

## Clinical Practicum

### CSD 495

Supervisor: Amanda Pagel M.S., CCC-SLP  
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Email: [apagel@uwsp.edu](mailto:apagel@uwsp.edu)

Office: 044B

Welcome to clinical practicum! I am thrilled to be working with you and your client this semester!

#### Objectives

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

The knowledge, skills, and disposition criteria for this course are consistent with the ASHA standards for Clinical Competence in Speech Language Pathology and the Wisconsin Educator Preparation Standards.

#### ASHA Standards for Clinical Competence in Speech Language Pathology

1. To develop clinical skills in oral and written or other forms of communication sufficient for entry into professional practice. (ASHA Standard V-A)
2. To develop clinical skill in providing intervention to clients with communicative and/or swallowing disorders (ASHA Standard V-B, 2a-g)
3. To develop interaction and personal qualities for effective professional relationship with clients, families, caregivers, and other professionals (ASHA Standard V-B, 3a-c)
4. To adhere to the ASHA Code of Ethics, and behave professionally (ASHA Standard V-B, 3d)  
<https://www.asha.org/siteassets/publications/code-of-ethics-2023.pdf>

#### Wisconsin Educator Preparation Standards:

**Standard #1 Pupil Development:** 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.

**Standard #2 Learning Differences:** The clinician understands how children learn and develop, and can provide learning opportunities that support their intellectual, social, and personal

development.

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

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

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

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

**Standard #7 Planning for Instruction:** The clinician plans instruction based upon knowledge of subject matter, students, the community, and curriculum goals.

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

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

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

### **Before Clinic Begins**

1. Stop by and see me for your clinical assignment where you'll receive a client information form (yellow sheet) and the client file review form. If you have a co-clinician, coordinate a time to stop by together. Please bring your schedule as we will discuss possible therapy times based on the client preferences and your availability.
  - a. Once a time has been determined, contact the client/caregiver to set up therapy. Please do this before our initial supervisory meeting.
  - b. When contacting the client/caregiver the first time, please use the phone in the CMC. If you get voicemail, please leave your name and personal cell phone number for a return call. This is a great time to review your voicemail greeting. You can continue to use the CMC phone if you prefer, but it does not accept voicemails. You can also email the client/caregiver. Please make note of your correspondence.
  - c. Once a day/time has been determined, please sign up for a therapy room. Each room has a calendar and you can reserve a room for the semester. Directions are on the form. Please make note to share this with me and fill out a white card for the front office.
2. Please bring the following items to our initial supervisory meeting:
  - a. Client review form (one per clinician)

- b. Ideas for initial session. You can utilize the Therapy Plan template on your S or P drive to finalize after we meet.
- c. Be aware of clinic policies and procedures as stated in the Clinic Handbook (CANVAS)

#### **For Each Session**

1. Written lesson plan
  - a. What are the short term objectives you are targeting?
  - b. What activities are you using? How do they support your goals?
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2. Be in your therapy room no later than 15 minutes before your session. If someone is in your room up until your time, have materials ready to quickly move in.
3. Be in the lobby ready to greet your client at least 5 minutes before your session.
4. Clean up after each session. Wipe down tables, light switches etc. Also, clean and sanitize all toys and materials.
5. Write SOAP notes immediately after your session if possible. Otherwise, complete your SOAP within 24 hours.

#### **General Information Regarding Practicum**

##### **1. Attendance**

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

##### **2. Weekly Supervisory Meetings**

Supervisory meetings are held once a week. This is a time set aside for us to discuss your client and their 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. Stop in anytime if you have questions or concerns outside of our scheduled meeting.

##### **3. Therapy Plans**

We will discuss therapy format at our first meeting. When planning out activities, think in terms of no longer 10-15 minutes per activity for a preschooler and be prepared for one activity to "bomb," so plan additional back up activities. For adults, be aware that conversation often IS the activity and therefore, not a "waste of time."

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This course provides an opportunity for students to learn and improve their clinical writing skills.

Students will complete a variety of written assignments including SOAP notes, self-evaluations, and therapy reports. This meets ASHA Standard V-A: The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

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.

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Data must be taken during each therapy session. This will be used in your SOAP note documentation. Please keep your data collection notes for the end of the semester.

**6. Reflection/Feedback**

Complete daily self-evaluation within 24 hours after your session. These are designed to inspire true reflection of your session and critical thinking. This form can be found in either the S or P drive. If you are a clinician pair, you can both reflect on the same form, just initial the paragraphs.

**7. Video Self-Eval**

You complete a video self-evaluation prior to midterm. Use the form in the syllabus. From this evaluation, we will generate 1-3 clinical goal(s) for you for the remainder of the semester. This is an opportunity for us to have open dialogue about what you see and perceive about your clinical skills.

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**9. Clock hours**

Please track your clinical clock hours in a way that makes sense for you. We will compare time at the end when submissions are due.

**10. Co-Clinicians**

The expectation with clinical partners is the workload is 50/50. This may mean that you take turns writing SOAP notes, calling family members or other professionals. You both must be actively engaged in the therapy session. You may be paired someone you don't know well or don't have much in common with. It would benefit you to talk with your partner about learning styles, level of comfort with leading, extroverted, or introverted personality, attention to detail and timelines and outside responsibilities like work, classes, athletics etc. This is an opportunity to learn, collaborate, compromise, and empower each other.

- a. I will intervene if I observe one person controlling the session or hanging back and being too passive.

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- f. Avoid using food as a reinforcer unless approved by the parent. Talk to me before planning cooking/baking activities
- g. Monitor how the child uses the automatic doors
- h. Consult with the me if you have questions on behavior management

#### **3. Infection Control and Universal Procedures**

Students must work to prevent the spread of infection/illness by properly cleaning the therapy room after each session. Students must use disinfectant wipes to clean all table surface, chairs, high-touch points (doorknobs, light switches) and all clinic materials that are to be returned to the CMC. Additionally, leave all doors open between session to allow for ventilation.

**4. 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 disability that may require a reasonable modification for you to participate fully in this course. All accommodations should be approved through the Disability Resource Center (DRC) <https://www3.uwsp.edu/datc/pages/apply-for-accommodations.aspx>

**5. Professionalism**

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

**6. CMC**

Please be aware of the CMC policies and procedures for reserving and checking out materials. Utilize the graduate assistant on duty with any questions, concerns or material requests.

**7. Building Safety**

Fire alarms will sound indicating you, and your client, should exit the building. If there is an active shooter, please release the magnet on the door jam, lock the door and turn out the lights. Await instructions from officials (don't open the door unless you know there is an all clear).

**Grading**

Students will be graded at the mid-term and end of the semester (except summer). A copy of the senior grading form can be found on CANVAS. Graduate students will be graded using CALIPSO. Graduate students must earn a B or better for clock hours to count.

A 95.5-100/4.27-4.49	B- 81-83.99/3.1-3.33	D+ 66.5-70.00
A- 91-95.49/3.96-4.26	C+ 78-80.00/2.72-3.0	D 61-66.49
B+ 88-90.99/3.65-3.95	C 74-77.99/2.5-2.71	F Below 61.0
B 84-87.99/3.34-3.64	C- 71-73.99	

## CLIENT FILE REVIEW COMPLETE BEFORE OUR SECOND 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:

## Starting Therapy Checklist

- ✓ Receive Welcome Email
- ✓ Read Syllabus in its entirety
- Meet me briefly (10-15 minutes) on the first day of the semester to get your clinic assignment. You can email me ahead of time to claim a specific time, or feel free to stop by at any time during that day.
  - o We will also talk about some scheduling considerations, including recommendations for dosage, day/time, and treatment room options.
- Complete a file review.
  - o You can complete a file review via ClinicNote by accessing case history and recent semesters' SOAPs and FTR under "Files." Ensure you are reading all files – including case history forms and IEPs.
  - o If you need additional information that you cannot find in ClinicNote, please check out the paper file from the front desk.
  - o Complete the "Client File Review Form" (Included below in this syllabus) and bring (hard copy or electronically) to our next individual meeting.
- Please schedule your therapy sessions ASAP by contacting the client/parents. Clinic begins the second week of the semester. Let me know when you have it scheduled ASAP and sign up for the therapy room (by adding your name/time to the sheet on the door).
- Fill out clinic card (found at the front office) and hand-in to Christine.
- Schedule a 45-minute meeting with me to discuss the background information on your client and your plan for the first day of therapy. This should happen toward the end of the first week of the semester.
  - o If you have a partner, please coordinate this so that you are both present.
  - o Complete the attached "Client File Review" and bring to this meeting.
  - o Have your lesson plan for the first session drafted by this time.
  - o 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.
- Let me know what questions, concerns, thoughts you have as you prepare for your first session!



## Midterm Checklist

- Receive email alerting you to begin the midterm process. This will be sent out the week of October 9th.
- Following the email's instructions, sign up for a midterm meeting with me for the week of October 16<sup>th</sup> or October 23<sup>rd</sup> (Partners should sign up for these meetings as individuals).
- Ensure access to the "Resources for Clinicians" folder, looking over forms in the "Midterm" subfolder. (All forms needed for the midterm process are located here.)
- Review the appropriate grading form to familiarize yourself with the skills that I am tasked with grading (Graduate students, use "Grad Student Calipso Worksheet;" Undergrads use "Undergrad evaluation worksheet"). You are not required to turn this in.
- If in-person, record a session to watch for completion of the "Video Self-Evaluation" form. If 100% teletherapy, plan a time to complete the self-eval as soon after a session as possible (so that it is fresh in your mind).
- Write 2 objectives for yourself as a clinician (at the bottom of the "Video Self-Evaluation Form.") Make these meaningful, measurable, and attainable by the end of the semester.
  - o Examples: "I will read 2 evidenced-based articles related to my client's disorder and implement at least 2 strategies into therapy." "I will develop a family-friendly home program for my client to promote carryover in the client's home." "I will develop a data sheet that can be used effectively every session to gather quantitative and qualitative data on my client's performance."
- Email or hand-in your Video Self-Evaluation form at least 24 hours before our scheduled meeting.
- Attend your scheduled meeting with me. This will take about 45 minutes.
- Billing forms are also due around this time – look for an email from myself and/or Christine about when to fill these out.

## Video Self-Evaluation For Midterm

### Clinic

**Please complete this individually and turn in a hard copy to me by the date indicated above. Be thoughtful and reflective.**

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

## Ending Therapy Checklist

- Determine when you will hold your last session. Clinic ends the week of December 4<sup>th</sup>, 2023.
- Confirm the final session with client/caregivers and schedule a time during that last session to hold the final meeting.
  - o Please coordinate this with my schedule to ensure my availability during that time as well.
- Prepare the visual information that is needed for the final meeting with caregivers. (For some, that may be a chart of progress and a list of procedures; for others, the whole FTR may be required).
  - o Regardless, ensure your post-baseline results are completed and ready to be discussed with client/caregivers during the final meeting. This means that ideally you are not leaving your final baselining for the last session.
- Have your yellow sheet (i.e., "Case Recommendations") available during your final meeting to ask client/caregivers about interest for fall semester.
- Following the final meeting with clients/caregivers, finalize FTR and send me an email when it is ready for me to print.
- Complete final SOAP note and fill out billing form, checking your dates/times for the second half of the semester.
- Schedule a final meeting with me to go over paperwork and grades (plan for 30 minutes).
- Submit hours via Calipso, preferably before the final meeting with me.
- Attend your final meeting, bringing your Billing Form and yellow sheet. I will print out your FTR and have you sign it at this meeting.
- Congrats! Enjoy your time off!



**University of Wisconsin – Stevens Point  
Clinical Practicum Graduate Level – Fall 2023  
CSD 495 - 791 -794**

Supervisor: Sarah Reeve, M.S., CCC- SLP	Office: CPS 042D
Phone: 715-346-4006 - office 715-252-0203 – text/call (emergencies)	Email: <a href="mailto:sreeve@uwsp.edu">sreeve@uwsp.edu</a>
	Office hours: Meetings will be scheduled with all student clinicians.

**Objectives**

1. To gain experience evaluating and treating individuals who have communication disorders.
2. To develop and improve skills in the areas of:
  - a. Therapy planning and implementation.
  - b. Writing goals, objectives, and other documentation
  - c. Professional report writing
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**Wisconsin Teaching Standards:**

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cognitive, linguistic, social, emotional, and physical areas. The teacher designs and implements developmentally appropriate and challenging learning experiences for pupils.

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**Standard #6 Assessment:** The teacher understands and uses multiple methods of assessment to engage pupils in their own growth, to monitor pupil progress, and to guide the teacher's and pupil's decision making.

**Standard #7 Planning for Instruction:** The teacher plans instruction that supports every pupil in meeting rigorous learning goals by drawing upon knowledge of content areas, curriculum, cross-disciplinary skills, pedagogy, pupils, and pupils' communities.

**Standard #8 Instructional Strategies:** The teacher understands and uses a variety of instructional strategies to encourage pupils to develop a deep understanding of content areas and their connections, and to develop skills to apply knowledge in a meaningful way.

**Standard #9 Professional Learning and Ethical Practice:** The teacher engages in ongoing professional learning. The teacher uses evidence to continuously evaluate the teacher's practice, including the effects of the teacher's choices and actions on pupils, their families, other educators, and the community. The teacher adapts the teacher's practice to meet the needs of each pupil.

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- h. Consult me if you have questions on behavior management.

**3. Infection Control and Universal Procedures**

Students must work to prevent the spread of infection/illness by properly cleaning the therapy room after each session. Students must use disinfectant wipes to clean all table surface, chairs, high-touch points (doorknobs, light switches) and all clinic materials that are to be returned to the CMC. Additionally, leave all doors open between sessions to allow for ventilation.

**4. 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 disability that may require a reasonable modification for you to participate fully in this course. All accommodations should be approved through the Disability Resource Center (DRC) <https://www3.uwsp.edu/datc/pages/apply-for-accommodations.aspx>

**5. Professionalism**

Your conduct, the attitude you display, and your attire influence your credibility as a professional. Being prepared, being organized, being respectful of individuals you interact with during your clinical experience (client, client’s family, supervisors, other student clinicians, other associated professionals, etc.), and showing confidence and respect for others are important qualities. Students will have to follow the Clinic Dress Code and dress professionally. The Clinic Handbook can be found on CANVAS.

**6. CMC**

Please be aware of the CMC policies and procedures for reserving and checking out materials. Utilize the graduate assistant on duty with any questions, concerns or material requests.

**7. Building Safety**

Fire alarms will sound indicating you, and your client, should exit the building. If there is an active shooter, please release the magnet on the door jam, lock the door and turn out the lights. Await instructions from officials (don’t open the door unless you know there is an all clear).

**Grading**

Students will be graded at the mid-term and end of the semester (except summer). A copy of the senior grading form can be found on CANVAS. Graduate students will be graded using CALIPSO. Graduate students must earn a B or better for clock hours to count.

A 95.5-100/4.27-4.49	B- 81-83.99/3.1-3.33	D+ 66.5-70.00
A- 91-95.49/3.96-4.26	C+ 78-80.00/2.72-3.0	D 61-66.49
B+ 88-90.99/3.65-3.95	C 74-77.99/2.5-2.71	F Below 61.0
B 84-87.99/3.34-3.64	C- 71-73.99	



## CLIENT FILE REVIEW COMPLETE BEFORE OUR SECOND 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:**

**Summarize the case & discuss in broad terms the intervention plan.** Think about your client as a total communicator. How does the client communicate (strengths/weaknesses)? What does the client need to learn to communicate more effectively? List 2-3 potential goals?

**Student self-reflection:**

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

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

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

1	2	3	4	5	6	7	8	9	10

Justify your response:

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

Name \_\_\_\_\_

## Video Self-Evaluation

### Clinic

**Please complete this individually and turn in a hard copy to me by the date indicated above. Be thoughtful and reflective.**

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

## Starting Therapy Checklist

- ✓ Receive Welcome Email
- ✓ Read Syllabus in its entirety
  
- Meet me briefly (10-15 minutes) on the first day of the semester to get your clinic assignment. You can email me ahead of time to claim a specific time, or feel free to stop by at any time during that day.
  - o We will also talk about some scheduling considerations, including recommendations for dosage, day/time, and treatment room options.
  
- Complete a file review.
  - o You can complete a file review via ClinicNote by accessing case history and recent semesters' SOAPs and FTR under "Files." Ensure you are reading all files – including case history forms and IEPs.
  - o If you need additional information that you cannot find in ClinicNote, please check out the paper file from the front desk.
  - o Complete the "Client File Review Form" (Included below in this syllabus) and bring (hard copy or electronically) to our next individual meeting.
  
- Please schedule your therapy sessions ASAP by contacting the client/parents. Clinic begins the second week of the semester. Let me know when you have it scheduled ASAP and sign up for the therapy room (by adding your name/time to the sheet on the door).
  
- Fill out clinic card (found at the front office) and hand-in to Mrs. Skebba.
- Schedule a 45-minute meeting with me to discuss the background information on your client and your plan for the first day of therapy. This should happen toward the end of the first week of the semester.
  - o If you have a partner, please coordinate this so that you are both present.
  - o Complete the attached "Client File Review" and bring to this meeting.
  - o Have your lesson plan for the first session drafted by this time.
  - o 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.
  
