Intern Teacher					
University Supervisor					
Cooperating Teacher					
School/City					
Subject/Grade Level					
Date		Start Time		End Time	

WI Teacher Standards	Evidence of Student Teacher Proficiency
1. Content The teacher understands the central concepts, tools of inquiry, and structures of the discipline(s) he or she teaches and can create learning experiences that make these aspects of subject matter meaningful for students.	
2. Methods The teacher understands how children with broad ranges of ability learn and provides instruction that supports their intellectual, social, and personal development.	
3. 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 & exceptionalities.	
4. 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.	
5. 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.	

6. Communication 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.	
7. Curriculum The teacher organizes and plans systematic instruction based upon knowledge of subject matter, pupils, the community, and curriculum goals.	
8. 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.	
9. Reflection The teacher is a reflective practitioner who continually evaluates the effects of his/her choices and actions on pupils, parents, professionals in the learning community and others who actively seek out opportunities to grow professionally.	
10. 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.	

Comments for Student Teacher:

Please underline conference participants:

The [student teacher] [cooperating teacher] [university supervisor] discussed the observation in a conference.

Prepared by university supervisor: ______________________________ Date: __________

The university supervisor will send an electronic version of this evaluation to the student teacher for inclusion in the ePortfolio.

OBSERVATION REPORT FORM

This form will be used by university supervisors to document their observational site visits. In accordance with Wisconsin Department of Public Instruction Rules, it specifies Wisconsin Teaching Standards and the UWSP conceptual framework for teacher education. Although cooperating teachers or administrators may use other forms in their supervisory observations, it is always recommended that the cooperating teacher and student or intern teacher address these rules, standards and categories. All participants in supervisory observations should agree in advance on the format, participate in a conference about the report after the observation and then sign and retain copies of the report.

Each and every supervisory visit should be documented as soon as possible after the visit, on an observation form signed by all participants, if only to show that no observation or conference occurred. This could be an important part of a mediation process.

It is crucial that a clear distinction be made between supervision and evaluation. Supervisory observations are literally processes of seeing and are maximally successful when processes of evaluative judgment are minimized. Supervisors see what occurs during a lesson and can assist teachers in recognizing and discussing their practices. Neither party should rush to judgment, but should ask what happened and why and whether other approaches might have been possible. Evaluations can take place only when supervisory observations produce the kinds of communication and amounts of information required for complete and fair judgments.

Three completed observation forms must be part of the student or intern teacher's portfolio as per Wis. Admin Rule PI 34.15.5(b) 3(b). These reports are not only records of supervisory observations and conferences, but occasions for learning about teaching. Toward this aim, observation procedures and formats require high standards, detailed information, clear communications and mutual agreement.

UNIVERSITY OF WI-STEVENS POINT
SCHOOL OF COMMUNICATIVE DISORDERS

On-Site Extern Observation Notes

Extern: ______________________________ Site: _________________________________
On-Site Supervisor: ____________________ Date/Times of Observation: _______________

Feedback from Extern:

1. Comments about client experiences (variety, gradual assumption of caseload, experience in variety of diagnostics, experiences in IEPs, experiences in interactions with clients' families)

2. Comments about on-site supervision (style, communication, feedback, interaction, amount)

3. Comments about additional professional experiences (observations of other professionals, experiences in interaction with other professionals on staff at site)

4. Suggestions for SCD (suggested materials for CMC, suggestions for SCD curriculum; samples of report writing for SCD to review)

5. Midterm and final evaluative feedback available

6. Questions re: jobs, licensure, graduation, professional portfolio, Praxis exam, etc.

7. Other comments:

Feedback from On-Site Supervisor:

1. Comments about extern's initiative (communication and interaction skills with supervisor, communication and interaction skills with other professionals and/or families, ability to take on caseload, clinical skills across goals)

2. Comments about extern's responsiveness to supervision

3. Suggestions for SCD (suggested materials for CMC, suggestions for SCD curriculum; samples of report writing for SCD to review)

4. Midterm and final evaluative feedback available

5. Other comments:

EXTERN CONTACTS

Date:	Name of Contact:	Method of Contact:	Results of Contact:

APPENDIX E

Speech/Language Extern Supervisor's Paperwork

Facility Status Form

- ***Due at end of semester***

Externship Summary of Form for Off-Campus S/L Students

- ***To be completed at midterm and at end of semester***

Evaluation of Therapy Skills Form

- ***To be completed at midterm and at end of semester***

Improvement Plan for Academic and Clinical Knowledge and Skills Form

- ***If applicable, to be completed at midterm and the end of the semester***

Exit Questionnaire for Off-Campus Supervisors

- ***Due at end of semester***

****Note: Many of these forms are available electronically. Please ask your student extern, your UWSP liaison, or the Director of Clinical services for these.**

CONFIDENTIAL CONFIDENTIAL

SPEECH-LANGUAGE FACILITY STATUS FORM
University of Wisconsin – Stevens Point Program

