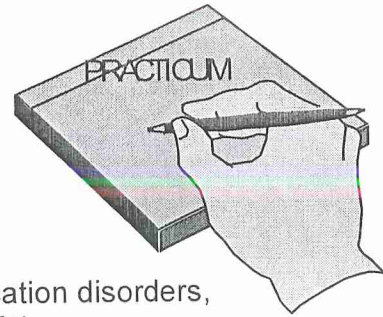


## CLINICAL PRACTICUM - THERAPY

Mary Day, M.S., CCC-SLP

Office: 42C

Phone: 346-3588



### 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
  - Professional report writing
  - Managing and interpreting data
  - Self evaluation
4. To improve abilities gathering pre- and post-data,
5. To provide an opportunity to use professional interaction skills with the clinical supervisor, parents/families, and other student clinicians.
6. 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.

### Outcomes: Students will:

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

### ***DPI Standards***

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

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

### **PRE-THERAPY INFORMATION**

1. **SCHEDULE:** Please give me a copy of your schedule as soon as possible. Be sure to indicate why a certain time will not work for you. Please let me know if you are off campus.
2. **STOP** by my office ASAP (Monday) so that I can inform you of your client's name and other critical information..
3. **READ** the client's file, obtain identifying, background and therapy information. **Sign-up on my door for a 1/2 hour conference as soon as possible.** Be prepared to discuss your plan for therapy.
4. **SCHEDULING THERAPY-** The yellow information sheet will provide you with specific times that the client needs to be scheduled. Please call the client and inform me of the client availability BEFORE you confirm the time and day with the client. **Please avoid: Wednesday 3-5 p.m., Thursday 1-4 p.m. and Friday 9-12 p.m.**
5. **SCHEDULING ROOMS-** BE SURE to notify me of this room number. Complete the CLINIC CARD and submit it to the desk. Let me know when you have submitted this information.
6. **CMC -** Be aware of the policies and procedures for the CMC. Please reserve your materials in advance of your sessions if you anticipate difficulties obtaining any items.

**GENERAL INFORMATION** - The following is a list of requirements for clinical practicum. Become familiar with EVERY point, as you will be responsible for this information throughout the semester.

1. **THERAPY PLANS-**These are due to me at least 24 hours prior to therapy unless you have daily therapy. These should be sent to be **via email**. **Do not place on your S drive for me to read.** Please use the attached format. Please do not include **any confidential** information in your therapy plan.
2. **SOAP NOTES-**These are to be done following each session and are due with the therapy plans. **Again, please send via email.** Be sure to include percentages obtained from the session. **Use the attached progress note form.**

3. **REFLECTIONS:** Graduate students are to complete weekly reflections. These are to be evaluative in nature (e.g., evaluate your sessions and how you performed; what did you learn; what you would change for the following week.) Please use a narrative format and keep them in one file. **Please email me your reflections at the end of the week.**
4. **CONFERENCES-**These will be scheduled weekly as a group conference. Please do not hesitate to also see me if more time is needed. Undergraduates will have individual weekly meetings.
5. **CANCELLATIONS-**If the parent or client cancels therapy, cancellation notices will be posted. If you cancel therapy, it is YOUR responsibility to let me know, the front desk (346-3667) and the client know of this cancellation.
6. **PLAN OF CARE:** This is due **two weeks following your first session.** Once this is signed and placed in the client's file, you should submit the **first four sections of your report.** The information from the POC can be placed in the report. Please have the report draft done by **February 26 at the latest.** Please **DOUBLE-SPACE.** Use the attached format or the previous format from the client's file. Be sure to see me if you have questions or concerns.
7. **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 or clarify a particular problem you may be experiencing.
8. **WRITTEN ASSIGNMENTS**

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

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

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

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

#### **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 feedback given. You will also have opportunities to discuss my comments as they relate to your revisions. Please complete the "Editing your own writing form" and attach to your first draft of your Final Therapy Report.

