

Witt Clinical Practicum Syllabus

Supervisor: Christie Witt, M.S., CCC- SLP
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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. You will complete and turn in any billing information as requested.

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 Spring 2019

Supervisor: Pamela Terrell, Ph.D., CCC-SLP
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Meeting time: TBA

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 Spring 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 on Tuesday for your clinic assignment. At this time, you will receive the “yellow sheet” and we can discuss possible therapy times. Try to schedule before our first meeting.
2. **Prior to our first 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 general ideas for your first session
 - Your schedule—if some clinic times with other placements aren’t set, please indicate tentative times
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.

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.

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.

Date	Topic
Week of 1/21	Clinic Introduction
Week of 1/28	Grand Rounds/Therapy syllabus
Week of 2/4	Grand Rounds/Improv
Week of 2/11	Data collection/Troubleshooting
Week of 2/18	Article review
Week of 2/25	Report back on EBP
Week of 3/4	Grand Rounds with video
Week of 3/11	Midterms

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.

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 January 21

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

Week of January 28

Baseline/pre-test; establishment of objectives for your client; begin POC and therapy syllabus

February 11

POC and therapy syllabus are due

Week of March 4

Video self-evaluation is due at the end of the week

Week of March 11

Midterm evaluation--I'd like for your video self-evaluations to be completed prior to the midterm conference

Week of April 8

First draft of the beginning of your Final Therapy Report is due. See D2L for form. It should 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,
- Status at the beginning of therapy (this section usually contains information from your initial testing/observations; and
- your goals (from the IEP), and objectives written in standard format and reflecting your baseline information).

Week of April 29

Final conferences; final therapy report due in completed form after the conference

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?
12. Did I have fun? Doesn't it feel great to make a difference in someone's life?

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.

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** _____

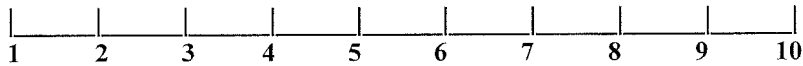
Summarize the case & discuss in broad terms the intervention plan. Think about the client as a total communicator, not a list of goals. How does the client communicate (strengths/weaknesses)? What does the client need to learn in order to communicate more effectively?

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 by Friday, March 8. 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

University of Wisconsin Stevens Point
Spring Semester 2019
Clinical Practicum - CSD 495 & 792

Instructor: Charlie Osborne
Office Hours: TBA
Email: cosborne@uwsp.edu

Office: 44B
Phone: (715) 346-4960 (office)

General Information

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

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

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

1. **SOAP Notes** – It is expected that you will record daily SOAP notes for your client. Please see the handouts regarding SOAP notes in the clinic D2L site (one is the "shell" for writing in and the other includes information on how to write SOAPS). Let me know by email when you have placed the week's soaps in your /s/ drive.
2. **Self Reflection** - A section for self- reflection is included on the paper fluency data sheet/lesson plan or by itself outside my office (if your client is not fluency). Please complete this after each session and place it in my mailbox. I will review it, respond to your questions/comments, and return it to you.
3. **Data Collection** – You are required to collect data during each therapy session. The data collected will support the content of your SOAP note. Of course, we may need to discuss exactly what constitutes data and what to collect.
4. **Weekly Supervisory Meetings** –F2F supervisory meetings may be set up for once a week. This is a time set aside for us to discuss your client and his/her management. Areas of discussion may include: any concerns regarding management or supervision of management; discussion of your client's response to therapy; problem-solving therapy challenges; and self-evaluation of your performance.
5. **Final Therapy Report:** The first four sections of the Final Therapy Report are due on **02/18/19(ish)**. Please submit electronically! If you have questions or concerns about the report let me know. The completed Final Therapy Report is due by **05/07/19**.
6. **Plan of Care** – Please have the POC completed by **02/18/19(ish)**. This is necessary only for CCCW clients. If you're submitting a POC you do not need to turn in a rough draft of your FTR. Please submit electronically!
7. **Videotaped Observation** – Clinicians are required to complete a written self-evaluation of a 3-5 minute segment of therapy. Your discussion of your self-evaluation and presentation of the videotaped segment will be a part of the midterm conference. *This is an optional task if you have already been supervised by me during a previous semester.*
8. **Evaluation of Clinical Performance** – *Formal evaluations will occur at midterm and at the end of the semester. At the beginning of the semester, we will discuss clinical expectations (yours and mine). Our collective decision on what is reasonable (where you hope to be on Anderson's Continuum) will serve as the measure for the midterm evaluation. Also, at the midterm*

conference we will determine the performance level you hope to be at by the end of the semester (this too, will be the "expected level of performance" you will use when performing your self-evaluation at the final conference).