Date Completed: ____________________

Facility Information
Facility Name/Department: ______________________________

Facility Address: ______________________________

Telephone: ______________________ Fax: ______________________

Supervisor Information
Primary Supervisor Name: ______________________________

Email Address: ______________________ Highest Degree ______________

Certification: CCC-SLP______ CCC-A _______ ASHA # ______________

Please attach a copy of ASHA certification and State Licensure cards for all supervisors at site
Please attach a resume for all supervisors at site

Support Supervisor: ______________________ ASHA # ______________
Support Supervisor: ______________________ ASHA # ______________
Support Supervisor: ______________________ ASHA # ______________

Typical number of students from all training programs per supervisor per semester: ______________

Academic coursework and clinical skills pertinent to the types of cases being served at the facility must be completed prior to the student clinician being assigned to the facility. Briefly list academic and clinical prerequisites for student placement at this facility/site: ______________________________

Briefly describe the learning opportunities available for students at your facility:

Estimate the speech/language clinical population of the facility for a typical semester on the following chart:

CATEGORY	AVERAGE NUMBER OF CLIENTS PER SEMESTER		
	Total	Children (birth – 16)	Adults (17 years+)
ARTICULATION			
Evaluation			
Intervention			
VOICE & RESONANCE			
Evaluation			
Intervention			
FLUENCY			
Evaluation			
Intervention			
LANGUAGE DISORDERS			
Evaluation			
Intervention			
SWALLOWING DISORDERS			
Evaluation			
Intervention			
COGNITIVE ASPECTS OF COMMUNICATION			
Evaluation			
Intervention			
SOCIAL ASPECTS OF COMMUNICATION			
Evaluation			
Intervention			
COMMUNICATION MODALITIES			
Evaluation			
Intervention			
HEARING			
Evaluation			
Intervention			
OTHER (specify)			

MIDTERM EVALUATION SUMMARY FORM FOR OFF-CAMPUS SPEECH/LANGUAGE STUDENTS

Student's Name: ____

Facility: ____

Dates: __________________ to ______________, 20__________

Primary Supervisor: ____

___CCC-SLP ___CCC-A ASHA Account #__________________
DPI Licensure # __________________

Any Additional Supervisors: ____

___CCC-SLP ___CCC-A ASHA Account #___________________
DPI Licensure # ___________________

BRIEF SUMMARY OF STUDENT'S AREAS OF CLINICAL STRENGTHS:

BRIEF SUMMARY OF STUDENT'S AREAS OF CLINICAL NEEDS:

Midterm Percentage: _______________
Midterm Letter Grade: ______________

Total Clock Hours Earned by Student at Site _____________
Number of Supervises Clock Hours ____________

Letter	UWSP %ages
A	95.51-100
A-	91-95.5
B+	88-90.99
B	84-87.99
B- & below	83.99 & below

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

Yes _____ No _____

(1) Please attach final completed copy of *Evaluation of Therapy Skills* form
(2) Please attach Facility Status Form , Copy of Current ASHA Card & Licenses, and VITA (unless already completed within the past year)
(3) If Applicable: please attach student's Improvement Plan for Academic and Clinical Knowledge and Skills

If this practicum took place in an educational setting, these evaluation tools have been reviewed by the student and will become part of the student's professional portfolio as per Wisconsin Administrative Rule PI 34.15.5 (b) 3 (b).

____________________________	____________________________	____________________________
Off-Campus Supervisor's Signature	Student's Signature	University Liaison's Signature
Date: ________________________	Date: _____________________	Date: ___________________

FINAL EVALUATION SUMMARY FORM FOR OFF-CAMPUS SPEECH/LANGUAGE STUDENTS

Student's Name: ____

Facility: ____

Dates: __________________ to ______________, 20__________

Primary Supervisor: ____

___CCC-SLP ___CCC-A ASHA Account #__________________
DPI Licensure # __________________

Any Additional Supervisors: ____

___CCC-SLP ___CCC-A ASHA Account #___________________
DPI Licensure # ___________________

BRIEF SUMMARY OF STUDENT'S AREAS OF CLINICAL STRENGTHS:

BRIEF SUMMARY OF STUDENT'S AREAS OF CLINICAL NEEDS:

Midterm Percentage: _______________
Midterm Letter Grade: ______________

Total Clock Hours Earned by Student at Site _____________
Number of Supervises Clock Hours ____________

Letter	UWSP %ages
A	95.51-100
A-	91-95.5
B+	88-90.99
B	84-87.99
B- & below	83.99 & below

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

Yes _____ No _____

(3) Please attach final completed copy of *Evaluation of Therapy Skills* form
(4) Please attach Facility Status Form , Copy of Current ASHA Card & Licenses, and VITA (unless already completed within the past year)
(3) If Applicable: please attach student's Improvement Plan for Academic and Clinical Knowledge and Skills

If this practicum took place in an educational setting, these evaluation tools have been reviewed by the student and will become part of the student's professional portfolio as per Wisconsin Administrative Rule PI 34.15.5 (b) 3 (b).

