

## CLINICAL PRACTICUM – Fall 2018 CSD 495 Undergrad

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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.

*Any student who faces challenges securing their food or housing and believes this may affect their performance in the course is urged to contact the Dean of Students for support. Furthermore, please notify the professor if you are comfortable in doing so. This will enable her to provide any resources that she may possess.*

### **PRE-THERAPY INFORMATION**

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

may have regarding the client's disorder and therapy; questions we need to have answered regarding the client/disorder to assist in treatment planning; a general plan for the first two sessions.

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

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

1. LESSON PLANS-Please write a weekly plan (given by C. Nimm) and turn it in to me at least 24 hours before your first therapy session of the week. Plans should be in P-drive.  
Please name: Nimm lesson plans. These will be on going.
2. SOAP NOTES –SOAP notes must be completed after every session. **The SOAP note form will emailed to you. These will be ongoing.**  
Save on your P-drive, name: Nimm SOAP notes.
3. REFLECTIONS/FEEDBACK: Complete daily self-evaluation within 24 hours after your session (reflections are part of the lesson plan). These are designed to inspire true reflection of your session and critical thinking. I will provide feedback in a different color on the side. This will be an on-going document throughout the semester. Please respond to any questions I put to you. Reflect on the following:
  - a. Client's behavior (positive or negative)
  - b. Comment on the outcomes of your planned objectives
  - c. What could you have adjusted to make the session more productive?
  - d. What did you do that made the session a success?
  - e. Mention parent discussion that might be applicable
  - f. **Include resources used – evidence-based research/reading.**
4. DATA COLLECTION – you are required to collect data during each therapy session. The data collected will support the content of your SOAP note. **Keep all your data sheets in a therapy binder and bring to weekly meetings.**
5. WEEKLY SUPERVISORY MEETINGS - Supervisory meetings are held once a week. This is a time set aside for us to discuss your client and his/her management. Areas of discussion may include: any concerns regarding management or supervision of management; discussion of your client's response to therapy; problem-solving; therapy challenges; and self-evaluation of your performance. These will be scheduled weekly.

6. VIDEO SELF-EVAL: You will also complete a video self-evaluation prior to midterm. We will work on a date for recording and then watch the video together while using the evaluation form. I am looking for great discussion and open dialogue about therapy skills to this point. My hope is to generate 1-3 clinical goal(s) for you for the remainder of the semester based on the evaluation. The evaluation form will be sent to you.
7. OBSERVATION: At the beginning of the semester observation will be more frequent, as you become more skilled these observations will not be as frequent. I may or may not inform you that I will be observing. After every observation I will give you some short verbal and/or written comments about your session. During our weekly meeting I will go into more detail about my observation. The purpose of the observation and feedback is to facilitate the development of your clinical knowledge and skills.
8. CANCELLATIONS-If the parent or client cancels therapy, cancellation notices will be posted by the faculty mailboxes. If you cancel therapy, it is YOUR responsibility to let your supervisor Carri Nimm (715-630-3443), Ms. Christine Skebba (346-2900) and the client or client's parent know of this cancellation. If one member of the team needs to cancel, it is expected that the other clinician will just take over the entire session.
9. DEMONSTRATION THERAPY-I **will be available to demonstrate therapy if necessary. Please let me know if you would like assistance in any area.** There may be times when I will enter your session to assist, clarify, or just to get to know that client better. Please know that I view practicum as a team effort.
10. CAREGIVER CONTACT; At all times keep the caregivers informed of what you plan on working on that day; at the end of the session give the parents information about the session. Typically, this involves any new communication skills that were achieved, a general idea of progress, etc. Do not assume that just because the parent watched the session that they have a good grasp of what happened. If the caregiver is not able to observe, you will need to come up with a method of communication (e.g., notes sent home, phone calls, e-mail, etc.) Please make sure to log any emails/phone calls in a communication Log and any handouts or homework given.

## 11. WRITTEN ASSIGNMENTS

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

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

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

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

**A. The writing portion of this course will include a minimum of your final therapy summary report and:**

- a. **Introduction letter to parent/care-giver.** This is to be completed and given to parents on the first day of therapy.
- b. **Self-Evaluation of Writing;** during the semester, you will have opportunities to evaluate your own writing skills. You will revise your therapy report according to feedback given. You will also have opportunities to discuss my comments as they relate to your revisions.
- c. **Lesson Plans and Self-Evaluations;** as stated previously, you will write weekly lesson plans for your client and will receive feedback on the lesson plans. Students are also required to write weekly reflections.
- d. **Writing Emphasis and Final Grade;** the total number of points for the writing emphasis requirements will be based upon a minimum of the therapy report and other items (i.e., self-evaluations of writing, lesson plans, session self-evaluations) and comprise 25% of your total final grade. See your copy of the *final student practicum evaluation* form for a detailed breakdown.

12. **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.

13. **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.

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

15. **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.