#### **Plan of Care, Lesson Plans, SOAP Notes and Self-Evaluations**

9. **FINAL REPORTS-**The final revision of this report is due on **April 16. ALL CORRECTED COPIES SHOULD BE SUBMITTED.** All clinic forms (test protocols, etc.) should also be included with this information.
10. **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.
11. **CONFIDENTIALITY:** Please refer to the Center's policies and procedures regarding electronic information, client records and audio/video recording.
12. **ACCOMMODATIONS:** Reasonable accommodations are available for students who have a documented disability. Please notify your supervisor and the Clinical Director during the first

week of classes of any needs based on a disability that may require a reasonable modification in order for you to participate fully in this course. All accommodations should be approved through the Office for Students with Disabilities in the Student Services Center.

13. EVALUATION - I will complete formal evaluations at midsemester and at the end of the semester. If you are interested in more frequent formal feedback, please let me know. 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	

14. PROFESSIONAL RESPONSIBILITIES: I will be monitoring the therapy rooms for appropriate "clean-up." If you have trouble finding cleaning supplies, let me know! If your therapy room has not been cleaned prior to your session, please make a note of this and submit this information. Also, you are not to tape therapy materials on the walls of the clinic.

15. EMERGENCY INFORMATION:

"In the event of a medical emergency call 9-1-1 or use Red Emergency Phone in the hallway. 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 in the middle hallway (with therapy rooms). See [www.uwsp.edu/rmgt/Pages/em/procedures/other/floor-plans.aspx](http://www.uwsp.edu/rmgt/Pages/em/procedures/other/floor-plans.aspx) for floor plans showing severe weather shelters on campus. Avoid wide-span structures (gyms, pools or large classrooms).

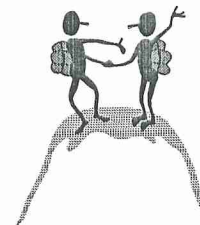
In the event of a fire alarm, evacuate the building in a calm manner. Go to the center hall in the CeSpeech, Language and Hearing Center. Notify instructor or emergency command personnel of any missing individuals.

Active Shooter/Code React - Run/Escape, Hide, Fight. If trapped hide, lock doors, turn off lights, spread out and remain quiet. Call 9-1-1 when it is safe to do so. Follow instructions of emergency responders.

See UW-Stevens Point Emergency Procedures at [www.uwsp.edu/rmgt/Pages/em/procedures](http://www.uwsp.edu/rmgt/Pages/em/procedures) for details on all emergency response at UW-Stevens Point."

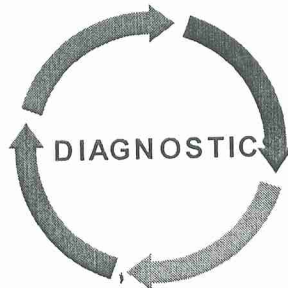
16: REMEMBER-----You are providing a professional service to your client, please dress accordingly. If you have questions, refer to the Clinic's Dress Code policy.

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



# CLINICAL PRACTICUM - DIAGNOSTICS

Mary Day, M.S., CCC-SLP  
Office: 42C CPS  
Phone: 346-3588 (Office)



## OBJECTIVES:

1. To develop skills in evaluation preparation which includes obtaining information from the file, researching information, and selecting the assessment protocol.
2. To develop skills in test administration which includes organizing the materials, administering formal and informal assessments, collecting data and dealing with the client reaction to testing.
3. To develop skills in test interpretation which includes scoring and analyzing the assessments.
4. To improve verbal communication skills when obtaining information in the parent interview and when presenting findings and recommendations during the staffing.
5. To improve report writing skills which involves writing clear, concise, comprehensive and organized reports.

## Outcomes: Students will:

### Goals \*\*Refer to specific skills cited on the Evaluation of Diagnostic Practicum form\*\*

1. develop clinical skill in oral and written communication sufficient for entry into professional practice (*ASHA Stan. III-A*)
2. develop clinical skill in the evaluation of clients with communicative disorders and/or swallowing disorders (*ASHA Stan. IV-E-1*)
3. develop interaction and personal qualities for effective professional relationships with clients, families, caregivers, and other professionals (*ASHA Stan. IV-E-3*)
4. adhere to the ASHA Code of Ethics and behave professionally (*ASHA Stan. IV-E-3d*)

