

CLINICAL PRACTICUM Graduate Level
SPRING 2021
CSD 791-794

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NOTE: The majority of intervention at this time will occur in a teletherapy context, while some intervention will be held in-person. The procedures required to ensure safety, confidentiality and effectiveness will differ with each mode of presentation. This syllabus will largely address the common components of intervention across both tele-tx and in-person settings. Specific instructions will be provided to you based on your assigned setting.

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 required teaching standards. Please see Clinic Handbook for details in the CSD shared drive under forms.

ASHA and Teacher Standards

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

1. To develop clinical skill in oral and written communication sufficient for entry into professional practice (ASHA Stan.V-A)(INTASC Stan 6, 10)
2. To develop clinical skill in providing intervention to clients with communicative and/or swallowing disorders (ASHA Stan. IV-B-2) (INTASC Stan.1,2,3,4,5,6 & 7)
3. To develop interaction and personal qualities for effective professional relationships with clients, families, caregivers, and other professionals (ASHA Stan. V-B-3)(INTASC Stan. 10)
4. To adhere to the ASHA Code of Ethics and behave professionally (ASHA Stan. V-B-3d)(INTASC Stan. 10)

Clinic COVID Guidelines Spring 2021

The UWSP clinic will supply the student with appropriate personal protective equipment (PPE) and follow infection control measures recommended by the CDC/University/Professional organizations. Students are also expected to follow the social distancing, travel and group gatherings guidelines required by UWSP Speech, Language and Hearing Clinic (and any local, state, or federal authorities) in their personal lives, in order to protect their more vulnerable patients. This has been a rapidly changing situation. The student is encouraged to contact their supervisor if any Covid-19 related questions or situations come up that are not covered here.

If you are seeing patients in person at the UWSP Speech, Language and Hearing Clinic this semester you are expected to:

- Wear a well-fitting face covering that covers your nose AND mouth when you are in the clinic areas and in the community around people other than those that reside in your immediate household.
- Wash/sanitize your hands frequently, especially before and after touching your face or face covering.
- Maintain social distancing of 6 feet
- Avoid gatherings of more than 10 people (even with masking and social distancing)
- Quarantine for 14 days if you are a close contact of someone who tests positive for COVID
- Students must NOT attend clinic if they are not feeling well, and they must follow any isolation or quarantine protocol required by the clinic and university. Please contact your supervisor if extended absences will be necessary so clinic coverage can be arranged.

Do the following after travel (outside of Central WI) or attending gatherings with people outside of those that reside in your immediate household:

- Quarantine for 14 days (even if you test negative upon return)

COVID 19 Testing/screening requirements:

- Please remember to complete the daily symptom screenings each day you plan to come to campus.
- Students who live on campus will continue to be required to be tested weekly for COVID 19.
- Students that live off campus and Staff/faculty will now need to complete biweekly COVID 19 screenings if they are coming to campus even 1 day per week.

Please see the [COVID 19 Testing page](#) for more information.

PRE-THERAPY INFORMATION

1. AN EMAIL NOTIFICATION WILL BE SENT to you that your client has been assigned. Please E-Mail me and we can make a time to meet via Zoom so I can give you that information. The purpose of this Zoom meeting is to meet each other, briefly overview the client, and discuss your experience and comfort level. I will also give you the client's contact information so that you can establish contact and schedule your sessions. I am expecting this meeting to last about 15 minutes. (If you have a partner, please coordinate this so you are both present.)
2. I am working on making redacted information on your client available to you virtually. As soon as that is available, I will let you know. Please thoroughly review this information.
3. SCHEDULING THERAPY- Please schedule your therapy session ASAP, Clinic begins on 2/1/2021. We will talk about time recommendations as well as in-person and virtual options before you call the parent or client. I am primarily working from home but will be in the building on Fridays. If your client has in-person therapy, it will need to be scheduled for Fridays.

4. Schedule a 30-45 minute Zoom meeting with me to discuss the background information on your client and plan for your first day of therapy. (If you have a partner, please coordinate this so that you are both present.) 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.
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. Please become familiar with every point, as you will be responsible for this information throughout the semester. Use the shared One-Drive folder I will send to you to save your redacted lesson plans, feedback/reflections, and FTR.

1. THERAPY TREATMENT PLANS- Please provide therapy treatment plans for the initial two weeks following our pre-therapy meeting. Ongoing therapy treatment plans will be required per the supervisor's discretion.
2. SOAP NOTES –SOAP notes must be completed after every session within 24 hours. Save in the One Drive.
3. REFLECTIONS/FEEDBACK: Included in your OneDrive Folder is a Feedback/Reflection document. I will provide written/typed feedback in that folder for the sessions I observe. Underneath each session's feedback is a spot for you to add your reflections on the session. Read the feedback provided and complete daily self-reflection within 24 hours after your session. **If we are able to meet within 24 hours of the session, this will be included within our discussion and I will not require a written self-reflection.** If we are unable to meet within 24 hours of the session, please write your self-reflection in the table provided (underneath my feedback). Please respond to any questions I put to you. Here are some considerations for your reflection:
 - 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, which may include quantitative and/or qualitative measures. The data collected will support the content of your SOAP note. **Keep all your data sheets in one location so we can refer to them.**
5. WEEKLY SUPERVISORY MEETINGS – Weekly scheduled meetings are an option for all clinicians at the discretion of either the clinician or supervisor. I do intend to provide prompt feedback and promote an open dialogue throughout the semester.
6. OBSERVATION: At the beginning of the semester observation will be more frequent, as you become more skilled these observations will not be as frequent. 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. During virtual therapy, if I am unable to watch your therapy, you will have my contact information available to call in case of emergency.

7. **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 Amanda Page (920-475-8867), Ms. Christine Skebba (346-2900) (**Ms. Skebba only needs to be contacted if you are seeing your client in the clinic**). If one member of the team needs to cancel, it is expected that the other clinician will take over the entire session. You must contact supervisor and parent if you are cancelling a session.
8. **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.
9. **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, 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.**
10. **WRITTEN ASSIGNMENTS: The writing portion of this course will include a minimum of your final therapy summary report and:**
 - a. **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.
 - b. **Lesson Plans/SOAP notes/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. SOAP notes are completed after every session.
 - c. **End of Semester letter to the next clinician**. To include: Strategies you know work with your client. Activities you found helpful. Insights that would benefit the next clinician.
11. **FINAL REPORTS-ALL CORRECTED (and redacted) COPIES SHOULD BE SAVED ON YOUR ONE-DRIVE.**
12. **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.
13. **CONFIDENTIALITY**: Please refer to the Center's policies and procedures regarding electronic information, client records and audio/video recording.
14. **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.

15. **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 95.5-100	B- 81-83.99	D+ 66.5-70.00
A- 91-95.49	C+ 78-80.00	D 61-66.49
B+ 88-90.99	C 74-77.99	F Below 61.0
B 84-87.99	C- 71-73.99	

16. **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.
17. **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. 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.
18. **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 sick (i.e. fever, diarrhea, vomiting, productive cough), please err on the side of caution. We don’t want to make our clients sick. **Please see Clinic COVID Guidelines located at the beginning of the syllabus for more information.**
19. **Punctuality**- Please be on time and do not keep the clients waiting. A good rule of thumb is to be in the waiting room (VIRTUAL AND IN PERSON THERAPY) at least 3 minutes before your session is to start. Please be prompt for all meetings. Adhere to deadlines for all paperwork.

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"

Getting Started in Clinic Quick Guide:

Contact your therapy partner if applicable.

Familiarize yourself with our schedules (yours and mine)

Send me a zoom invite to provide your client's basic information. This should be a brief meeting, less than 15 minutes in length.