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

- |                |             |               |
|----------------|-------------|---------------|
| a. A 95.5-100  | B- 81-83.99 | D+ 66.5-70.00 |
| 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 |               |

17. **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 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.**

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

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

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

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

**Week #2-3: (Sept. 11-21<sup>st</sup>)** Begin therapy sessions no later than 13<sup>th</sup> of September if possible. Remember – you are responsible for keeping track of your clock hours. When you are obtaining pre-baseline data on initial objectives, count these as diagnostic clock hours. Clock hour forms are by office 041.

**Week #3 (September 17-21<sup>st</sup>):** Your goals and objectives written in standard format and reflecting your baseline information to be discussed during your weekly meeting.

**Week #3-4:(September 17-28<sup>th</sup>)** Please add "Status of client at the beginning of the semester" to your FTR. To be turned in before your weekly meeting the week of October 1<sup>st</sup>).

This section contains information from your initial testing/observations. *This section is similar to the "Present Level of Academic Achievement and functional Performance" in an IEP. In this section you describe the student's strengths and the unique needs of the child. You may*

**include parent concern/comments as well. Consider describing how the disability affects involvement in age-appropriate activities.**

- This section should be measurable, objective, functional, and current.
- It also includes the results of most recent evaluations (e.g. formal and informal baseline data)
- You will use this information to establish a baseline for writing goals
- Remember that “measurable” means you can count it or observe it. When you are tempted to write unmeasurable terms such as ‘difficulty,’ ‘weak,’ ‘unmotivated,’ ‘limited,’ ‘uncooperative’, and so on, stop and ask yourself, “What do I see the student doing that makes me make this judgment call?” What you actually see or hear the student doing is the measurable content you need to identify in your status section.

**Week #5(Oct. 1<sup>st</sup>):** FTR due at your weekly meeting with the following completed: background information, status at the beginning of the semester, goals and objectives for the semester.

**Week #6-7 (October 8-19<sup>th</sup>) :** Complete video self-evaluation, then evaluate yourself using the “Evaluation of Therapy Skills” form. Schedule meeting with supervisor for Week 8 (October 22<sup>nd</sup>).

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

**Week #10 (Nov. 5<sup>th</sup>):** Discuss and plan post baseline data process

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

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

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

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

**Week #15(Dec. 10<sup>th</sup>):** 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:**

## CSD 495 Clinical Practicum Fall 2018

Supervisor: Trescha Kay, MA CCC-SLP  
Phone: (715) 346-3588-office  
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Office: CPS 042C  
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Meeting time: TBA

### Practicum Objectives

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

### Before Clinic Begins

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

## General Information Regarding Practicum

### Attendance

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

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

### Dress Code

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

### Client Cancellations

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

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

## Caregiver Contact

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

## Child Safety in the Clinic

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

## Observation

I will be observing your therapy sessions as much as I can during the semester. If there is a part of therapy you want to make sure I watch, please let me know ahead of time.

## Punctuality

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

## Weekly Supervisory Meetings

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

## Written Assignments

### **Lesson Plans**

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

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

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

### **SOAP Notes**

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

### **Data Collection**

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

### **Self-Reflection**

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

### **Videotaped Observation**

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

## Final Therapy Reports (FTR)

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

### Semester Schedule

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

## DIAGNOSTIC PRACTICUM

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

**Office:** 044A

**Phone:** 346-2577

**Office Hrs:** See office door

**email:** [cwitt@uwsp.edu](mailto:cwitt@uwsp.edu)

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

### Our Schedule

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

### Once diagnostics begin

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

## Witt Clinical Practicum Syllabus

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

Phone: (715) 346-2577-office

Office: CPS 044A

Email: Christie.Witt@uwsp.edu

### Objectives:

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

### Course Requirements:

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

### Paperwork:

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

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

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

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

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

P: *Plan*. Continue plan of care.

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

3. Plan of Care: (some client's need one)
  - a. Find the plan of care form on the s-drive.
  - b. This needs to be completed by the end of the second week of therapy.
  - c. We will discuss how to complete this form in a clinic meeting.
4. Written reflections: These need to be completed and turned in by Friday at noon.
5. Data: We will discuss data collection in our meetings.
6. Session feedback: You will receive written and/or face to face feedback regarding your sessions.



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

### Meetings

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

### Grading

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

## Clinical Practicum Fall 2018

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

Office: CPS 040  
 Email: [mwatson@uwsp.edu](mailto:mwatson@uwsp.edu)  
 Meeting time: TBA

### Objectives

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

### Before Therapy Begins

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

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

### Before Your First Day of Therapy

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

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

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

### General Information Regarding Practicum

#### **Attendance**

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

## Dress Code

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

## Lesson Plans

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

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

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

## SOAP Notes

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

## Self-Evaluations

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

## Weekly Meetings

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

## Observation

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

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.). Think about dividing this up with your partner, i.e., you each take a day to do this.