________________________	______________________	______________________
Off-Campus Supervisor's Signature	Student's Signature	University Liaison's Signature
Date: ____________________	Date: __________________	Date: __________________

Evaluation of Therapy Skills version 12-07-2009

Clinician ______________________________ **Midterm Grade** ________________________

Type of Case ___________________________ **Final Grade** ________________________

Report Period __________________________ **Supervised Minutes** __________________

Skills may be rated with decimal values, if desired (e.g., 4.25)

5 Performance exceeds expectations. Independent and consistent in identifying and problem-solving clinical issues. Clinician initiates discussion regarding issues with content approved by supervisor.

4 Performance usually above required standards. Often identifies and problem-solves clinical issues. Minimal supervisory guidance required at the request of the clinician.

3 Performance meets general required standards. Clinical skills and the identification of clinical problems and solutions are inconsistent. Moderate supervisory guidance required and often initiated by the supervisor.

2 Certain shortcomings in performance. Maximum supervisory guidance required to identify and solve clinical issues. Clinician responds to specific directions, practice, demonstration or role-playing.

1 Clinical skills are inadequate even with maximum supervisory guidance. The clinician does not recognize the need for and/or follow through with supervisor's suggestions.

NA Not applicable or insufficient opportunities to judge skill

***********************************Highlighted Areas Reflect Higher-Level Thinking Skills**************************************

Goal 1: To Develop Oral & Written Communication Skills Sufficient for Entry into Professional Practice
ASHA Std. IV-B, DPI 6 & 10 **25% of Grade**

___ ___ **Communicates Information Effectively (Oral Communication)**
- ___ ___ Adjusts language use, speech rate, and volume to meet client/caregiver needs
- ___ ___ Explains therapy and evaluation results accurately, concisely, and clearly
- ___ ___ Gives clear and concise task directions during therapy
- ___ ___ Allows client adequate time to respond to questions and directions

___ ___ *Communicates Information Effectively in Written Therapy Reports*
- ___ ___ Content of report is accurate and comprehensive; data is relevant
- ___ ___ Sentences are concise & varied in length/type; clutter is avoided (excess # of words to express idea)
- ___ ___ Paragraph is organized; point is made and clearly developed and supported
- ___ ___ Essay – each sentence presents specific idea; report is clear and flowing; ideas are not repeated
- ___ ___ Target audience is kept in mind throughout
- ___ ___ Vocabulary – terms are used correctly; professional jargon is explained
- ___ ___ Mechanics and organizational format are correct; no errors in spelling, punctuation, grammar
- ___ ___ Proofreading and editing are evident by correction of errors; clinician initials

___ ___ **Communicates Effectively in Therapy Plans and Progress Reports**
- ___ ___ Writes behavioral objectives that are measurable and complete (task, skill level, criteria)
- ___ ___ Writes comprehensive therapy plans (all target areas represented; motivation, reinforcement & progress sharing plans are specified)
- ___ ___ Specifies appropriate teaching techniques
- ___ ___ Reports objective data that is backed up with accurate, clear data sheets
- ___ ___ Writes clear progress notes that correspond to each short-term objective
- ___ ___ Mechanics are correct; no errors in spelling, punctuation, grammar

Goal 2: To Develop Clinical Skill in the Evaluation of Clients with Communication and/or Swallowing Disorders
ASHA Std. IV-G-1, DPI 8 **15% of Grade**

___ ___ **Plans Assessment Activities Thoroughly**
- ___ ___ Obtains & uses pertinent information from file (case history, IEP, Audiological Report, Medical Report, etc.)
- ___ ___ Identifies that additional testing is needed; determines appropriate areas to assess
- ___ ___ Selects appropriate evaluation procedures (formal and/or informal, instrumental)

___ ___ **Completes Assessment and Scoring Activities Efficiently and Accurately**
- ___ ___ Completes evaluation skillfully, adapting procedures as necessary to meet client needs, yet adhering to standardized protocol
- ___ ___ Scores tests accurately; records significant behavioral observations on test protocols

___ ___ *Interprets Assessment Results Accurately*
- ___ ___ ***Integrates client history with evaluation results and interprets accurately***
- ___ ___ Formulates impressions and specifies prognostic factors
- ___ ___ Recommends appropriate intervention strategies for speech, language, swallowing intervention

Goal 3: To Develop Skill in Providing Intervention for Communication and Swallowing Disorders
ASHA Std. IV-G-2, DPI 1, 2, 3, 4, 5, 6, & 7

To Participate in Formative Assessment for the Purpose of Improving Student Learning
ASHA Std.V-A, DPI 9 **45% of Grade**

___ ___ *Plans Therapy Elements Thoroughly (Considering Elements of "Good Teaching")*
___ ___ Demonstrates skill in task analysis by establishing and/or modifying short-term objectives
___ ___ Applies academic knowledge to plan activities, teaching/cueing/management/motivational strategies
___ ___ Uses supervisor suggestions and self evaluations to make timely changes

___ ___ *Uses Effective Teaching Techniques*
___ ___ Informs client of the purpose/expected outcome of the task
___ ___ Models the task and response; checks for understanding
___ ___ Defines and evaluates correct and incorrect client responses
___ ___ Provides behavior-specific feedback & appropriate correction/cueing techniques, modifying as necessary
___ ___ Encourages client self-evaluation
___ ___ Capitalizes on spontaneous communication opportunities that arise
___ ___ Adjusts on the spot to client's performance level (task analysis)

