

CLINICAL PRACTICUM – Fall 2017

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OBJECTIVES:

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

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

ASHA Standards

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

DPI Standards

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

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

PRE-THERAPY INFORMATION

1. **SCHEDULE**: Please give me a copy of your schedule as soon as possible.
2. **CLIENT INFORMATION** - Review the information available on your client, including background information and past therapy history. Be sure to write down the client's contact phone # for your records. Be prepared to discuss the following issues at our second meeting: any questions you may have regarding the client's disorder and therapy; questions we need to have answered regarding the client/disorder to assist in treatment planning; a general plan for the first two sessions; and possible times for therapy for the semester
3. **SCHEDULING THERAPY**- Please come to our meeting with a list of potential therapy times that you have available for therapy sessions so we can contact the client ASAP.

4. **SCHEDULING ROOMS**-After you schedule therapy with the client or parent, schedule a room for therapy. BE SURE to notify me of this room number and the time of therapy. Complete the CLINIC CARD and submit it to the desk. Let me know when you have submitted this information.
5. **CMC** - Be aware of the policies and procedures for the CMC. Please reserve your materials in **advance of your sessions if you anticipate difficulties obtaining any items.**

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

1. **LESSON PLANS**-Please write a weekly plan and turn it in to me at least 24 hours before your therapy session. Plans should be in your P-drive. Please over plan for sessions, especially with younger clients (10-15 min. an activity if they go well).
Please name them: lesson plans. These will be on-going.
2. **SOAP NOTES** –SOAP notes must be completed after every session. **Use the template on the D2L website for practicum.**
Save on your P-drive (you can just label is SOAP as you only have 1 client).
3. **REFLECTIONS/FEEDBACK:** Complete daily self-evaluation within 24 hours after your session. These are designed to inspire true reflection of your session and critical thinking. Please save your reflections on your s-drive as they are individual reflections. Name: Reynolds reflections. Once you open this document, put the date and your reflections/questions. I will provide feedback in a different color. This will be an on-going document throughout the semester. Reflect on the following:
 - a. Client's behavior (positive or negative)
 - b. Comment on the outcomes of your planned objectives
 - c. What could you have adjusted to make the session more productive?
 - d. What did you do that made the session a success?
 - e. Mention parent discussion that might be applicable
 - f. Include resources used – evidence based research/reading.
4. **DATA COLLECTION** – you are required to collect data during each therapy session. The data collected will support the content of your SOAP note. Keep all you data sheets in a therapy binder.
5. **WEEKLY SUPERVISORY MEETINGS** - Supervisory meetings are held once a week. This is a time set aside for us to discuss your client and his/her management. Areas of discussion may include: any concerns regarding management or supervision of management; discussion of your client's response to therapy; problem-solving; therapy challenges; and self-evaluation of your performance. These will be scheduled weekly.
6. **VIDEO SELF-EVAL:** You will also complete a video self-evaluation prior to midterm. We will work on a date for recording and then watch the video together while using the evaluation form. I am looking for great discussion and open dialogue about therapy skills to this point.

My hope is to generate 1-3 clinical goal(s) for you for the remainder of the semester based on the evaluation.

7. **OBSERVATION:** At the beginning of the semester observation will be more frequent, as you **become more skilled these observations will not be as frequent. I may or may not inform you** that I will be observing. After every observation I will give you some short verbal and/or written comments about your session. During our weekly meeting I will go into more detail about my observation. The purpose of the observation and feedback is to facilitate the development of your clinical knowledge and skills.
8. **CANCELLATIONS:** If the parent or client cancels therapy, cancellation notices will be posted by the faculty mailboxes. If you cancel therapy, it is YOUR responsibility to let your supervisor, Ms. Christine Skebba (346-3667) and the client or client's parent know of this cancellation. If one member of the team needs to cancel, it is expected that the other clinician will just take over the entire session.
9. **DEMONSTRATION THERAPY:** I will be available to demonstrate therapy if necessary. Please let me know if you would like assistance in any area. There may be times when I will enter your session to assist, clarify, or just to get to know that client better. Please know that I view practicum as a team effort.
10. **CAREGIVER CONTACT:** At all times keep the caregivers informed of what you plan on working on that day; at the end of the session give the parents information about the session. Typically, this involves any new communication skills that were achieved, a general idea of progress, etc. Do not assume that just because the parent watched the session that they have a good grasp of what happened. If the caregiver is not able to observe, you will need to come up with a method of communication (e.g., notes sent home, phone calls, e-mail, etc.)
11. **WRITTEN ASSIGNMENTS:** This course fulfills the university's communication in the major requirement, (please see the attached Standard Scoring Rubric). Students will complete written assignments including lesson plans, self-evaluations, and therapy reports. Other written assignments will be completed as necessary (i.e. IEP, dismissal reports).