Call client/client's family member

Introduce yourself (selves)

Confirm their interest in speech therapy services this semester

Confirm the mode of service delivery, tele-therapy or in-person

Determine day(s) of the week and time of therapy that works for the client, the clinician(s), and myself.

Let me know the details of your conversation ASAP.

Review available information provided to you regarding your client.

Meet with supervisor to discuss initial session and plan for semester, review of your questions, and determination of frequency of supervisor meetings.

Documentation Guide for Writing Soaps

Documentation of time

Begin each daily note by stating the amount of time spent with the client. For example,

The client was seen for 65 minutes

Soap format

(S) Subjective

All relevant information stemming from the session that is not measurable. This would include client or family member comments of success or struggle. In addition, please add your thoughts on their perceived attitude, motivation and level of cooperation.

(O) Objective

All relevant information derived from the session that is measurable. For example, accurate in 65% attempts with minimal assistance. In theory, you (present in the therapy room) and I (watching remotely) should be able to write the same objective statement.

(A) Assessment

As an SLP, what is your interpretation of the above information? The assessment section is not a reiteration of the above, nor should it ever contain information that is not conveyed in either S or O.

This is your professional opinion of the current state of the client. For example, XX persists with expressive > receptive aphasia as evidenced by continued word retrieval struggles. These word finding issues limit his participation in his areas of responsibilities and desired interests. It should be noted, however, that XX was benefitted by the provision of phonemic cues to elicit the target word.

(P) Plan

The plan indicates the recommended direction that the therapist and client should take on subsequent session(s). Continue with plan of care is inadequate. Instead, "Continue with provision of phonemic cues to assist with word finding skills toward stated expressive language goals, instruct family members as able."

Please remember that at the conclusion of the session, you have the responsibility to create a document, that has legal standing, that answers the following questions:

What did I see?

What did I hear?

What did I do in response to what I saw and heard?

What affect did my response have upon the patient and their performance?

Clinical Practicum Fall 2021

Supervisor: Pamela Terrell, Ph.D., CCC-SLP
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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. 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 form; 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 if you are doing F2F therapy. 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. If you are virtual, let me know if you have a HIPPA-compliant Zoom account or if I need to create the Zoom link.
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 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. Also, if you have any symptoms of COVID-19 or have been exposed to anyone with COVID, let's cancel.

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

Normally, we would have weekly group meetings, but there are too many moving pieces with F2F clients, virtual clients, quarantine, etc. I will briefly meet with each of you individually after your sessions and you can certainly schedule a longer meeting with me at any time during the semester.

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.**

Statement on Tele-therapy and In-Person Therapy

The majority of intervention at this time will occur in a tele-tx context, while some intervention will be held in-person. The procedures required to ensure safety, confidentiality and effectiveness will differ with each mode of presentation. This syllabus will largely address the common components of intervention across both tele-tx and in-person settings. Specific instructions will be provided to you based on your assigned setting.

Tentative Schedule:

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

Week of January 25

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

Week of February 1

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

February 8

POC draft (or DX report) due

Week of March 8

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

Week of March 15

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

Week of April 26

First draft of the beginning of your Final Therapy Report is due. See Canvas for form. It should include:

- create space at the top for all necessary identifying information,
- background information (this section usually includes when the client 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).
- Procedures—you can write procedures for each STO or overall for your sessions, depending on what suits your client/disorder the best.

Week of May 3

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, teletherapy video clip doesn't work, 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.
- All clients must wear masks covering their noses and mouths at all times.

Clinic COVID Guidelines Spring 2021

The UWSP clinic will supply the student with appropriate personal protective equipment (PPE) and follow infection control measures recommended by the CDC/University/Professional organizations. Students are also expected to follow the social distancing, travel and group gatherings guidelines required by UWSP Speech, Language and Hearing Clinic (and any local, state, or federal authorities) in their personal lives, in order to protect their more vulnerable patients. This has been a rapidly changing situation. The student is encouraged to contact their supervisor if any Covid-19 related questions or situations come up that are not covered here.

If you are seeing patients in person at the UWSP Speech, Language and Hearing Clinic this semester you are expected to:

- Wear a well-fitting face covering that covers your nose AND mouth when you are in the clinic areas and in the community around people other than those that reside in your immediate household.
- Wash/sanitize your hands frequently, especially before and after touching your face or face covering.
- Maintain social distancing of 6 feet
- Avoid gatherings of more than 10 people (even with masking and social distancing)
- Quarantine for 14 days if you are a close contact of someone who tests positive for COVID
- Students must NOT attend clinic if they are not feeling well, and they must follow any isolation or quarantine protocol required by the clinic and university. Please contact your supervisor if extended absences will be necessary so clinic coverage can be arranged.

Do the following after travel (outside of Central WI) or attending gatherings with people outside of those that reside in your immediate household:

- Quarantine for 14 days (even if you test negative upon return)

COVID 19 Testing/screening requirements:

- Please remember to complete the daily symptom screenings each day you plan to come to campus.
- Students who live on campus will continue to be required to be tested weekly for COVID 19.
- Students that live off campus and Staff/faculty will now need to complete biweekly COVID 19 screenings if they are coming to campus even 1 day per week.

Please see the COVID 19 Testing page for more information.

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 or digital copy to me by Friday, March 12. 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.

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

CLINICAL PRACTICUM- Spring 2021

CSD 495-Undergraduate

Supervisor: Carri Nimm, M.S., CCC- SLP
Phone: 715-630-3443 – text/call

Office: CPS 046D
Email: cnimm@uwsp.edu

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 required teaching standards. Please see Clinic Handbook for details in the CSD shared drive under forms.

ASHA and Teacher Standards:

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

1. To develop clinical skill in oral and written communication sufficient for entry into professional practice (*ASHA Stan. V-A*)(*INTASC Stan 6, 10*)
2. To develop clinical skill in providing intervention to clients with communicative and/or swallowing disorders (*ASHA Stan. IV-B-2*) (*INTASC Stan. 1,2,3,4,5,6 & 7*)
3. To develop interaction and personal qualities for effective professional relationships with clients, families, caregivers, and other professionals (*ASHA Stan. V-B-3*)(*INTASC Stan. 10*)
4. To adhere to the ASHA Code of Ethics and behave professionally (*ASHA Stan. V-B-3d*)(*INTASC Stan. 10*)

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student is encouraged to contact their supervisor if any Covid-19 related questions or situations come up that are not covered here.

If you are seeing patients in person at the UWSP Speech, Language and Hearing Clinic this semester you are expected to:

- Wear a well-fitting face covering that covers your nose AND mouth when you are in the clinic areas and in the community around people other than those that reside in your immediate household.
- Wash/sanitize your hands frequently, especially before and after touching your face or face covering.
- Maintain social distancing of 6 feet
- Avoid gatherings of more than 10 people (even with masking and social distancing)
- Quarantine for 14 days if you are a close contact of someone who tests positive for COVID
- Students must NOT attend clinic if they are not feeling well, and they must follow any isolation or quarantine protocol required by the clinic and university. Please contact your supervisor if extended absences will be necessary so clinic coverage can be arranged.

Do the following after travel (outside of Central WI) or attending gatherings with people outside of those that reside in your immediate household:

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- Please remember to complete the daily symptom screenings each day you plan to come to campus.
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- Students that live off campus and Staff/faculty will now need to complete biweekly COVID 19 screenings if they are coming to campus even 1 day per week.