<u>Expected Level of Performance</u> (Midterm – Final)		<u>Complexity of Client</u> High ----- Mid-----Low
<u>Anderson's Continuum of Supervision</u>		
Evaluation-Feedback Stage	Transitional Stage	Self-Supervision Stage
_____ _____ _____		<u>Clinician Level of Experience</u> High ----- Mid-----Low

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

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

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

Tentative Clinical Practicum Assignment Schedule

<u>Dates</u>	<u>Assignment</u>
Week 1 01/22/19	Receive clinical assignments, review client file, initial supervisory meeting, schedule clients, etc.
Week 2 01/28/19	Therapy begins!
Week 3 02/04/19	Therapy
Week 4 02/11/19	Therapy <i>Osborne @ WSHA 2/14&15</i>
Week 5 02/18/19	Therapy 1st draft of final therapy report due on Monday 2/18/19(ish)
Week 6 02/25/19	Therapy
Week 7 03/04/19	Therapy
Week 8	Midterm evaluation

03/11/19 Videotaped segment and completed self-evaluation

Week 9
03/19/18 **Midterm evaluation**
Videotaped segment and completed self-evaluation

Week 10
03/25/19 *Spring Break*

Week 11
04/01/19 Therapy

Week 12
04/08/19 Therapy

Week 13
04/15/19 Therapy

Week 14
04/22/19 Therapy

Week 15
04/29/19 **Last day of clinic is 05/03/19**
Final therapy sessions (parent conferences are usually scheduled for the last day of therapy), schedule final supervisory conference

Week 16
05/06/19 **Final therapy report (completed copy) due on Tuesday 05/07/19**
Clock hours are due to Mrs. Reynolds, Therapy Schedule Form due, return all borrowed materials to the resource room

Clinical Practicum Spring 2019

Supervisor: Trescha Kay, MA CCC-SLP
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Office: CPS 042C
Email: tkay@uwsp.edu
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
 - 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. Once we have spoken, you can contact your client or the client's parents to set up therapy.
2. Sign up for a 60-minute meeting time with me. 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.
 - Some ideas for your first session
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. **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, 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, let the clinical secretary and I 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 take over the entire session.

Caregiver Contact

Keep the caregivers informed at all times 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 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. They are due no later than 24 hours after your 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.

Video Observation

Clinicians are required to complete two written self-evaluation of a 30 minute segment of therapy. This is meant to help you notice aspects of your therapy you may not be aware of in the middle of clinic. We will discuss your evaluations during a weekly meeting.

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

Date	Assignment
Week 1 1/22-1/25	Receive clinical assignment, attend initial supervisory meeting, schedule client, plan for start of therapy
Week 2 1/28-2/1	Therapy
Week 3 2/4-2/8	Therapy
Week 4 2/11-2/15	Therapy
Week 5 2/18-2/22	First video observation due
Week 6 2/25-3/1	Therapy
Week 7 3/4-3/8	Midterm evaluation
Week 8 3/11-3/15	Midterm evaluation
3/18-3/22	***Spring Break***
Week 9 3/25-3/29	Therapy
Week 10 4/1-4/5	Second video observation due
Week 11 4/8-4/12	Therapy
Week 12 4/15-4/19	Therapy
Week 13 4/22-4/26	Therapy
Week 14 4/29-5/3	Therapy Last day of clinic is 5/3
Week 15 5/6-5/10	Final Evaluation Clock hours are due to Ms. Reynolds, Therapy Schedule Form due, return all borrowed materials to the CMC

University of Wisconsin – Stevens Point

Communication Sciences and Disorders

Spring Semester – 2019

Clinical Practicum - CSD 791-794

Supervisor: James Barge M.S. CCC-SLP

Office: 42B

Phone: (715) 346-3085

Email: jbarge@uwsp.edu

Office hours: please see master schedule on door. Please note that my diagnostic team is scheduled from **9:00 to 11:00 pm on Tuesdays**. Please avoid scheduling your clients evaluation times and when other clinicians have clients scheduled whenever possible.

Objectives:

1. Acquire skills and knowledge required to assess and treat patients with communication disorders.
2. Develop and advance skills in the areas of:
 - Therapy planning
 - Goal writing
 - Data collection
 - Written documentation
 - Interpretation of data
 - Ongoing development of self-evaluation skills
3. Develop skills of interaction with supervisory staff, patients/clients, other students.
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.