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

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

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

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

- b. **Self-Evaluation of Writing;** during the semester, you will have opportunities to evaluate your own writing skills. You will revise your therapy report according to feedback given. You will also have opportunities to discuss my comments as they **relate to your revisions.**
 - c. **Lesson Plans and Self-Evaluations;** as stated previously, you will write weekly lesson plans for your client and will receive feedback on the lesson plans. Students are also required to write weekly reflections.
 - d. **Writing Emphasis and Final Grade;** the total number of points for the writing emphasis requirements will be based upon a minimum of the therapy report and other items (i.e., self-evaluations of writing, lesson plans, session self-evaluations) and comprise 25% of your total final grade. See your copy of the *final student practicum evaluation* form for a detailed breakdown.
13. **FINAL REPORTS: ALL CORRECTED COPIES SHOULD BE SAVED ON YOUR P-DRIVE.** All clinic forms (test protocols, etc.) should also be included with this information.
14. **INFECTION CONTROL AND UNIVERSAL PRECAUTIONS:** Please refer to the Clinic's infection control policies and procedures as described in the "Guidebook on Infection Control Policy and Procedures" to maintain a clean environment for treatment purposes.
15. **CONFIDENTIALITY:** Please refer to the Clinic's policies and procedures regarding electronic information, client records and audio/video recording.
16. **ACCOMMODATIONS:** Reasonable accommodations are available for students who have a documented disability. Please notify your supervisor and the Clinical Director during the first week of classes of any needs based on a disability that may require a reasonable modification in order for you to participate fully in this course. All accommodations should be approved through the Office for Students with Disabilities in the Student Services Center.
17. **EVALUATION:** Formal evaluations will be completed at midsemester and at the end of the semester. Your final grade will be determined by the average of the two grades. Do not assume that an **A** is the typical grade given. Grades will be based on the following:
- | | | |
|----------------|-------------|---------------|
| a. A 95.5-100 | B- 81-83.99 | D+ 66.5-70.00 |
| b. A- 91-95.49 | C+ 78-80.00 | D 61-66.49 |
| c. B+ 88-90.99 | C 74-77.99 | F Below 61.0 |
| d. B 84-87.99 | C- 71-73.99 | |
18. **PROFESSIONALISM:** Your conduct, the attitude you display, and your attire influence your credibility as a professional. Being prepared, being organized, being respectful of individuals you interact with during the course of your clinical experience (client, client's family, supervisors, other student clinicians, other associated professionals, etc.), and showing confidence and respect for others is important qualities. **Students will have to follow the Clinic Dress Code and dress professionally.**

a. Child Safety:

- i. Never leave a child unattended
- ii. An adult must be with a child when washing hands
- iii. Do not let children stand on chairs etc.
- iv. Do not use glue guns during activities
- v. Encourage walking, not running

b. Be a good speech model:

- i. Know when it is appropriate to use 'good' vs. 'well' e.g., "You did that so ____."
- ii. Eliminate 'yup' and 'nope'
- iii. Do not use slang such as "You kicked my butt" "Oh my God" etc.
- iv. Articulate clearly
- v. Do not call your child a name, even in fun, e.g., "cheater"
- vi. Don't label your child as 'smart' as an overall descriptor. Instead comment on what the child did that was "correct" "a good dry" "hard worker" etc.
- vii. Do not ask your client "do you want to..." when they really don't have a choice.

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

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

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

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

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

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

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

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

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

- Status at the beginning of therapy.
 - This section contains information from your initial testing/observations. This section needs to support the goal . . .
- Your goals and objectives written in standard format and reflecting your baseline information.

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

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

Week #8: Midterm evaluation discussion with supervisor.