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PRE-THERAPY INFORMATION

1. AN EMAIL NOTIFICATION WILL BE SENT to you that your client has been assigned. Please E-Mail me immediately and we can make a time to meet so I can give you that information and go over course expectations. 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. If you can not come in to read the file in the office, please let me know.
2. SIGN UP FOR A 45 MINUTE MEETING (this can be virtual or in person) on Thursday the 28th or Friday the 29th 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
3. SCHEDULING THERAPY- Please schedule your Therapy ASAP, Clinic begins the week of February 1st. Time recommendations will be on your student information sheet. We will

talk about in person and virtual options before you call the parent or client. We will discuss your first official day of therapy at our meeting on the 28th/29th.

4. In Clinic Clients:

- After you schedule therapy with the client or parent, **schedule a room for therapy**. Please 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. This is only necessary if you are seeing a client at the clinic.

Zoom Clients:

- Watch your email and make sure you have been given your medical (HIPPA COMPLIANT) zoom account. You will be making those connections with your Client's for your weekly therapy. Details will be coming,

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. Please become familiar with every point, as you will be responsible for this information throughout the semester. Use the shared One-Drive folder, I will send to you to save your lesson plans, reflections, and FTR.

1. LESSON PLANS-Please write a weekly plan (The template will be emailed to you) Turn into me each week by Monday at 12:00am. Plans should be in the One Drive folder I will share with you. **Please Label Plans: Current Nimm lesson plans.** These will be on going in the same document each week.
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 - 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 one location so we can refer to them.**

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 SELF-EVAL: You will complete a video self-evaluation prior to midterm. **(If you are seeing your client at clinic)** 1-3 clinical goal(s) will be established for you to work on the evaluation form will be sent to you. If you are doing virtual therapy, you will evaluate most recent therapy session. More information will be provided.
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. 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. During virtual therapy I will always let you know when I am NOT able to watch your session and you will have my contact information available to call in case of emergency.
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) **(Ms. Skebba only needs to be contacted if you are seeing your client in the clinic)**. If one member of the team needs to cancel, it is expected that the other clinician will take over the entire session. You must contact supervisor and parent if you are cancelling a 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, 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: **The writing portion of this course will include a minimum of your final therapy summary report and:**
 - a. **Introduction letter or email to parent/caregiver:** This is to be completed and given to parents on the first day of therapy. This is some information about your self that introduces you to your client.

- 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.
- c. **Lesson Plans/SOAP notes/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. SOAP notes are completed after every session.
- d. **End of Semester letter to the next clinician:** To include: An example of a recorded session you would like the next clinicians to watch. Strategies you know work with your child. Activities you found helpful.

12. FINAL REPORTS-ALL CORRECTED COPIES SHOULD BE SAVED IN YOUR ONE-DRIVE FOLDER THAT I HAVE SHARED WITH YOU.

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 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): 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.

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 sick (i.e. fever, diarrhea, vomiting, productive cough), please err on the side of caution. We do not want to make our clients sick.**

19. **Punctuality-**You must be in the waiting room (VIRTUAL AND IN PERSON THERAPY) at least 5 minutes before your session is to start. Double check that all your clocks coincide. Please be prompt for all meetings. Adhere to deadlines for all paperwork.

20. **Child Safety in the Clinic**

- Do not 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"

21. **Diversity Statement-** The CSD Department agrees with the UWSP Diversity and Inclusion Statement, written by a working group of UWSP employees and endorsed by the 2019-2020 Diversity Council and Common Council. It states:

"The students, faculty, and staff of the University of Wisconsin-Stevens Point (UWSP) recognize the lived experiences, identities, and contributions of past students, faculty, staff,

and community members. In recognition of this history, we commit ourselves to the ongoing work of building and championing an inclusive UWSP. We strive to dismantle bias and hate by empowering voices of the marginalized and building relationships of trust across differences. Together we aim to develop and support a community where all can safely maintain integral, personal identities, be equitable participants, and learn from one another.

Each of us has a responsibility and role in actively educating ourselves while holding one another accountable. In so doing, we cultivate a reflective, engaged culture of learning and living which supports, embraces, and celebrates diversity, inclusivity, and accessibility. We are a university where all are encouraged to challenge and debate complex issues in order to sustain a campus culture that nurtures reflection, learning, holistic development, community engagement, and global citizenship.

Our goal is equitable educational opportunities. As such, UWSP encourages inclusive pedagogy and the integration of differing perspectives across disciplines. Diverse needs and perspectives must be accounted for when making institutional decisions, and in turn, immediate action must be taken to address hate, bias, and harassment.

None of this will be accomplished immediately. This process demands mindful reflection, continual commitment, and resources from the University of Wisconsin System, UWSP leaders, and each of us personally. We remain committed to the learning, development, safety, and well-being of all while working toward an inclusive community. Together, we build a better UWSP.”

*Expectations for Students- Be a 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.

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

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

- I will Meet with you all separately or with your partner on Monday the 25th or Tuesday the 26th to give you your assignments and go over the syllabus. Please get in touch with your partner and send me times on Monday afternoon or Tuesday that will work for you to have this meeting. It will be about 30 minutes in length.

Week #1-2 (January 25th-February 5th): We will have one meeting prior to clinic starting. Please contact me via email to set up a time with your co-clinician for a 45-minute meeting on Thursday the 28th or Friday the 29th. If this does not work, please contact me directly ASAP. Via email or phone (715-630-3443).

- **Call the client/parents** to finalize therapy schedule times- Please document all parent interaction on a correspondence log throughout the entire semester. (example log attached in Welcome e-mail)
- **Sign up for a therapy room & complete white clinic card. (At front desk and only if you are seeing children in the clinic)**
- **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 meeting on the 28th/29th with your co-clinician prepared to discuss:**
 - Client file review (found in your Welcome e-mail).
 - Client Paper Work start up check list. (found in your welcome e-mail).
 - What ideas do your caregivers have for their child?
 - Have your first general lesson plan written and saved on one-drive. We will pull this up and use this for our discussion. Your lesson plan should include the following:
 - 1 or 2 possible measurable 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. This will be your best guess.
 - 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, February 5th)**
 - 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.
 - I will email an example. Do not use my example as a template. Start your FTR from scratch and use the new letterhead I sent in your welcome email.
 -

Week #2-3 (February 1st -February 12th): Begin therapy The week of February 1st if possible. We will discuss start date at our initial meeting. 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 or attached in the welcome email.

Week #4 (February 15th :) Your goals and objectives written in standard format and reflecting your baseline information to be discussed during your weekly meeting.

Week #3-4:(Febuary 8-19th) 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 September 21st).

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 (February 22nd): 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 (March 1st-12th) : Complete video self-evaluation, then evaluate yourself using the “Evaluation of Therapy Skills” form. You will also be required to grade yourself. (form will be emailed) Schedule meeting with supervisor for Week 8 (March 9th). The evaluation will be emailed to you.

Week #8 (March 15th): Midterm/video self-evaluation discussion with supervisor.

SPRING BREAK 22-26

Week #10 (April 5th): Discuss and plan post baseline data process.

Week #11 (April 12th): First draft of final sections of therapy report due. Includes procedures, 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 (April 19th): 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.**

Week #13 (April 26th): The last week of clinic to get your baselines done and final parent conferences to be conducted next week Reports should be in near final form. Begin note to next semester clinicians.

Week #14 (May 3rd): Parent/teacher conferences to be conducted this week during the last week of clinic.