- Let me know what questions, concerns, thoughts you have as you prepare for your first session!

## Midterm Checklist

- Receive email alerting you to begin the midterm process.
- Following the email's instructions, sign up for a midterm meeting with me (Partners should sign up for these meetings as individuals).
- Ensure access to the "Resources for Clinicians" folder, looking over forms in the "Midterm" subfolder. (All forms needed for the midterm process are located here.)
- Review the appropriate grading form to familiarize yourself with the skills that I am tasked with grading (Graduate students, use "Grad Student Calipso Worksheet;" Undergrads use "Undergrad evaluation worksheet"). You are not required to turn this in.
- If in-person, record a session to watch for completion of the "Student Self-Evaluation" form. If 100% teletherapy, plan a time to complete the self-eval as soon after a session as possible (so that it is fresh in your mind).
- Write 2 objectives for yourself as a clinician (at the bottom of the "Student Self-Evaluation Form.") Make these meaningful, measurable, and attainable by the end of the semester.
  - o Examples: "I will read 2 evidenced-based articles related to my client's disorder and implement at least 2 strategies into therapy." "I will develop a family-friendly home program for my client to promote carryover in the client's home." "I will develop a data sheet that can be used effectively every session to gather quantitative and qualitative data on my client's performance."
- Email or hand-in your Student Self-Evaluation form at least 24 hours before our scheduled meeting.
- Attend your scheduled meeting with me. This will take about 30 minutes.
- Billing forms are also due around this time – look for an email from myself and/or Ms. Skebba about when to fill these out.



## Ending Therapy Checklist

- Determine when you will hold your last session. Clinic ends the week December 4-8.
- Confirm the final session with client/caregivers and schedule a time during that last session to hold the final meeting.
  - o Please coordinate this with my schedule to ensure my availability during that time as well.
- Prepare the visual information that is needed for the final meeting with caregivers. (For some, that may be a chart of progress and a list of procedures; for others, the whole FTR may be required).
  - o Regardless, ensure your post-baseline results are completed and ready to be discussed with client/caregivers during the final meeting. This means that ideally you are not leaving your final baselining for the last session.
- Have your yellow sheet (i.e., "Case Recommendations") available during your final meeting to ask client/caregivers about interest for fall semester.
- Following the final meeting with clients/caregivers, finalize FTR and send me an email when it is ready for me to print.
- Complete final SOAP note and fill out billing form, checking your dates/times for the second half of the semester.
- Schedule a final meeting with me to go over paperwork and grades (plan for 30 minutes).
- Submit hours via Calipso, preferably before the final meeting with me.
- Attend your final meeting, bringing your Billing Form and yellow sheet. Be sure your FTR is signed on ClinicNote
- Congrats! Enjoy your time off!

## Documentation Guide for SOAPS

### 1. Documentation of time

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

*The client was seen for 65 minutes*

### 2. Documentation of Consent (tele-therapy)

*The client agreed to have this session conducted through tele-therapy*

### 3. SOAP format

#### (S) Subjective

All relevant information stemming from the session that is not measurable. Not measurable does not suggest unimportant. This would include client or family member comments of success or struggle. In addition, please add your thoughts on their perceived attitude, motivation and level of cooperation. *The client was pleasant, cooperative and well-motivated. Or, The patient's spouse reports improved word finding skills during conversation with friends.*

#### (O) Objective

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

#### (A) Assessment

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

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

#### (P) Plan

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

Please remember that at the conclusion of the session, you have the responsibility to create a document, that has legal standing. Your documentation should provide answers to the following questions from a speech pathologist's perspective:

What did I see?

What did I hear?

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

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

### Therapy Tips

Things to think about before/during/after therapy

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

#### **Verbal cues:**

\*Model with direct imitation-: "Say "fan."

\*Model with delayed imitation: "This is a fan. What do you want?" ("fan")

\*Cloze technique: "Oh, you want the f\_\_." (while pointing or holding fan)

\*Binary choice: "Do you want the *fork* or the *fan*?"(always use desired response

as the last option—child more likely to repeat correctly what he just heard)

\*Request for clarification: “You want the *pan* (fan)?”

**Visual cues:**

\*Tucker Signs, signs

\*Gestures to indicate a phonological property like stop/go or front/back sound

\*Pointing to your mouth as you produce the sound or just demonstrate the position of the articulators.

\*Pointing

**Phonemic placement cues:**

\*Describing what the articulators are doing in age-appropriate terms (“When you make the /f/ sound remember to bite your bottom lip and let the air leak out.”)

\*Using a descriptive name to describe phonemes such as “leaky tire sound” (/f/), “be quiet sound” (/’sh’/), “buzzing bee sound” (/z/), etc.

8. Do I have a behavior management plan? Will I remove privileges, use time-out? What will I do if the child refuses to participate...or cries...or throws toys...or self-stims... or tantrums?
9. Do I introduce each therapy activity and its purpose, or do I just jump from one thing to another?
10. Do I have a way to keep data that is consistent and logical?
11. Do I look professional? Can I sit down, bend, reach, and stand up without tugging at my clothes to keep tops and bottoms covered? Am I chewing gum?
12. Did I have fun? Doesn't it feel great to make a difference in someone's life?

## Clinical Practicum 495, 791-794

Supervisor: Sarai Holbrook

Office: CPS 040

Office Phone: 715-346-3524

Cell Phone (txt/call; reserve for emergencies): 385-414-3993

Email: sholbroo@uwsp.edu

Welcome to clinic! I'm excited to work with you! Clinical experiences can be powerful – I only knew for sure that I wanted to be an SLP after I had my first client. Let's learn and grow together.

### Objectives

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

The knowledge, skills, and disposition criteria for this course are consistent with the ASHA standards for Clinical Competence in Speech Language Pathology and the Wisconsin Educator Preparation Standards.

### ASHA Standards for Clinical Competence in Speech Language Pathology

1. To develop clinical skills in oral and written or other forms of communication sufficient for entry into professional practice. (ASHA Standard V-A)
2. To develop clinical skill in providing intervention to clients with communicative and/or swallowing disorders (ASHA Standard V-B, 2a-g)
3. To develop interaction and personal qualities for effective professional relationship with clients, families, caregivers, and other professionals (ASHA Standard V-B, 3a-c)
4. To adhere to the ASHA Code of Ethics, and behave professionally (ASHA Standard V-B, 3d)  
<https://www.asha.org/siteassets/publications/code-of-ethics-2023.pdf>

### Wisconsin Teaching Standards:

**Standard #1 Pupil Development:** The teacher understands how pupils grow and develop, recognizing that patterns of learning and development vary individually within and across the cognitive, linguistic, social, emotional, and physical areas. The teacher designs and implements developmentally appropriate and challenging learning experiences for pupils.

**Standard #2 Learning Differences:** The teacher uses his or her understanding of individual pupil differences and diverse cultures and communities to ensure inclusive learning environments that enable each pupil to meet high standards.

**Standard #3 Learning Environments:** The teacher uses his or her understanding of individual pupil differences and diverse cultures and communities to ensure inclusive learning environments that enable each pupil to meet high standards.

**Standard #4 Content Knowledge:** The teacher understands the central concepts, tools of inquiry, and structures of each discipline he or she teaches. The teacher creates learning experiences that make the discipline accessible and meaningful for pupils to assure mastery of the content.

**Standard #5 Application of Content:** The teacher understands how to connect concepts and use differing perspectives to engage pupils in critical thinking, creativity, and collaborative problem solving related to authentic local and global issues.

**Standard #6 Assessment:** The teacher understands and uses multiple methods of assessment to engage pupils in their own growth, to monitor pupil progress, and to guide the teacher's and pupil's decision making.

**Standard #7 Planning for Instruction:** The teacher plans instruction that supports every pupil in meeting rigorous learning goals by drawing upon knowledge of content areas, curriculum, cross-disciplinary skills, pedagogy, pupils, and pupils' communities.

**Standard #8 Instructional Strategies:** The teacher understands and uses a variety of instructional strategies to encourage pupils to develop a deep understanding of content areas and their connections, and to develop skills to apply knowledge in a meaningful way.

**Standard #9 Professional Learning and Ethical Practice:** The teacher engages in ongoing professional learning. The teacher uses evidence to continuously evaluate the teacher's practice, including the effects of the teacher's choices and actions on pupils, their families, other educators, and the community. The teacher adapts the teacher's practice to meet the needs of each pupil.

**Standard #10 Leadership and Collaboration:** The teacher seeks appropriate leadership roles and opportunity in order to take responsibility for pupil learning, to collaborate with pupils, their families, educators, and the community, and to advance the profession.

### **Before Clinic Begins**

1. Stop by and see me for your clinical assignment where you'll receive a client information form (yellow sheet) and the client file review form. If you have a co-clinician, coordinate a time to stop by together. Please bring your schedule as we will discuss possible therapy times based on the client preferences and your availability.
  - a. Once a time has been determined, contact the client/caregiver to set up therapy. Please do this before our initial supervisory meeting.
  - b. When contacting the client/caregiver the first time, please use the phone in the CMC. If you get voicemail, please leave your name and personal cell phone number for a return call. This is a great time to review your voicemail greeting. You can continue to use the CMC phone if you prefer, but it does not accept voicemails. You can also email the client/caregiver. Please make note of your correspondence.
  - c. Once a day/time has been determined, please sign up for a therapy room. Each room has a calendar and you can reserve a room for the semester. Directions are on the form. Please make note to share this with me and fill out a white card for the front office.
2. Please bring the following items to our initial supervisory meeting:

- a. Client review form (one per clinician)
- b. Ideas for initial session. You can utilize the Therapy Plan template on your S or P drive to finalize after we meet.
- c. Be aware of clinic policies and procedures as stated in the Clinic Handbook (CANVAS)

#### **For Each Session**

1. Written lesson plan
  - a. What are the short term objectives you are targeting?
  - b. What activities are you using? How do they support your goals?
  - c. What supplies do you need?
2. Be in your therapy room no later than 15 minutes before your session. If someone is in your room up until your time, have materials ready to quickly move in.
3. Be in the lobby ready to greet your client at least 5 minutes before your session.
4. Clean up after each session. Wipe down tables, light switches etc. Also clean and sanitize all toys and materials.
5. Write SOAP notes immediately after your session if possible. Otherwise, complete your SOAP within 24 hours.

#### **General Information Regarding Practicum**

##### **1. Attendance**

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

##### **2. Weekly Supervisory Meetings**

Supervisory meetings are held once a week. This is a time set aside for us to discuss your client and their 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. Stop in anytime if you have questions or concerns outside of our scheduled meeting.

##### **3. Therapy Plans**

We will discuss therapy format at our first meeting. When planning out activities, think in terms of no longer 10-15 minutes per activity for a preschooler and be prepared for one activity to "bomb," so plan additional back up activities. For adults, be aware that conversation often IS the activity and therefore, not a "waste of time."

##### **4. Written Assignments**

This course provides an opportunity for students to learn and improve their clinical writing skills. Students will complete a variety of written assignments including SOAP notes, self-evaluations,

and therapy reports. This meets ASHA Standard V-A: The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

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.

**5. Data Collection**

Data must be taken during each therapy session. This will be used in your SOAP note documentation. Please keep your data collection notes for the end of the semester.

**6. Reflection/Feedback**

Complete daily self-evaluation within 24 hours after your session. These are designed to inspire true reflection of your session and critical thinking. This form can be found in either the S or P drive. If you are a clinician pair, you can both reflect on the same form, just initial the paragraphs.

**7. Video Self-Eval**

You complete a video self-evaluation prior to midterm. Use the form in this syllabus. From this evaluation, we will generate 1-3 clinical goal(s) for you for the remainder of the semester. This is an opportunity for us to have open dialogue about what you see and perceive about your clinical skills.

**8. Observation**

I will observe your sessions weekly and with more frequency at the beginning of the semester. The amount of time will ebb and flow as the semester progresses. After each observed session I will provide some short verbal or written feedback. More robust discussions can occur during our weekly meeting.

**9. Clock hours**

Please track your clinical clock hours in a way that makes sense for you. We will compare time at the end when submissions are due.

**10. Co-Clinicians**

The expectation with clinical partners is the workload is 50/50. This may mean that you take turns writing SOAP notes, calling family members or other professionals. You both must be actively engaged in the therapy session. You may be paired with someone you don't know well or don't have much in common with. It would benefit you to talk with your partner about learning styles, level of comfort with leading, extroverted, or introverted personality, attention to detail and timelines and outside responsibilities like work, classes, athletics etc. This is an opportunity to learn, collaborate, compromise, and empower each other.

- a. I will intervene if I observe one person controlling the session or hanging back and being too passive.
- b. I will check-in with each clinician individually to talk about equity and shared workload.



- c. If you are having difficulty working with your co-clinician, please come see me, but only after you have had a mature discussion with your partner.

#### **11. Telehealth**

If clients are via telehealth, please get confirmation that this mode is still preferred. Work with me to make sure your email is permitted for longer zoom calls. Make sure you are in a location to ensure complete confidentiality. We can discuss more about best practices for serving our online clients.

#### **12. Inclusivity Statement**

It is my intent that students from all backgrounds and perspectives be well-served by this course, that students' learning needs be addressed both in and out of class, and that the diversity that the students bring to this class be viewed as a resource, strength and benefit. It is my intent to present materials and activities that are respectful of diversity: (dis)ability, age, socioeconomic status, ethnicity, race, nationality, religion, gender identity, sexuality, and culture. Your suggestions are encouraged and appreciated. Please let me know ways to improve the effectiveness of the course for you personally, or for other students or student groups.

### **General Clinic Information**

#### **1. Dress Code**

Students must adhere to the clinic dress code which is found in the Clinical Practicum Handbook on CANVAS.

#### **2. Child Safety**

- a. Do not leave a child unattended (e.g., if have forgotten something, bring the client along)
- b. An adult must be with children that are washing their hands
- c. Do not let children stand on chairs, lean back on chairs, sit on counters etc.
- d. Do not plan art activities that require glue guns
- e. Encourage walking in the hallway for everyone's safety
- f. Avoid using food as a reinforcer unless approved by the parent. Talk to me before planning cooking/baking activities
- g. Monitor how the child uses the automatic doors
- h. Consult with the me if you have questions on behavior management

#### **3. Infection Control and Universal Procedures**

Students must work to prevent the spread of infection/illness by properly cleaning the therapy room after each session. Students must use disinfectant wipes to clean all table surface, chairs, high-touch points (doorknobs, light switches) and all clinic materials that are to be returned to the CMC. Additionally, leave all doors open between session to allow for ventilation.

#### **4. 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 disability that may require a reasonable modification for you to participate fully in this course. All accommodations should be approved through the Disability Resource Center (DRC) <https://www3.uwsp.edu/datc/pages/apply-for-accommodations.aspx>

**5. Professionalism**

Your conduct, the attitude you display, and your attire influence your credibility as a professional. Being prepared, being organized, being respectful of individuals with whom you interact during your clinical experience (client, client's family, supervisors, other student clinicians, other associated professionals, etc.), and showing confidence and respect for others are important qualities. Students will have to follow the Clinic Dress Code and dress professionally. **Let me know if you struggle in any of these areas and we can work on them together.** The Clinic Handbook can be found on CANVAS.

**6. CMC**

Please be aware of the CMC policies and procedures for reserving and checking out materials. Utilize the graduate assistant on duty with any questions, concerns or material requests.

**7. Building Safety**

Fire alarms will sound indicating you, and your client, should exit the building. If there is an active shooter, please release the magnet on the door jam, lock the door and turn out the lights. Await instructions from officials (don't open the door unless you know there is an all clear).

**Grading**

Students will be graded at the mid-term and end of the semester (except summer). A copy of the senior grading form can be found on CANVAS. Graduate students will be graded using CALIPSO. Graduate students must earn a B or better for clock hours to count.

A 95.5-100/4.27-4.49	B- 81-83.99/3.1-3.33	D+ 66.5-70.00
A- 91-95.49/3.96-4.26	C+ 78-80.00/2.72-3.0	D 61-66.49
B+ 88-90.99/3.65-3.95	C 74-77.99/2.5-2.71	F Below 61.0
B 84-87.99/3.34-3.64	C- 71-73.99	

## FORMS

### COMPLETE AFTER OUR FIRST MEETING

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

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

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

Summarize the case & discuss in broad terms the intervention plan. Make sure you look at final therapy reports, IEPs/IFSPs, medical reports, case history form, and other relevant information in the file. Think about the client as a total communicator, not a list of goals. How does the client communicate (strengths/weaknesses)? What does the client need to learn in order to communicate more effectively?