Week #9: Discuss and plan post baseline data process

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

Week #12: See Mrs. Reynolds to discuss date/time, and then call to schedule final parent/teacher conferences with families. Students are to inform parents, caregivers, and teachers of final therapy date of Thursday, November 30th. End of the semester parent/teacher conferences will be either Tuesday, December 5th or Thursday, December 7th.

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

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

Week #15: Paperwork check out meeting.

CLIENT FILE REVIEW
COMPLETE BEFORE OUR FIRST MEETING

Name: _____

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

Client's initials: ____ Client's Chronological Age ____ Client's DX _____

Referral Information:

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

Developmental, Medical, Family History:

Summary of Previous Speech/Language Services:

(Mention previous services – school based services, birth to three, SLHC-UWSP, etc. Include length of time in therapy. Summarize most recent services.)

Environmental and Educational History:

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

What did you find out from the previous/current clinician(s)?

(Contact previous SLHC-UWSP clinicians and/or current clinicians from other facilities)

Note any teaching strategies discussed in the previous FTR:

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

Clinician _____ Date: _____ Room #: _____
Client's Initials _____

1. Functional/measurable short-term objective (STO):

- Activity #1:

- Activity # 2: (if you are doing multiple activities for the same objective, you can just list those activities here)

- Activity justification (why did you choose this activity?) (justify each activity if you have more than one for an objective):

- Stimuli to elicit responses:

- Detailed information about your therapy techniques and strategies (include cueing
- hierarchy and/or compensatory strategies): these will probably be consistent across all activities for a particular objective

- Type(s) of reinforcement you will use:

- Method of data keeping:

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

(continue with each STO as outlined above)

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

Clinician _____
Client's Initials _____

Date: _____

Room #: _____

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

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

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

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

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

Type(s) of reinforcement/correction you will use (both to reward appropriate behavior and responses as well as to deal with unacceptable behavior): SC will receive verbal praise for correct responses, attention to task, etc. SC will also get to select one of two pretend play activities as a reward for her good behavior.

Method of data keeping: I will keep a tally of correct and incorrect responses and indicate whether or not cues were used.

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

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

Activity #2: Structured play with a doll house.

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

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

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

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

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

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

Lesson Plan Example 2:

Clinician _____ Client _____ Date/Time _____ Room _____
 Age _____ Dx: _____

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

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

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

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

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

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

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

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

Family Correspondence Log

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

The more contact you have with families and teachers, the fewer “surprises” you will have at the end. In addition, clients who practice outside of therapy tend to make better progress, thus you should have frequent contact, a variety of homework assignments, etc. These are some of the areas I will be observing as you conduct your clinical sessions; I will put comments in the right-hand column.

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

Clinical Practicum Fall 2017

Supervisor: Christie Witt, M.S., CCC- SLP

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Email: Christie.Witt@uwsp.edu

Objectives:

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

Course Requirements:

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

Paperwork:

1. Weekly Lesson plans
 - a. Due on Fridays at noon.
 - b. You may complete lesson plans in your own style. There is no template
 - c. Lesson plans should include:
 - i. Skill you are targeting
 - ii. Therapy techniques you will implement
2. SOAPs
 - a. Due weekly by noon on Fridays
 - b. You will save it on your s-drive as a running document.
 - c. You will use the SOAP form on Ms. Witt's s-drive.
 - d. If you are working on a team, the author of the SOAP must alternate and you must indicate who the writer is on the SOAP form.
 - e. If you are working on a team the SOAP note will be saved on one team member's s-drive or in the P-drive.

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

S: *Subjective*. Any subjective information that is relevant to the session.

O: *Objective*. Provide data for each goal (you do not need to state the goal in the note, just results of the session pertaining to the goals. For example, Sam requested an item using a 2 button sequence in 2 out of 4 opportunities.

A: *Assessment*. Write what occurred to result in the success/not success of performance for goals. For example, Minimal visual prompts were needed for 2 button requests.

P: *Plan*. Continue plan of care.

3. Plan of Care:
 - a. Find the plan of care form on the s-drive.
 - b. This needs to be completed by the end of the second week of therapy.
 - c. We will discuss how to complete this form in a clinic meeting.
4. Written reflections: Following each session, you will answer the reflection questions and save them in your individual s-drive. These need to be completed by Friday at noon.