Week #15 May 10th): Paperwork check out meeting. (FTR complete, SOAP notes complete, Letter to clinician, Billing form, Yellow Form for next semester, and Hours submitted)

CLINICAL PRACTICUM Graduate Level – Spring 2021

CSD 791-794

Supervisor: Carri Nimm, M.S., CCC- SLP
Phone: 715-630-3443 – text/call

Office: CPS 046D
Email: cnimm@uwsp.edu

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2. To gain experience evaluating clients throughout the course of therapy,
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6. VIDEO SELF-EVAL: You will complete a video self-evaluation prior to midterm. **(If you are seeing your client at clinic)** 1-3 clinical goal(s) will be established for you to work on the evaluation form will be sent to you. If you are doing virtual therapy, you will evaluate most recent therapy session. More information will be provided.
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. 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. During virtual therapy I will always let you know when I am NOT able to watch your session and you will have my contact information available to call in case of emergency.
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) **(Ms. Skebba only needs to be contacted if you are seeing your client in the clinic)**. If one member of the team needs to cancel, it is expected that the other clinician will take over the entire session. You must contact supervisor and parent if you are cancelling a 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, 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: **The writing portion of this course will include a minimum of your final therapy summary report and:**
 - a. **Introduction letter or email to parent/caregiver:** This is to be completed and given to parents on the first day of therapy. This is some information about your self that introduces you to your client.

- 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.
- c. **Lesson Plans/SOAP notes/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. SOAP notes are completed after every session.
- d. **End of Semester letter to the next clinician:** To include: An example of a recorded session you would like the next clinicians to watch. Strategies you know work with your child. Activities you found helpful.

12. FINAL REPORTS-ALL CORRECTED COPIES SHOULD BE SAVED IN YOUR ONE-DRIVE FOLDER THAT I HAVE SHARED WITH YOU.

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 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): 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.

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 sick (i.e. fever, diarrhea, vomiting, productive cough), please err on the side of caution. We do not want to make our clients sick.**

19. **Punctuality-**You must be in the waiting room (VIRTUAL AND IN PERSON THERAPY) at least 5 minutes before your session is to start. Double check that all your clocks coincide. Please be prompt for all meetings. Adhere to deadlines for all paperwork.

20. **Child Safety in the Clinic**

- Do not 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"

21. **Diversity Statement-** The CSD Department agrees with the UWSP Diversity and Inclusion Statement, written by a working group of UWSP employees and endorsed by the 2019-2020 Diversity Council and Common Council. It states:

"The students, faculty, and staff of the University of Wisconsin-Stevens Point (UWSP) recognize the lived experiences, identities, and contributions of past students, faculty, staff,

and community members. In recognition of this history, we commit ourselves to the ongoing work of building and championing an inclusive UWSP. We strive to dismantle bias and hate by empowering voices of the marginalized and building relationships of trust across differences. Together we aim to develop and support a community where all can safely maintain integral, personal identities, be equitable participants, and learn from one another.

Each of us has a responsibility and role in actively educating ourselves while holding one another accountable. In so doing, we cultivate a reflective, engaged culture of learning and living which supports, embraces, and celebrates diversity, inclusivity, and accessibility. We are a university where all are encouraged to challenge and debate complex issues in order to sustain a campus culture that nurtures reflection, learning, holistic development, community engagement, and global citizenship.

Our goal is equitable educational opportunities. As such, UWSP encourages inclusive pedagogy and the integration of differing perspectives across disciplines. Diverse needs and perspectives must be accounted for when making institutional decisions, and in turn, immediate action must be taken to address hate, bias, and harassment.

None of this will be accomplished immediately. This process demands mindful reflection, continual commitment, and resources from the University of Wisconsin System, UWSP leaders, and each of us personally. We remain committed to the learning, development, safety, and well-being of all while working toward an inclusive community. Together, we build a better UWSP.”

*Expectations for Students- Be a 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.

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

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

- I will Meet with you all separately or with your partner on Monday the 25th or Tuesday the 26th to give you your assignments and go over the syllabus. Please get in touch with your partner and send me times on Monday afternoon or Tuesday that will work for you to have this meeting. It will be about 30 minutes in length.

Week #1-2 (January 25th-February 5th): We will have one meeting prior to clinic starting. Please contact me via email to set up a time with your co-clinician for a 45-minute meeting on Thursday the 28th or Friday the 29th. If this does not work, please contact me directly ASAP. Via email or phone (715-630-3443).

- **Call the client/parents** to finalize therapy schedule times- Please document all parent interaction on a correspondence log throughout the entire semester. (example log attached in Welcome e-mail)
- **Sign up for a therapy room & complete white clinic card. (At front desk and only if you are seeing children in the clinic)**
- **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 meeting on the 28th/29th with your co-clinician prepared to discuss:**
 - Client file review (found in your Welcome e-mail).
 - Client Paper Work start up check list. (found in your welcome e-mail).
 - What ideas do your caregivers have for their child?
 - Have your first general lesson plan written and saved on one-drive. We will pull this up and use this for our discussion. Your lesson plan should include the following:
 - 1 or 2 possible measurable 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. This will be your best guess.
 - 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, February 5th)**
 - 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.
 - I will email an example. Do not use my example as a template. Start your FTR from scratch and use the new letterhead I sent in your welcome email.
 -

Week #2-3 (February 1st-February 12th): Begin therapy The week of February 1st if possible. We will discuss start date at our initial meeting. 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 or attached in the welcome email.

Week #4 (February 15th): Your goals and objectives written in standard format and reflecting your baseline information to be discussed during your weekly meeting.

Week #3-4:(Febuary 8-19th) 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 September 21st).

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 (February 22nd): 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 (March 1st-12th) : Complete video self-evaluation, then evaluate yourself using the “Evaluation of Therapy Skills” form. You will also be required to grade yourself. (form will be emailed) Schedule meeting with supervisor for Week 8 (March 9th). The evaluation will be emailed to you.

Week #8 (March 15th): Midterm/video self-evaluation discussion with supervisor.

SPRING BREAK 22-26

Week #10 (April 5th): Discuss and plan post baseline data process.

Week #11 (April 12th): First draft of final sections of therapy report due. Includes procedures, 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 (April 19th): 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.**

Week #13 (April 26th): The last week of clinic to get your baselines done and final parent conferences to be conducted next week Reports should be in near final form. Begin note to next semester clinicians.

Week #14 (May 3rd): Parent/teacher conferences to be conducted this week during the last week of clinic.

Week #15 May 10th): Paperwork check out meeting. (FTR complete, SOAP notes complete, Letter to clinician, Billing form, Yellow Form for next semester, and Hours submitted)

University of Wisconsin – Stevens Point
Clinical Practicum Graduate Level – Spring 2021
CSD 791 -794

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

Office: CPS 042D / virtual mtgs.
Email: sreeve@uwsp.edu
Office hours: One-on-one meetings will be scheduled with all student clinicians.

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 required teaching standards. Please see “Clinic Handbook” for details in the CSD shared drive under form.
5. The knowledge, skills and disposition criteria for this course are consistent with the required ASHA standards. Please see the clinic handbook for details in the CSD shared drive under forms or go to the ASHA website for current standards.

Statement on Tele-therapy and In-Person Therapy: The majority of intervention at this time will occur in a tele-therapy context, while some intervention will be held in-person. The procedures required to ensure safety, confidentiality and effectiveness will differ with each mode of presentation. This syllabus will largely address the common components of intervention across both tele-therapy and in-person settings. Specific instructions will be provided to you based on your assigned setting.

PRE-THERAPY INFORMATION

1. AN EMAIL NOTIFICATION WILL BE SENT and STOP BY MY OFFICE (042D) to 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. 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).
3. 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. (This is not applicable if you are running the preschool group)
4. 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.
5. 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**. If you are providing on-line sessions, a shared folder on One-Drive will be set up.

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.

Due to COVID-19 clinic restrictions, lesson plans, SOAPs, and reports may be placed in a shared folder on the One Drive. Any client documents that are placed in the One Drive must have identifying information removed and have pseudo names.

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.

Due to COVID-19 clinic restrictions, lesson plans, SOAPs, and reports may be placed in a shared folder on the One Drive. Any client documents that are place in the One Drive must have identifying information removed and have pseudo names.