___ ___ *Obtains and Interprets Data Skillfully*
___ ___ Obtains baseline data; probes for skill level
___ ___ Collects data efficiently and accurately to measure client performance
___ ___ Refers client for other services as appropriate (audiological/medical evaluation)

___ ___ *Manages Client Behavior Appropriately*
___ ___ Clearly defines behavioral/therapy expectations
___ ___ Reinforces desired behaviors
___ ___ Deals appropriately with unacceptable behaviors

___ ___ Evaluates Therapy Plan and Session
___ ___ Writes/discusses insightful session evaluations related to the clinical skills specified above
___ ___ Completes insightful videotape self-evaluation(s)
___ ___ Is a partner in generating clinician goals

Goal 4: To Develop Interaction and Personal Qualities for Effective Professional Relationships
ASHA Std. IV-G-3, DPI 10 **10% of grade**

___ ___ *Interacts Professionally with Client/Caregiver*
___ ___ Establishes appropriate tone of session: professional demeanor, enthusiasm, body language, proximity
___ ___ Demonstrates genuine concern and respect for the client/caregiver
___ ___ Demonstrates active listening; accepts & utilizes suggestions of client/caregiver
___ ___ Provides counseling and/or home program regarding the communication/swallowing disorder

___ ___ *Interacts Professionally with Peers and Supervisor*
___ ___ Collaborates with supervisor and other professionals in case management
___ ___ Prepares for supervisory conference by reviewing supervisor's feedback & progress data and developing questions and topics for discussion
___ ___ Demonstrates initiative, problem solving skills, and effort to function independently
___ ___ Responds in an accepting manner to constructive criticism
___ ___ Appropriately expresses concerns regarding any aspect of practicum to assigned supervisor
___ ___ Exhibits professional enthusiasm
___ ___ Displays appropriate grooming, attire

Goal 5: To Adhere to the ASHA Code of Ethics and Behave Professionally
ASHA Std. IV-G-3-d, DPI 10 **5% of grade**

NOTE:
All clinicians are expected to adhere to the ASHA Code of Ethics and to exhibit professional behavior. Recurrent and/or serious infractions (confidentiality, punctuality, attendance, etc.) may result in lowering of the practicum grade.

___ ___ **Ethic I: Is responsible to hold paramount the welfare of persons they serve professionally**
Ethic II: Honors responsibility to achieve and maintain the highest level of professional competence
___ ___ Is responsible for all aspects of practicum and for timely completion of clinical assignments
___ ___ Maintains the confidentiality of all matters related to client//caregiver

PROCEDURE FOR DETERMINING MID-TERM THERAPY GRADE

1. For each goal area 1- 5, rate the applicable items according to the rating scale of 1-5.
2. Determine weighted points for each goal area using the following chart.
3. **If it is not appropriate to rate a particular goal area, increase the weight of other sections that most reflect the student's clinical experience, so that the weight total is 1.0.**

Goals	Total Points	ʻ /,	No. Items Rated	=	Mean Score	x	Section Weight	=	Weighted Points
1	_____		_____		_____		.25		_____
2	_____		_____		_____		.15		_____
3	_____		_____		_____		.45		_____
4	_____		_____		_____		.10		_____
5	_____		_____		_____		.05		_____

Total Weighted Points = _____

4. Determine the percentage and letter grade as follows:
   Divide the student's Total Weighted Points by the number below that reflects the student's experience level.

   Total weighted points ______ divided by 4.5 (2nd yr grads) = _____ % **Maximum is 100%.**
   Total weighted points ______ divided by 4.25 (1st yr grads) = _____ % ”
   Total weighted points ______ divided by 4.0 (undergrads) = _____ % “

5. Letter Grade: Identify the letter grade below that corresponds to the percentage obtained above.

	Percent	Second Year Graduate Students (100+ Clock Hours)	First Year Graduate Students (40-100 Clock Hours)	Undergraduate Students (0-40 Clock Hours)
A	(95.51-100)	4.30-4.50	4.06-4.25	3.82-4.00
A-	(91-95.5)	4.09-4.29	3.87-4.05	3.64-3.81
B+	(88-90.99)	3.96-4.08	3.74-3.86	3.52-3.63
B	(84-87.99)	3.78-3.95	3.57-3.73	3.36-3.51
B-	(81-83.99)	3.65-3.77	3.44-3.56	3.24-3.35
C+	(78-80.99)	3.51-3.64	3.32-3.43	3.12-3.23
C	(74-77.99)	3.33-3.50	3.15-3.31	2.96-3.11
C-	(71-73.99)	3.20-3.32	3.02-3.14	2.84-2.95
D+	(66.51-70.99)	2.99-3.19	2.83-3.01	2.66-2.83
D	(61-66.5)	2.75-2.98	2.59-2.82	2.00-2.65
F	(below 61)	below 2.75	below 2.58	below 2.00