5. Data: We will discuss data collection in our meetings.
6. Session feedback: You will receive written and/or face to face feedback regarding your sessions.
7. Visual Summary of the results of therapy (at the end of the semester).
 - a. It needs to be a visual representation (graphs, charts, etc).
 - b. This document will be shared with your client/client's family at the final therapy meeting.
8. Final Therapy Report.
 - a. There is no template – you need to determine the information that is pertinent to your client.
 - b. You will follow this plan for turning in your document:
 - i. You are responsible for having this document in the final form at the time of "checkout" at the end of the semester.
 - ii. Email Ms. Witt when you have this document or portions of this document ready to review for feedback.
 - iii. Editing remarks and suggestions will be saved in your s-drive as separate document. You will make changes and email Ms. Witt when the next draft is ready for review. Each draft should be saved as a new document.
 - iv. You will submit it for review until Ms. Witt determines that it is complete.
9. Billing:
 - a. You are responsible for documenting session dates your client attended.
 - b. At the end of the semester you will turn in a completed billing form that documents each session attended.

Meetings

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

Grading

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

DIAGNOSTIC PRACTICUM Fall 2017

Supervisor: Christie Witt, M.S., CCC-SLP
Office: 044A
Phone: 346-2577

Office Hrs: See office door
email: cwitt@uwsp.edu

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

Our Schedule

Our diagnostic evaluations will take place on **Thursdays from 1:00 – 3:00**. Keep your schedules free during those times every week during the semester. **Each week you will need to check the Diagnostic Schedule at the front desk. All diagnostics are on the calendar, in the Red Diagnostic Folder and you are allowed to get the folder and check the schedule.**

Once diagnostics begin

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

All team members are responsible for file review, preparing diagnostic, taking data, interpreting data, scoring tests, analyzing results, making recommendations, and writing the report.
2. **Weekly Meeting:** We will discuss the up-coming diagnostic and any past diagnostics.
3. **Diagnostic reports:** Reports will be written as a team and need to be complete before the next diagnostic appointment. You are writing a professional report that will represent you as professionals and this clinic. Your first draft should be your best work. Subsequent drafts will occur as needed and determined by Ms. Witt.
4. **Clock hours:** Please keep track of the number and type of clock hours earned. You will also document “staffing” hours (meetings to discuss evaluation, treatment and/or recommendations, or exit meetings with parents, caregivers). You should keep track of your hours on a weekly basis. It is not the supervisor’s responsibility to keep track of your hours. Staffing hours DO NOT include preparing for diagnostics, scoring tests, transcribing language sample, or meeting with the supervisor or team. However, supervisors have the discretion for exceptions. Clockhours are to be submitted via Calipso at the end of the semester.
5. **Professionalism:** Your preparedness, organization, confidence, conduct, attire, and grooming influence your credibility as professionals. In addition, respect for your client, family members, co-clinicians, and supervisor, and demonstrating enthusiasm.
6. **Additional responsibilities:** The team is responsible for video recording the diagnostic session, reserving any equipment and supplies prior to the evaluation, as well as cleaning up the diagnostic room after the session. This includes sanitizing the table, supplies, and equipment used and putting them back where they belong.
7. **Evaluation:** We will meet as a “Diagnostic Team” at mid semester and use *Calipso* to discuss your progress and development. At the end of the semester we will meet again to discuss your semester progress. You will be graded on clinical competence, clinical writing, professional conduct, increased independence in your diagnostic decision-making, and diagnostic skills.

Clinical Practicum Spring 2017

Supervisor: Maggie Watson, PhD CCC SLP
Phone: (715) 346-2072-office
(715) 343 9153-home (emergencies)

Office: CPS 040
Email: mwatson@uwsp.edu
Meeting time: TBA

Objectives

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

Before Therapy Begins

1. Sign up for a meeting time with me; 45-60 minutes – stop by to see me directly to set this up, or call to set up a time. If you have a co-clinician, coordinate the meeting time with him/her. It is best if we can all meet together.
2. **Prior to our first meeting** read the client's file carefully, and determine the important information that will be helpful for you to start clinic. Complete pages 14 & 15 of this document. Do not report everything in the file.... Summarize the critical information.
3. Please come to our first meeting with the following:
 - Information from the file; complete pages 14/15 of this document. You can do this separately or together (if you have a partner).
 - Some ideas for your first session
 - A copy of your schedule (**use form 44** outside my door)
 - A list of potential therapy times that you have available for therapy sessions so we can contact the parents ASAP. **Please do not call the parents prior to our first meeting.**
 - Your capstone binder if you are an undergraduate student.
4. As therapy arrangements become finalized, you will need to sign up for a therapy room. You can fill out the sign-up sheet on the door of the room you choose. Let's discuss rooms before you sign up as some clients need a larger or smaller room.
5. Read the procedures for the Infection Control Policies for Clinical Practicum.