## GENERAL INFORMATION

1. DIAGNOSTIC SCHEDULE: **Thursday 1-3 p.m.** (alternating weeks)
2. ROOM RESERVATION: #25 and 018 **Thursday 12-4 p.m.**
3. STUDENT SCHEDULE: Please submit a schedule. Included on this form should be the number of clinical clock hours you have obtained up to this semester.
4. CONFERENCES (ASHA Standards III-A, IV-E-1, IV-E-2, IV-E-3 and V-A): A team meeting will be scheduled weekly. The agenda will include: discussion of the information in the client's file (which should be read by the clinicians PRIOR to the meeting) and

preliminary evaluation plans. These will take place on **Thursday 1-2 p.m. the week prior to the evaluation.**

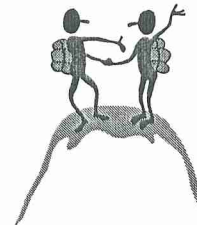
5. **ASSIGNMENT OF DUTIES:** The supervisor will designate the student's roles and responsibilities at the meeting. Students will rotate the diagnostic duties.
6. **DIAGNOSTIC PLAN (ASHA Standards III-A, IV-E-2):** The team captain is responsible for providing each team member and the supervisor with a Diagnostic Plan Monday morning before the evaluation session. **Attached to the supervisor's plan should be a copy of all test forms used.**
8. **REPORTS (ASHA Standard III-A):** The team captain is responsible for collecting the information from the other members, coordinating the writing and the typing of the report and submitting it to the supervisor. The report is due to the supervisor by 9 a.m. on Thursday. When extensive analysis needs to be completed, this deadline will be extended.

**The report is to be double spaced. All test forms and informal data should be "file ready" and attached.**

9. **OTHER DOCUMENTATION:** It is the team captain's responsibility to coordinate the completion of all paperwork.
10. **STUDENT EVALUATIONS:** Formal evaluations will be given at midsemester and at the end of the semester. Your final grade will be based on the average of the grades given. Grades will be based on the following:
 

A 95.5-100	B- 81-83.99	D+ 66.5-70.99
A- 91-95.49	C+ 78-80.99	D 61-66.49
B+ 88-90.99	C 74-77.99	F Below 61.0
B 84-87.99	C- 71-73.99	
11. **REMEMBER-----**You are providing a professional service to your clients, please dress accordingly. Please consult the clinic policy on dress code, if you have any questions.

**GOOD LUCK AND HAVE A GREAT SEMESTER!!!**



## CLINICAL PRACTICUM – SPRING 2018

Supervisor: Carri Nimm, M.S., CCC- SLP  
Phone: 715-346-2576 - office  
715-630-3443 – text/call (emergencies)

Office: CPS 046D  
Email: cnimm@uwsp  
Meeting time: TBA

### OBJECTIVES:

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

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

### *ASHA Standards*

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

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

### **DPI Standards**

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

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

### **PRE-THERAPY INFORMATION**

1. AN EMAIL NOTIFICATION WILL BE SENT VIA EMAIL STOP BY MY OFFICE (046D) AND PICK UP YOUR CLIENT INFORMATION OR see Mr. Reynolds if you stop in after the 18<sup>th</sup> of January- 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 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 the week of Janu. 23<sup>rd</sup>. Time recommendations will be on your student information sheet. SCHEDULE ROOM- After you schedule therapy with the client or parent, schedule a room for therapy. BE SURE to notify me of this room number and the time of therapy. Complete the CLINIC CARD and submit it to the desk. Let me know when you have submitted this information.



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.

**GENERAL INFORMATION** - The following is a list of requirements for clinical practicum.

Become familiar with EVERY point, as you will be responsible for this information throughout the semester. If you have a co-clinician, use the **P-drive** to save your lesson plans, reflections, and FTR.