Mid-Term Percent ______% Letter Grade _____

Comments:

____
Student Initials Date

____
Supervisor Initials Date

PROCEDURE FOR DETERMINING FINAL THERAPY GRADE

1. For each goal area 1- 5, rate the applicable items according to the rating scale of 1-5.
2. Determine weighted points for each goal area using the following chart.
3. If it is not appropriate to rate a particular goal area, increase the weight of other sections that most reflect the student's clinical experience, so that the weight total is 1.0

Goals	Total Points	' /,	No. Items Rated	=	Mean Score	x	Section Weight	=	Weighted Points
1	_____		_____		_____		.25		_____
2	_____		_____		_____		.15		_____
3	_____		_____		_____		.45		_____
4	_____		_____		_____		.10		_____
5	_____		_____		_____		.05		_____

Total Weighted Points = _____

4. Divide the student's Total Weighted Points by the number below that reflects the student's experience level.

Total weighted points ______ divided by 4.5 (2nd yr grads) = _____ % **Maximum is 100%.**
Total weighted points ______ divided by 4.25 (1st yr grads) = _____ % "
Total weighted points ______ divided by 4.0 (undergrads) = _____ % "

5. Mid-Term, from previous page ______%
+
End of Semester, above ______%

Percent Total ______% '/. 2 = _______ **Final Percent**

6. Letter Grade: Identify the letter grade below that corresponds to the Final Percent.

	Percent	Second Year Graduate Students (100+ Clock Hours)	First Year Graduate Students (40-100 Clock Hours)	Undergraduate Students (0-40 Clock Hours)
A	(95.51-100)	4.30-4.50	4.06-4.25	3.82-4.00
A-	(91-95.5)	4.09-4.29	3.87-4.05	3.64-3.81
B+	(88-90.99)	3.96-4.08	3.74-3.86	3.52-3.63
B	(84-87.99)	3.78-3.95	3.57-3.73	3.36-3.51
B-	(81-83.99)	3.65-3.77	3.44-3.56	3.24-3.35
C+	(78-80.99)	3.51-3.64	3.32-3.43	3.12-3.23
C	(74-77.99)	3.33-3.50	3.15-3.31	2.96-3.11
C-	(71-73.99)	3.20-3.32	3.02-3.14	2.84-2.95
D+	(66.51-70.99)	2.99-3.19	2.83-3.01	2.66-2.83
D	(61-66.5)	2.75-2.98	2.59-2.82	2.00-2.65
F	(below 61)	below 2.75	below 2.58	below 2.00

Final Percent ______% **Final Letter Grade ______**

Comments:

____
Student Initials Date

____
Supervisor Initials Date

Improvement Plan for Academic and Clinical Knowledge and Skills

School of Communicative Disorders

University of Wisconsin-Stevens Point

Name:____ Date Written:________________________

Written By: _______________________________

Semester to be Implemented: _____________________________ Type of Plan: _________________________

Faculty and Staff Involved with the Plan: ____

Standards			
I.	ASHA Standard ______, BDO(s) Explanation of the need. Please Check the items that apply or complete a short description under "other" _____Student performance requires maximum supervision _____Student has not achieved a BC level _____Other concerns not adequately outlined above: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____	Provide a Statement that describes what the student has agreed to do to remediate the skill(s) in question. ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________ ____________________________	Provide a Statement of what the supervisor will do to adjust the supports necessary to elicit the student's skill development. ______________________________ ______________________________ ______________________________ ______________________________ ______________________________ ______________________________ ______________________________ ______________________________ ______________________________ ______________________________ ______________________________ ______________________________ ______________________________

Directions for completing the form:
Enter the ASHA Standard numeral(s) and subskill number(s) on the lines below. Provide a description of the behavior that student does or does not demonstrate, along with a description of the guidance and supports that have been provided to elicit the target skill.

The student will develop strategies to meeting his/her objective(s).

The student will monitor his/her performance and progress in achieving the objectives stated on this plan.

The improvement plan will be reviewed by the instructors and clinical supervisors involved at the end of the semester in which it was implemented/continued.

If the objective(s) on this improvement plan are not achieved, they will continue into the next semester.

Skill Objective(s) Met _________________ **Skill Objective(s) Not Met** _______________ **New Improvement Plan** _______

____ ____

Student Signature *Date* *Associate Dean and Chair* *Date*

____ ____

Coordinator of Graduate Programs *Date* *Director of Clinical Services* *Date*

Skill objective(s) met____________ **Skill objectives(s) not met**___________**New remediation plan**_________________

UWSP SPEECH/LANGUAGE EXIT QUESTIONNAIRE
FOR OFF-CAMPUS SUPERVISORS

INSTRUCTIONS: Please answer the items below to help evaluate our off-campus assignments. All responses will be kept confidential, in accordance with University of Wisconsin Stevens Point rules governing program evaluation.

1. Semester: Fall Spring Summer Year: ___________

2. School district or facility and city/state:

3. Amount of contact with the university student per day as a %:

4. Please comment on the process by which you were oriented to the assignment by the university.

5. Were the university's expectations for this experience adequately communicated? If not, please comment on how this could be improved.