## 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.
- "sit on your bottom" NOT "sit on your butt"
- 

### **Tentative Schedule:**

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

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

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

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

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

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

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

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

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

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

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

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

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

(continue with each STO as outlined above)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lesson Plan Example 2:

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 <b>poon</b> or a <b>spoon</b> ?—hand signal to indicate /s/)  Elicit production of the CCVC word by having her combine an elongated /s/ with the rest of the word; may need to pause in between, attempt to get the pause shorter  If production difficulties continue I will have her indicate if my productions are correct or not	1 <sup>st</sup> time this was addressed

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

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

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

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

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

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

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

**COMPLETE BEFORE OUR FIRST MEETING**

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

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

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

1. Tell me about this client:

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

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

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

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

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



## Therapy preparation checklist\*

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

## Clinical Practicum Fall 2018

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

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Meeting time: TBD

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

Leo Rosten

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

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

Charles Dickens

### Objectives

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

4. The knowledge, skills, and disposition criteria for this course are consistent with the following Department of Public Instruction PI 34 standards for certification:
- The clinician understands the central concepts, tools of inquiry, and structures of the discipline(s) he or she teaches, and can create learning experiences that make these aspects of subject matter meaningful for students.
  - The clinician understands how children with broad ranges of ability learn, and provides instruction that supports their intellectual, social, and personal development.
  - The clinician organizes and plans systematic instruction based upon knowledge of subject matter, pupils, the community, and curriculum goals.
  - The clinician understands and uses formal and informal assessment strategies to evaluate and ensure the continuous intellectual, social, and physical development of the learner.
  - The clinician is a reflective practitioner who continually evaluates the effects of his or her choices and actions on pupils, parents, professionalism in the learning community, and who actively seeks out opportunities to grow professionally.

*My heart is singing for joy this morning. A miracle has happened! The light of understanding has shone upon my little pupil's mind, and behold, all things are changed.*

Anne Sullivan

### Before Therapy Begins

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

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

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

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

## General Information Regarding Practicum

### Attendance

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

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

### Dress Code

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

### Therapy Plans

We will discuss therapy plan format at our first meeting.

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

### Weekly Meetings

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

## Written Assignments

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

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

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

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

## Therapy Syllabus

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

## Self-Evaluation of Writing

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

## Final Therapy Summary Reports

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

## Client Cancellations

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

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

**Week of September 4**

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

**Week of September 10**

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

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

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

**Midterm evaluation: Week of October 22**

**By November 5**

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

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

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

### Therapy Tips

Things to think about before/during/after therapy

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

#### **Verbal cues:**

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

#### **Visual cues:**

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

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

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



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

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

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

**COMPLETE BEFORE OUR FIRST MEETING**

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

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

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

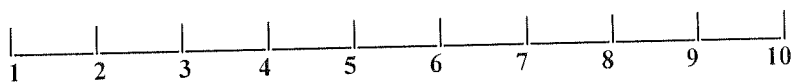
**Summarize the case & discuss in broad terms the intervention plan. Think about the client as a total communicator, not a list of goals. How does the client communicate (strengths/weaknesses)? What does the client need to learn in order to communicate more effectively?**

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

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

In your opinion, what are your clinical strengths? (If you haven't had clinic yet, what do you *think* they are?)

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



Justify your response:

How would you define our roles as student clinician and clinical supervisor?

Name \_\_\_\_\_

### Video Self-Evaluation

Terrell/Clinic

**Please complete this individually and turn in a hard copy to me during the week indicated on the schedule. Be thoughtful and reflective.**

1. Carefully observe your interaction with your client (and co-clinician, if applicable). Reflect on your body language, facial expression, and other nonverbal communication.. How did you come across to your client and family members? Is there anything you would change?
2. Consider the intervention techniques you used. List a few techniques that you noted in your session and give a specific example for each. Were you satisfied with the variety and type of intervention techniques? Support your answer.
3. Consider your cueing hierarchy. Give at least one example in which you used several cues to get the desired response. What types of cues tended to be most beneficial?
4. What intervention techniques and/or activities tended to get the best response from your client? Speculate why. (Of course, this can vary widely from day to day).
5. Think about prompts and interaction style with your client. Specifically, were your questions yes/no (closed) or open-ended? Did you ask too many questions? Did you talk too much or too fast? Did you say "Can you?" when you should have said "Let's..."? Did you pause enough to give your client time to respond or initiate? Did you teach and instruct your client or just test, test, test? Also consider the type of feedback/reinforcement and the frequency
6. What clinical skill(s) would you most like to improve upon for the rest of the semester?
7. Brag on yourself! What did you see that made you feel confident and proud?

You will develop your own personal “therapy syllabus.” A table format will be the easiest/best way to portray and convey this information. You will likely want to put your table in a horizontal format to give yourself more room. This table will be a working, living document in which you might make changes throughout the semester. Initial rough draft should be completed by the end of your second therapy week.

In your table I would like you to include the following information:

STO	Rationale for STO	Possible activities	Therapy techniques	Rationale for tx techniques	Cueing hierarchy