1. LESSON PLANS-Please write a weekly plan (given by C. Nimm) and turn it in to me at least 24 hours before your therapy session. Plans should be in P-drive.  
Please name: Nimm lesson plans. These will be on going.
2. SOAP NOTES –SOAP notes must be completed after every session. **The SOAP note form will emailed to you.**  
Save on your P-drive, name: Nimm SOAP notes.
3. REFLECTIONS/FEEDBACK: Complete daily self-evaluation within 24 hours after your session (reflections are part of the lesson plan). These are designed to inspire true reflection of your session and critical thinking. I will provide feedback in a different color. This will be an on-going document throughout the semester. Reflect on the following:
  - a. Client's behavior (positive or negative)
  - b. Comment on the outcomes of your planned objectives
  - c. What could you have adjusted to make the session more productive?
  - d. What did you do that made the session a success?
  - e. Mention parent discussion that might be applicable
  - f. Include resources used – evidence based research/reading.
4. DATA COLLECTION – you are required to collect data during each therapy session. The data collected will support the content of your SOAP note. **Keep all you data sheets in a therapy binder.**
5. WEEKLY SUPERVISORY MEETINGS - Supervisory meetings are held once a week. This is a time set aside for us to discuss your client and his/her management. Areas of discussion may include: any concerns regarding management or supervision of management; discussion of your client's response to therapy; problem-solving; therapy challenges; and self-evaluation of your performance. These will be scheduled weekly.
6. VIDEO SELF-EVAL: You will also complete a video self-evaluation prior to midterm. We will work on a date for recording and then watch the video together while using the evaluation form. I am looking for great discussion and open dialogue about therapy skills to this point. My hope is to generate 1-3 clinical goal(s) for you for the remainder of the semester based on the evaluation.
7. OBSERVATION: At the beginning of the semester observation will be more frequent, as you become more skilled these observations will not be as frequent. I may or may not inform you that I will be observing. After every observation I will give you some

short verbal and/or written comments about your session. During our weekly meeting I will go into more detail about my observation. The purpose of the observation and feedback is to facilitate the development of your clinical knowledge and skills.

8. CANCELLATIONS-If the parent or client cancels therapy, cancellation notices will be posted by the faculty mailboxes. If you cancel therapy, it is YOUR responsibility to let your supervisor, Ms. Christine Skebba (346-2900) and the client or client's parent know of this cancellation. If one member of the team needs to cancel, it is expected that the other clinician will just take over the entire session.
9. DEMONSTRATION THERAPY-I will be available to demonstrate therapy if necessary. Please let me know if you would like assistance in any area. There may be times when I will enter your session to assist, clarify, or just to get to know that client better. Please know that I view practicum as a team effort.
10. CAREGIVER CONTACT; At all times keep the caregivers informed of what you plan on working on that day; at the end of the session give the parents information about the session. Typically, this involves any new communication skills that were achieved, a general idea of progress, etc. Do not assume that just because the parent watched the session that they have a good grasp of what happened. If the caregiver is not able to observe, you will need to come up with a method of communication (e.g., notes sent home, phone calls, e-mail, etc.)

#### 11. WRITTEN ASSIGNMENTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Week #1-2:** We will have one meetings prior to clinic starting (you may start on Feb. 1<sup>st</sup> if you can be ready) Please sign up on my door with your co-clinician for a one hour meeting either Monday the 29<sup>th</sup> or Tuesday the 30<sup>th</sup>.

- **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)
- **Please come to 1 hour meeting prepared to discuss:**
  - "Client Paperwork Start-Up checklist" sent to you via email.
  - Client file review (found in syllabus BELOW).
  - What ideas do your caregivers have for their child?
  - Have your first lesson plan written and saved on your s/p-drive. We will pull this up and use this for our discussion. Your lesson plan should include the following:
    - 1 or 2 measureable long term goals for the semester, and plans on how you will collect baseline data on the LTGs.
    - 2-3 measurable STOs for each LTG & plans on how you will collect baseline data on the STOs.
- **Complete an initial draft of background information for your Final Therapy Report.**
  - Create space at the top of your FTR for all necessary identifying information.
  - Background information usually includes when the child was referred, by whom & why, a brief description of those initial concerns, when child started to receive therapy, brief statement on their progress since they originally started therapy.

**Week #2-3:** Begin therapy sessions. Remember – you are responsible for keeping track of your clock hours. When you are obtaining pre-baseline data on initial objectives, count these as diagnostic clock hours. Clock hour forms are by office 041.