6. Did the evaluation process required by the university adequately measure the student's abilities? If not, please comment on how this could be improved.

7. Was contact with the university liaison supervisor sufficient? If not, please comment on how this could be improved.

8. Student's Level of Independence (Adapted from J.L. Anderson, 1988, The Supervisory Process in Speech-Language-Pathology and Audiology, p. 62.)
   - 1- Evaluation-Feedback Stage – Unprepared, unable to problem-solve & needs to be told what to do
   - 2- Transitional Stage A – Collaborative relationship with supervisor, needing more guidance
   - 3- Transitional Stage B – Collaborative relationship with supervisor
   - 4- Transitional Stage C – Collaborative relationship with supervisor, needing less guidance
   - 5- Self Supervision Stage – Self-analyzes clinical behavior and alters it based on that analysis

   a. What level of independence was the student at in the beginning of the placement?

   b. What level of independence was the student at at the end of the placement?

9. Student preparation
   a. In what areas was the student more prepared than you would expect?

   b. In what areas did you feel the student should be better prepared?

10. Please add any additional comments you may have for the university.

APPENDIX F

Extern Student's Paperwork

School of Communicative Disorders University of Wisconsin -- Stevens Point Clinical Clock Hour Report

- ***Due at end of semester***

Clinical Clock Hour Form Directions

Examples of Daily Clock Hour Log Forms (optional)

Externship Exit Questionnaire: Site Evaluation Form for Students

- ***Due at end of semester***

****Note: Many of these forms are available electronically on Desire 2 Learn (D2L).**

SCHOOL OF COMMUNICATIVE DISORDERS
UNIVERSITY OF WISCONSIN – STEVENS POINT
SPEECH/LANGUAGE PATHOLOGY CLINICAL CLOCK HOUR REPORT

Name ________________________________ **UWSP ID** ____________________ **Date** ______________

☐ **Undergraduate** ☐ **Speech/Language** ☐ **Fall 20**_____ ☐ **Summer 20**____
☐ **Graduate** ☐ **Spring 20**____

TREATMENT

Please PRINT CLEARLY, using the following code abbreviations:

TREATMENT
LT=Language Treatment
SOT=Social Comm. Treatment
COMT=Comm. Modalities Treatment
CGT=Cognitive Treatment

AT=Articulation Treatment
VT=Voice & Resonance Treatment
FT=Fluency Treatment
SWT=Swallowing Treatment

HT=Hearing Treatment/Aural Rehab

OT=Other Treatment
STT=Staffings/Conferences Treatment

Severity Levels: **M**=Mild
Md=Moderate
S=Severe

Culturally/Linguistically Diverse:Y/N

Pt's Int	Code	Age Pre,Sch, A	Clock Hours	Severity	C/L Div Y/N	Site Name	Site No.	Supervisor's Signature & ASHA No.
					Y/N			
					Y/N			
					Y/N			
					Y/N			
					Y/N			
					Y/N			
					Y/N			
					Y/N			
					Y/N			
					Y/N			
					Y/N			
					Y/N			
					Y/N			

EVALUATION

EVALUATION
LE=Language Evaluation
SOE=Social Comm. Evaluation
COME=Comm. Modalities Evaluation
CGE=Cognitive Evaluation

AE=Articulation Evaluation
VE=Voice and Resonance Evaluation
FE=Fluency Evaluation
SWE=Swallowing Evaluation

HS=Hearing Screening
HE=Audiological Evaluation

OE=Other Evaluation
STE=Staffings/Conference Evaluation

Severity Levels: **M**=Mild

Md=Moderate
S=Severe

Culturally/Linguistically Diverse:Y/N

Pt's Int	Code	Age Pre,Sch, A	Clock Hours	Severity	C/L Div Y/N	Site Name	Site No.	Supervisor's Signature & ASHA No.
					Y/N			
					Y/N			
					Y/N			
					Y/N			
					Y/N			
					Y/N			
					Y/N			
					Y/N			
					Y/N			
					Y/N			
					Y/N			

Revised 02-01-07

MINIMUM CLOCK HOUR REQUIREMENTS FOR
CERTIFICATE OF CLINICAL COMPETENCE (CCC)
SPEECH/LANGUAGE PATHOLOGY

The American Speech-Language-Hearing Association has established minimum clock hour requirements for the Certificate of Clinical Competence (CCC) in Speech-Language Pathology. These requirements are identified in the chart below. It is strongly recommended that you maintain copies of all your clinical clock hour records and monitor your progress toward satisfying these minimum requirements. If you have any questions about clinical practicum or the clock hours required for the CCC, please review the ASHA Membership and Certification Handbook or see the Director of Clinical Services.

Requirements for Speech/Language Pathology:

SUPERVISED CLINICAL OBSERVATION AND CLINICAL PRACTICUM: 400 CLOCK HOURS (C.H.)