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

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

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

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

1	2	3	4	5	6	7	8	9	10

Justify your response:

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

## CLIENT FILE REVIEW COMPLETE BEFORE OUR SECOND 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:**

Name \_\_\_\_\_

## Video Self-Evaluation

### Clinic

**Please complete this individually and turn in a hard copy to me by the date indicated above. Be thoughtful and reflective.**

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

## Starting Therapy Checklist

- ✓ Receive Welcome Email
- ✓ Read Syllabus in its entirety
- Meet me briefly (10-15 minutes) on the first day of the semester to get your clinic assignment. You can email me ahead of time to claim a specific time, or feel free to stop by at any time during that day.
  - o We will also talk about some scheduling considerations, including recommendations for dosage, day/time, and treatment room options.
- Complete a file review.
  - o You can complete a file review via ClinicNote by accessing case history and recent semesters' SOAPs and FTR under "Files." Ensure you are reading all files – including case history forms and IEPs.
  - o If you need additional information that you cannot find in ClinicNote, please check out the paper file from the front desk.
  - o Complete the "Client File Review Form" (Included in this syllabus) and bring (hard copy or electronically) to our next individual meeting.
- Please schedule your therapy sessions ASAP by contacting the client/parents. Clinic begins the second week of the semester. Let me know when you have it scheduled ASAP and sign up for the therapy room (by adding your name/time to the sheet on the door).
- Fill out clinic card (found at the front office) and hand-in to Mrs. Skebba.
- Schedule a 45-minute meeting with me to discuss the background information on your client and your plan for the first day of therapy. This should happen toward the end of the first week of the semester.
  - o If you have a partner, please coordinate this so that you are both present.
  - o Complete the attached "Client File Review" and bring to this meeting.
  - o Have your lesson plan for the first session drafted by this time.
  - o 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.
- Let me know what questions, concerns, thoughts you have as you prepare for your first session!

## Midterm Checklist

- Receive email alerting you to begin the midterm process. This will be sent out the week of October 9, 2023.
- Following the email's instructions, sign up for a midterm meeting with me for the week of October 16, 2023. (Partners should sign up for these meetings as individuals).
- Ensure access to the "Resources for Clinicians" folder, looking over forms in the "Midterm" subfolder. (All forms needed for the midterm process are located here.)
- Review the appropriate grading form to familiarize yourself with the skills that I am tasked with grading (Graduate students, use "Grad Student Calipso Worksheet;" Undergrads use "Undergrad evaluation worksheet"). You are not required to turn this in.
- If in-person, record a session to watch for completion of the "Student Self-Evaluation" form. If 100% teletherapy, plan a time to complete the self-eval as soon after a session as possible (so that it is fresh in your mind).
- Write 2 objectives for yourself as a clinician (at the bottom of the "Student Self-Evaluation Form.") Make these meaningful, measurable, and attainable by the end of the semester.
  - o Examples: "I will read 2 evidenced-based articles related to my client's disorder and implement at least 2 strategies into therapy." "I will develop a family-friendly home program for my client to promote carryover in the client's home." "I will develop a data sheet that can be used effectively every session to gather quantitative and qualitative data on my client's performance."
- Email or hand-in your Student Self-Evaluation form at least 24 hours before our scheduled meeting.
- Attend your scheduled meeting with me. This will take about 30 minutes.
- Billing forms are also due around this time – look for an email from myself and/or Ms. Skebba about when to fill these out.



### Ending Therapy Checklist

- Determine when you will hold your last session. Clinic ends the week of December 4-8, 2023. Make-up sessions may be scheduled the next week if needed.
- Confirm the final session with client/caregivers and schedule a time during that last session to hold the final meeting.
  - Please coordinate this with my schedule to ensure my availability during that time as well.
- Prepare the visual information that is needed for the final meeting with caregivers. (For some, that may be a chart of progress and a list of procedures; for others, the whole FTR may be required).
  - Regardless, ensure your post-baseline results are completed and ready to be discussed with client/caregivers during the final meeting. This means that ideally you are not leaving your final baselining for the last session.
- Have your yellow sheet (i.e., "Case Recommendations") available during your final meeting to ask client/caregivers about interest for fall semester.
- Following the final meeting with clients/caregivers, finalize FTR and send me an email when it is ready for me to print.
- Complete final SOAP note and fill out billing form, checking your dates/times for the second half of the semester.
- Schedule a final meeting with me to go over paperwork and grades (plan for 30 minutes).
- Submit hours via Calipso, preferably before the final meeting with me.
- Attend your final meeting, bringing your Billing Form and yellow sheet. Be sure your FTR is signed on ClinicNote
- Congrats! Enjoy your time off!

**Tentative Schedule:**

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

Week of September 5-8	Getting started, e.g., meet together, schedules, room assignments, etc.
Week of September 11-15	Baseline/pre-test; rough draft of objectives for your client; begin therapy (this may flex depending on how much assessment is required)
Week of September 25-29	Solidify LTGs and STOs
Week of October 9-13	Video self-evaluation is due at the end of the week
Week of October 16-20	Midterm evaluation--I'd like for your video self-evaluations to be completed 24 hours prior to the midterm conference
Week of November 27-December 1	First draft of the beginning of your Final Therapy Report is due. See Canvas for form. It should include: <ul style="list-style-type: none"><li>• all necessary identifying information,</li><li>• background information (this section usually includes when the client was referred, by whom &amp; why, a brief description of those initial concerns, when client began to receive therapy, and a brief statement on their progress)</li><li>• Status at the beginning of therapy (this section usually contains information from your initial testing/observations; and</li><li>• your goals and objectives written in standard format and reflecting your baseline information).</li></ul>
Week of December 4-8	Final conferences; final therapy report due in completed form after the conference (dates may be adjusted to accommodate make-up sessions)

**Documentation Guide for SOAPS**

**1. Documentation of time**

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

*The client was seen for 65 minutes*

**2. Documentation of Consent (tele-therapy)**

*The client agreed to have this session conducted through tele-therapy*

### 3. SOAP format

#### (S) Subjective

All relevant information stemming from the session that is not measurable. Not measurable does not suggest unimportant. This would include client or family member comments of success or struggle. In addition, please add your thoughts on their perceived attitude, motivation and level of cooperation. *The client was pleasant, cooperative and well-motivated. Or, The patient's spouse reported improved word finding skills during conversation with friends.*

#### (O) Objective

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

#### (A) Assessment

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

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

#### (P) Plan

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

Please remember that at the conclusion of the session, you have the responsibility to create a document, that has legal standing. Your documentation should provide answers to the following questions from a speech pathologist's perspective:

What did I see?

What did I hear?

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

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



# Clinical Practicum

## CSD 791

Supervisor: Amanda Pagel M.S., CCC-SLP  
Phone: 715-346-2577  
Email: [apagel@uwsp.edu](mailto:apagel@uwsp.edu)

Office: 044B

Welcome to clinical practicum! I am thrilled to be working with you and your client this semester!

### Objectives

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

The knowledge, skills, and disposition criteria for this course are consistent with the ASHA standards for Clinical Competence in Speech Language Pathology and the Wisconsin Educator Preparation Standards.

### ASHA Standards for Clinical Competence in Speech Language Pathology

1. To develop clinical skills in oral and written or other forms of communication sufficient for entry into professional practice. (ASHA Standard V-A)
2. To develop clinical skill in providing intervention to clients with communicative and/or swallowing disorders (ASHA Standard V-B, 2a-g)
3. To develop interaction and personal qualities for effective professional relationship with clients, families, caregivers, and other professionals (ASHA Standard V-B, 3a-c)
4. To adhere to the ASHA Code of Ethics, and behave professionally (ASHA Standard V-B, 3d)  
<https://www.asha.org/siteassets/publications/code-of-ethics-2023.pdf>

### Wisconsin Educator Preparation Standards:

**Standard #1 Pupil Development:** 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.

**Standard #2 Learning Differences:** The clinician understands how children learn and develop, and can provide learning opportunities that support their intellectual, social, and personal

development.

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

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

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

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

**Standard #7 Planning for Instruction:** The clinician plans instruction based upon knowledge of subject matter, students, the community, and curriculum goals.

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

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

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

### Before Clinic Begins

1. Stop by and see me for your clinical assignment where you'll receive a client information form (yellow sheet) and the client file review form. If you have a co-clinician, coordinate a time to stop by together. Please bring your schedule as we will discuss possible therapy times based on the client preferences and your availability.
  - a. Once a time has been determined, contact the client/caregiver to set up therapy. Please do this before our initial supervisory meeting.
  - b. When contacting the client/caregiver the first time, please use the phone in the CMC. If you get voicemail, please leave your name and personal cell phone number for a return call. This is a great time to review your voicemail greeting. You can continue to use the CMC phone if you prefer, but it does not accept voicemails. You can also email the client/caregiver. Please make note of your correspondence.
  - c. Once a day/time has been determined, please sign up for a therapy room. Each room has a calendar and you can reserve a room for the semester. Directions are on the form. Please make note to share this with me and fill out a white card for the front office.
2. Please bring the following items to our initial supervisory meeting:
  - a. Client review form (one per clinician)

- b. Ideas for initial session. You can utilize the Therapy Plan template on your S or P drive to finalize after we meet.
- c. Be aware of clinic policies and procedures as stated in the Clinic Handbook (CANVAS)

#### **For Each Session**

1. Written lesson plan
  - a. What are the short term objectives you are targeting?
  - b. What activities are you using? How do they support your goals?
  - c. What supplies do you need?
2. Be in your therapy room no later than 15 minutes before your session. If someone is in your room up until your time, have materials ready to quickly move in.
3. Be in the lobby ready to greet your client at least 5 minutes before your session.
4. Clean up after each session. Wipe down tables, light switches etc. Also, clean and sanitize all toys and materials.
5. Write SOAP notes immediately after your session if possible. Otherwise, complete your SOAP within 24 hours.

#### **General Information Regarding Practicum**

##### **1. Attendance**

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

##### **2. Weekly Supervisory Meetings**

Supervisory meetings are held once a week. This is a time set aside for us to discuss your client and their 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. Stop in anytime if you have questions or concerns outside of our scheduled meeting.

##### **3. Therapy Plans**

We will discuss therapy format at our first meeting. When planning out activities, think in terms of no longer 10-15 minutes per activity for a preschooler and be prepared for one activity to "bomb," so plan additional back up activities. For adults, be aware that conversation often IS the activity and therefore, not a "waste of time."

##### **4. Written Assignments**

This course provides an opportunity for students to learn and improve their clinical writing skills.

Students will complete a variety of written assignments including SOAP notes, self-evaluations, and therapy reports. This meets ASHA Standard V-A: The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

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.

**5. Data Collection**

Data must be taken during each therapy session. This will be used in your SOAP note documentation. Please keep your data collection notes for the end of the semester.

**6. Reflection/Feedback**

Complete daily self-evaluation within 24 hours after your session. These are designed to inspire true reflection of your session and critical thinking. This form can be found in either the S or P drive. If you are a clinician pair, you can both reflect on the same form, just initial the paragraphs.

**7. Video Self-Eval**

You complete a video self-evaluation prior to midterm. Use the form in the syllabus. From this evaluation, we will generate 1-3 clinical goal(s) for you for the remainder of the semester. This is an opportunity for us to have open dialogue about what you see and perceive about your clinical skills.

**8. Observation**

I will observe your sessions weekly and with more frequency at the beginning of the semester. The amount of time will ebb and flow as the semester progresses. After each observed session I will provide some short verbal or written feedback. More robust discussions can occur during our weekly meeting.

**9. Clock hours**

Please track your clinical clock hours in a way that makes sense for you. We will compare time at the end when submissions are due.

**10. Co-Clinicians**

The expectation with clinical partners is the workload is 50/50. This may mean that you take turns writing SOAP notes, calling family members or other professionals. You both must be actively engaged in the therapy session. You may be paired someone you don't know well or don't have much in common with. It would benefit you to talk with your partner about learning styles, level of comfort with leading, extroverted, or introverted personality, attention to detail and timelines and outside responsibilities like work, classes, athletics etc. This is an opportunity to learn, collaborate, compromise, and empower each other.

- a. I will intervene if I observe one person controlling the session or hanging back and being too passive.



- b. I will check-in with each clinician individually to talk about equity and shared workload.
- c. If you are having difficulty working with your co-clinician, please come see me, but only after you have had a mature discussion with your partner.

#### **11. Telehealth**

If clients are via telehealth, please get confirmation that this mode is still preferred. Work with me to make sure your email is permitted for longer zoom calls. Make sure you are in a location to ensure complete confidentiality. We can discuss more about best practices for serving our online clients.

#### **12. Inclusivity Statement**

It is my intent that students from all diverse backgrounds and perspectives be well-served by this course, that students' learning needs be addressed both in and out of class, and that the diversity that the students bring to this class be viewed as a resource, strength and benefit. It is my intent to present materials and activities that are respectful of diversity: gender identity, sexuality, disability, age, socioeconomic status, ethnicity, race, nationality, religion, and culture. Your suggestions are encouraged and appreciated. Please let me know ways to improve the effectiveness of the course for you personally, or for other students or student groups.

### **General Clinic Information**

#### **1. Dress Code**

Students must adhere to the clinic dress code which is found in the Clinical Practicum Handbook on CANVAS.

#### **2. Child Safety**

- a. Do not leave a child unattended (e.g., if have forgotten something, bring the client along)
- b. An adult must be with children that are washing their hands
- c. Do not let children stand on chairs, lean back on chairs, sit on counters etc.
- d. Do not plan art activities that require glue guns
- e. Encourage walking in the hallway for everyone's safety
- f. Avoid using food as a reinforcer unless approved by the parent. Talk to me before planning cooking/baking activities
- g. Monitor how the child uses the automatic doors
- h. Consult with the me if you have questions on behavior management

#### **3. Infection Control and Universal Procedures**

Students must work to prevent the spread of infection/illness by properly cleaning the therapy room after each session. Students must use disinfectant wipes to clean all table surface, chairs, high-touch points (doorknobs, light switches) and all clinic materials that are to be returned to the CMC. Additionally, leave all doors open between session to allow for ventilation.

**4. 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 disability that may require a reasonable modification for you to participate fully in this course. All accommodations should be approved through the Disability Resource Center (DRC) <https://www3.uwsp.edu/datc/pages/apply-for-accommodations.aspx>

**5. Professionalism**

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

**6. CMC**

Please be aware of the CMC policies and procedures for reserving and checking out materials. Utilize the graduate assistant on duty with any questions, concerns or material requests.

**7. Building Safety**

Fire alarms will sound indicating you, and your client, should exit the building. If there is an active shooter, please release the magnet on the door jam, lock the door and turn out the lights. Await instructions from officials (don't open the door unless you know there is an all clear).

**Grading**

Students will be graded at the mid-term and end of the semester (except summer). A copy of the senior grading form can be found on CANVAS. Graduate students will be graded using CALIPSO. Graduate students must earn a B or better for clock hours to count.

A 95.5-100/4.27-4.49	B- 81-83.99/3.1-3.33	D+ 66.5-70.00
A- 91-95.49/3.96-4.26	C+ 78-80.00/2.72-3.0	D 61-66.49
B+ 88-90.99/3.65-3.95	C 74-77.99/2.5-2.71	F Below 61.0
B 84-87.99/3.34-3.64	C- 71-73.99	

**CLIENT FILE REVIEW COMPLETE BEFORE OUR SECOND 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:**

## Starting Therapy Checklist

- ✓ Receive Welcome Email
- ✓ Read Syllabus in its entirety
- Meet me briefly (10-15 minutes) on the first day of the semester to get your clinic assignment. You can email me ahead of time to claim a specific time, or feel free to stop by at any time during that day.
  - o We will also talk about some scheduling considerations, including recommendations for dosage, day/time, and treatment room options.
- Complete a file review.
  - o You can complete a file review via ClinicNote by accessing case history and recent semesters' SOAPs and FTR under "Files." Ensure you are reading all files – including case history forms and IEPs.
  - o If you need additional information that you cannot find in ClinicNote, please check out the paper file from the front desk.
  - o Complete the "Client File Review Form" (Included below in this syllabus) and bring (hard copy or electronically) to our next individual meeting.
- Please schedule your therapy sessions ASAP by contacting the client/parents. Clinic begins the second week of the semester. Let me know when you have it scheduled ASAP and sign up for the therapy room (by adding your name/time to the sheet on the door).
- Fill out clinic card (found at the front office) and hand-in to Christine.
- Schedule a 45-minute meeting with me to discuss the background information on your client and your plan for the first day of therapy. This should happen toward the end of the first week of the semester.
  - o If you have a partner, please coordinate this so that you are both present.
  - o Complete the attached "Client File Review" and bring to this meeting.
  - o Have your lesson plan for the first session drafted by this time.
  - o 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.
- Let me know what questions, concerns, thoughts you have as you prepare for your first session!

## Midterm Checklist

- Receive email alerting you to begin the midterm process. This will be sent out the week of October 9th.
- Following the email's instructions, sign up for a midterm meeting with me for the week of October 16<sup>th</sup> or October 23<sup>rd</sup> (Partners should sign up for these meetings as individuals).
- Ensure access to the "Resources for Clinicians" folder, looking over forms in the "Midterm" subfolder. (All forms needed for the midterm process are located here.)
- Review the appropriate grading form to familiarize yourself with the skills that I am tasked with grading (Graduate students, use "Grad Student Calipso Worksheet;" Undergrads use "Undergrad evaluation worksheet"). You are not required to turn this in.
- If in-person, record a session to watch for completion of the "Video Self-Evaluation" form. If 100% teletherapy, plan a time to complete the self-eval as soon after a session as possible (so that it is fresh in your mind).
- Write 2 objectives for yourself as a clinician (at the bottom of the "Video Self-Evaluation Form.") Make these meaningful, measurable, and attainable by the end of the semester.
  - o Examples: "I will read 2 evidenced-based articles related to my client's disorder and implement at least 2 strategies into therapy." "I will develop a family-friendly home program for my client to promote carryover in the client's home." "I will develop a data sheet that can be used effectively every session to gather quantitative and qualitative data on my client's performance."
- Email or hand-in your Video Self-Evaluation form at least 24 hours before our scheduled meeting.
- Attend your scheduled meeting with me. This will take about 45 minutes.
- Billing forms are also due around this time – look for an email from myself and/or Christine about when to fill these out.