Students will: (ASHA Standards)

1. Develop clinical skill in oral and written communication sufficient for entry into professional practice
2. Develop clinical skill in the evaluation of clients with communicative disorders and/or swallowing disorders.
3. Develop clinical skill in providing intervention to clients with communicative and/or swallowing disorders.
4. Develop interaction and personal qualities for effective professional relationships with clients, families, caregivers and other professionals.
5. Adhere to the ASHA code of Ethics and behave professionally.
6. Participate in formative assessments (ongoing measurement) for the purposes of improving student learning.

Pre-Therapy Information

1. Client Information – Review the information available on your client. Be prepared to discuss the following issues at our first clinical meeting:
 - a. Questions you may have regarding the client's disorder and therapy
 - b. Questions pertaining to our clinician/supervisor roles.
 - c. Questions related to the client and/or disorder to assist in treatment planning.
 - d. Ideas for lesson planning for the first two sessions.
2. Scheduling Therapy – You are encouraged to review the master therapy schedule on my office door and begin scheduling your patient.
3. Complete Clinic Card

Requirements

1. Please provide therapy treatment plans for the initial week following our pre-therapy meeting. Ongoing therapy treatment plans will be required per the supervisor.
2. SOAP notes are required following each treatment. Please let me know when you have placed the completed note in the /s/ drive.
3. Reflection/Review Please complete reflection form following each session until determined by supervisor.

4. Data Collection – You are required to acquire data throughout your sessions. As appropriate, data can be either quantitative and/or qualitative. Your data will be the support of your SOAP note. Include the beginning and end times within the soap note.
5. **Weekly supervisory meetings: Weekly meetings will be scheduled each week to discuss the topics related to your client's care.**
6. Video Self-assessment: We will select at a minimum of one therapy session to review together.
7. Observation – It is my goal to observe as much of your sessions as possible. You will receive feedback on the findings of my observation. More detailed assessment will be provided during the weekly meeting.
8. Demonstration of therapy – Please let me know if you would like me to demonstrate therapy. At times, I may enter your session to assist, clarify or provide some other service as needed.
9. Caregiver communication – It is expected that the caregiver be provided with information regarding the objectives of your session and, upon conclusion, a brief review of the session.
10. Evaluation of Clinical Performance – A formal evaluation will be provided at the end of the semester.
11. Final Reports – All corrected copies should be submitted. All clinic forms (test protocols, etc) should be included.
12. Infection Control and Universal Precautions – Please refer to the Center's infection control Policy and Procedures.
13. Confidentiality – Please refer to the Center's policies and procedures regarding electronic information, client records and audio/video recording.
14. Accommodations: Please discuss during the first week any accommodations required for a documented disability.
15. Professionalism – Your conduct, attitude, attire directly significantly influence the degree the client and family members determine your professional credibility. Your clients and caregivers deserve a well prepared, organized and respectful clinician. The clinic dress code will be followed.
16. Partnership – We are seeking the same objectives, your growth and development as a clinician and the provision of excellent care to people with communicative deficits. The keys to these goals are candid discussion, refining of skills, broadening of insights and respect for all parties involved.
17. Thank you in advance and best wishes to you this semester. I will help you in any way I can to improve your intervention skills.

18. Grades

A	95% - 100%	A-	90 – 95.49%
B+	87 - 89.99%	B	83 – 86.99%
B-	80 - 82.99%	C+	77 – 79.99%
C	73 - 76.99%	C-	70 – 72.99%

In the event of a medical emergency, call 911 or use red emergency phone located in the middle hallway in the department. Offer assistance if trained and willing to do so. Guide emergency responders to victim.

In the event of a tornado warning, proceed to the lowest level interior room without window exposure which is the middle hallway in the department. See www.uwsp.edu/rmgt/Pages/em/procedures/other/floor-plans (Links to an external site.)Links to an external site. for floor plans showing severe weather shelters on campus. Avoid wide-span rooms and buildings.

In the event of a fire alarm, evacuate the building in a calm manner. Meet and the College of Professional Studies sign on Fourth Avenue. Notify instructor or emergency command personnel of any missing individuals.

Active Shooter - Run/Escapes, Hide, Fight. If trapped hide, lock doors, turn off lights, spread out and remain quiet. Follow instructions of emergency responders.

See UW-Stevens Point Emergency Management Plan at www.uwsp.edu/rmgt (Links to an external site.)Links to an external site. for details on all emergency response at UW-Stevens Point.