Before Your First Day of Therapy

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

- Lesson plans
- Session evaluation forms/reflection questions
- Data for each session
- Family correspondence Log if necessary.

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

General Information Regarding Practicum

Attendance

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

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

Dress Code

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

Lesson Plans

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

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

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

SOAP Notes

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

Self-Evaluations

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

Weekly Meetings

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

Observation

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

If there is a part of therapy you want to make sure I watch, please let me know ahead of time.

Punctuality

You **must be in the waiting room at least 5 minutes** before your session is to start. Double check that all of your clocks coincide; I’ll be looking at the waiting room clock. Please be prompt for all meetings. Adhere to deadlines for all paperwork.

Caregiver Contact

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

Written Assignments

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

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

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

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

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

Final Therapy Reports (FTR)

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

Writing Emphasis and Final Grades

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

Client Cancellations

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

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

Child Safety in the Clinic

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

Be a good speech model:

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

Tentative Schedule:

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

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

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

About October 2nd :

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

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

Video self-evaluation should be completed during the week of September 25th .

Midterm evaluation: about the week of October 23rd.

Week of November 27th: Final therapy reports should be completed (may just have some final data to fill in). Final conferences with client/families will be during the last week of clinic.

Lesson Plan that may be useful for the first one or two sessions before you establish objectives. (Use this format for as many different areas you need to cover). For example, in the first session you may want to evaluate play skills, determine intelligibility and obtain an MLU (thus 3 questions). The number of questions you have will vary.

1. What do you want to learn about your client? Why?

2. How will you get that information? (Activities, materials, techniques, etc.)

3. What do you want to learn about your client? Why?

4. How will you get that information?

5. What do you want to learn about your client?

6. How will you get that information?

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

Clinician _____ Date: _____ Room #: _____
 Client's Initials _____

1. Functional/measurable short-term objective (STO#1):

- Activity #1:

- Activity # 2: (if you are doing multiple activities for the same objective, you can just list those activities here)

- Activity justification (why did you choose this activity?) (justify each activity if you have more than one for an objective):

- Stimuli to elicit responses:

- Detailed information about your therapy techniques and strategies (include cueing
- hierarchy and/or compensatory strategies): these will probably be consistent across all activities for a particular objective

- Type(s) of reinforcement you will use:

- Method of data keeping:

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

(continue with each STO as outlined above)

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

Clinician _____ Date: _____ Room #: _____
 Client's Initials _____

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

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

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

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

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

Type(s) of reinforcement/correction you will use (both to reward appropriate behavior and responses as well as to deal with unacceptable behavior): SC will receive verbal praise for correct responses, attention to task, etc. SC will also get to select one of two pretend play activities as a reward for her good behavior.

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

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

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

Activity #2: Structured play with a doll house.

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

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

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

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

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

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

Lesson Plan Example 2:

Clinician	Client	Date/Time	Room
Age	Dx:		

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

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

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

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

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

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

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

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

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

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

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

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

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

COMPLETE BEFORE OUR FIRST MEETING

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

Name: _____

Client's initials: ___ Client's Age _____ Client's DX _____

1. Tell me about this client:

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

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

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

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

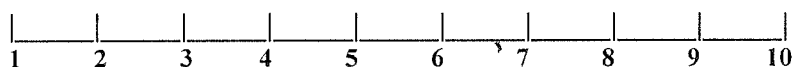
How to fairly divide the work between you and your partner (if applicable):

How are you prepared to handle this case, e.g., previous experience, courses, etc.

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

In your opinion, what are your clinical strengths/concerns?

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



My clinical supervisor can help me during this clinical experience by...

I can help myself during this clinical experience by...