A. CLINICAL OBSERVATION: 25 C.H. (should be completed prior to initial clinical practicum)

B. CLINICAL PRACTICUM: 375 Total, with 325 C.H. at graduate level

CCC IN SPEECH/LANGUAGE PATHOLOGY 375 C.H. including the following nine categories; experiences with preschool children, school age children, and adults; experiences with culturally/linguistically diverse populations; and experiences with a variety of severities and types of communication and/or related disorders, differences, and disabilities:	
Speech/Language Treatment Skills	**Speech/Language Evaluation Skills**
Expressive and Receptive Language Treatment	Expressive & Receptive Language Evaluation
Social Communication Treatment	Social Communication Evaluation
Communication Modalities Treatment	Communication Modalities Evaluation
Cognitive Treatment	Cognitive Evaluation
Articulation Treatment	Articulation Evaluation
Voice & Resonance Treatment	Voice & Resonance Evaluation
Fluency Treatment	Fluency Evaluation
Swallowing Treatment	Swallowing Evaluation
*Hearing Treatment/Aural Rehab (UWSP requires 10 hrs)	Hearing Screening/Evaluation (UWSP requires 10 hrs)

* Hearing Treatment/Aural Rehabilitation refers to clinical management, counseling, auditory training, speech reading, and speech/language services for those individuals having a hearing impairment.

INSTRUCTIONS

A clock hour is defined as "direct contact with the client or the client's family in assessment, management, and/or counseling." The time credited cannot exceed actual time spent in direct patient contact. Time spent with the client or caretaker giving information, counseling, or training for a home program may be counted as clock hours if the activities are directly related to evaluation and treatment. Time spent in writing lesson plans, scoring tests, transcribing language samples, preparing for sessions, and writing reports cannot be counted for clock hours. Meetings with supervisors may not be counted. Evaluation refers to those hours in screening, assessment, counseling, and diagnosis. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client. In rare circumstances, it is possible for several students working as a team to receive credit for the same session, depending upon the specific responsibilities each student is assigned. If more than one clinician is participating in providing services, each can take credit only for the actual time that he/she is directly involved with the patient or the patient's family.

Record the clock hours you have earned in the appropriate spaces. Use the following abbreviations to represent ages: **Pr** = Preschool (0-5 years); **Sc** = School aged (6-16); **A** = Adult (17+). For hours earned in THERAPY, identify the patient (Pt's Init.) by initials. For hours earned in DIAGNOSTIC and in client groups, you need not identify the individual patients. Instead, total the clock hours earned in each category for each age group and list separately by supervisor. In computing clock hour totals, keep track of hours in exact minutes, and round to the nearest 1/4 hour (15 minutes) at the end of the semester.

Please report only the clock hours you have earned during the enrollment term you have identified. Before turning in your clock hours to the Clinical Director, make one copy to keep for your own records. Turn the original signed copy in to the Director of Clinical Services by the designated due date. Maintain close watch over your individual clock hour needs.

Supervision Requirements According to ASHA

Observation Hours

For certification purposes, observation experiences must be under the direction of a qualified clinical supervisor who holds current ASHA certification in the appropriate practice area.

Clock Hours

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

Practicum Site Options for Speech/Language

For "name of clinical setting" and "site number", please choose the most appropriate choice from the practicum site options listed below.

01 University Speech Clinic
04 University Audiology Clinic

05 Public School - General
02 Public School - Inclusion / Elementary - Preschool
07 Public School - Therapy Room / Elementary - Preschool
11 Public School - Inclusion / Secondary
12 Public School - Therapy Room / Secondary
17 Early Intervention (Birth – Three Program)

21 Medical – General
06 Medical / Acute Care – inpatient
03 Medical / Rehabilitation - outpatient
08 Medical / Skilled Nursing Facility
14 Audiology Clinic
09 Private Practice

13 Home Treatment
18 Community Clinic
10 Other

ASHA's Description of Speech/Language Categories

1. Articulation
2. Fluency
3. Voice and resonance, including respiration and phonation
4. Receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities
5. Hearing, including the impact on speech and language
6. Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)
7. Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
8. Social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities)
9. Communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies)

Revised 02-01-07

CLINICAL CLOCK HOUR FORM DIRECTIONS

Revised ASHA Standards - Effective September of 2003
Revised 01-13-08 T. Gumz

1. Immediately begin to use the "Speech/Language Daily Supervised Clinical Hours Log Sheet" or the "Audiology Practicum Hour Log" form to track your daily clock hours.

2. Refer to the Clinical Clock Hour Report form, page 2, "Speech/Language" or "Audiology", to determine what constitutes a clock hour.

3. Keep track of all clock hours in <u>exact minutes</u>. Do not round up until the very end of the semester when completing the clock hour form for the Clinical Director.

4. From the Site Options handout, choose the most appropriate option for "site name" and "site number".

5. Separate and record clock hours into the appropriate categories:
   a) Therapy
   b) Evaluation
   c) IEP Meetings/Parent Conferences can be counted as "STT" (staffing therapy) or "STE" (staffing evaluation) if you choose.