Therapy self – evaluation

jbarge

Clinician initials

date of therapy session

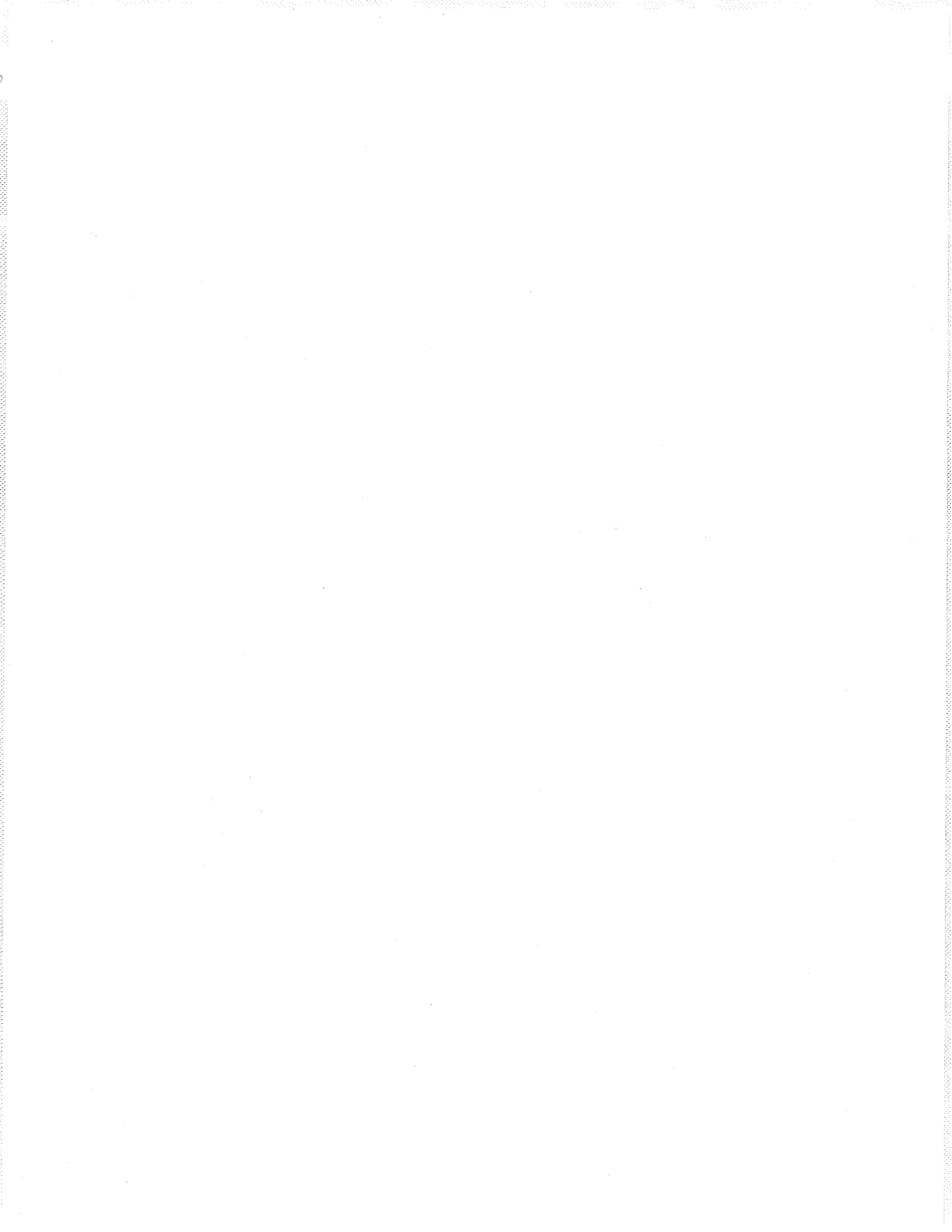
time of session

Client diagnosis

1. Concepts/Tasks/Activities that I was comfortable or uncomfortable with:

2. I would like more information about the following:

3. Please list any other questions or concerns.



Off-Campus CSD 792 Speech/Language Practicum Syllabus

Congratulations on receiving this interesting and challenging practicum assignment. The School of Communication Sciences and Disorders is pleased to be able to work with the staff within a variety of medical and educational sites to provide you with this experience. You are expected to fulfill your practicum responsibilities in a way that will enhance this working relationship.

A clinical supervisor from the School of Communication Sciences and Disorders will provide liaison supervision from UWSP. On-site supervisory visits will occur a minimum of one time during the semester. The assigned university liaison supervisor will be available to discuss any concerns that off-campus supervisors might have about the university students during their on-site visits, or they can be reached by telephone at 346-3667. Please feel free to contact your assigned university liaison supervisor at any time.