**Week #3:** Your goals and objectives written in standard format and reflecting your baseline information.

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

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

- This section should be measurable, objective, functional, and current.
- It also includes the results of most recent evaluations (e.g. formal and informal baseline data)
- You will use this information to establish a baseline for writing goals

- Remember that “measurable” means you can count it or observe it. When you are tempted to write unmeasurable terms such as ‘difficulty,’ ‘weak,’ ‘unmotivated,’ ‘limited,’ ‘uncooperative,’ and so on, stop and ask yourself, “What do I see the student **doing that makes me make this judgment call?**” What you actually see or hear the student doing is the measurable content you need to **identify in your status section.**

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

**Week #5-6:** Complete video self-evaluation, then evaluate yourself using the “Evaluation of Therapy Skills” form.

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

**Week #10:** Discuss and plan post baseline data process

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

**Week #12:** See Mrs. Nimm to discuss date/time, and then call to schedule final parent/teacher conferences with families. Students are to inform parents, caregivers, and teachers of **final therapy date of Thursday May 3. End of the semester parent/teacher conferences will be either Tuesday May 1<sup>st</sup> or Thursday May 3<sup>rd</sup>.**

**Week #13:** The last week of clinic and final parent conferences to be conducted next week (5/1/18 or 5/3/18). Reports should be in near final form. Begin note to next semester clinicians.

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

**Week #15:** Paperwork check out meeting.

**CLIENT FILE REVIEW**  
**COMPLETE BEFORE OUR FIRST MEETING**

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

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

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

**Referral Information:**

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

**Developmental, Medical, Family History:**

**Summary of Previous Speech/Language Services:**

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

**Environmental and Educational History:**

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

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

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

**Note any teaching strategies discussed in the previous FTR:**

## CLINICAL PRACTICUM – SPRING 2018

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

Office: CPS 042D  
Email: [sreeve@uwsp.edu](mailto:sreeve@uwsp.edu)  
Meeting time: TBA

### OBJECTIVES:

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

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

### *ASHA Standards*

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



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

### **DPI Standards**

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

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

### **PRE-THERAPY INFORMATION**

2. SCHEDULE: **Please give me a copy of your schedule** as soon as possible.
3. AN EMAIL NOTIFICATION WILL BE SENT VIA EMAIL OF A LARGE GROUP MEETING WHERE S. REEVE WILL GO OVER THE SEMESTER SYLLABUS.
4. STOP BY MY OFFICE AND PICK UP YOUR CLIENT INFORMATION - Review the information available on your client, including background information and past therapy history. Be sure to write down the client's contact phone # for your records.
5. SIGN UP FOR A MEETING TO DISCUSS YOUR BACKGROUND INFORMATION. Be prepared to discuss the following issues at our second meeting: any questions you may have regarding the client's disorder and therapy; questions we need to have answered regarding the client/disorder to assist in treatment planning; a general plan for the first two sessions; and possible times for therapy for the semester
6. SCHEDULING THERAPY- Please come to our meeting with a list of potential therapy times that you have available for therapy sessions so we can contact the client ASAP.
7. SCHEDULING ROOMS-After you schedule therapy with the client or parent, schedule a room for therapy. BE SURE to notify me of this room number and the time of therapy. Complete the CLINIC CARD and submit it to the desk. Let me know when you have submitted this information.

8. CMC - Be aware of the policies and procedures for the CMC. Please reserve your materials in advance of your sessions if you anticipate difficulties obtaining any items.

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

1. LESSON PLANS-Please write a weekly plan (given by S. Reeve) and turn it in to me at least 24 hours before your therapy session. Plans should be in your S-drive or P-drive.  
Please name: Reeve lesson plans. These will be on going.
2. SOAP NOTES –SOAP notes must be completed after every session. **The SOAP note form will emailed to you.**  
Save on your S-drive or P-drive, name: Reeve SOAP notes.
3. REFLECTIONS/FEEDBACK: Complete daily self-evaluation within 24 hours after your session (reflections are part of the lesson plan). These are designed to inspire true reflection of your session and critical thinking. I will provide feedback in a different color. This will be an on-going document throughout the semester. Reflect on the following:
  - a. Client's behavior (positive or negative)
  - b. Comment on the outcomes of your planned objectives
  - c. What could you have adjusted to make the session more productive?
  - d. What did you do that made the session a success?
  - e. Mention parent discussion that might be applicable
  - f. Include resources used – evidence based research/reading.
4. DATA COLLECTION – you are required to collect data during each therapy session. The data collected will support the content of your SOAP note. **Keep all you data sheets in a therapy binder.**
5. WEEKLY SUPERVISORY MEETINGS - Supervisory meetings are held once a week. This is a time set aside for us to discuss your client and his/her management. Areas of discussion may include: any concerns regarding management or supervision of management; discussion of your client's response to therapy; problem-solving; therapy challenges; and self-evaluation of your performance. These will be scheduled weekly.
6. VIDEO SELF-EVAL: You will also complete a video self-evaluation prior to midterm. We will work on a date for recording and then watch the video together while using the evaluation form. I am looking for great discussion and open dialogue about therapy skills to this point. My hope is to generate 1-3 clinical goal(s) for you for the remainder of the semester based on the evaluation.
7. OBSERVATION: At the beginning of the semester observation will be more frequent, as you become more skilled these observations will not be as frequent. I may or may