6. Designate hours as **PR**: Age 0-5 **SC**: Age 6-16 **A**: Age 17+

7. Indicate severity level of your client's needs.

8. Cultural/Linguistic Diversity can relate to: religion, gender, sexual orientation, socioeconomic status, age, ethnicity or race, or national origin.

9. When you have more than one client with a certain disorder type under one supervisor (e.g. group of two preschool language clients; five adult language clients, etc.), combine these hours on one line. Disregard the use of client initials in these cases.

10. When you work with audiology or speech/language diagnostics and evaluate several clients with a certain disorder type under one supervisor, omit client initials, indicate the task (Dx-S/L, Dx-Aud), and combine these hours on one line.

11. The code abbreviations are located on the left side of the Clock Hour Form.

12. Audiology Only: Use the ADM (recording keeping and administrative hours) code for hours which are directly related to patient care and/or relevant to audiological service delivery. See your audiology supervisor for limitations on the number of ADM hours that you can count per patient.

13. After adding the number of minutes for the semester, convert that number to the nearest ¼ hour vs. hours and minutes. Example: 1815 total semester minutes = 30.25 hours. (total minutes divided by 60 = hours)

14. Obtain supervisor's signature and ASHA number on the form.

15. Make one copy of the completed and signed Clock Hour form for your records. Submit the original to the Clinical Director by the due date.

16. <u>It is your responsibility to monitor your Clock Hour needs</u>**.** ASHA Requirements are on the back side of the Clock Hour Form. Upon request, you are welcome to review a more complete document on ASHA's clinical clock hour requirements in the ASHA Membership and Certification Handbook.

		Category: Adult School Age Preschool																							
		Treatment											Evaluation												
		Speech Treatment				Language Treatment				Other			Speech Evaluation				Language Evaluation				Other			Severity	C/L Div
Date	Client Initials	AT	FT	VT	SWT	LT	SOT	COMT	CGT	HT	OT	STT	AE	FE	VE	SWE	LE	SOE	COME	CGE	HS	OE	STE	M/MD/S	Y/N

AT	Articulation Treatment	**AE**	Articulation Evaluation	**M**	Mild
FT	Fluency Treatment	**FE**	Fluency Evaluation	**Md**	Moderate
VT	Voice Treatment	**VE**	Voice Evaluation	**S**	Severe
SWT	Swallowing Treatment	**SWE**	Swallowing Evaluation		
LT	Language Treatment	**LE**	Language Evaluation		
SOT	Social Communication Treatment	**SOE**	Social Communication Evaluation		
COMT	Communication Modalities Treatment	**COME**	Communication Modalities Evaluation		
CGT	Cognitive Treatment	**CGE**	Cognitive Evaluation		
HT	Hearing Treatment/Aural Rehabilitation	**HS**	Hearing Screening		
OT	Other Treatment	**OE**	Other Evaluation		
STT	Staffings/Conferences Treatment	**STE**	Staffings/Conferences Evaluation		

SPEECH-LANGUAGE
DAILY SUPERVISED CLINICAL HOURS LOG SHEET

Student Name: ______________________________________

Location: ________________ Semester & Year: __________

Client Initials	Date	Age P/S/A	Tx Hours	Dx Hours	Disorder Code	Client Initials	Date	Age P/S/A	Tx Hours	Dx Hours	Disorder Code

Adapted from University of Wisconsin – Eau Claire Dept of Communication Disorders

EXIT QUESTIONNAIRE
UWSP SPEECH/LANGUAGE SITE EVALUATION FORM FOR STUDENTS

INSTRUCTIONS: Please answer the items below. All responses will be kept confidential, in accordance with University of Wisconsin Stevens Point rules governing program evaluation.

11. Semester: Fall Spring Summer Year: ___________

12. School district or facility and city/state of your assignment:

13. Amount of contact with your supervisor per day as a %:

14. How were you oriented to the facility?

15. How were the expectations communicated to you?

16. Supervision Process
    a. Independence (Adapted from J.L. Anderson, 1988, The Supervisory Process in Speech-Language-Pathology and Audiology, p. 62.)
        6- Evaluation-Feedback Stage – Unprepared, unable to problem-solve & needs to be told what to do
        7- Transitional Stage A – Collaborative relationship with supervisor, needing more guidance
        8- Transitional Stage B – Collaborative relationship with supervisor
        9- Transitional Stage C – Collaborative relationship with supervisor, needing less guidance
        10- Self Supervision Stage – Self-analyzes clinical behavior and alters it based on that analysis

        i. What level of independence did you feel you were at in the beginning of the placement?

        ii. What level of independence did you feel you were at at the end of the placement?

    b. What did you do to prepare for your responsibilities at this placement?

    c. How did the supervisor communicate with you about your performance?

    d. What, if anything, would have allowed you to be more independent?

17. UWSP
    a. The expectations of UWSP should have been communicated through the syllabus and on D2L. Is there information that would have been helpful but was not available to you?

    b. Was the UWSP liaison available if needed?

18. What coursework or practicum experiences were most beneficial for this sight?

19. Would you recommend this site for another graduate student?

20. Please add any additional comments you may have about your experience.