As the semester continues, students may expect the following from their assigned university liaison supervisor:

1. The university liaison will make an initial direct telephone call to the off-campus supervisors during this first week of the semester to introduce themselves as the assigned university liaison for the semester and to answer any questions that the off-campus supervisors may have as the students begin their off-campus practicum.
2. The university liaison will meet with each assigned off-campus student during the first week of the semester, to review the syllabus packet and discuss any questions that the student may have before beginning their off-campus experience.
3. The university liaison will continue to make periodic telephone contacts with the off-campus supervisors to monitor the student's progress and status.
4. The university liaison may make a minimum of one on-site visit during the off-campus practicum. Off-campus supervisors have indicated that they appreciate the support of the university faculty while supervising students at their sites and enjoy sharing their professional work and expertise with university faculty. During this visit, the university liaison will observe the student for approximately 30-60 minutes, confer with the supervisor(s) as needed, and hold a final group supervisory conference.
5. The university liaison will arrange to meet with each of their assigned students after their students have received their midterm evaluation from the off-campus supervisor, to ensure that appropriate progress is being made and discuss the student's clinical objectives with them.
6. The university liaison will arrange to meet with each of their assigned students after their students have received their final evaluation from the off-campus supervisor, to discuss the student's performance.
7. The university liaison will be responsible for obtaining all necessary paperwork from the student and the off-campus supervisor at the end of the semester, and will ensure that all paperwork is submitted to the Clinical Director by the due dates.

GOALS AND OBJECTIVES FOR CLINICAL THERAPY PRACTICUM:

This course provides students with the opportunity to progress towards the development of **skills and knowledge as specified by ASHA**, for acquiring clinical competence in speech-language pathology. The skills and knowledge are acquired across a continuum, with increasing levels of independence, consistency, and problem-solving expected to occur over time. Take responsibility for documenting experiences that provide evidence of skills. Each student's progress towards meeting the applicable skills will be evaluated with the supervisor within the semester. If skills are not demonstrated at the expected level, an improvement plan will be developed to facilitate progress. This practicum experience also allows students and supervisors to work closely to accomplish the course objectives for the Department of Education, if applicable, which are explained below:

ASHA and Teacher Standards

****Refer to specific skills cited on the grading form****

ASHA Standards

1. To develop clinical skill in oral and written communication sufficient for entry into professional practice (*ASHA Stan. IV-B*)(*DPI Stan. 6 & 10*)
2. To develop clinical skill in the evaluation of clients with communicative disorders and/or swallowing disorders (*ASHA Stan. IV-G-1*)(*DPI Stan. 8*)
3. To 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. To 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. To adhere to the ASHA Code of Ethics and behave professionally (*ASHA Stan. IV-G-3d*)(*DPI Stan. 10*)
6. To participate in formative assessments (ongoing measurement) for the purpose of improving student learning (*ASHA Stan. V-A*)(*DPI Stan. 9*)

InTASC Model Core Teaching Standards

In order to receive a license to teach in Wisconsin, students must demonstrate proficient performance in the knowledge, skills, and dispositions under all of the following InTASC Teacher Standards (PI 34.02). Upon request, a full description of each standard with its corresponding knowledge, skills, and dispositions can be provided.

Standard #1: The teacher understands the central concepts, tools of inquiry, and structures of the discipline(s) he or she teaches and can create learning experiences that make these aspects of subject matter meaningful for students.

Standard #2: The teacher understands how children learn and develop, and can provide learning opportunities that support their intellectual, social, and personal development.

Standard #3: The teacher understands how students differ in their approaches to learning and creates instructional opportunities that are adapted to diverse learners.

Standard #4: The teacher understands and uses a variety of instructional strategies to encourage students' development of critical thinking, problem solving, and performance skills.

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

Standard #6: The teacher uses knowledge of effective verbal, nonverbal, and media communication techniques to foster active inquiry, collaboration, and supportive interaction in the classroom.

Standard #7: The teacher plans instruction based upon knowledge of subject matter, students, the community, and curriculum goals.

Standard #8: The teacher understands and uses formal and informal assessment strategies to evaluate and ensure the continuous intellectual, social, and physical development of the learner.

Standard #9: The teacher is a reflective practitioner who continually evaluates the effects of his/her choices and actions on others (students, parents, and other professionals in the learning community) and who actively seeks out opportunities to grow professionally.

Standard #10: The teacher fosters relationships with school colleagues, parents, and agencies in the larger community to support students' learning and well-being.

SUPERVISION REQUIREMENTS:

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

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.