3. REFLECTIONS/FEEDBACK: Accomplished through discussion or written reflection
4. DATA COLLECTION – you are required to collect data during each therapy session. The data collected will support the content of your SOAP note. Include the beginning and end time within the 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/caregiver. 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.

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.

16. **Partnership** – We are entering into a form of partnership. We share several common goals including (but not limited to): to improve the client's communication status; to **increase your clinical expertise; to 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.
17. **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. 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 sick (i.e. fever, diarrhea, vomiting, productive cough), please err on the side of caution. We do not want to make our clients sick.**
18. **Punctuality**-You must be in the waiting room (VIRTUAL AND IN PERSON THERAPY) at least 5 minutes before your session is to start. Double check that all your clocks coincide; I will be looking at the waiting room clock. Please be prompt for all meetings. Adhere to deadlines for all paperwork.

Child Safety in the Clinic

- Do not 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..**
- Monitor activity level in the lobby and hallways.
- Encourage walking, not running.
- Monitor how the child uses the automatic doors
- Monitor your child's behavior in terms of getting "too wild" or "too loud"

*Expectations for Students- Be a 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.

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

In the event of a medical emergency, call 911 or use red emergency phone located in the middle hallway in the department. Help 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) 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 at the College of Professional Studies sign on Fourth Avenue. Notify instructor or emergency command personnel of any missing individuals.

Active Shooter – Run/Escape, 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) for details on all emergency responses at UW-Stevens Point.

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 if 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. Also include LTG/STO on your report (these may change after your obtain baseline data. These sections are due by the end of week 2 of the semester.**
 - *Create space* at the top of your FTR or POC 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.
 - If your clinic assessment is the **Assumption Rapids Catholic School collaboration**, you will need to complete a midterm progress report and an end of the semester progress report. **Due dates and format will be discussed in our weekly meetings.**

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

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 #3-4: Finalize your goals and objectives written in standard format and reflecting your baseline information. Share these with client’s parent/caregiver.

Week #5: FTR or POC 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). (If your clinic is virtual – you will not have to complete a video self-evaluation)

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

Week #9-10: Procedures section completed on **FTR or POC and due by the end of week 10 of the semester.** Discuss and plan post baseline data process

Week #11: **By the end of week 11 of the semester,** 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 Friday May 7th. End of the semester parent/teacher conferences will be scheduled during week 15 of the semester.**

Week #13: The last week of clinic next week. Reports should be in near final form. Parent/Teacher conference should be scheduled. Begin note to next semester clinicians.

Week #14: Last week of clinic this week.

Week #15: Parent/Teacher conference this week and 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 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:

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?

Clinical Practicum Spring 2021

Supervisor: Trescha Kay, MA CCC-SLP
Phone: (715) 575-9363-office
(715) 252-9211-cell

Office: CPS 042C
Email: tkay@uwsp.edu
Meeting time: TBA

NOTE: The majority of intervention at this time will occur in a tele-tx context, while some intervention will be held in-person. The procedures required to ensure safety, confidentiality and effectiveness will differ with each mode of presentation. This syllabus will largely address the common components of intervention across both tele-tx and in-person settings. Specific instructions will be provided to you based on your assigned setting.

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.

ASHA and Teacher Standards

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

1. To develop clinical skill in oral and written communication sufficient for entry into professional practice (*ASHA Stan. V-A*)(*INTASC Stan 6, 10*)
2. To develop clinical skill in providing intervention to clients with communicative and/or swallowing disorders (*ASHA Stan. IV-B-2*) (*INTASC Stan.1,2,3,4,5,6 & 7*)
3. To develop interaction and personal qualities for effective professional relationships with clients, families, caregivers, and other professionals (*ASHA Stan. V-B-3*)(*INTASC Stan. 10*)
4. To adhere to the ASHA Code of Ethics and behave professionally (*ASHA Stan. V-B-3d*)(*INTASC Stan. 10*)

Before Clinic Begins

1. Set up a meeting time with me to receive your clinic assignment. If you have a co-clinician, coordinate the meeting time with them. At this time, you will receive your client's contact information and we can discuss possible therapy times and the details of your client's case. Once we have spoken, you can contact your client or the client's parents to set up therapy.
2. Read the procedures for the Infection Control Policies for Clinical Practicum.
3. Read the COVID specific procedures at the end of this document.

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.

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.

Written Assignments

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. You will revise your notes based on my feedback. Always assume that your SOAP note will be read by another professional outside of clinic.

Data Collection

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

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 1/25-1/29	Receive clinical assignment, attend initial supervisory meeting, schedule client, plan for start of therapy
Week 2 2/1-2/5	First week of clinic
Week 3 2/8-2/12	Therapy Background section of FTR due 2/12 at 5p
Week 4 2/15-2/19	Therapy Client status section of FTR due 2/19 at 5p
Week 5 2/22-2/26	Therapy Goals and Objects section of FTR due 2/26 at 5p
Week 6 3/1-3/5	Therapy
Week 7 3/8-3/12	Therapy
Week 8 3/15-3/19	Therapy Midterm meetings
3/22-3/26	Spring Break
Week 9 3/29-4/2	Therapy
Week 10 4/5-4/9	Therapy
Week 11 4/12-4/16	Therapy Procedures section of FTR due 4/16 at 5p
Week 12 4/19-4/23	Therapy
Week 13 4/26-4/30	Summary/Impressions and Recommendations sections of FTR due 4/30 at 5p
Week 14 5/3-5/7	Therapy Last day of clinic is 5/7
Week 15 5/10-5/14	Final Evaluation Clock hours are due in Calipso, Therapy Schedule Form due, return all borrowed materials to the CMC

Clinic COVID Guidelines Spring 2021

The UWSP clinic will supply the student with appropriate personal protective equipment (PPE) and follow infection control measures recommended by the CDC/University/Professional organizations. **Students are also expected to follow the social distancing, travel and group gatherings guidelines** required by UWSP Speech, Language and Hearing Clinic (and any local, state, or federal authorities) in their personal lives, in order to protect their more vulnerable patients. This has been a rapidly changing situation. The student is encouraged to contact their supervisor if any Covid-19 related questions or situations come up that are not covered here.

If you are seeing patients in person at the UWSP Speech, Language and Hearing Clinic this semester you are expected to:

- Wear a well-fitting face covering that covers your nose AND mouth when you are in the clinic areas and in the community around people other than those that reside in your immediate household.
- Wash/sanitize your hands frequently, especially before and after touching your face or face covering.
- Maintain social distancing of 6 feet
- Avoid gatherings of more than 10 people (even with masking and social distancing)
- Quarantine for 14 days if you are a close contact of someone who tests positive for COVID
- Students must NOT attend clinic if they are not feeling well, and they must follow any isolation or quarantine protocol required by the clinic and university. Please contact your supervisor if extended absences will be necessary so clinic coverage can be arranged.

Do the following after travel (outside of Central WI) or attending gatherings with people outside of those that reside in your immediate household:

- Quarantine for 14 days (even if you test negative upon return)

COVID 19 Testing/screening requirements:

- Please remember to complete the daily symptom screenings each day you plan to come to campus.
- Students who live on campus will continue to be required to be tested weekly for COVID 19.
- Students that live off campus and Staff/faculty will now need to complete biweekly COVID 19 screenings if they are coming to campus even 1 day per week.

Please see the COVID 19 Testing page for more information.

Diagnostic Practicum Spring 2021
CSD 792

Supervisor: Trescha Kay, MA CCC-SLP
Phone: (715) 575-9363-office
(715) 252-9211-cell

Office: CPS 042C
Email: tkay@uwsp.edu
Meeting time: TBA

Course Description

This course provides you with the opportunity to progress towards the development of *Skills and Knowledge* as specified by ASHA, for acquiring clinical competence in speech-language pathology. *Skills and knowledge* are acquired across a continuum, with increasing levels of independence, consistency, and problem-solving occurring over time. This practicum experience allows us to work closely, and with a variety of clients, to accomplish the objectives cited below.