## Video Self-Evaluation For Midterm

### Clinic

Please complete this individually and turn in a hard copy to me by the date indicated above. Be thoughtful and reflective.

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

### Ending Therapy Checklist

- Determine when you will hold your last session. Clinic ends the week of December 4<sup>th</sup>, 2023.
- Confirm the final session with client/caregivers and schedule a time during that last session to hold the final meeting.
  - o Please coordinate this with my schedule to ensure my availability during that time as well.
- Prepare the visual information that is needed for the final meeting with caregivers. (For some, that may be a chart of progress and a list of procedures; for others, the whole FTR may be required).
  - o Regardless, ensure your post-baseline results are completed and ready to be discussed with client/caregivers during the final meeting. This means that ideally you are not leaving your final baselining for the last session.
- Have your yellow sheet (i.e., "Case Recommendations") available during your final meeting to ask client/caregivers about interest for fall semester.
- Following the final meeting with clients/caregivers, finalize FTR and send me an email when it is ready for me to print.
- Complete final SOAP note and fill out billing form, checking your dates/times for the second half of the semester.
- Schedule a final meeting with me to go over paperwork and grades (plan for 30 minutes).
- Submit hours via Calipso, preferably before the final meeting with me.
- Attend your final meeting, bringing your Billing Form and yellow sheet. I will print out your FTR and have you sign it at this meeting.
- Congrats! Enjoy your time off!





## Clinical Practicum CSD 791-794

Supervisor: Carly Dinnes  
Phone: 715-346-2101  
Email: [cdinnes@uwsp.edu](mailto:cdinnes@uwsp.edu)

Office: 046C CPS

Welcome to clinical practicum!

### Objectives

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

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### ASHA Standards for Clinical Competence in Speech Language Pathology

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4. To adhere to the ASHA Code of Ethics, and behave professionally (ASHA Standard V-B, 3d)  
<https://www.asha.org/siteassets/publications/code-of-ethics-2023.pdf>

### Wisconsin Teaching Standards:

**Standard #1 Pupil Development:** The teacher understands how pupils grow and develop, recognizing that patterns of learning and development vary individually within and across the cognitive, linguistic, social, emotional, and physical areas. The teacher designs and implements developmentally appropriate and challenging learning experiences for pupils.

**Standard #2 Learning Differences:** The teacher uses his or her understanding of individual pupil differences and diverse cultures and communities to ensure inclusive learning environments that enable each pupil to meet high standards.

**Standard #3 Learning Environments:** The teacher uses his or her understanding of individual pupil differences and diverse cultures and communities to ensure inclusive learning

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**Standard #6 Assessment:** The teacher understands and uses multiple methods of assessment to engage pupils in their own growth, to monitor pupil progress, and to guide the teacher's and pupil's decision making.

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**Standard #10 Leadership and Collaboration:** The teacher seeks appropriate leadership roles and opportunity in order to take responsibility for pupil learning, to collaborate with pupils, their families, educators, and the community, and to advance the profession.

### Before Clinic Begins

1. Stop by and see me for your clinical assignment where you'll receive a client information form (yellow sheet) and the client file review form. If you have a co-clinician, coordinate a time to stop by together. Please bring your schedule as we will discuss possible therapy times based on the client preferences and your availability.
  - a. Once a time has been determined, contact the client/caregiver to set up therapy. Please do this before our initial supervisory meeting.
  - b. When contacting the client/caregiver the first time, please use the phone in the CMC. If you get voicemail, please leave your name and personal cell phone number for a return call. This is a great time to review your voicemail greeting. You can continue to use the CMC phone if you prefer, but it does not accept voicemails. You can also email the client/caregiver. Please make note of your correspondence.
  - c. Once a day/time has been determined, please sign up for a therapy room. Each room has a calendar and you can reserve a room for the semester. Directions are on the form. Please make note to share this with me and fill out a white card for the front office.
2. Please bring the following items to our initial supervisory meeting:
  - a. Client review form (one per clinician)

- b. Ideas for initial session. You can utilize the Therapy Plan template on your S or P drive to finalize after we meet.
- c. Be aware of clinic policies and procedures as stated in the Clinic Handbook (CANVAS)

#### **For Each Session**

1. Written lesson plan
  - a. What are the short term objectives you are targeting?
  - b. What activities are you using? How do they support your goals?
  - c. What supplies do you need?
2. Be in your therapy room no later than 15 minutes before your session. If someone is in your room up until your time, have materials ready to quickly move in.
3. Be in the lobby ready to greet your client at least 5 minutes before your session.
4. Clean up after each session. Wipe down tables, light switches etc. Also clean and sanitize all toys and materials.
5. Write SOAP notes immediately after your session if possible. Otherwise, complete your SOAP within 24 hours.

#### **General Information Regarding Practicum**

##### **1. Attendance**

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

##### **2. Weekly Supervisory Meetings**

Supervisory meetings are held once a week. This is a time set aside for us to discuss your client and their 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. Stop in anytime if you have questions or concerns outside of our scheduled meeting.

##### **3. Therapy Plans**

We will discuss therapy format at our first meeting. When planning out activities, think in terms of no longer 10-15 minutes per activity for a preschooler and be prepared for one activity to "bomb," so plan additional back up activities. For adults, be aware that conversation often IS the activity and therefore, not a "waste of time."

##### **4. Written Assignments**

This course provides an opportunity for students to learn and improve their clinical writing skills.

Students will complete a variety of written assignments including SOAP notes, self-evaluations, and therapy reports. This meets ASHA Standard V-A: The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

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.

**5. Data Collection**

Data must be taken during each therapy session. This will be used in your SOAP note documentation. Please keep your data collection notes for the end of the semester.

**6. Reflection/Feedback**

Complete daily self-evaluation within 24 hours after your session. These are designed to inspire true reflection of your session and critical thinking. This form can be found in either the S or P drive. If you are a clinician pair, you can both reflect on the same form, just initial the paragraphs.

**7. Video Self-Eval**

You complete a video self-evaluation prior to midterm. Use the form in the syllabus. From this evaluation, we will generate 1-3 clinical goal(s) for you for the remainder of the semester. This is an opportunity for us to have open dialogue about what you see and perceive about your clinical skills.

**8. Observation**

I will observe your sessions weekly and with more frequency at the beginning of the semester. The amount of time will ebb and flow as the semester progresses. After each observed session I will provide some short verbal or written feedback. More robust discussions can occur during our weekly meeting.

**9. Clock hours**

Please track your clinical clock hours in a way that makes sense for you. We will compare time at the end when submissions are due.

**10. Co-Clinicians**

The expectation with clinical partners is the workload is 50/50. This may mean that you take turns writing SOAP notes, calling family members or other professionals. You both must be actively engaged in the therapy session. You may be paired someone you don't know well or don't have much in common with. It would benefit you to talk with your partner about learning styles, level of comfort with leading, extroverted, or introverted personality, attention to detail and timelines and outside responsibilities like work, classes, athletics etc. This is an opportunity to learn, collaborate, compromise, and empower each other.

- a. I will intervene if I observe one person controlling the session or hanging back and being too passive.

- b. I will check-in with each clinician individually to talk about equity and shared workload
- c. If you are having difficulty working with your co-clinician, please come see me, but only after you have had a mature discussion with your partner.

#### **11. Telehealth**

If clients are via telehealth, please get confirmation that this mode is still preferred. Work with me to make sure your email is permitted for longer zoom calls. Make sure you are in a location to ensure complete confidentiality. We can discuss more about best practices for serving our online clients.

#### **12. Inclusivity Statement**

It is my intent that students from all diverse backgrounds and perspectives be well-served by this course, that students' learning needs be addressed both in and out of class, and that the diversity that the students bring to this class be viewed as a resource, strength and benefit. It is my intent to present materials and activities that are respectful of diversity: gender identity, sexuality, disability, age, socioeconomic status, ethnicity, race, nationality, religion, and culture. Your suggestions are encouraged and appreciated. Please let me know ways to improve the effectiveness of the course for you personally, or for other students or student groups.

### **General Clinic Information**

#### **1. Dress Code**

Students must adhere to the clinic dress code which is found in the Clinical Practicum Handbook on CANVAS.

#### **2. Child Safety**

- a. Do not leave a child unattended (e.g., if have forgotten something, bring the client along)
- b. An adult must be with children that are washing their hands
- c. Do not let children stand on chairs, lean back on chairs, sit on counters etc.
- d. Do not plan art activities that require glue guns
- e. Encourage walking in the hallway for everyone's safety
- f. Avoid using food as a reinforcer unless approved by the parent. Talk to me before planning cooking/baking activities
- g. Monitor how the child uses the automatic doors
- h. Consult with the me if you have questions on behavior management

#### **3. Infection Control and Universal Procedures**

Students must work to prevent the spread of infection/illness by properly cleaning the therapy room after each session. Students must use disinfectant wipes to clean all table surface, chairs, high-touch points (doorknobs, light switches) and all clinic materials that are to be returned to the CMC. Additionally, leave all doors open between session to allow for ventilation.

#### 4. 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 disability that may require a reasonable modification for you to participate fully in this course. All accommodations should be approved through the Disability Resource Center (DRC) <https://www3.uwsp.edu/datc/pages/apply-for-accommodations.aspx>

#### 5. Professionalism

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

#### 6. CMC

Please be aware of the CMC policies and procedures for reserving and checking out materials. Utilize the graduate assistant on duty with any questions, concerns or material requests.

#### 7. Building Safety

Fire alarms will sound indicating you, and your client, should exit the building. If there is an active shooter, please release the magnet on the door jam, lock the door and turn out the lights. Await instructions from officials (don't open the door unless you know there is an all clear).

#### Grading

Students will be graded at the mid-term and end of the semester (except summer). A copy of the senior grading form can be found on CANVAS. Graduate students will be graded using CALIPSO. Graduate students must earn a B or better for clock hours to count.

A 95.5-100/4.27-4.49	B- 81-83.99/3.1-3.33	D+ 66.5-70.00
A- 91-95.49/3.96-4.26	C+ 78-80.00/2.72-3.0	D 61-66.49
B+ 88-90.99/3.65-3.95	C 74-77.99/2.5-2.71	F Below 61.0
B 84-87.99/3.34-3.64	C- 71-73.99	

## OPTIONAL FORMS

### COMPLETE AFTER OUR FIRST MEETING

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

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

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

Summarize the case & discuss in broad terms the intervention plan. Make sure you look at final therapy reports, IEPs/IFSPs, medical reports, case history form, and other relevant information in the file. Think about the client as a total communicator, not a list of goals. How does the client communicate (strengths/weaknesses)? What does the client need to learn in order to communicate more effectively?

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

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

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

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

1	2	3	4	5	6	7	8	9	10

Justify your response:

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



## CLIENT FILE REVIEW COMPLETE BEFORE OUR SECOND 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:**

Name\_\_\_\_\_

### Video Self-Evaluation

Clinic

**Please complete this individually and turn in a hard copy to me by the date indicated above. Be thoughtful and reflective.**

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

## Starting Therapy Checklist

- ✓ Receive Welcome Email
- ✓ Read Syllabus in its entirety
- Meet me briefly (10-15 minutes) on the first day of the semester to get your clinic assignment. You can email me ahead of time to claim a specific time, or feel free to stop by at any time during that day.
  - o We will also talk about some scheduling considerations, including recommendations for dosage, day/time, and treatment room options.
- Complete a file review.
  - o You can complete a file review via ClinicNote by accessing case history and recent semesters' SOAPs and FTR under "Files." Ensure you are reading all files – including case history forms and IEPs.
  - o If you need additional information that you cannot find in ClinicNote, please check out the paper file from the front desk.
  - o Complete the "Client File Review Form" (Included below in this syllabus) and bring (hard copy or electronically) to our next individual meeting.
- Please schedule your therapy sessions ASAP by contacting the client/parents. Clinic begins the second week of the semester. Let me know when you have it scheduled ASAP and sign up for the therapy room (by adding your name/time to the sheet on the door).
- Fill out clinic card (found at the front office) and hand-in to Mrs. Skebba.
- Schedule a 45-minute meeting with me to discuss the background information on your client and your plan for the first day of therapy. This should happen toward the end of the first week of the semester.
  - o If you have a partner, please coordinate this so that you are both present.
  - o Complete the attached "Client File Review" and bring to this meeting.
  - o Have your lesson plan for the first session drafted by this time.
  - o 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.
- Let me know what questions, concerns, thoughts you have as you prepare for your first session!

## Midterm Checklist

- Receive email alerting you to begin the midterm process. This will be sent out the week of 10/16 – 10/20 to schedule for the week of 10/23 – 10/27.
- Following the email's instructions, sign up for a midterm meeting with me for the week of 10/23 – 10/27 (Partners should sign up for these meetings as individuals).
- Ensure access to the "Resources for Clinicians" folder, looking over forms in the "Midterm" subfolder. (All forms needed for the midterm process are located here.)
- Review the appropriate grading form to familiarize yourself with the skills that I am tasked with grading (Graduate students, use "Grad Student Calipso Worksheet;" Undergrads use "Undergrad evaluation worksheet"). You are not required to turn this in.
- If in-person, record a session to watch for completion of the "Student Self-Evaluation" form. If 100% teletherapy, plan a time to complete the self-eval as soon after a session as possible (so that it is fresh in your mind).
- Write 2 objectives for yourself as a clinician (at the bottom of the "Student Self-Evaluation Form.") Make these meaningful, measurable, and attainable by the end of the semester.
  - o Examples: "I will read 2 evidenced-based articles related to my client's disorder and implement at least 2 strategies into therapy." "I will develop a family-friendly home program for my client to promote carryover in the client's home." "I will develop a data sheet that can be used effectively every session to gather quantitative and qualitative data on my client's performance."
- Email or hand-in your Student Self-Evaluation form at least 24 hours before our scheduled meeting.
- Attend your scheduled meeting with me. This will take about 30 minutes.
- Billing forms are also due around this time – look for an email from myself and/or Ms. Skebba about when to fill these out.

### Ending Therapy Checklist

- Determine when you will hold your last session. Clinic ends the week 12/4 – 12/8.
- Confirm the final session with client/caregivers and schedule a time during that last session to hold the final meeting.
  - o Please coordinate this with my schedule to ensure my availability during that time as well.
- Prepare the visual information that is needed for the final meeting with caregivers. (For some, that may be a chart of progress and a list of procedures; for others, the whole FTR may be required).
  - o Regardless, ensure your post-baseline results are completed and ready to be discussed with client/caregivers during the final meeting. This means that ideally you are not leaving your final baselining for the last session.
- Have your yellow sheet (i.e., “Case Recommendations”) available during your final meeting to ask client/caregivers about interest for fall semester.
- Following the final meeting with clients/caregivers, finalize FTR and send me an email when it is ready for me to print.
- Complete final SOAP note and fill out billing form, checking your dates/times for the second half of the semester.
- Schedule a final meeting with me to go over paperwork and grades (plan for 30 minutes).
- Submit hours via Calipso, preferably before the final meeting with me.
- Attend your final meeting, bringing your Billing Form and yellow sheet. Be sure your FTR is signed on ClinicNote
- Congrats! Enjoy your time off!

**Tentative Schedule:**

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

Week of 9/5 – 9/8	Getting started, e.g., meet together, schedules, room assignments, etc.
Week of 9/11 – 9/15	Baseline/pre-test; rough draft of objectives for your client; begin therapy syllabus
Week of 9/18 – 9/22	Solidify LTGs and STOs
Week of 9/25 – 9/29	<p><u>First</u> draft of the beginning of your Final Therapy Report is due. See Canvas for form. It should include:</p> <ul style="list-style-type: none"><li>• all necessary identifying information,</li><li>• background information (this section usually includes when the client was referred, by whom &amp; why, a brief description of those initial concerns, when client began to receive therapy, and a brief statement on their progress)</li><li>• Status at the beginning of therapy (this section usually contains information from your initial testing/observations; and</li><li>• your goals and objectives written in standard format and reflecting your baseline information).</li></ul> <p>Updates to the FTR will occur throughout the semester as your client progresses.</p>
Week of 10/16 – 10/20	Video self-evaluation is due at the end of the week
Week of 10/23 – 10/27	Midterm evaluation--I'd like for your video self-evaluations to be completed prior to the midterm conference
Week of 12/4 – 12/8 (last therapy day of week)	Final conference with client and/or family
Week of 12/11 – 12/15	Final conferences; final therapy report due in completed form after the conference

## Documentation Guide for SOAPS

### 1. Documentation of time

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

*The client was seen for 65 minutes*

### 2. Documentation of Consent (tele-therapy)

*The client agreed to have this session conducted through tele-therapy*

### 3. SOAP format

#### (S) Subjective

All relevant information stemming from the session that is not measurable. Not measurable does not suggest unimportant. This would include client or family member comments of success or struggle. In addition, please add your thoughts on their perceived attitude, motivation and level of cooperation. *The client was pleasant, cooperative and well-motivated. Or, The patient's spouse reports improved word finding skills during conversation with friends.*

#### (O) Objective

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

#### (A) Assessment

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

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

#### (P) Plan

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

Please remember that at the conclusion of the session, you have the responsibility to create a document, that has legal standing. Your documentation should provide answers to the following questions from a speech pathologist's perspective:

What did I see?