not inform you that I will be observing. After every observation I will give you some short verbal and/or written comments about your session. During our weekly meeting I will go into more detail about my observation. The purpose of the observation and feedback is to facilitate the development of your clinical knowledge and skills.

8. CANCELLATIONS-If the parent or client cancels therapy, cancellation notices will be posted by the faculty mailboxes. If you cancel therapy, it is YOUR responsibility to let your supervisor, Ms. Christine Skebba (346-2900) and the client or client's parent know of this cancellation. If one member of the team needs to cancel, it is expected that the other clinician will just take over the entire session.
9. DEMONSTRATION THERAPY-I will be available to demonstrate therapy if necessary. Please let me know if you would like assistance in any area. There may be times when I will enter your session to assist, clarify, or just to get to know that client better. Please know that I view practicum as a team effort.
10. CAREGIVER CONTACT; At all times keep the caregivers informed of what you plan on working on that day; at the end of the session give the parents information about the session. Typically, this involves any new communication skills that were achieved, a general idea of progress, etc. Do not assume that just because the parent watched the session that they have a good grasp of what happened. If the caregiver is not able to observe, you will need to come up with a method of communication (e.g., notes sent home, phone calls, e-mail, etc.)

## 11. WRITTEN ASSIGNMENTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- **First meeting: Attend a group meeting time set up S. Reeve** to discuss syllabus, client scheduling and starting date of therapy; please *turn in copy of class schedule ASAP*.
- **Call the client/parents** to finalize therapy schedule times
- **Sign up for a therapy room & complete white clinic card.**
- **Write letter to parent/caregivers. Letter should include:**
  - Brief paragraph introducing yourself
  - Help me get to know your child (likes, allergies, food preferences, other helpful information)
  - What is the best way to contact you (phone? E-mail?)
  - Is it ok for us to contact your child's teacher (if yes, need release of records form)
- **Sign up for a second one-hour meeting time (with co-clinician in applicable) and please 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.
- **Complete an initial draft of background information for your Final Therapy Report.**
  - Create space at the top of your FTR for all necessary identifying information.
  - Background information usually includes when the child was referred, by whom & why, a brief description of those initial concerns, when child started to receive therapy, brief statement on their progress since they originally started therapy.

**Week #2-3:** Begin therapy sessions. Remember – you are responsible for keeping track of your clock hours. When you are obtaining pre-baseline data on initial objectives, count these as diagnostic clock hours. Clock hour forms are by office 041.

**Week #3:** Your goals and objectives written in standard format and reflecting your baseline information.

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

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

- This section should be measurable, objective, functional, and current.
- It also includes the results of most recent evaluations (e.g. formal and informal baseline data)

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

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

**Week #5-6:** Complete video self-evaluation, then evaluate yourself using the “Evaluation of Therapy Skills” form.

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

**Week #10:** Discuss and plan post baseline data process

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

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

**Week #13:** The last week of clinic and final parent conferences to be conducted next week (5/1/18 or 5/3/18). Reports should be in near final form. Begin note to next semester clinicians.