Therapy preparation checklist*

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

CLINICAL PRACTICUM – Fall 2017

Supervisor: Carri Nimm, M.S., CCC- SLP
Phone: 715-346-2576 - office
715-6303443 – text/call (emergencies)

Office: CPS 46D
Email: cnimm@uwsp.edu
Meeting time: TBA

OBJECTIVES:

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

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

ASHA Standards

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

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

DPI Standards

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

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

PRE-THERAPY INFORMATION

1. **SCHEDULE: Please give me a copy of your schedule** as soon as possible.
2. **CLIENT INFORMATION** - Review the information available on your client, including background information and past therapy history. Be sure to write down the client's contact phone # for your records. Be prepared to discuss the following issues at our second meeting: any questions you may have regarding the client's disorder and therapy; questions we need to have answered regarding the client/disorder to assist in treatment planning; a general plan for the first two sessions; and possible times for therapy for the semester
3. **SCHEDULING THERAPY-** Please come to our meeting with a list of potential therapy times that you have available for therapy sessions so we can contact the client ASAP.
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GENERAL INFORMATION - The following is a list of requirements for clinical practicum. Become familiar with EVERY point, as you will be responsible for this information throughout the semester. If you have a co-clinician, pick **the P-drive** that I will find the lesson plans, reflections, and FTR.

1. **LESSON PLANS**-Please write a weekly plan and turn it in to me at least 24 hours before your therapy session. Plans should be in your P-drive.
Please name them: Nimm lesson plans with the week. These will be on-going.
2. **SOAP NOTES** –SOAP notes must be completed after every session. **Use the template on the D2L website for practicum.**
Save on your S-drive, name: Nimm SOAP notes(and put the date). You will write individual SOAP notes the first few weeks. After week three you will write them in partners and can save to the P-drive
3. **REFLECTIONS/FEEDBACK:** Complete daily self-evaluation within 24 hours after your session. Please start this on your P:drive. These are designed to inspire true reflection of your session and critical thinking. Name: Nimm reflection. Once you open this document, put the date and your reflections/questions a-f. I will provide feedback in a different color. This will be an on-going document throughout the semester. Reflect on the following:
 - a. Client's behavior (positive or negative)
 - b. Comment on the outcomes of your planned objectives
 - c. What could you have adjusted to make the session more productive?
 - d. What did you do that made the session a success?
 - e. Mention parent discussion that might be applicable
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6. **VIDEO SELF-EVAL:** You will also complete a video self-evaluation prior to midterm. We will work on a date for recording and then watch the video together while using the evaluation form. I am looking for great discussion and open dialogue about therapy skills to this point. My hope is to generate 1-3 clinical goal(s) for you for the remainder of the semester based on the evaluation.
7. **OBSERVATION:** At the beginning of the semester observation will be more frequent, as you become more skilled these observations will not be as frequent. I may or may not inform you that I will be observing. After every observation I will give you some short verbal and/or written comments about your session. During our weekly meeting

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

8. CANCELLATIONS-If the parent or client cancels therapy, cancellation notices will be posted by the faculty mailboxes. If you cancel therapy, it is YOUR responsibility to let your supervisor, Ms. Kay Juhnke (346-3667) and the client or client's parent know of this cancellation. If one member of the team needs to cancel, it is expected that the other clinician will just take over the entire session.
9. DEMONSTRATION THERAPY-I will be available to demonstrate therapy if necessary. Please let me know if you would like assistance in any area. There may be times when I will enter your session to assist, clarify, or just to get to know that client better. Please know that I view practicum as a team effort.
10. CAREGIVER CONTACT; At all times keep the caregivers informed of what you plan on working on that day; at the end of the session give the parents information about the session. Typically, this involves any new communication skills that were achieved, a general idea of progress, etc. Do not assume that just because the parent watched the session that they have a good grasp of what happened. If the caregiver is not able to observe, you will need to come up with a method of communication (e.g., notes sent home, phone calls, e-mail, etc.)

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

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 - a. **Introduction letter to parent/care-giver. This is to be completed and given to parents on the first day of therapy.**
 - b. **Self-Evaluation of Writing;** during the semester, you will have opportunities to evaluate your own writing skills. You will revise your therapy report according to feedback given. You will also have opportunities to discuss my comments as they relate to your revisions.