What did I hear?

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

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



# Clinical Practicum

CSD791-794

Supervisor: James Barge

Office: 042B

Phone: 715 346-3085

Email: [jbarge@uwsp.edu](mailto:jbarge@uwsp.edu)

Welcome to clinical practicum. This semester will offer an opportunity to build your diagnostic and therapeutic skills, while making a meaningful impact into the lives of our community members.

## Objectives

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

The knowledge, skills, and disposition criteria for this course are consistent with the ASHA standards for Clinical Competence in Speech Language Pathology and the Wisconsin Educator Preparation Standards.

### ASHA Standards for Clinical Competence in Speech Language Pathology

1. To develop clinical skills in oral and written or other forms of communication sufficient for entry into professional practice. (ASHA Standard V-A)
2. To develop clinical skill in providing intervention to clients with communicative and/or swallowing disorders (ASHA Standard V-B, 2a-g)
3. To develop interaction and personal qualities for effective professional relationship with clients, families, caregivers, and other professionals (ASHA Standard V-B, 3a-c)
4. To adhere to the ASHA Code of Ethics, and behave professionally (ASHA Standard V-B, 3d)  
<https://www.asha.org/siteassets/publications/code-of-ethics-2023.pdf>

### Wisconsin Teaching Standards:

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  - b. When contacting the client/caregiver for the first time, please use the phone in the CMC. If you get voicemail, please leave your name and personal cell phone number for a return call. This is a great time to review your voicemail greeting. You can continue to use the CMC phone if you prefer, but it does not accept voicemails. You can also email the client/caregiver. Please make note of your correspondence.
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2. Please bring the following items to our initial supervisory meeting:
  - a. Client review form (one per clinician)
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## For Each Session

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  - a. What are the short-term objectives you are targeting?
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2. Be in your therapy room no later than 15 minutes before your session. If someone is in your room up until your time, have materials ready to quickly move in.
3. Be in the lobby ready to greet your client at least 5 minutes before your session.
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5. Write SOAP notes immediately after your session if possible. Otherwise, complete your SOAP within 24 hours.

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Supervisory meetings are held once a week. This is a time set aside for us to discuss your client and their 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. Stop in anytime if you have questions or concerns outside of our scheduled meeting.

### **3. Therapy Plans**

We will discuss therapy format at our first meeting.

### **4. Written Assignments**

This course provides an opportunity for students to learn and improve their clinical writing skills. Students will complete a variety of written assignments including SOAP notes, self-evaluations, and therapy reports. This meets ASHA Standard V-A: The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

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.

### **5. Data Collection**

Data must be taken during each therapy session. This will be used in your SOAP note documentation. Please keep your data collection notes for the end of the semester.

### **6. Reflection/Feedback**

When scheduling allows, we will be discussing the session immediately following the conclusion of the client encounter. I would like you to offer your assessment of the session, identify a successful aspect of the intervention, and offer an area of potential improvement.

### **7. Video Self-Eval**

We complete a video self-evaluation prior to midterm. From this evaluation, we will generate 1-3 clinical goal(s) for you for the remainder of the semester. This is an opportunity for us to have open dialogue about what you see and perceive about your clinical skills.

**8. Observation**  
After each session I will provide verbal or written feedback. More robust discussions can occur during scheduled conferences.

**9. Clock hours**  
Track your clinical clock hours. We will compare time at the end when submissions are due.

**10. Co-Clinicians**  
The expectation with clinical partners is the workload is 50/50. This may mean that you take turns writing SOAP notes, calling family members or other professionals. You both must be actively engaged in the therapy session. It would benefit you to talk with your partner about learning styles, level of comfort with leading, extroverted, or introverted personality, attention to detail and timelines and outside responsibilities like work, classes, athletics etc. This is an opportunity to learn, collaborate, compromise, and empower each other.  
a. I will intervene if I observe one person controlling the session or hanging back and being too passive.  
b. I will check-in with each clinician individually to talk about equity and shared workload.  
c. If you are having difficulty working with your co-clinician, please come see me, but only after you have had a mature discussion with your partner.

**11. Telehealth**  
If clients are via telehealth, please get confirmation that this mode is still preferred. Work with me to make sure your email is permitted for longer zoom calls. Make sure you are in a location to ensure complete confidentiality. We can discuss more about best practices for serving our online clients.

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## **General Clinic Information**

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Students must adhere to the clinic dress code which is found in the Clinical Practicum Handbook on CANVAS.

## **2. Safety**

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- An adult must be with children that are washing their hands.
- Do not let children stand on chairs, lean back on chairs, sit on counters etc.
- Encourage walking in the hallway for everyone's safety
- Avoid using food as a reinforcer unless approved by the parent. Talk to me before planning cooking/baking activities.
- Monitor how the child uses the automatic doors.
- Consult with me if you have questions on behavior management.
- Practice fall prevention strategies for individuals at increased risk of falling. Please note that there is a gait belt in clinic office and a wheelchair in the mailbox room.

**3. Infection Control and Universal Procedures**

Students must work to prevent the spread of infection/illness by properly cleaning the therapy room after each session. Students must use disinfectant wipes to clean all table surface, chairs, high-touch points (doorknobs, light switches) and all clinic materials that are to be returned to the CMC. Additionally, leave all doors open between sessions to allow for ventilation.

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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 disability that may require a reasonable modification for you to participate fully in this course. All accommodations should be approved through the Disability Resource Center (DRC) <https://www3.uwsp.edu/datc/pages/apply-for-accommodations.aspx>

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Students will be graded at the mid-term and end of the semester (except summer). A copy of the senior grading form can be found on CANVAS. Graduate students will be graded using CALIPSO. Graduate students must earn a B or better for clock hours to count.

A 95.5-100/4.27-4.49	B- 81-83.99/3.1-3.33	D+ 66.5-70.00
A- 91-95.49/3.96-4.26	C+ 78-80.00/2.72-3.0	D 61-66.49
B+ 88-90.99/3.65-3.95	C 74-77.99/2.5-2.71	F Below 61.0
B 84-87.99/3.34-3.64	C- 71-73.99	

## Student Self Reflection for Clinical Practicum

Please answer the following questions and bring this form to your first sit-down meeting with your clinical supervisor. This information is helpful for you as a clinician and your supervisor as they work with you to create goals for you for the term. Open communication and honest reflection help facilitate the learning process and help to mitigate misinterpretation, assumptions, and unnecessary conflict.

1. What are your clinical experiences to date? (Undergrad, off-campus, ages, disorders)
2. Do you have any anxieties about the clinical experience this semester with this client?
3. Thinking about how you learn, what type of feedback on clinical skills/practice would you prefer? (Verbal, written, both) If this changes over the semester, speak to your supervisor about your preference.
4. If you had clinical experiences, what have previous supervisors told you about areas to improve and areas of strength.
5. Do you have areas you want to improve? (Writing, meetings, diagnostic skills, talking with caregivers, time management, working with others)
6. What are your expectations of the supervisor? This could include meeting schedule, specificity of feedback, guidance toward being independent, listening skills, asking reflective questions, emailing in a timely manner, understanding any health or learning issues, etc.

## Starting Therapy Checklist

- ✓ Receive Welcome Email
- ✓ Read Syllabus in its entirety
  
- Meet me briefly (10-15 minutes) on the first day of the semester to get your clinic assignment. You can email me ahead of time to claim a specific time, or feel free to stop by at any time during that day.
  - o We will also talk about some scheduling considerations, including recommendations for dosage, day/time, and treatment room options.
  
- Complete a file review.
  - o You can complete a file review via ClinicNote by accessing case history and recent semesters' SOAPs and FTR under "Files." Ensure you are reading all files – including case history forms and IEPs.
  - o If you need additional information that you cannot find in ClinicNote, please check out the paper file from the front desk.
  - o Complete the "Client File Review Form" (Included below in this syllabus) and bring (hard copy or electronically) to our next individual meeting.
  
- Please schedule your therapy sessions ASAP by contacting the client/parents. Clinic begins the second week of the semester. Let me know when you have it scheduled ASAP and sign up for the therapy room (by adding your name/time to the sheet on the door).
  
- Fill out clinic card (found at the front office) and hand-in to Mrs. Skebba.
- Schedule a 45-minute meeting with me to discuss the background information on your client and your plan for the first day of therapy. This should happen toward the end of the first week of the semester.
  - o If you have a partner, please coordinate this so that you are both present.
  - o Complete the attached "Client File Review" and bring to this meeting.
  - o Have your lesson plan for the first session drafted by this time.
  - o 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.
  
- Let me know what questions, concerns, thoughts you have as you prepare for your first session!

## Ending Therapy Checklist

- Determine when you will hold your last session. Clinic ends the week xxxxx.
- Confirm the final session with client/caregivers and schedule a time during that last session to hold the final meeting.
- o Please coordinate this with my schedule to ensure my availability during that time as well.
- Prepare the visual information that is needed for the final meeting with caregivers. (For some, that may be a chart of progress and a list of procedures; for others, the whole FTR may be required).
- o Regardless, ensure your post-baseline results are completed and ready to be discussed with client/caregivers during the final meeting. This means that ideally you are not leaving your final baselining for the last session.
- Have your yellow sheet (i.e., "Case Recommendations") available during your final meeting to ask client/caregivers about interest for fall semester.
- Following the final meeting with clients/caregivers, finalize FTR and send me an email when it is ready for me to print.
- Complete final SOAP note and fill out billing form, checking your dates/times for the second half of the semester.
- Schedule a final meeting with me to go over paperwork and grades (plan for 30 minutes).
- Submit hours via Callpso, preferably before the final meeting with me.
- Attend your final meeting, bringing your Billing Form and yellow sheet. Be sure your FTR is signed on ClinicNote
- Congrats! Enjoy your time off!



## Documentation Guide for SOAPS

### 1. Documentation of time

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

*The client was seen for 65 minutes.*

### 2. Documentation of Consent (tele-therapy)

*The client agreed to have this session conducted through tele-therapy.*

### 3. SOAP format

#### (S) Subjective

All relevant information stemming from the session is not measurable. Not measurable does not suggest unimportant. This would include client or family member comments of success or struggle. In addition, please add your thoughts on their perceived attitude, motivation, and level of cooperation. *The client was pleasant, cooperative, and well-motivated. Or, the patient's spouse reports improved word finding skills during conversation with friends.*

#### (O) Objective

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

#### (A) Assessment

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

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

#### (P) Plan

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

Please remember that at the conclusion of the session, you have the responsibility to create a document that has legal standing.

Your documentation should provide answers to the following questions from a speech pathologist's perspective:

What did I see?

What did I hear?

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

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



**University of Wisconsin Stevens Point  
Fall Semester 2023  
Clinical Practicum - CSD 791 & 794**

**Instructor:** Charlie Osborne

**Office Hours:** TBA

**Email:** [cosborne@uwsp.edu](mailto:cosborne@uwsp.edu)

**Days on Campus:** Tuesday, Wednesday, Thursday

**Office:** 46A

**Phone:** (715) 347-8378 (cell)

### **General Information**

**Therapy Plans** – Please have your treatment plan to me prior to each session if requested.

**SOAP Notes & Self Reflection** – It is expected that you will record daily SOAP notes for your client. Please let me know when your note is in ClinicNote so I can review it. Self-reflections should be completed after each session on the provided feedback form. Summarize what you felt went well & why, what didn't go well & why, and things you plan on changing for the following week's sessions. This information allows me a window into your therapy-thought process.

**1. Data Collection** – You are required to collect data during each therapy session. The data collected will support the content of your SOAP note. Data may be quantitative and/or qualitative, whatever is appropriate.

**2. Weekly Supervisory Meetings** – We will have individual clinic meetings each week.

**3. Written Reports** - The first four sections of the Final Therapy Report are due on **9/26/23**. Please let me know when it is ready in Clinic Note for my review. If you have questions or concerns about the report let me know. The completed Final Therapy Report is due by **12/12/23**.

**4. Evaluation of Clinical Performance** – A misterm conference will occur during the weeks of 10/16 and 10/23/23 A formal final evaluation will occur at the end of the semester.

At the beginning of the semester, we will discuss clinical expectations (yours and mine). Our collective decision on what is reasonable (where you hope to be on Anderson's Continuum) will serve as the measure for your evaluation(s).

You will use the following information to determine "expected level of performance" so you have a point of reference when performing your self-evaluation at the evaluative conferences.

Two factors that help determine your expected performance are:

Complexity of Client and Clinician Level of Experience

### **Anderson's Continuum of Supervision**

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

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

*The following information was taken from the standardized clinic syllabus.*

### **Objectives**

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

The knowledge, skills, and disposition criteria for this course are consistent with the ASHA standards for Clinical Competence in Speech Language Pathology and the Wisconsin Educator Preparation Standards.

### **ASHA Standards for Clinical Competence in Speech Language Pathology**

1. To develop clinical skills in oral and written or other forms of communication sufficient for entry into professional practice. (ASHA Standard V-A)
2. To develop clinical skill in providing intervention to clients with communicative and/or swallowing disorders (ASHA Standard V-B, 2a-g)
3. To develop interaction and personal qualities for effective professional relationship with clients, families, caregivers, and other professionals (ASHA Standard V-B, 3a-c)
4. To adhere to the ASHA Code of Ethics, and behave professionally (ASHA Standard V-B, 3d)  
<https://www.asha.org/siteassets/publications/code-of-ethics-2023.pdf>

### **Wisconsin Teaching Standards:**

**Standard #1 Pupil Development:** The teacher understands how pupils grow and develop, recognizing that patterns of learning and development vary individually within and across the cognitive, linguistic, social, emotional, and physical areas. The teacher designs and implements developmentally appropriate and challenging learning experiences for pupils.

**Standard #2 Learning Differences:** The teacher uses his or her understanding of individual pupil differences and diverse cultures and communities to ensure inclusive learning environments that enable each pupil to meet high standards.

**Standard #3 Learning Environments:** The teacher uses his or her understanding of individual pupil differences and diverse cultures and communities to ensure inclusive learning environments that enable each pupil to meet high standards.

**Standard #4 Content Knowledge:** The teacher understands the central concepts, tools of inquiry, and structures of each discipline he or she teaches. The teacher creates learning experiences that make the discipline accessible and meaningful for pupils to assure mastery of the content.

**Standard #5 Application of Content:** The teacher understands how to connect concepts and use differing perspectives to engage pupils in critical thinking, creativity, and collaborative problem solving related to authentic local and global issues.

**Standard #6 Assessment:** The teacher understands and uses multiple methods of assessment to engage pupils in their own growth, to monitor pupil progress, and to guide the teacher's and pupil's decision making.

**Standard #7 Planning for Instruction:** The teacher plans instruction that supports every pupil in meeting rigorous learning goals by drawing upon knowledge of content areas, curriculum, cross-disciplinary skills, pedagogy, pupils, and pupils' communities.

**Standard #8 Instructional Strategies:** The teacher understands and uses a variety of instructional strategies to encourage pupils to develop a deep understanding of content areas and their connections, and to develop skills to apply knowledge in a meaningful way.

**Standard #9 Professional Learning and Ethical Practice:** The teacher engages in ongoing professional learning. The teacher uses evidence to continuously evaluate the teacher's practice, including the effects of the teacher's choices and actions on pupils, their families, other educators, and the community. The teacher adapts the teacher's practice to meet the needs of each pupil.

**Standard #10 Leadership and Collaboration:** The teacher seeks appropriate leadership roles and opportunity in order to take responsibility for pupil learning, to collaborate with pupils, their families, educators, and the community, and to advance the profession.

### **Before Clinic Begins**

1. Stop by and see me for your clinical assignment where you'll receive a client information form (yellow sheet) and the client file review form. If you have a co-clinician, coordinate a time to stop by together. Please bring your schedule as we will discuss possible therapy times based on the client preferences and your availability.
  - a. Once a time has been determined, contact the client/caregiver to set up therapy. Please do this before our initial supervisory meeting.

- b. When contacting the client/caregiver the first time, please use the phone in the CMC. If you get voicemail, please leave your name and personal cell phone number for a return call. This is a great time to review your voicemail greeting. You can continue to use the CMC phone if you prefer, but it does not accept voicemails. You can also email the client/caregiver. Please make note of your correspondence.
    - c. Once a day/time has been determined, please sign up for a therapy room. Each room has a calendar and you can reserve a room for the semester. Directions are on the form. Please make note to share this with me and fill out a white card for the front office.
  2. Please bring the following items to our initial supervisory meeting:
    - a. Client review form (one per clinician)
    - b. Ideas for initial session. You can use the Therapy Plan template on your S or P drive to finalize after we meet.
    - c. Be aware of clinic policies and procedures as stated in the Clinic Handbook (CANVAS)

#### **For Each Session**

1. Written lesson plan
  - a. What are the short-term objectives you are targeting?
  - b. What activities are you using? How do they support your goals?
  - c. What supplies do you need?
2. Be in your therapy room no later than 15 minutes before your session. If someone is in your room up until your time, have materials ready to quickly move in.
3. Be in the lobby ready to greet your client at least 5 minutes before your session.
4. Clean up after each session. Wipe down tables, light switches etc. Also, clean and sanitize all toys and materials.
5. Write SOAP notes immediately after your session if possible. Otherwise, complete your SOAP within 24 hours.