PROFESSIONAL MANNER, CONDUCT, ACCOUNTABILITY, AND DRESS CODE (ASHA Standard III-E & IV-G-3d):

Credibility as a professional is influenced by appearance and conduct: Note that performance evaluation will take into account the following responsibilities. A pattern of unprofessional conduct in any of the following will result in grade reductions:

- Students are asked to use professionalism when speaking or referring to peers and/or faculty-staff at all times.
- CMC materials may not be checked out for off-campus placements.
- Please review the following dress code policy for the Speech, Language, and Hearing Clinic:

Students are expected to dress in a manner fitting their status as professionals providing services to the public. Although a student's physical appearance may have no relationship to the quality of treatment they provide, it is likely to influence a patient's perception of quality and professionalism. We should always convey the finest possible impressions to our clients and parents/caregivers. While individual preferences are recognized, a clinic that deals with the public requires a conservative approach to grooming, hair, jewelry, fragrances, and dress. All students are required to wear a nametag during clinic practicum at UW-SP's Speech, Language, and Hearing Clinic. If students are placed in an off-campus practicum site, they must talk to their university liaison supervisor as well as their off-campus supervisor to determine the appropriate attire expected for that site.

CONFIDENTIALITY (ASHA Standard III-E & IV-G-3):

While the Clinic's primary function is to prepare students for the profession, the highest possible standards for clinical services must be maintained. One of those standards is the assurance that Protected Health Information (PHI) and other Clinic Information (CI) will be kept confidential. Students have been given a handout entitled "Confidentiality", which provides more specific information regarding policies on oral communication, electronic communication, client records, composing/printing clinical records, and audio/video recording within the Speech, Language, and Hearing Clinic.

INFECTION CONTROL AND UNIVERSAL PRECAUTIONS (ASHA Standard III-E & IV-G-3d):

All students are required to follow the Clinic's infection control policies and procedures. Training on communicable diseases, policies, and procedures has been provided to all staff and students prior to their participation in practicum.

REPORT WRITING (ASHA Standard IV-B & IV-G-1f):

Approach report writing as a means to stimulate learning and to help make meaning out of clinical experiences. Written and oral reporting will account for 25% of final grade. All students will receive a mid-term and final grade on written reports using the CALIPSO online evaluation form.

EVALUATION (ASHA Standard IV-B, IV-G-3b & 3d, and V-A):

Formal evaluations (utilizing the CALIPSO online evaluation form) will be provided for the student at the end of the semester. Due to the length of the summer session, a mid-term is not required.

If skills are not demonstrated at the expected level, an improvement plan will be developed to facilitate progress. An improvement plan may NOT be necessary if a student performs slightly below expectations on only a few specific skills and if the student is appropriately responding to supervisor input and improving his/her skills. On the other hand, an improvement plan IS necessary if a student consistently performs below expectations.

The following general information is important within each off-campus practicum assignment:

1. You may or may not have access to the client's files at their sites. The classroom teacher, special education resource teacher, or speech/language pathologist can answer any questions that you have about the clients.
2. The **off-campus supervisors will be giving you directions** regarding the tasks that you are to do with clients. As the semester goes on, you should assume responsibility for planning and direct instruction of activities. However, this issue is at the discretion of each individual supervisor.
3. **You are required to continue this practicum until the final day of practicum on Friday, August 3, 2018.** Occasionally, students are able to continue practicum experiences beyond this date. Often, however, students need to spend the final week studying and completing semester projects.
All students are required to attend all scheduled sessions at their assigned sites. If you cancel a session with a supervisor, it is your responsibility to inform the university supervisor as well. In addition, **you will be in charge of rescheduling a make-up session with the supervisor. Excused absences (e.g. doctor's signed excuse, campus or class related extracurricular event with signed excuse, wedding/funeral with documentation required) do not require a make-up session.**
4. **The on-site supervisors will be assigning midterm grades due on or around March 23, 2018.** A copy of the *Evaluation of Therapy Skills* Form should be completed online via the CALIPSO student management site. The on-site supervisor's assessment of your performance will determine your grade. You will receive feedback throughout the semester regarding your performance, including verbal and/or written feedback. **The final grade recommendation form from the on-site supervisor are due by August 6, 2018**
5. When the end of the semester arrives, you will need to **submit your clock hours to your on-site supervisor via CALIPSO. Clock hours due August 6, 2018.**
6. A copy of the "Facility Status Form" is attached. ASHA requires that programs obtain this information from each off-campus supervisor providing supervision for the School of Communication Sciences and Disorders. The on-site supervisor should complete and return to the Clinic by August 6, 2018.
7. Please ask the on-site supervisor if he/she would like you to have her/her home number, just in case you get sick. **Note:** If you become ill and are unable to go to the site, you need to call the on-site supervisor the NIGHT BEFORE your session. If your illness comes on suddenly, call the site at 8:00 a.m. to give your supervisor time to make alternate plans.
8. **Communicate with the supervisor regarding days when school is not in session or holidays.**