Course Objectives

1. To develop clinical skill in oral and written communication sufficient for entry into professional practices (*ASHA Stan. III-A*)
2. To develop clinical skill in the evaluation of clients with communicative disorders and/or swallowing disorders (*ASHA Stan. IV-E-1*)
3. To develop interaction and personal qualities for effective professional relationships with clients, families, caregivers, and other professionals (*ASHA Stan. IV-E-3*)
4. To adhere to the ASHA Code of Ethics and behave professionally (*ASHA Stan. IV-E-3d*)
5. To participate in formative assessments (ongoing measurement) for the purpose of improving student learning (*ASHA Stan. V-A*)

Once Diagnostics Begin

1. Diagnostic Team Organization: Each team member is responsible for reviewing the client's file prior to our weekly meeting. Additionally, each team member needs to complete and bring in written remarks about the client, disorder, and assessment to the planning meeting. Your remarks will provide a springboard for our planning discussion. Please bring the client's file to the weekly meeting and be prepared to provide a verbal overview of significant points from the case history and/or referral. As the semester progresses, you will gradually assume responsibility for conducting the client initial and exit interviews.
2. Diagnostic Reports: Report formats for various disorders will be provided to assist you in the content and organization of your report. We will typically spend time at the end of each diagnostic session discussing options for writing the diagnostic report. The goal will be to have a completed report, turned in to the office before the next diagnostic. Deadlines for when the rough draft is to be in, etc. will be determined by us when we have our initial team meeting.

3. Clock Hours: Please keep track of the number and type of clock hours earned using the appropriate **clock hour log** form. ASHA is now looking for documentation of time spent in “staffing.” This means participation in meetings during which evaluation, treatment, and/or recommendations are discussed or formulated, with or without the client present. IEP meetings and exit meetings with clients and/or parents would be considered staffing time. Preparing for diagnostics, scoring tests, transcribing language samples, and meeting with the supervisor or team may not be counted as staffing hours.

4. Professionalism: Your preparedness, organization, conduct, attire, and grooming influence your credibility as professionals. In addition, respect for your client, family members, co-clinicians, and supervisor, and demonstrating pleasure in what you are doing, greatly contribute to an air of professionalism. Notable attention will be given to the trait of professionalism.

5. Additional Responsibilities: The team is responsible for setting up and cleaning up the diagnostic room, and reserving and obtaining equipment and supplies. Following the session, please sanitize the table, supplies and instruments used.

Clinic COVID Guidelines Spring 2021

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If you are seeing patients in person at the UWSP Speech, Language and Hearing Clinic this semester you are expected to:

- Wear a well-fitting face covering that covers your nose AND mouth when you are in the clinic areas and in the community around people other than those that reside in your immediate household.
- Wash/sanitize your hands frequently, especially before and after touching your face or face covering.
- Maintain social distancing of 6 feet
- Avoid gatherings of more than 10 people (even with masking and social distancing)
- Quarantine for 14 days if you are a close contact of someone who tests positive for COVID
- Students must NOT attend clinic if they are not feeling well, and they must follow any isolation or quarantine protocol required by the clinic and university. Please contact your supervisor if extended absences will be necessary so clinic coverage can be arranged.

Do the following after travel (outside of Central WI) or attending gatherings with people outside of those that reside in your immediate household:

- Quarantine for 14 days (even if you test negative upon return)

COVID 19 Testing/screening requirements:

- Please remember to complete the daily symptom screenings each day you plan to come to campus.
- Students who live on campus will continue to be required to be tested weekly for COVID 19.
- Students that live off campus and Staff/faculty will now need to complete biweekly COVID 19 screenings if they are coming to campus even 1 day per week.

Please see the [COVID 19 Testing page](#) for more information.

Graduate Clinical Practicum, Spring 2021

CSD 792

Clinical Supervisor: Charlie Osborne, M.A., CCC-SLP

Office: 044B CPS/Zoom

Phone: 715-347-8378

Email: cosborne@uwsp.edu

Course Goals and Objectives:

1. Complete diagnostic simulations via Simucase.

Course Requirements:

1. Sign up for Simucase.
2. Complete the Student Training
3. Complete the training for each case listed below. Complete the assessment with 90% or greater accuracy prior to our weekly debrief meeting for that case.
4. Attend the debrief session
5. Log your hours for submission in December.

Meetings

Debrief sessions: we will meet weekly to discuss each simulation.

Grading

You will receive a passing grade and earn clinical clock hours if you reach Mastery for each completed case.

ASHA Standards

1. The standards that you will meet will differ depending on what type of disorder your client has been diagnosed with and the treatment goals addressed.
2. Plan to identify possible standards and bring that information to the mid-term and end of the semester assessment conferences. I will work with you to determine which standards have been met for each clinical practicum.

Accommodations:

- Any student with a disability must contact the Office of Disability Services during the first 2 weeks of the semester to request accommodation.
- I will accommodate religious beliefs according to UWS 22.03. The student must notify me within the first 3 weeks of the semester indicating specific dates he/she is requesting accommodation for clinic assignments.

Semester Schedule:

Week	Case	Debrief Meeting
02/01/2021	Join Simucase, complete student training	TBD
02/08/2021	Karen-Assessment (Aphasia, 120 min)	Touching base/office hour Monday, 12:00-1:00 pm
02/15/2021	Fiona-Assessment (Fluency, 90); Aisha (FAR, 45 min)	Ditto
02/22/2021	Latrece (Language, 120 min)	Ditto
03/01/2021	Oliver-Assessment (dysphagia, 120 min)	Ditto
03/08/2021	Rob (Motor Speech, 75 min); Alexis-PPA Scale Task Trainer (Literacy/Phono, 45 min)	Ditto
03/15/2021	Dora (Language/Phono, 75 min); Chiung Wei (FAR, 45 min)	Ditto
03/22/2021	Spring Break	
03/29/2021	Hadley (Artic/Phono, 120 min)	Ditto
04/05/2021	Audrey (Dysphagia, 75 min); Jordan-PPA Scale Trainer (Literacy/Phono, 45 min)	Ditto
04/12/2021	Doug-Assessment (Cognition, 120 min)	Ditto
04/19/2021	Molly-Assessment (Fluency, 75 min)	Ditto
04/26/2021	Megan-CLQT (Language, 60 min); Cameron-Assessment (Artic/Phono, 60 min)	Ditto
05/03/2021	Kelly (Language, 120 min)	Ditto
05/10/2021	Carley-Assessment (Fluency, 75 min); Holden-GFTA-3 Trainer (artic/phono, 45 min)	Ditto
05/17/2021	Steven (TBI, 120 min)	Ditto
	Total hours: 1650 minutes = 27.5 hours	

Clinical Practicum Spring 2021

Supervisor: Sarai Holbrook, Ph.D., CCC-SLP
Phone: 715-600-2112 office
385-414-3993-cell

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

"Harmony is being different together"

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.

You know more than you think you do.
Lee Robinson

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.

Clinic COVID Guidelines Spring 2021

The UWSP clinic will supply the student with appropriate personal protective equipment (PPE) and follow infection control measures recommended by the CDC/University/Professional organizations. Students are also expected to follow the social distancing, travel and group gatherings guidelines required by UWSP Speech, Language and Hearing Clinic (and any local, state, or federal authorities) in their personal lives in order to protect their more vulnerable patients. This has been a rapidly changing situation. The student is encouraged to contact their supervisor if any Covid-19 related questions or situations come up that are not covered here.