#### **General Information Regarding Practicum**

##### **1. Attendance**

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

##### **2. Weekly Supervisory Meetings**

Supervisory meetings are held once a week. This is a time set aside for us to discuss your client and their 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. Stop in anytime if you have questions or concerns outside of our scheduled meeting.

### **3. Therapy Plans**

We will discuss therapy format at our first meeting. When planning out activities, think in terms of no longer 10-15 minutes per activity for a preschooler and be prepared for one activity to “bomb,” so plan additional back up activities. For adults, be aware that conversation often IS the activity and therefore, not a “waste of time.”

### **4. Written Assignments**

This course provides an opportunity for students to learn and improve their clinical writing skills. Students will complete a variety of written assignments including SOAP notes, self-evaluations, and therapy reports. This meets ASHA Standard V-A: The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

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.

### **5. Data Collection**

Data must be taken during each therapy session. *Data may be quantitative, qualitative, or both.* This will be used in your SOAP note documentation. Please keep your data collection notes for the end of the semester.

### **6. Reflection/Feedback**

Complete daily self-evaluation within 24 hours after your session. These are designed to inspire true reflection of your session and critical thinking. This form can be found at the end of this document. If you are a clinician pair, you can both reflect on the same form, just initial the paragraphs.

### **7. Video Self-Eval**

You complete a video self-evaluation prior to midterm. Use the form in the syllabus. From this evaluation, we will generate 1-3 clinical goal(s) for you for the remainder of the semester. This is an opportunity for us to have open dialogue about what you see and perceive about your clinical skills.

### **8. Observation**

I will observe your sessions weekly and with more frequency at the beginning of the semester. The amount of time will ebb and flow as the semester progresses. After each observed session I will provide some short verbal or written feedback. More robust discussions can occur during our weekly meeting.

### **9. Clock hours**

Please track your clinical clock hours in a way that makes sense for you. We will compare time at the end when submissions are due.

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B+ 88-90.99/3.65-3.95	C 74-77.99/2.5-2.71	F Below 61.0
B 84-87.99/3.34-3.64	C- 71-73.99	

## **CLIENT FILE REVIEW COMPLETE BEFORE OUR SECOND 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:**

Name \_\_\_\_\_

### Video Self-Evaluation

Clinic

**Please complete this individually and turn in a hard copy to me by the date indicated above. Be thoughtful and reflective.**

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

## Starting Therapy Checklist

- ✓ Receive Welcome Email
- ✓ Read Syllabus in its entirety
  
- Meet me briefly (10-15 minutes) on the first day of the semester to get your clinic assignment. You can email me ahead of time to claim a specific time, or feel free to stop by at any time during that day.
  - o We will also talk about some scheduling considerations, including recommendations for dosage, day/time, and treatment room options.
  
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  - o You can complete a file review via ClinicNote by accessing case history and recent semesters' SOAPs and FTR under "Files." Ensure you are reading all files – including case history forms and IEPs.
  - o If you need additional information that you cannot find in ClinicNote, please check out the paper file from the front desk.
  - o Complete the "Client File Review Form" (Included below in this syllabus) and bring (hard copy or electronically) to our next individual meeting.
  
- Please schedule your therapy sessions ASAP by contacting the client/parents. Clinic begins the second week of the semester. Let me know when you have it scheduled ASAP and sign up for the therapy room (by adding your name/time to the sheet on the door).
  
- Fill out clinic card (found at the front office) and hand-in to Mrs. Skebba.
- Schedule a 45-minute meeting with me to discuss the background information on your client and your plan for the first day of therapy. This should happen toward the end of the first week of the semester.
  - o If you have a partner, please coordinate this so that you are both present.
  - o Complete the attached "Client File Review" and bring to this meeting.
  - o Have your lesson plan for the first session drafted by this time.
  - o 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.
  
- Let me know what questions, concerns, thoughts you have as you prepare for your first session!

## Midterm Checklist

- Receive email alerting you to begin the midterm process. This will be sent out the week of 10/9/23.
- Following the email's instructions, sign up for a midterm meeting with me for the weeks of 10/16 and 10/23 (Partners should sign up for these meetings as individuals).
- Ensure access to the "Resources for Clinicians" folder, looking over forms in the "Midterm" subfolder. (All forms needed for the midterm process are located here.)
- Review the appropriate grading form to familiarize yourself with the skills that I am tasked with grading (Graduate students, use "Grad Student Calipso Worksheet;" Undergrads use "Undergrad evaluation worksheet"). You are not required to turn this in.
- If in-person, record a session to watch for completion of the "Student Self-Evaluation" form. If 100% teletherapy, plan a time to complete the self-eval as soon after a session as possible (so that it is fresh in your mind).
- Write 2 objectives for yourself as a clinician (at the bottom of the "Student Self-Evaluation Form.") Make these meaningful, measurable, and attainable by the end of the semester.
  - o Examples: "I will read 2 evidenced-based articles related to my client's disorder and implement at least 2 strategies into therapy." "I will develop a family-friendly home program for my client to promote carryover in the client's home." "I will develop a data sheet that can be used effectively every session to gather quantitative and qualitative data on my client's performance."
- Email or hand-in your Student Self-Evaluation form at least 24 hours before our scheduled meeting.
- Attend your scheduled meeting with me. This will take about 30 minutes.
- Billing forms are also due around this time – look for an email from myself and/or Ms. Skebba about when to fill these out.

## Ending Therapy Checklist

- Determine when you will hold your last session. Clinic ends the week 12/4/23.
- Confirm the final session with client/caregivers and schedule a time during that last session to hold the final meeting.
  - o Please coordinate this with my schedule to ensure my availability during that time as well.
- Prepare the visual information that is needed for the final meeting with caregivers. (For some, that may be a chart of progress and a list of procedures; for others, the whole FTR may be required).
  - o Regardless, ensure your post-baseline results are completed and ready to be discussed with client/caregivers during the final meeting. This means that ideally you are not leaving your final baselining for the last session.
- Have your yellow sheet (i.e., "Case Recommendations") available during your final meeting to ask client/caregivers about interest for fall semester.
- Following the final meeting with clients/caregivers, finalize FTR and send me an email when it is ready for me to print.
- Complete final SOAP note and fill out billing form, checking your dates/times for the second half of the semester.
- Schedule a final meeting with me to go over paperwork and grades (plan for 30 minutes).
- Submit hours via Calipso, preferably before the final meeting with me.
- Attend your final meeting, bringing your Billing Form and yellow sheet. Be sure your FTR is signed on ClinicNote
- Congrats! Enjoy your time off!

### Clinical Practicum Assignment Schedule Tuesday, Wednesday, Thursday

Dates	Assignment
Week 1 09/4/23	Receive clinical assignments, review client files, schedule clients, etc.
Week 2 09/11/23	Therapy

Week 3 09/18/23	Therapy
Week 4 09/25/23	Therapy 1st draft of final therapy report due on Tuesday <b>9/26/23 ish</b>
Week 5 10/02/23	Therapy
Week 6 10/09/23	Therapy
Week 7 10/16/23	Therapy Midterm Conferences
Week 8 10/23/23	Therapy Midterm Conferences
Week 9 10/30/23	Therapy
Week 10 11/06/23	Therapy
Week 11 11/13/23	Therapy
Week 12 11/20/23	Therapy <b>Turkey Day 11/23/23</b>
Week 13 11/27/23	Therapy
Week 14 12/04/23	Last day of therapy is <b>12/07/23</b> Final therapy sessions (parent conferences are usually scheduled for the last day of therapy), schedule final supervisory conference
Week 15 12/11/23	Final supervisory conferences Final therapy report (completed copy) due on <b>Tuesday 12/12/23</b>

Clock hours need to be in Calipso, Therapy Schedule Form due, note to future clinician(s) due, return all borrowed materials to the resource room.

**SELF EVALUATION OF THERAPY**

Please fill out the following after each session. This information will be used for the purpose of improving the quality of your (our) therapy with the client and the quality of supervision being provided. Please include comments that are relevant and remember, sometimes not saying says more than words! Thanks.

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

2. I would like more information / feedback regarding:

3. Any other questions, comments, or concerns:

4. Please indicate, by circling, your level of comfort (your understanding of what you did in therapy and why, and your ability to be flexible making changes while engaged in therapy).

1	2	3	4	5	6	7
Highly Uncomfortable						Highly Comfortable

5. Please approximate, by circling on the continuum, where you felt you were during most of this session.

**Anderson's Continuum of Supervision**

Evaluation-Feedback	Transitional Stage	Self-Supervision Stage
_____   _____   _____		

I/we spent approximately \_\_\_\_\_ minutes planning for this session.

*"The dictionary is the only place where success comes before work." Mark Twain*



## Clinical Practicum

### CSD 794

Supervisor: Amanda Pagel M.S., CCC-SLP  
Phone: 715-346-2577  
Email: [apagel@uwsp.edu](mailto:apagel@uwsp.edu)

Office: 044B

Welcome to clinical practicum! I am thrilled to be working with you and your client this semester!

### Objectives

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

The knowledge, skills, and disposition criteria for this course are consistent with the ASHA standards for Clinical Competence in Speech Language Pathology and the Wisconsin Educator Preparation Standards.

#### ASHA Standards for Clinical Competence in Speech Language Pathology

1. To develop clinical skills in oral and written or other forms of communication sufficient for entry into professional practice. (ASHA Standard V-A)
2. To develop clinical skill in providing intervention to clients with communicative and/or swallowing disorders (ASHA Standard V-B, 2a-g)
3. To develop interaction and personal qualities for effective professional relationship with clients, families, caregivers, and other professionals (ASHA Standard V-B, 3a-c)
4. To adhere to the ASHA Code of Ethics, and behave professionally (ASHA Standard V-B, 3d) <https://www.asha.org/siteassets/publications/code-of-ethics-2023.pdf>

#### Wisconsin Educator Preparation Standards:

**Standard #1 Pupil Development:** 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.

**Standard #2 Learning Differences:** The clinician understands how children learn and develop, and can provide learning opportunities that support their intellectual, social, and personal

development.

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

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

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

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

**Standard #7 Planning for Instruction:** The clinician plans instruction based upon knowledge of subject matter, students, the community, and curriculum goals.

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

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

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

### Before Clinic Begins

1. Stop by and see me for your clinical assignment where you'll receive a client information form (yellow sheet) and the client file review form. If you have a co-clinician, coordinate a time to stop by together. Please bring your schedule as we will discuss possible therapy times based on the client preferences and your availability.
  - a. Once a time has been determined, contact the client/caregiver to set up therapy. Please do this before our initial supervisory meeting.
  - b. When contacting the client/caregiver the first time, please use the phone in the CMC. If you get voicemail, please leave your name and personal cell phone number for a return call. This is a great time to review your voicemail greeting. You can continue to use the CMC phone if you prefer, but it does not accept voicemails. You can also email the client/caregiver. Please make note of your correspondence.
  - c. Once a day/time has been determined, please sign up for a therapy room. Each room has a calendar and you can reserve a room for the semester. Directions are on the form. Please make note to share this with me and fill out a white card for the front office.
2. Please bring the following items to our initial supervisory meeting:
  - a. Client review form (one per clinician)

- b. Ideas for initial session. You can utilize the Therapy Plan template on your S or P drive to finalize after we meet.
- c. Be aware of clinic policies and procedures as stated in the Clinic Handbook (CANVAS)

#### **For Each Session**

1. Written lesson plan
  - a. What are the short term objectives you are targeting?
  - b. What activities are you using? How do they support your goals?
  - c. What supplies do you need?
2. Be in your therapy room no later than 15 minutes before your session. If someone is in your room up until your time, have materials ready to quickly move in.
3. Be in the lobby ready to greet your client at least 5 minutes before your session.
4. Clean up after each session. Wipe down tables, light switches etc. Also, clean and sanitize all toys and materials.
5. Write SOAP notes immediately after your session if possible. Otherwise, complete your SOAP within 24 hours.

#### **General Information Regarding Practicum**

##### **1. Attendance**

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

##### **2. Weekly Supervisory Meetings**

Supervisory meetings are held once a week. This is a time set aside for us to discuss your client and their 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. Stop in anytime if you have questions or concerns outside of our scheduled meeting.

##### **3. Therapy Plans**

We will discuss therapy format at our first meeting. When planning out activities, think in terms of no longer 10-15 minutes per activity for a preschooler and be prepared for one activity to "bomb," so plan additional back up activities. For adults, be aware that conversation often IS the activity and therefore, not a "waste of time."

##### **4. Written Assignments**

This course provides an opportunity for students to learn and improve their clinical writing skills.

Students will complete a variety of written assignments including SOAP notes, self-evaluations, and therapy reports. This meets ASHA Standard V-A: The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

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.

**5. Data Collection**

Data must be taken during each therapy session. This will be used in your SOAP note documentation. Please keep your data collection notes for the end of the semester.

**6. Reflection/Feedback**

Complete daily self-evaluation within 24 hours after your session. These are designed to inspire true reflection of your session and critical thinking. This form can be found in either the S or P drive. If you are a clinician pair, you can both reflect on the same form, just initial the paragraphs.

**7. Video Self-Eval**

You complete a video self-evaluation prior to midterm. Use the form in the syllabus. From this evaluation, we will generate 1-3 clinical goal(s) for you for the remainder of the semester. This is an opportunity for us to have open dialogue about what you see and perceive about your clinical skills.

**8. Observation**

I will observe your sessions weekly and with more frequency at the beginning of the semester. The amount of time will ebb and flow as the semester progresses. After each observed session I will provide some short verbal or written feedback. More robust discussions can occur during our weekly meeting.

**9. Clock hours**

Please track your clinical clock hours in a way that makes sense for you. We will compare time at the end when submissions are due.

**10. Co-Clinicians**

The expectation with clinical partners is the workload is 50/50. This may mean that you take turns writing SOAP notes, calling family members or other professionals. You both must be actively engaged in the therapy session. You may be paired someone you don't know well or don't have much in common with. It would benefit you to talk with your partner about learning styles, level of comfort with leading, extroverted, or introverted personality, attention to detail and timelines and outside responsibilities like work, classes, athletics etc. This is an opportunity to learn, collaborate, compromise, and empower each other.

- a. I will intervene if I observe one person controlling the session or hanging back and being too passive.

- b. I will check-in with each clinician individually to talk about equity and shared workload.
- c. If you are having difficulty working with your co-clinician, please come see me, but only after you have had a mature discussion with your partner.

#### **11. Telehealth**

If clients are via telehealth, please get confirmation that this mode is still preferred. Work with me to make sure your email is permitted for longer zoom calls. Make sure you are in a location to ensure complete confidentiality. We can discuss more about best practices for serving our online clients.

#### **12. Inclusivity Statement**

It is my intent that students from all diverse backgrounds and perspectives be well-served by this course, that students' learning needs be addressed both in and out of class, and that the diversity that the students bring to this class be viewed as a resource, strength and benefit. It is my intent to present materials and activities that are respectful of diversity: gender identity, sexuality, disability, age, socioeconomic status, ethnicity, race, nationality, religion, and culture. Your suggestions are encouraged and appreciated. Please let me know ways to improve the effectiveness of the course for you personally, or for other students or student groups.

### **General Clinic Information**

#### **1. Dress Code**

Students must adhere to the clinic dress code which is found in the Clinical Practicum Handbook on CANVAS.

#### **2. Child Safety**

- a. Do not leave a child unattended (e.g., if have forgotten something, bring the client along)
- b. An adult must be with children that are washing their hands
- c. Do not let children stand on chairs, lean back on chairs, sit on counters etc.
- d. Do not plan art activities that require glue guns
- e. Encourage walking in the hallway for everyone's safety
- f. Avoid using food as a reinforcer unless approved by the parent. Talk to me before planning cooking/baking activities
- g. Monitor how the child uses the automatic doors
- h. Consult with the me if you have questions on behavior management

#### **3. Infection Control and Universal Procedures**

Students must work to prevent the spread of infection/illness by properly cleaning the therapy room after each session. Students must use disinfectant wipes to clean all table surface, chairs, high-touch points (doorknobs, light switches) and all clinic materials that are to be returned to the CMC. Additionally, leave all doors open between session to allow for ventilation.

**4. 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 disability that may require a reasonable modification for you to participate fully in this course. All accommodations should be approved through the Disability Resource Center (DRC) <https://www3.uwsp.edu/datc/pages/apply-for-accommodations.aspx>

**5. Professionalism**

Your conduct, the attitude you display, and your attire influence your credibility as a professional. Being prepared, being organized, being respectful of individuals you interact with during your clinical experience (client, client’s family, supervisors, other student clinicians, other associated professionals, etc.), and showing confidence and respect for others are important qualities. Students will have to follow the Clinic Dress Code and dress professionally. The Clinic Handbook can be found on CANVAS.