Reminder of Due Dates for Paperwork Spring 2019

1. **Midterm Paperwork Due from Supervisor (on or around March 15, 2019):**
 - a. **Midterm evaluation using the *Evaluation of Therapy Skills* form.** This form is available online via the CALIPSO student management system.
2. **Improvement Plan for Academic and Clinical Knowledge and Skills (Only if Applicable):**
Midterm completion of the Improvement Plan for Academic and Clinical Knowledge and Skills, if this student is not meeting ASHA Standards.
3. **Final Paperwork Due from Supervisor May 3, 2019:**
 - a. **Final evaluation using the *Evaluation of Therapy Skills* form.** This form is available online via the CALIPSO student management system.
 - b. **Final Evaluation Summary Form.** This form is in your folder and needs to be signed by the supervisor, student, and liaison.
 - c. **Improvement Plan for Academic and Clinical Knowledge and Skills (Only if Applicable):**
 - d. **Facility Status Form**
 - e. **Current copies of ASHA card and state license(s)**
 - f. **Off-Campus Practicum Evaluation Summary Form**
 - g. **Exit Questionnaire for Off-Campus Supervisors (Optional)**
4. **Paperwork Due from Student, May 3, 2019:**
 - a. **Submitted/approved Clock Hours**
 - b. **Student's Exit Questionnaire**
 - c. **Student Information Form (Green Form-1st years only)**

If you have any questions, please feel free to contact me.

Please send or give the information directly to the assigned university liaison supervisor or to the clinic director at the following address:

Sondra Reynolds
Director of Clinical Services-SLP
Room 36, College of Professional Studies
1901 Fourth Ave.
UW-Stevens Point
Stevens Point, WI 54481
(715) 346-4816
sreynold@uwsp.edu
Fax #: 715-346-2157

Expectations for School Off-Campus Practicum

Students in the School of Communication Sciences and Disorders have the opportunity to participate in a school based off-campus practicum. Due to the part-time nature of the placement, expectations for students will vary from those students who participate in a full-time school externship.

Days on Site

Students are expected to be on site as often as their academic schedule allows and that makes sense for student consistency at the school. Two full days are required and more time is encouraged.

Students are encouraged to attend special education or speech pathology department meetings as appropriate. Understanding collegiality and collaboration are necessary in the work of school based SLPs.

Students are not required to attend parent-teacher conferences.

Paperwork

Students are expected to write lesson plans as appropriate for their school age clients. Students are encouraged to use templates used by the on-site supervisor. Modifications to lesson plans should be made in consultation with the supervisor. Data collection is up to the student with input from the onsite supervisor.

Students are not required to independently write an IEP but should work collaboratively with or write parallel paperwork for practice. Often times supervisors will have the student write the goals, objectives etc. in a word document so they can review content together for feedback. Students are encouraged to attend IEP meetings of students they are seeing during their practicum semester. Supervisors and students will determine how much the student will participate in the meeting so the student can prepare notes/observations to share with the team. Students should not attend IEP meetings for students they do not service or without their supervising SLP present. Students are encouraged to keep redacted drafts of IEPs as a reference in future employment.

Students are encouraged to write progress notes as appropriate or provide their data/observations to the supervisor for the update to parents and guardians.

Assessment

Students are encouraged to participate in assessments as appropriate. The timing of the student on site may determine their ability to perform assessments. Students should administer part or all of an assessment if the supervisor determines it to be viable. Students may need to spend additional hours on site or outside of the practicum day working on scoring if necessary. Another option includes students doing a parallel assessment so they have practice with record forms in real time. Students can do a write up of assessment results for the final paperwork or for additional practice.

The School of Communication Sciences and Disorders strives to provide authentic opportunities in the public school setting. Each on-site supervisor should use his/her discretion on all of the above mentioned items and are encouraged to contact the liaison with any questions.

CLINICAL PRACTICUM –Spring 2019 CSD 792

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 evaluating and treating individuals who have communication disorders.
2. 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?
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.

Students will: (Refer to specific skills cited on Calipso in the evaluation section)

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. AN EMAIL NOTIFICATION WILL BE SENT to STOP BY MY OFFICE (042D) 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 "Client File Review" (found in syllabus) AND PLAN FOR THE FIRST DAY OF THERAPY. PLEASE DO THIS WITH YOUR CO-CLINICIAN (if applicable).
4. SCHEDULING THERAPY- Please schedule your therapy ASAP. You can fill out the sign-up sheet on the door of the room you choose. Once you sign up for a room, turn in the white card to Ms. Skebba. BE SURE to notify me of this room number and the time of therapy.
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.