If you are seeing patients in person at the UWSP Speech, Language and Hearing Clinic this semester you are expected to:

- Wear a well-fitting face covering that covers your nose AND mouth when you are in the clinic areas and in the community around people other than those that reside in your immediate household.
- Wash/sanitize your hands frequently, especially before and after touching your face or face covering.
- Maintain social distancing of 6 feet
- Avoid gatherings of more than 10 people (even with masking and social distancing)
- Quarantine for 14 days if you are a close contact of someone who tests positive for COVID
- Students must NOT attend clinic if they are not feeling well, and they must follow any isolation or quarantine protocol required by the clinic and university. Please contact your supervisor if extended absences will be necessary so clinic coverage can be arranged.

Do the following after travel (outside of Central WI) or attending gatherings with people outside of those that reside in your immediate household:

- Quarantine for 14 days (even if you test negative upon return)

COVID 19 Testing/screening requirements:

- Please remember to complete the daily symptom screenings each day you plan to come to campus.
- Students who live on campus will continue to be required to be tested weekly for COVID 19.
- Students that live off campus and Staff/faculty will now need to complete biweekly COVID 19 screenings if they are coming to campus even 1 day per week.

Please see the COVID 19 Testing page for more information.

Before Therapy Begins

1. Stop by and see me/email me 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. 6-7) 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 are not set, please indicate tentative times (unless you already sent it to me)
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. If you are providing virtual therapy, ensure that you are using your HIPAA account. Let me know if you have a 40 minute or unlimited version.
6. 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 (goal = no sickness in the clinic. Let's stay open! 😊). We don't want to make our clients sick and/or your therapy will not be effective – even virtually – if you are that sick.

Where to Put SOAPs, Lesson Plans, FTRs, etc.

I will share a OneDrive Folder with you that is labeled with your client's initials. You will save all of your documents that I review here. You may also use it as a place to store your digital materials if you so choose. While I will do my best to notify you when I have edited something, please, check it regularly for my comments and any editing that needs to be done.

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/Tentative Schedule

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. Graduates need to attend weeks marked with "G"; undergraduates need to attend weeks marked with "UG". There may be times when I excuse the graduate or undergraduate students after reporting in grand rounds if that week's topic is geared for the other group; however, you are welcome to stay for the whole meeting if you wish.

Date	Topic
------	-------

Week of 1/25 (G & UG)	Solidify Schedule; Meet individually w/Dr. Holbrook
Week of 2/1 (G & UG)	Orientation/CALIPSO Rating Scale/SOAP note writing/Assessment/Hearing screening training/Establishing goals and objectives (see readings sent in welcome email)
Week of 2/8 (G & UG)	Grand Rounds/Planning Therapy (G & UG) Initial Draft of Background information for Final Therapy Report (FTR) Due by 2/12
Week of 2/15 (UG)	Grand Rounds/Data collection/Troubleshooting Initial Draft of goals and objectives written in standard format complete with baseline data due by 2/19
Week of 2/22 (G & UG)	Grand Rounds Grads only - Theoretical Foundations (come to meeting with theory behind tx approach) Revised draft of these FTR sections: background information, status at the beginning of the semester, goals, and objectives for the semester. Due by 2/26
Weeks of 3/1 and 3/8	Grand Rounds – abbreviated meetings Work on video self-evaluation (see below for details)
Week of 3/15	Midterms – schedule individual meetings with Dr. Holbrook to review video self-eval and Calipso scores so far
Week of 3/22	Grand Rounds
Remainder of semester	Consult with new supervisor for expectations/alterations/due dates

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.** See the writing **Dos and Don'ts** sheet for tips.

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.**

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)

1 2 3 4 5 6 7 8 9 10

Justify your response:

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

Name _____

Video Self-Evaluation
Holbrook/Clinic

Please complete this individually and turn in a hard copy to me by Friday, October 11. 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?

Lesson Plan Format

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.

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
Clinical Practicum, Graduate Level - CSD 791-794
Communication Sciences and Disorders
Spring Semester – 2021

Supervisor: James Barge M.S. CCC-SLP

Office: 42B

Hours: TBD following completion of clinic schedule

Zoom invite Email: jbarge@uwspedu.onmicrosoft.com

Email: jbarge@uwsp.edu

Statement on Tele-therapy and In-Person Therapy: The majority of intervention at this time will occur in a tele-tx context, while some intervention will be held in-person. The procedures required to ensure safety, confidentiality and effectiveness will differ with each mode of presentation. This syllabus will largely address the common components of intervention across both tele-tx and in-person settings. Specific instructions will be provided to you based on your assigned setting.

Scheduling your clients: Please be mindful of the master schedule posted on my door and/or on the One Drive, as to avoid overlapping of therapy sessions whenever possible. Please see “Getting Started in Clinic” list.

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
 - Verbal explanation of findings to interested parties.
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. Note that the availability of information will be dependent upon your physical location. If you are working remotely, there will be a process in place to provide you with the needed information for you to prepare to work with your client. In either situation, 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 strongly encouraged to review the master therapy schedule on my office door and/or posted on the One Drive prior to scheduling your patient. Overlapping sessions are to be avoided when possible.
3. Complete Clinic Card and direct it to Mrs. Skebba.

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's discretion.
2. SOAP notes are required following each treatment and completed within 24 hours.
3. Reflection/Review Accomplished through discussion or written reflection.
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 scheduled meetings are an option for all clinicians at the discretion of either the clinician or supervisor. I do intend to provide prompt feedback and promote an open dialogue throughout the semester.

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.
8. Demonstration of therapy – Please let me know if you would like me to demonstrate therapy. 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 – Formal evaluations will be provided in the middle and 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 cognitive, communicative and swallowing deficits. The keys to attaining these goals are candid discussions, development and the refining of skills, broadening of insights into cognitive communication and swallowing disorders and greater respect and empathy 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 at 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.

Clinic COVID Guidelines Spring 2021

The UWSP clinic will supply the student with appropriate personal protective equipment (PPE) and follow infection control measures recommended by the CDC/University/Professional organizations. Students are also expected to follow the social distancing, travel and group gatherings guidelines required by UWSP Speech, Language and Hearing Clinic (and any local, state, or federal authorities) in their personal lives, in order to protect their more vulnerable patients. This has been a rapidly changing situation. The student is encouraged to contact their supervisor if any Covid-19 related questions or situations come up that are not covered here.

If you are seeing patients in person at the UWSP Speech, Language and Hearing Clinic this semester you are expected to:

- Wear a well-fitting face covering that covers your nose AND mouth when you are in the clinic areas and in the community around people other than those that reside in your immediate household.
- Wash/sanitize your hands frequently, especially before and after touching your face or face covering.
- Maintain social distancing of 6 feet
- Avoid gatherings of more than 10 people (even with masking and social distancing)
- Quarantine for 14 days if you are a close contact of someone who tests positive for COVID
- Students must NOT attend clinic if they are not feeling well, and they must follow any isolation or quarantine protocol required by the clinic and university. Please contact your supervisor if extended absences will be necessary so clinic coverage can be arranged.

Do the following after travel (outside of Central WI) or attending gatherings with people outside of those that reside in your immediate household:

- Quarantine for 14 days (even if you test negative upon return)

COVID 19 Testing/screening requirements:

- Please remember to complete the daily [symptom screenings](#) each day you plan to come to campus.
- Students who live on campus will continue to be required to be tested weekly for COVID 19.
- Students that live off campus and Staff/faculty will now need to complete biweekly COVID 19 screenings if they are coming to campus even 1 day per week.

Please see the [COVID 19 Testing page](#) for more information.