**6. CMC**

Please be aware of the CMC policies and procedures for reserving and checking out materials. Utilize the graduate assistant on duty with any questions, concerns or material requests.

**7. Building Safety**

Fire alarms will sound indicating you, and your client, should exit the building. If there is an active shooter, please release the magnet on the door jam, lock the door and turn out the lights. Await instructions from officials (don’t open the door unless you know there is an all clear).

**Grading**

Students will be graded at the mid-term and end of the semester (except summer). A copy of the senior grading form can be found on CANVAS. Graduate students will be graded using CALIPSO. Graduate students must earn a B or better for clock hours to count.

A 95.5-100/4.27-4.49	B- 81-83.99/3.1-3.33	D+ 66.5-70.00
A- 91-95.49/3.96-4.26	C+ 78-80.00/2.72-3.0	D 61-66.49
B+ 88-90.99/3.65-3.95	C 74-77.99/2.5-2.71	F Below 61.0
B 84-87.99/3.34-3.64	C- 71-73.99	

## CLIENT FILE REVIEW COMPLETE BEFORE OUR SECOND 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:**

## Starting Therapy Checklist

- ✓ Receive Welcome Email
- ✓ Read Syllabus in its entirety
- Meet me briefly (10-15 minutes) on the first day of the semester to get your clinic assignment. You can email me ahead of time to claim a specific time, or feel free to stop by at any time during that day.
  - o We will also talk about some scheduling considerations, including recommendations for dosage, day/time, and treatment room options.
- Complete a file review.
  - o You can complete a file review via ClinicNote by accessing case history and recent semesters' SOAPs and FTR under "Files." Ensure you are reading all files – including case history forms and IEPs.
  - o If you need additional information that you cannot find in ClinicNote, please check out the paper file from the front desk.
  - o Complete the "Client File Review Form" (Included below in this syllabus) and bring (hard copy or electronically) to our next individual meeting.
- Please schedule your therapy sessions ASAP by contacting the client/parents. Clinic begins the second week of the semester. Let me know when you have it scheduled ASAP and sign up for the therapy room (by adding your name/time to the sheet on the door).
- Fill out clinic card (found at the front office) and hand-in to Christine.
- Schedule a 45-minute meeting with me to discuss the background information on your client and your plan for the first day of therapy. This should happen toward the end of the first week of the semester.
  - o If you have a partner, please coordinate this so that you are both present.
  - o Complete the attached "Client File Review" and bring to this meeting.
  - o Have your lesson plan for the first session drafted by this time.
  - o 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.
- Let me know what questions, concerns, thoughts you have as you prepare for your first session!



## Midterm Checklist

- Receive email alerting you to begin the midterm process. This will be sent out the week of October 9th.
- Following the email's instructions, sign up for a midterm meeting with me for the week of October 16<sup>th</sup> or October 23<sup>rd</sup> (Partners should sign up for these meetings as individuals).
- Ensure access to the "Resources for Clinicians" folder, looking over forms in the "Midterm" subfolder. (All forms needed for the midterm process are located here.)
- Review the appropriate grading form to familiarize yourself with the skills that I am tasked with grading (Graduate students, use "Grad Student Calipso Worksheet;" Undergrads use "Undergrad evaluation worksheet"). You are not required to turn this in.
- If in-person, record a session to watch for completion of the "Video Self-Evaluation" form. If 100% teletherapy, plan a time to complete the self-eval as soon after a session as possible (so that it is fresh in your mind).
- Write 2 objectives for yourself as a clinician (at the bottom of the "Video Self-Evaluation Form.") Make these meaningful, measurable, and attainable by the end of the semester.
  - o Examples: "I will read 2 evidenced-based articles related to my client's disorder and implement at least 2 strategies into therapy." "I will develop a family-friendly home program for my client to promote carryover in the client's home." "I will develop a data sheet that can be used effectively every session to gather quantitative and qualitative data on my client's performance."
- Email or hand-in your Video Self-Evaluation form at least 24 hours before our scheduled meeting.
- Attend your scheduled meeting with me. This will take about 45 minutes.
- Billing forms are also due around this time – look for an email from myself and/or Christine about when to fill these out.

## Video Self-Evaluation For Midterm

### Clinic

**Please complete this individually and turn in a hard copy to me by the date indicated above. Be thoughtful and reflective.**

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

### Ending Therapy Checklist

- Determine when you will hold your last session. Clinic ends the week of December 4<sup>th</sup>, 2023.
- Confirm the final session with client/caregivers and schedule a time during that last session to hold the final meeting.
  - Please coordinate this with my schedule to ensure my availability during that time as well.
- Prepare the visual information that is needed for the final meeting with caregivers. (For some, that may be a chart of progress and a list of procedures; for others, the whole FTR may be required).
  - Regardless, ensure your post-baseline results are completed and ready to be discussed with client/caregivers during the final meeting. This means that ideally you are not leaving your final baselining for the last session.
- Have your yellow sheet (i.e., "Case Recommendations") available during your final meeting to ask client/caregivers about interest for fall semester.
- Following the final meeting with clients/caregivers, finalize FTR and send me an email when it is ready for me to print.
- Complete final SOAP note and fill out billing form, checking your dates/times for the second half of the semester.
- Schedule a final meeting with me to go over paperwork and grades (plan for 30 minutes).
- Submit hours via Calipso, preferably before the final meeting with me.
- Attend your final meeting, bringing your Billing Form and yellow sheet. I will print out your FTR and have you sign it at this meeting.
- Congrats! Enjoy your time off!



## CSD 794: Clinical Practicum Fall 2023

Supervisor: Trescha Kay, MA CCC-SLP  
Office Phone: (715) 346-3588

Office: CPS 042C  
Email: [tkay@uwsp.edu](mailto:tkay@uwsp.edu)

**NOTE: Covid-19 is still something we need to be very cautious about. It is everyone's responsibility to keep our clients, ourselves, our peers, and our clinic healthy. You need to wear a mask whenever you are in the department. This masking policy extends to clients as well, however, we will make exceptions on a case-by-case basis. If you have a client who cannot mask (for whatever reason), you need to wear a face shield as well. These are available at the front office. The first one is free to clients and students.**

**Additionally, it is the responsibility of the clinician to complete cleaning protocols following each in-person session. This includes wiping down tables, chairs, and doorknobs. You will also need to clean your own therapy materials prior to returning to the CMC. If you have questions about the CMC procedures, see the CMC GA for assistance.**

### Practicum Objectives

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

### General Information Regarding Practicum

#### Attendance

Since clinical practicum is an essential part of your clinical training, it is assumed that you will attend all your weekly therapy sessions with your clients and any weekly meetings with your supervisor. If for any reason you need to cancel a therapy session or a meeting with me, please let me know ASAP. You have my phone number and email, so there is no reason you should not be able to get in touch with me. You are also responsible for contacting your client and the front desk. You may need to make up therapy sessions that you cancel. **If you are really sick (i.e. fever, diarrhea, vomiting, productive cough), please err on the side of caution. We don't want to make our clients sick.**

## Dress Code

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

## Client Cancellations

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

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

## Caregiver Contact

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

## Child Safety in the Clinic

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

- Monitor your child's behavior in terms of getting "too wild" or "too loud"

### **Observation**

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

### **Punctuality**

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

### **Written Assignments**

All clinical writing will be saved and edited in ClinicNote. The self-observation assignments will be saved to the S or P drives. Do not delete my electronic comments, only "resolve". This is how I keep track of what I have commented on and how your writing development is coming along.

### **SOAP Notes**

SOAP notes must be completed after every session. They are due no later than 24 hours after your session. You will revise your notes based on my feedback. Always assume that your SOAP note will be read by another professional outside of clinic.

### **Data Collection**

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

### **Self-Observation**

You are required to complete two self-observations throughout the semester. The intention is for you to notice your techniques, habits, efficacy of treatments, strengths, and weaknesses.

### **Final Therapy Reports (FTR)**

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

### Semester Schedule

Date	Assignment
Week 1 9/5-9/8	Receive clinical assignment, attend initial supervisory meeting, schedule client, plan for start of therapy
Week 2 9/11-9/15	First week of clinic
Week 3 9/18-9/22	Therapy <b>Client status section due 9/24</b>
Week 4 9/25-9/29	Therapy <b>Goals and Objectives section due 10/1</b>
Week 5 10/2-10/6	Therapy <b>Background section due 10/8</b>
Week 6 10/9-10/13	Therapy <b>Self-Observation due 10/15</b>
Week 7 10/16-10/20	Therapy
Week 8 10/23-10/27	<b>Midterm meetings</b>
Week 9 10/30-11/3	Therapy
Week 10 11/6-11/10	Therapy
Week 11 11/13-11/17	Therapy <b>Procedures section due 11/19</b> <b>Self-Observation due 11/19</b>
Week 12 11/20-11/24	Therapy <b>Thanksgiving</b>
Week 13 11/27-12/1	Therapy <b>Summary and Impressions and Recommendations sections due 12/3</b>
Week 14 12/4-12/8	Therapy Last day of clinic is 12/8
Week 15 12/11-12/14	<b>Final Evaluation</b> Clock hours are due in Calipso, Therapy Schedule Form due, return all borrowed materials to the CMC



## Diagnostic Clinical Practicum

Fall 2023

Graduate Level - CSD 791-794

**Supervisor:** Amanda Pagel, M.S., CCC- SLP

**Office:** CPS 044B, 715-346-2577

**Cell Phone:** 920-475-8867 – text/call

**Email:** [apagel@uwsp.edu](mailto:apagel@uwsp.edu)

**Meeting Times:** TBD based on clinicians' and supervisor's schedules

### Course Description

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

### Course Objectives

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

### What to Expect

- **Diagnostic Team Organization:** Three students and one supervisor comprise our diagnostic team this semester. Students are responsible for contacting clients, reviewing files, planning and administering the assessments, and completing all paperwork. While students are not expected to be independent in evaluations at the beginning of the semester, they are expected to intentionally build their independence across each diagnostic.
  - o **Team Lead:** Additionally, team members will alternate taking on the role of team lead. The Team Lead is responsible for: initial contact of client/family, securing reservations for the diagnostic room and materials, and ensuring all paperwork is

completed by team (including billing form). The Team Lead is the supervisor's main point of contact for that case.

- **Schedule:** Our schedule time for completing diagnostics is **Tuesday mornings from 9-11am**. While we have a new client scheduled every other week, we will meet at the same time during our "off" weeks to finalize the previous client and plan for the upcoming client.
- **Attendance:** Attendance is required at all diagnostic evaluations and team meetings. Each student is an integral part of the team upon which the whole team relies. Should you be ill for a diagnostic or meeting, you must contact the supervisor and your team members *immediately* to ensure coverage of your role.
- **Preparing for a diagnostic:** Each team member is responsible for reviewing the client's file *prior* to our biweekly meeting. All members should come to the meeting prepared for an in-depth discussion of the client's file/case history. Additionally, each team member needs to complete and bring in written remarks about the client, disorder, and assessment to the weekly meeting. The team lead will bring the client's file to the weekly meeting. Following a discussion of the client's history, the team will plan out the assessment and assign roles for each member.
- **Diagnostic Reports:** Report formats for various disorders will be provided to assist you in the content and organization of your report. We will typically spend time at the end of each diagnostic session discussing key points to include in the written report. Each member will be assigned a section of the report. The team lead will be in charge of proofreading and editing the entire report before submitting it to the supervisor. Diagnostic reports will be due within one week of the diagnostic evaluation (before our next meeting).
- **Clock Hours:** Please keep track of the number and type of clock hours earned using the appropriate **clock hour log** form. ASHA is now looking for documentation of time spent in "staffing." This means participation in meetings during which evaluation, treatment, and/or recommendations are discussed or formulated, with or without the client present. IEP meetings and exit meetings with clients and/or parents would be considered staffing time. Preparing for diagnostics, scoring tests, transcribing language samples, and meeting with the supervisor or team may not be counted as staffing hours.
- **Professionalism:** Your preparedness, organization, conduct, attire, and grooming influence your credibility as professionals. In addition, respect for your client, family members, co-clinicians, and supervisor, and demonstrating pleasure in what you are doing, greatly contribute to an air of professionalism. Notable attention will be given to the trait of professionalism.
- **Illness:** *Students must NOT attend clinic if they are not feeling well*, and they must follow any isolation or quarantine protocol required by the clinic and university. Please contact your supervisor if extended absences will be necessary so clinic coverage can be arranged.
- **Additional Responsibilities:** The team is responsible for setting up and cleaning up the diagnostic room and reserving and obtaining equipment and supplies. Following the session, please sanitize the table, supplies and instruments used.

# Diagnostic Clinical Practicum

Fall 2023

Graduate Level - CSD 791-794

**Supervisor:** Sarai Holbrook, Ph.D., CCC-SLP

**Office:** CPS 040

**Cell Phone:** 385-414-3993 – text/call

**Email:** sholbroo@uwsp.edu

**Meeting Times:** TBD based on clinicians' and supervisor's schedules

## Course Description

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

## Course Objectives

1. To develop clinical skill in oral and written communication sufficient for entry into professional practices (*ASHA Stan. III-A*)
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## What to Expect

- **Diagnostic Team Organization:** Three students and one supervisor comprise our diagnostic team this semester. Students are responsible for contacting clients, reviewing files, planning and administering the assessments, and completing all paperwork. While students are not expected to be independent in evaluations at the beginning of the semester, they are expected to intentionally build their independence across each diagnostic.
  - o **Team Lead:** Additionally, team members will alternate taking on the role of team lead. The Team Lead is responsible for: initial contact of client/family, securing reservations for the diagnostic room and materials, and ensuring all paperwork is completed by team (including billing form). The Team Lead is the supervisor's main point of contact for that case.

- **Schedule:** Our schedule time for completing diagnostics is **Tuesday mornings from 9-11am**. While we have a new client scheduled every other week, we will meet at the same time during our “off” weeks to finalize the previous client and plan for the upcoming client.
- **Attendance:** Attendance is required at all diagnostic evaluations and team meetings. Each student is an integral part of the team upon which the whole team relies. Should you be ill for a diagnostic or meeting, you must contact the supervisor and your team members *immediately* to ensure coverage of your role (that’s why you have my cell number ☺).
- **Preparing for a diagnostic:** Each team member is responsible for reviewing the client’s file *prior* to our biweekly meeting. All members should come to the meeting prepared for an in-depth discussion of the client’s file/case history. Additionally, each team member needs to complete and bring in written remarks about the client, disorder, and assessment to the weekly meeting. The team lead will bring the client’s file to the weekly meeting (if available). Following a discussion of the client’s history, the team will plan out the assessment and assign roles for each member.
- **Diagnostic Reports:** Report formats for various disorders will be provided to assist you in the content and organization of your report. We will typically spend time at the end of each diagnostic session discussing key points to include in the written report. Each member will be assigned a section of the report. The team lead will oversee proofreading and editing the entire report before submitting it to the supervisor. Diagnostic reports will be due within one week of the diagnostic evaluation (before our next meeting).
- **Clock Hours:** Please keep track of the number and type of clock hours earned using the appropriate **clock hour log** form. ASHA is now looking for documentation of time spent in “staffing.” This means participation in meetings during which evaluation, treatment, and/or recommendations are discussed or formulated, with or without the client present. IEP meetings and exit meetings with clients and/or parents would be considered staffing time. Preparing for diagnostics, scoring tests, transcribing language samples, and meeting with the supervisor or team may not be counted as staffing hours.
- **Professionalism:** Your preparedness, organization, conduct, attire, and grooming influence your credibility as professionals. In addition, respect for your client, family members, co-clinicians, and supervisor, and demonstrating pleasure in what you are doing, greatly contribute to an air of professionalism. Notable attention will be given to the trait of professionalism.
- **Illness:** *Students must NOT attend clinic if they are not feeling well*, and they must follow any isolation or quarantine protocol required by the clinic and university. Please contact your supervisor if extended absences will be necessary so clinic coverage can be arranged.
- **Additional Responsibilities:** The team is responsible for setting up and cleaning up the diagnostic room and reserving and obtaining equipment and supplies. Following the session, please sanitize the table, supplies and instruments used.

## Group Therapy Clinical Practicum - Aphasia

Supervisor: Carly Dinnes

Office: 046C CPS

Phone: 715-346-2101

Email: [cdinnes@uwsp.edu](mailto:cdinnes@uwsp.edu)

Welcome to clinical practicum! This syllabus is similar to the commonly used clinic syllabus; however, it has been modified to better reflect the group therapy experience.

### Objectives

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

The knowledge, skills, and disposition criteria for this course are consistent with the ASHA standards for Clinical Competence in Speech Language Pathology and the Wisconsin Educator Preparation Standards.

### ASHA Standards for Clinical Competence in Speech Language Pathology

1. To develop clinical skills in oral and written or other forms of communication sufficient for entry into professional practice. (ASHA Standard V-A)
2. To develop clinical skill in providing intervention to clients with communicative and/or swallowing disorders (ASHA Standard V-B, 2a-g)
3. To develop interaction and personal qualities for effective professional relationship with clients, families, caregivers, and other professionals (ASHA Standard V-B, 3a-c)
4. To adhere to the ASHA Code of Ethics, and behave professionally (ASHA Standard V-B, 3d)  
<https://www.asha.org/siteassets/publications/code-of-ethics-2023.pdf>

### Wisconsin Teaching Standards:

**Standard #1 Pupil Development:** The teacher understands how pupils grow and develop, recognizing that patterns of learning and development vary individually within and across the cognitive, linguistic, social, emotional, and physical areas. The teacher designs and implements developmentally appropriate and challenging learning experiences for pupils.