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

**Week #15:** Paperwork check out meeting.

**CLIENT FILE REVIEW**  
**COMPLETE BEFORE OUR FIRST MEETING**

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

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

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

**Referral Information:**

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

**Developmental, Medical, Family History:**

**Summary of Previous Speech/Language Services:**

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

**Environmental and Educational History:**

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

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

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

**Note any teaching strategies discussed in the previous FTR:**



## CLINICAL PRACTICUM – Spring 2018

Supervisor: Sondra Reynolds, M.S., CCC- SLP  
Phone: 715-346-4816 - office  
715-340-2459 – text/call (emergencies)

Office: CPS 036  
Email: [sreynold@uwsp.edu](mailto:sreynold@uwsp.edu)  
Meeting time: TBA

### OBJECTIVES:

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

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

#### ASHA Standards

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

#### DPI Standards

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

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

#### PRE-THERAPY INFORMATION

1. **CLIENT INFORMATION** - Review the information available on your client, including background information and past therapy history. Be sure to write down the client's contact phone # for your records. Be prepared to discuss the following issues at our second meeting: any questions you may have regarding the client's disorder and therapy; questions we need to have answered regarding the client/disorder to assist in treatment planning; a general plan for the first two sessions; and possible times for therapy for the semester
2. **SCHEDULING THERAPY**- Please come to our meeting with a list of potential therapy times that you have available for therapy sessions so we can contact the client ASAP.
3. **SCHEDULING ROOMS**-After you schedule therapy with the client or parent, schedule a room for therapy. BE SURE to notify me of this room number and the time of therapy. Complete the CLINIC CARD and submit it to the desk. Let me know when you have submitted this information.

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.

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

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

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

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

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

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

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

c. **Lesson Plans and Self-Evaluations;** as stated previously, you will write weekly lesson plans for your client and will receive feedback on the lesson plans. Students are also required to write weekly reflections.

d. **Writing Emphasis and Final Grade;** the total number of points for the writing emphasis requirements will be based upon a minimum of the therapy report and other items (i.e., self-evaluations of writing, lesson plans, session self-evaluations) and comprise 25% of your total final grade. See your copy of the *final student practicum evaluation* form for a detailed breakdown.

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

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

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

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

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

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

17. **PROFESSIONALISM:** Your conduct, the attitude you display, and your attire influence your credibility as a professional. Being prepared, being organized, being respectful of individuals you interact with during the course of your clinical experience (client, client's family, supervisors, other student clinicians, other associated professionals, etc.), and showing confidence and respect for others is important qualities. **Students will have to follow the Clinic Dress Code and dress professionally.**

a. **Child Safety:**

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

**b. Be a good speech model:**

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

9

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

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

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

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

9

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

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

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

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

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

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

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

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

**Week #8:** Midterm evaluation discussion with supervisor.

**Week #9:** Discuss and plan post baseline data process

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

**Week #12:** See Mrs. Reynolds to discuss date/time, and then call to schedule final parent/teacher conferences with families. Students are to inform parents, caregivers, and teachers of final therapy date of Thursday, May 3<sup>rd</sup> which will also be the date of our final therapy meeting.

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

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

**Week #15:** Paperwork check out meeting.



**CLIENT FILE REVIEW**  
**COMPLETE BEFORE OUR FIRST MEETING**

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

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

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

**Referral Information:**

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

**Developmental, Medical, Family History:**

**Summary of Previous Speech/Language Services:**

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

**Environmental and Educational History:**

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

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

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

**Note any teaching strategies discussed in the previous FTR:**

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

Clinician \_\_\_\_\_  
Client's Initials \_\_\_\_\_

Date: \_\_\_\_\_

Room #: \_\_\_\_\_

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

- Activity #1:
  
- Activity # 2: (if you are doing multiple activities for the same objective, you can just list those activities here)
  
- Activity justification (why did you choose this activity?) (justify each activity if you have more than one for an objective):
  
- Stimuli to elicit responses:
  
- Detailed information about your therapy techniques and strategies (include cueing hierarchy and/or compensatory strategies): these will probably be consistent across all activities for a particular objective

• \_\_\_\_\_ Type(s) of reinforcement you will use:

• \_\_\_\_\_ Method of data keeping:

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

(continue with each STO as outlined above)

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

Clinician \_\_\_\_\_  
Client's Initials \_\_\_\_\_

Date: \_\_\_\_\_

Room #: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Lesson Plan Example 2:**

Clinician \_\_\_\_\_ Client \_\_\_\_\_ Date/Time \_\_\_\_\_ Room \_\_\_\_\_  
 Age \_\_\_\_\_ Dx: \_\_\_\_\_

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

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

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

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

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

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

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

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

## Family Correspondence Log

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

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

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

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