6. **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.

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. If you do not have a co-clinician use the **S-drive**.

1. **LESSON PLANS**-Please write a weekly plan and turn it in to me at least 24 hours before your first therapy session of the week. Plans should be in P-drive or S-drive. Please name: Reeve lesson plans. These will be on going.
2. **SOAP NOTES** –SOAP notes must be completed after every session within 24 hours. **The SOAP note form will be emailed to you. These will be ongoing.** Save on your P-drive or S-drive, name: Reeve SOAP notes.
3. **REFLECTIONS/FEEDBACK:** Complete daily self-evaluation within 24 hours after your session. These are designed to inspire true reflection of your session and critical thinking. I will provide feedback in a different color. 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.** We will have data show-n-tell during our 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.
6. **VIDEO/Calipso self-evaluation:** Using the supplied Calipso evaluation form, you will complete a video self-evaluation prior to midterm. I am looking for great discussion and open dialogue about therapy skills to this point. My hope is to generate 1-2 clinical goal(s) for you for the remainder of the semester based on the evaluation. You will be using the supplied Calipso evaluation forms to grade yourself based on ASHA standards.
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. Skebba (346-2900) and the client/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; Always 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, and possible home carryover activities. 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) Please make sure to log any emails/phone calls in a communication Log and any handouts or homework given.

11. WRITTEN ASSIGNMENTS

This course acts as a 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 (see description A below). Other written assignments will be completed as necessary (i.e. Plan of Care, dismissal reports, note to future clinician).

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. **When you make corrections, do not remove my previous comments. I will delete them after reviewing 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.**

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

13. **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 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.

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.

14. **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. 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 | |

15. **Professionalism & Dress Code** – 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 are important qualities. 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. Dress code violation will result in reducing your grade for clinical practicum.

16. **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 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.

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 S. Reeve** to discuss syllabus, client scheduling and starting date of therapy; please *turn in copy of class schedule ASAP*.
- **Call the client/parents** to finalize therapy schedule times
- **Sign up for a therapy room & complete white clinic card.**
- **Write letter to parent/caregivers. 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 come prepared to discuss:**
 - "Client Paperwork Start-Up checklist" sent to you via email.
 - "Client File Review" (found in syllabus).
 - What ideas do your caregivers have for their child?
 - Have your first lesson plan written and saved on your s/p-drive. We will pull this up and use this for our discussion. Your lesson plan should include the following:
 - 1 or 2 measurable 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
 - Activities to establish rapport with your client.
- **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.
 - 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. Clock hour forms are by office 041.

Week #3: Develop your goals and objectives written in standard format and reflecting your baseline information. Share these with client's parent/caregiver.

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

This section contains information from your initial testing/observations. ***This section is similar to the "Present Level of Academic Achievement and functional Performance" in an IEP. In this section you describe the student's strengths and the unique needs of the child. You may include parent concern/comments as well. Consider describing how the disability affects involvement in age-appropriate activities.***

- This section should be measurable, objective, functional, and current.

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

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

Week #5-6: Complete video self-evaluation using the “Evaluation of Therapy Skills” form. Develop one or two clinical goals(s).

Week #7-8: Midterm/video self-evaluation discussion with supervisor.

Week #9-10: Procedures section completed on **FTR**. Discuss and plan post baseline data process

Week #11: First draft of final sections of therapy report due (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 May 2. End of the semester parent/teacher conferences will be either Tuesday April 30th or Thursday May 2nd.

Week #13: The last week of clinic and final parent conferences to be conducted next week (4/30/19 or 5/2/19). Reports should be in near final form. Begin note to next semester clinicians.

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

You can find all the pertinent information in your client's chart. Look through IEPs, past therapy reports, notes, etc. I also encourage you to talk with parent/caregivers, previous clinicians, and school-based clinicians and teacher. This may be hand written or typed. We will mainly be using it to guide **our discussion**.

Name: _____

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

Summarize the case & discuss in broad terms the intervention plan. Think about the client as a total communicator. How does the client communicate (strengths/weaknesses)? What does the client need to learn in order to communicate more effectively?

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

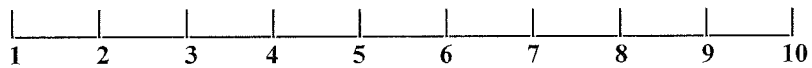
Note any teaching strategies discussed in the previous FTR:

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? 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?

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:**
 - *Tucker Signs, 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?