**Standard #2 Learning Differences:** The teacher uses his or her understanding of individual pupil differences and diverse cultures and communities to ensure inclusive learning environments that enable each pupil to meet high standards.

**Standard #3 Learning Environments:** The teacher uses his or her understanding of individual

pupil differences and diverse cultures and communities to ensure inclusive learning environments that enable each pupil to meet high standards.

**Standard #4 Content Knowledge:** The teacher understands the central concepts, tools of inquiry, and structures of each discipline he or she teaches. The teacher creates learning experiences that make the discipline accessible and meaningful for pupils to assure mastery of the content.

**Standard #5 Application of Content:** The teacher understands how to connect concepts and use differing perspectives to engage pupils in critical thinking, creativity, and collaborative problem solving related to authentic local and global issues.

**Standard #6 Assessment:** The teacher understands and uses multiple methods of assessment to engage pupils in their own growth, to monitor pupil progress, and to guide the teacher's and pupil's decision making.

**Standard #7 Planning for Instruction:** The teacher plans instruction that supports every pupil in meeting rigorous learning goals by drawing upon knowledge of content areas, curriculum, cross-disciplinary skills, pedagogy, pupils, and pupils' communities.

**Standard #8 Instructional Strategies:** The teacher understands and uses a variety of instructional strategies to encourage pupils to develop a deep understanding of content areas and their connections, and to develop skills to apply knowledge in a meaningful way.

**Standard #9 Professional Learning and Ethical Practice:** The teacher engages in ongoing professional learning. The teacher uses evidence to continuously evaluate the teacher's practice, including the effects of the teacher's choices and actions on pupils, their families, other educators, and the community. The teacher adapts the teacher's practice to meet the needs of each pupil.

**Standard #10 Leadership and Collaboration:** The teacher seeks appropriate leadership roles and opportunity in order to take responsibility for pupil learning, to collaborate with pupils, their families, educators, and the community, and to advance the profession.

### Before Clinic Begins

1. Stop by and see me for your clinical assignment where you'll receive information about the group you'll see for therapy this semester. If you have a co-clinician, coordinate a time to stop by together. If applicable (because some groups already have a set therapy time), please bring your schedule as we will discuss possible therapy times based on the client preferences and your availability.
  - a. Once a time has been determined, contact the clients to set up therapy. Please do this before our initial supervisory meeting.
  - b. When contacting clients/caregivers the first time, please use their preferred contact information. If calling, use the phone in the CMC. If you get voicemail, please leave your name and personal cell phone number for a return call. This is a great time to review your voicemail greeting. You can continue to use the CMC phone if you prefer, but it does not accept voicemails. You can also email the client/caregiver. Please make note of your correspondence.
  - c. Once a day/time has been determined, please sign up for a therapy room. Each room has a calendar and you can reserve a room for the semester. Directions are on the form.

Please make note to share this with me and fill out a white card for the front office.

2. Please bring the following items to our initial supervisory meeting:
  - a. Client review form (one per clinician)
  - b. Ideas for initial session. You can utilize the Therapy Plan template on your S or P drive to finalize after we meet.
  - c. Be aware of clinic policies and procedures as stated in the Clinic Handbook (CANVAS)

#### **For Each Session**

1. Written lesson plan
  - a. What are the short term objectives you are targeting?
  - b. What activities are you using? How do they support your goals?
  - c. What supplies do you need?
2. Be in your therapy room no later than 15 minutes before your session. If someone is in your room up until your time, have materials ready to quickly move in.
3. Be in the lobby ready to greet your client at least 5 minutes before your session.
4. Clean up after each session. Wipe down tables, light switches etc. Also clean and sanitize all toys and materials.
5. If applicable, write SOAP notes immediately after your session if possible. Otherwise, complete your SOAP within 24 hours.

#### **General Information Regarding Practicum**

##### **1. Attendance**

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

##### **2. Weekly Supervisory Meetings**

Supervisory meetings are held once a week. This is a time set aside for us to discuss your client and their 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. Stop in anytime if you have questions or concerns outside of our scheduled meeting.

##### **3. Therapy Plans**

We will discuss therapy format at our first meeting. When planning out activities, think in terms of no longer 10-15 minutes per activity for a preschooler and be prepared for one activity to

“bomb,” so plan additional back up activities. For adults, be aware that conversation often IS the activity and therefore, not a “waste of time.”

**4. Written Assignments**

This course provides an opportunity for students to learn and improve their clinical writing skills. Students will complete a variety of written assignments including SOAP notes, self-evaluations, and therapy reports. This meets ASHA Standard V-A: The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

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.

**5. Data Collection (if applicable)**

Data must be taken during each therapy session. This will be used in your SOAP note documentation. Please keep your data collection notes for the end of the semester.

**6. Reflection/Feedback**

Complete daily self-evaluation within 24 hours after your session. These are designed to inspire true reflection of your session and critical thinking. This form can be found in either the S or P drive. If you are a clinician pair, you can both reflect on the same form, just initial the paragraphs.

**7. Video Self-Eval (tentative; discuss with Dr. Dinnes)**

You complete a video self-evaluation prior to midterm. Use the form in the syllabus. From this evaluation, we will generate 1-3 clinical goal(s) for you for the remainder of the semester. This is an opportunity for us to have open dialogue about what you see and perceive about your clinical skills.

**8. Observation**

I will observe your sessions weekly and with more frequency at the beginning of the semester. The amount of time will ebb and flow as the semester progresses. After each observed session I will provide some short verbal or written feedback. More robust discussions can occur during our weekly meeting.

**9. Clock hours**

Please track your clinical clock hours in a way that makes sense for you. We will compare time at the end when submissions are due.

**10. Co-Clinicians**

The expectation with clinical partners is the workload is 50/50. This may mean that you take turns writing SOAP notes, calling family members or other professionals. You both must be actively engaged in the therapy session. You may be paired someone you don't know well or don't have much in common with. It would benefit you to talk with your partner about learning



styles, level of comfort with leading, extroverted, or introverted personality, attention to detail and timelines and outside responsibilities like work, classes, athletics etc. This is an opportunity to learn, collaborate, compromise, and empower each other.

- a. I will intervene if I observe one person controlling the session or hanging back and being too passive.
- b. I will check-in with each clinician individually to talk about equity and shared workload
- c. If you are having difficulty working with your co-clinician, please come see me, but only after you have had a mature discussion with your partner.

#### **11. Telehealth**

If clients are via telehealth, please get confirmation that this mode is still preferred. Work with me to make sure your email is permitted for longer zoom calls. Make sure you are in a location to ensure complete confidentiality. We can discuss more about best practices for serving our online clients.

#### **12. Inclusivity Statement**

It is my intent that students from all diverse backgrounds and perspectives be well-served by this course, that students' learning needs be addressed both in and out of class, and that the diversity that the students bring to this class be viewed as a resource, strength and benefit. It is my intent to present materials and activities that are respectful of diversity: gender identity, sexuality, disability, age, socioeconomic status, ethnicity, race, nationality, religion, and culture. Your suggestions are encouraged and appreciated. Please let me know ways to improve the effectiveness of the course for you personally, or for other students or student groups.

### **General Clinic Information**

#### **1. Dress Code**

Students must adhere to the clinic dress code which is found in the Clinical Practicum Handbook on CANVAS.

#### **2. Child Safety**

- a. Do not leave a child unattended (e.g., if have forgotten something, bring the client along)
- b. An adult must be with children that are washing their hands
- c. Do not let children stand on chairs, lean back on chairs, sit on counters etc.
- d. Do not plan art activities that require glue guns
- e. Encourage walking in the hallway for everyone's safety
- f. Avoid using food as a reinforcer unless approved by the parent. Talk to me before planning cooking/baking activities
- g. Monitor how the child uses the automatic doors
- h. Consult with the me if you have questions on behavior management

#### **3. Infection Control and Universal Procedures**

Students must work to prevent the spread of infection/illness by properly cleaning the therapy room after each session. Students must use disinfectant wipes to clean all table surface, chairs, high-touch points (doorknobs, light switches) and all clinic materials that are to be returned to the CMC. Additionally, leave all doors open between session to allow for ventilation.

**4. 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 disability that may require a reasonable modification for you to participate fully in this course. All accommodations should be approved through the Disability Resource Center (DRC) <https://www3.uwsp.edu/datc/pages/apply-for-accommodations.aspx>

**5. Professionalism**

Your conduct, the attitude you display, and your attire influence your credibility as a professional. Being prepared, being organized, being respectful of individuals you interact with during your clinical experience (client, client’s family, supervisors, other student clinicians, other associated professionals, etc.), and showing confidence and respect for others are important qualities. Students will have to follow the Clinic Dress Code and dress professionally. The Clinic Handbook can be found on CANVAS.

**6. CMC**

Please be aware of the CMC policies and procedures for reserving and checking out materials. Utilize the graduate assistant on duty with any questions, concerns or material requests.

**7. Building Safety**

Fire alarms will sound indicating you, and your client, should exit the building. If there is an active shooter, please release the magnet on the door jam, lock the door and turn out the lights. Await instructions from officials (don’t open the door unless you know there is an all clear).

**Grading**

Students will be graded at the mid-term and end of the semester (except summer). A copy of the senior grading form can be found on CANVAS. Graduate students will be graded using CALIPSO. **Graduate students must earn a B or better for clock hours to count.**

A 95.5-100/4.27-4.49	B- 81-83.99/3.1-3.33	D+ 66.5-70.00
A- 91-95.49/3.96-4.26	C+ 78-80.00/2.72-3.0	D 61-66.49
B+ 88-90.99/3.65-3.95	C 74-77.99/2.5-2.71	F Below 61.0
B 84-87.99/3.34-3.64	C- 71-73.99	

## OPTIONAL FORMS

### COMPLETE AFTER OUR FIRST MEETING

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

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

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

Summarize the case & discuss in broad terms the intervention plan. Make sure you look at final therapy reports, IEPs/IFSPs, medical reports, case history form, and other relevant information in the file. Think about the client as a total communicator, not a list of goals. How does the client communicate (strengths/weaknesses)? What does the client need to learn in order to communicate more effectively?

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

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

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

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

|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

1      2      3      4      5      6      7      8      9      10

Justify your response:

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

## CLIENT FILE REVIEW COMPLETE BEFORE OUR SECOND 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:

Name \_\_\_\_\_

### Video Self-Evaluation

Clinic

**Please complete this individually and turn in a hard copy to me by the date indicated above. Be thoughtful and reflective.**

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

## Starting Therapy Checklist

- ✓ Receive Welcome Email
- ✓ Read Syllabus in its entirety
- Meet me briefly (10-15 minutes) on the first day of the semester to get your clinic assignment. You can email me ahead of time to claim a specific time, or feel free to stop by at any time during that day.
  - o We will also talk about some scheduling considerations, including recommendations for dosage, day/time, and treatment room options.
- Complete a file review.
  - o You can complete a file review via ClinicNote by accessing case history and recent semesters' SOAPs and FTR under "Files." Ensure you are reading all files – including case history forms and IEPs.
  - o If you need additional information that you cannot find in ClinicNote, please check out the paper file from the front desk.
  - o Complete the "Client File Review Form" (Included below in this syllabus) and bring (hard copy or electronically) to our next individual meeting.
- Please schedule your therapy sessions ASAP by contacting the client/parents. Clinic begins the second week of the semester. Let me know when you have it scheduled ASAP and sign up for the therapy room (by adding your name/time to the sheet on the door).
- Fill out clinic card (found at the front office) and hand-in to Mrs. Skebba.
- Schedule a 45-minute meeting with me to discuss the background information on your client and your plan for the first day of therapy. This should happen toward the end of the first week of the semester.
  - o If you have a partner, please coordinate this so that you are both present.
  - o Complete the attached "Client File Review" and bring to this meeting.
  - o Have your lesson plan for the first session drafted by this time.
  - o 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.
- Let me know what questions, concerns, thoughts you have as you prepare for your first session!

## Midterm Checklist

- Receive email alerting you to begin the midterm process. This will be sent out the week of 10/16 – 10/20 to schedule for the week of 10/23 – 10/27.
- Following the email's instructions, sign up for a midterm meeting with me for the week of 10/23 – 10/27 (Partners should sign up for these meetings as individuals).
- Ensure access to the "Resources for Clinicians" folder, looking over forms in the "Midterm" subfolder. (All forms needed for the midterm process are located here.)
- Review the appropriate grading form to familiarize yourself with the skills that I am tasked with grading (Graduate students, use "Grad Student Calipso Worksheet;" Undergrads use "Undergrad evaluation worksheet"). You are not required to turn this in.
- If in-person, record a session to watch for completion of the "Student Self-Evaluation" form. If 100% teletherapy, plan a time to complete the self-eval as soon after a session as possible (so that it is fresh in your mind).
- Write 2 objectives for yourself as a clinician (at the bottom of the "Student Self-Evaluation Form.") Make these meaningful, measurable, and attainable by the end of the semester.
  - o Examples: "I will read 2 evidenced-based articles related to my client's disorder and implement at least 2 strategies into therapy." "I will develop a family-friendly home program for my client to promote carryover in the client's home." "I will develop a data sheet that can be used effectively every session to gather quantitative and qualitative data on my client's performance."
- Email or hand-in your Student Self-Evaluation form at least 24 hours before our scheduled meeting.
- Attend your scheduled meeting with me. This will take about 30 minutes.
- Billing forms are also due around this time – look for an email from myself and/or Ms. Skebba about when to fill these out.



### Ending Therapy Checklist

- Determine when you will hold your last session. Clinic ends the week 12/4 – 12/8.
- Confirm the final session with client/caregivers and schedule a time during that last session to hold the final meeting.
  - o Please coordinate this with my schedule to ensure my availability during that time as well.
- Prepare the visual information that is needed for the final meeting with caregivers. (For some, that may be a chart of progress and a list of procedures; for others, the whole FTR may be required).
  - o Regardless, ensure your post-baseline results are completed and ready to be discussed with client/caregivers during the final meeting. This means that ideally you are not leaving your final baselining for the last session.
- Have your yellow sheet (i.e., “Case Recommendations”) available during your final meeting to ask client/caregivers about interest for fall semester.
- Following the final meeting with clients/caregivers, finalize FTR and send me an email when it is ready for me to print.
- Complete final SOAP note and fill out billing form, checking your dates/times for the second half of the semester.
- Schedule a final meeting with me to go over paperwork and grades (plan for 30 minutes).
- Submit hours via Calipso, preferably before the final meeting with me.
- Attend your final meeting, bringing your Billing Form and yellow sheet. Be sure your FTR is signed on ClinicNote
- Congrats! Enjoy your time off!

Tentative Schedule:

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

(complete tasks as they are applicable to your experience)

Week of 9/5 – 9/8	Getting started, e.g., meet together, schedules, room assignments, etc.
Week of 9/11 – 9/15	Baseline/pre-test; rough draft of objectives for your client; begin therapy syllabus
Week of 9/18 – 9/22	Solidify LTGs and STOs
Week of 9/25 – 9/29	<p><b>First</b> draft of the beginning of your Final Therapy Report is due. See Canvas for form. It should include:</p> <ul style="list-style-type: none"><li>• all necessary identifying information,</li><li>• background information (this section usually includes when the client was referred, by whom &amp; why, a brief description of those initial concerns, when client began to receive therapy, and a brief statement on their progress)</li><li>• Status at the beginning of therapy (this section usually contains information from your initial testing/observations; and</li><li>• your goals and objectives written in standard format and reflecting your baseline information).</li></ul> <p>Updates to the FTR will occur throughout the semester as your client progresses.</p>
Week of 10/16 – 10/20	Video self-evaluation is due at the end of the week
Week of 10/23 – 10/27	Midterm evaluation--I'd like for your video self-evaluations to be completed prior to the midterm conference
Week of 12/4 – 12/8 (last therapy day of week)	Final conference with client and/or family
Week of 12/11 – 12/15	Final conferences; final therapy report due in completed form after the conference

## Documentation Guide for SOAPS

### 1. Documentation of time

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

*The client was seen for 65 minutes*

### 2. Documentation of Consent (tele-therapy)

*The client agreed to have this session conducted through tele-therapy*

### 3. SOAP format

#### (S) Subjective

All relevant information stemming from the session that is not measurable. Not measurable does not suggest unimportant. This would include client or family member comments of success or struggle. In addition, please add your thoughts on their perceived attitude, motivation and level of cooperation. *The client was pleasant, cooperative and well-motivated. Or, The patient's spouse reports improved word finding skills during conversation with friends.*

#### (O) Objective

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

#### (A) Assessment

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

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

#### (P) Plan

The plan indicates the specific recommended direction that the therapist and client should take on subsequent session(s). To write, *"Continue with plan of care"* is inadequate. Instead,

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

Please remember that at the conclusion of the session, you have the responsibility to create a document, that has legal standing. Your documentation should provide answers to the following questions from a speech pathologist's perspective:

What did I see?

What did I hear?

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

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