Getting Started in Clinic Quick Guide:

1. Contact your therapy partner if applicable.
2. Familiarize yourself with our schedules (yours and mine)
3. Send me a zoom invite to provide your client's basic information. This should be a brief meeting, less than 15 minutes in length. This should occur Monday (8-31) or Tuesday (9-1)
4. Call client, client's family member
5. Introduce yourself (selves)
6. Confirm their interest in speech therapy services this semester
7. Confirm the mode of service delivery, tele-therapy or in-person
8. Determine day(s) of the week and time of therapy that works for the client, the clinician(s), and myself.
9. Let me know the details of your conversation ASAP.
10. Review available information provided to you regarding your client.
11. Meet with supervisor to discuss initial session and plan for semester, review of your questions, and determination of frequency of supervisor meetings.

Documentation Guide for Writing Soaps

Documentation of time

Begin each daily note by stating the amount of time spent with the client. For example,

The client was seen for 65 minutes

Soap format

(S) Subjective

All relevant information stemming from the session that is not measurable. This would include client or family member comments of success or struggle. In addition, please add your thoughts on their perceived attitude, motivation and level of cooperation.

(O) Objective

All relevant information derived from the session that is measurable. For example, accurate in 65% attempts with minimal assistance. In theory, you (present in the therapy room) and I (watching remotely) should be able to write the same objective statement.

(A) Assessment

As an SLP, what is your interpretation of the above information? The assessment section is not a reiteration of the above, nor should it ever contain information that is not conveyed in either S or O.

This is your professional opinion of the current state of the client. For example, *XX persists with expressive > receptive aphasia as evidenced by continued word retrieval struggles. These word finding issues limit his participation in his areas of responsibilities and desired interests. It should be noted, however, that XX was benefitted by the provision of phonemic cues to elicit the target word.*

(P) Plan

The plan indicates the recommended direction that the therapist and client should take on subsequent session(s).

Continue with plan of care is inadequate. Instead, *"Continue with provision of phonemic cues to assist with word finding skills toward stated expressive language goals, instruct family members as able."*

Please remember that at the conclusion of the session, you have the responsibility to create a document, that has legal standing, that answers the following questions:

What did I see?

What did I hear?

What did I do in response to what I saw and heard?

What affect did my response have upon the patient and their performance?

**University of Wisconsin Stevens Point
Spring Semester 2021
Clinical Practicum - CD 792**

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

Office: 44B
Phone: (715) 347-8378 (Cell)

General Information

Teletherapy - Most, if not all, therapies will be conducted via Zoom due to COVID-19. While not ideal, we will strive to provide the best therapy as we can given the limitations of teletherapy. One key challenge will be establishing the clinical alliance with clients and their families. I suspect it may take a little more time than if we were seeing clients face-to-face (or is it "mask-to-mask" now?). Another challenge will be maintaining active communication between student clinician (you) and clinical mentor (me).

Communication between student clinicians and clinical mentor – Communication between us will be key this semester. I am planning to set up "office hours" via Zoom once my clinical schedule is complete. I will let you know when I know. Also, we can maintain communication via email and/or individual Zoom meetings (see #4 below).

Setting up therapy - You will be working on scheduling your client during the first week of the semester. Please make scheduling a priority, the sooner the better. I will provide you access to my Outlook calendar so you can view times of availability. I can supervise up to two clients during the same time. To do so, you will need to use your Zoom account and be sure to send me an invitation (which will be used for the duration of the semester).

Getting Started – Once you have your clinic assignment, I suggest you review the client's file with me via Zoom. I have placed the electronic copies of your client's anonymized SOAPS, POC (if applicable), and FTR from the previous semester in the shared drive, along with a note from your client's previous clinician(s).

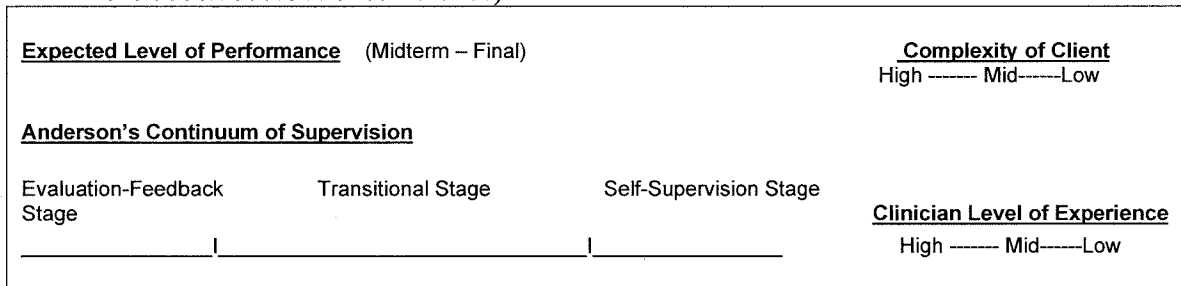
Therapy Plans – Please have your treatment plan for a session in the shared drive before the day of the session. There are a variety of therapy plan forms available and you may use the one you feel most comfortable using. I don't require you to use a specific form, only that I understand what you have planned (and why).

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 information provided by Ms. Reynolds in OneDrive (one is the "shell" for writing in and the other includes information on how to write a SOAP note). Let me know by email when you have placed the week's soaps in the shared drive.

You must include in each SOAP note that the session was done via Zoom and that the client or client's family consented to doing therapy via Zoom. Also include the amount of time for each session.

2. **Self Reflection** - Please complete a self-reflection form after each session and place it in a folder in the shared drive. I will review it, respond to your questions/comments in a timely fashion (hopefully).
3. **Data Collection** – You are required to collect data during each therapy session. The data collected will support the content of your SOAP note.

4. **Weekly Supervisory Meetings** – Supervisory Zoom 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. This is not required, but is an option. We will need to wait until my therapies are all scheduled to determine meeting times.
5. **Final Therapy Report:** The first four sections of the Final Therapy Report are due on **02/22/21 (ish)**. *Please submit in the shared drive!* If you have questions or concerns about the report let me know. The completed Final Therapy Report is due by **05/11/21**.
6. **Plan of Care** – Please have the POC completed by **02/22/21(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 in the shared drive!*
7. **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).*



*I ask that you attend 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.*

8. **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 mentor/mentee will be one that is more collaborative in nature. Flexibility will be one of our themes for the semester. Doing teletherapy is not the ideal delivery model, but it is an avenue we can use during the pandemic. We will need to take things as they come and adapt. Based on the previous semesters, I have learned that it is possible to provide quality therapy via Zoom. It is just different than F2F. Please know that I will provide as much support as possible for you so you have a positive experience this semester. **Please refer to the attachment entitled *Standardized Syllabus* for additional information regarding this clinical course.**

Clinical Practicum Assignment Schedule

<u>Dates</u>	<u>Assignment</u>
Week 1 01/25/21	Receive clinical assignments, review client file, initial supervisory meeting, schedule clients, etc.
Week 2 02/01/21	Therapy begins!
Week 3 02/08/21	Therapy
Week 4 02/15/21	Therapy
Week 5 02/22/21	1st draft of final therapy report due on Monday 02/22/21
Week 6 03/01/21	Therapy
Week 7 03/08/21	Therapy
Week 8 03/15/21	Midterm evaluation Complete self-evaluation
Week 9 03/22/21	Midterm evaluation Complete self-evaluation
Week 10 03/29/21	Therapy
Week 11 04/05/21	Therapy
Week 12 04/12/21	Therapy
Week 13 04/19/21	Therapy
Week 14 04/26/21	Therapy
Week 15 05/03/21	Last day of clinic is 05/07/21
Week 16 05/10/21	Final therapy report (completed copy) due on Tuesday 05/11/21 Clock hours are due to Ms. Reynolds, Therapy Schedule Form due, return all borrowed materials to the CMC.