- c. **Lesson Plans and Self-Evaluations;** as stated previously, you will write weekly lesson plans for your client and will receive feedback on the lesson plans. Students are also required to write weekly reflections.
- d. **Writing Emphasis and Final Grade;** the total number of points for the writing emphasis requirements will be based upon a minimum of the therapy report and other items (i.e., self-evaluations of writing, lesson plans, session self-evaluations) and comprise 25% of your total final grade. See your copy of the *final student practicum evaluation* form for a detailed breakdown.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Status at the beginning of therapy.
 - This section contains information from your initial testing/observations. This section needs to support the goal . . .
- Your goals and objectives written in standard format and reflecting your baseline information.

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

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

Week #8: Midterm evaluation discussion with supervisor.

Week #9: Discuss and plan post baseline data process

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

Week #12: See Mrs. Nimm to discuss date/time, and then call to schedule final parent/teacher conferences with families. Students are to inform parents, caregivers, and teachers of **final therapy date of Thursday 7th. End of the semester parent/teacher conferences will be either Tuesday Dec 5th or Thursday Dec. 7th.**

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

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

Week #15: Paperwork check out meeting.

CLIENT FILE REVIEW
COMPLETE BEFORE OUR FIRST MEETING

Name: _____

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

Client's initials: ____ Client's Chronological Age _____ Client's DX _____

Referral Information:

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

Developmental, Medical, Family History:

Summary of Previous Speech/Language Services:

*(Mention previous services – school based services, birth to three, SLHC-UWSP, etc. Include length of time in therapy. Summarize **most recent services**.)*

Environmental and Educational History:

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

What did you find out from the previous/current clinician(s)?

(Contact previous SLHC-UWSP clinicians and/or current clinicians from other facilities)

Note any teaching strategies discussed in the previous FTR:

CLINICAL PRACTICUM – Fall 2017

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

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

OBJECTIVES:

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

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

ASHA Standards

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

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

DPI Standards

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

- Content: The teacher understands the central concepts, tool of inquiry, and structures of the disciplines he or she teaches and can create learning experiences that make these aspects of subject matter meaningful for pupils.
- Methods: The teacher understands how children with broad ranges of ability learn and provides instruction that supports their intellectual, social, and personal development.
- Diversity: The teacher understands how pupils differ in their approaches to learning and the barriers that impede learning and can adapt instruction to meet the diverse needs of pupils, including those with disabilities and exceptionalities.
- Instruction: The teacher understands and uses a variety of instructional strategies, including the use of technology to encourage children's development of critical thinking, problem solving, and performance skills.
- Management: The teacher uses an understanding of individual and group motivation and behavior to create a learning environment that encourages positive social interaction, active engagement in learning, and self-motivation.
- Communications: The teacher uses effective verbal and nonverbal communication techniques as well as instructional media and technology to foster active inquiry, collaboration, and supportive interaction in the classroom.
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clprww
9/2

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 - Background information usually includes when the child was referred, by whom & why, a brief description of those initial concerns, when child started to receive therapy, brief statement on their progress since they originally started therapy.

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

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- Status at the beginning of therapy.
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- Your goals and objectives written in standard format and reflecting your baseline information.

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Week #9: Discuss and plan post baseline data process

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

Week #12: See Mrs. Reeve to discuss date/time, and then call to schedule final parent/teacher conferences with families. Students are to inform parents, caregivers, and teachers of final therapy date of Thursday December 7th. End of the semester parent/teacher conferences will be either Tuesday December 5th or Thursday December 7th.

Week #13: The last week of clinic and final parent conferences to be conducted next week (12/5/17 or 12/7/17). Reports should be in near final form.

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

Week #15: Paperwork check out meeting.

CLIENT FILE REVIEW
COMPLETE BEFORE OUR FIRST MEETING

Name: _____

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

Client's initials: ____ Client's Chronological Age ____ Client's DX _____

Referral Information:

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

Developmental, Medical, Family History:

Summary of Previous Speech/Language Services:

*(Mention previous services – school based services, birth to three, SLHC-UWSP, etc. Include length of time in therapy. Summarize **most recent services**.)*

Environmental and Educational History:

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

What did you find out from the previous/current clinician(s)?

(Contact previous SLHC-UWSP clinicians and/or current clinicians from other facilities)

Note any teaching strategies discussed in the previous FTR: