1987

Speech and Language Pathology Master of Science Degree Program Student Handbook 1987-1988

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I. INTRODUCTION

This manual has been prepared to provide the incoming graduate student with information about the many aspects of the Speech-Language Pathology Program at Nova University. It is intended as a supplement to the University Bulletin and should be retained throughout your association with the department. It is written with the understanding that nothing healthy remains static and that change will reflect growth in the program. The looseleaf form of the manual invites the inclusion of revisions as they occur.

The first section is to provide students with information about the organizational, procedural and instructional aspects of the Speech-Language Pathology Department. The second section covers the policies and procedures of the clinical program. Most forms referred to in this handbook can be found in the appendix.

The terms "student," "clinician," or "student clinician" refer to all graduate student clinicians who are enrolled in clinic practicum. For the sake of brevity, the use of "he/she" has been substituted with the use of "she" when referring to a student clinician, and "he" when referring to a client.

FAILURE TO READ THIS MANUAL DOES NOT EXCUSE STUDENTS FROM THE RULES AND PROCEDURES DESCRIBED HEREIN. PERSONAL FACTORS, ILLNESS, OR CONTRADICTORY ADVICE FROM ANY SOURCE ARE NOT ACCEPTABLE GROUNDS FOR SEEKING EXEMPTION FROM THESE RULES AND PROCEDURES.
II. HISTORY OF THE SPEECH AND LANGUAGE PATHOLOGY PROGRAM

The training program in speech-language pathology grew out of the demonstrated need and interest of several components of Nova University. The Family Center of Nova University had provided audiology and speech-language diagnostic and remedial services for several years on a limited basis as part of the Center's comprehensive evaluation of infants, children and young adults. As the Family center grew, so did the need for more services in the area of communication disorders.

At about the time the Family Center was feeling the need for expanded services, the Fort Lauderdale Oral School for the hearing-impaired had demonstrated a need for more comprehensive hearing testing, on site-monitoring of hearing aids and other amplification systems and comprehensive psycho-educational evaluations.

As these two agencies, functioning independently, were experiencing like needs, professionals in the community approached the Center for the Advancement of Education to initiate a graduate training program in Speech-Language Pathology to prepare students for eligibility for ASHA's Certificate of Competence. Such services were not available in South Florida.

Through the combined effort of several individuals, these concurrent but initially unrelated services were coordinated. The Oral School merged with Nova University during the 1983-84 academic year and in the Spring of that
year, the first graduate training module in speech-language pathology was offered. The program began in an off-campus site with approximately twelve students. At present, there are over one hundred students including those in three Field Based Programs located in Ft. Pierce, Ft. Myers, and South Miami.

Following the Oral School-University merger and the implementation of a graduate program, the new Baudhuin Oral School of Nova University was built. The current building includes a state-of-the-art clinic for all types of communication disorders. Also in this model facility are observation booths for supervising students and for observation by parents, teachers, and other professionals.
III. PROGRAM PHILOSOPHY

The graduate program of study in speech-language pathology is a clinical program whereby students can learn from lectures, demonstrations and "hands-on" participation. Standards of achievement and curricula for the program are developed by individual instructors in conjunction with the program director and in collaboration with professional colleagues. Courses are scheduled to accommodate employed individuals who wish to work towards an advanced degree. Every reasonable effort is made to exercise flexibility in meeting students' work schedules. In addition to the logistics involved in the development of program format, the learning environment reflects the climate set by the Center for the Advancement of Education, under the direction of Dr. Richard Goldman, and by the Family Center, under the direction of Dr. Marilyn Segal. The instructional staff strive to make the student psychologically comfortable, leaving the student "emotionally free" to devote his or her mental efforts to the tasks of acquiring the necessary knowledge and clinical skills.

IV. RELATIONSHIP OF ORAL SCHOOL, CENTER FOR THE ADVANCEMENT OF EDUCATION, AND THE FAMILY CENTER

The Center for the Advancement of Education (CAE), the Family Center, and the Oral School maintain a symbiotic relationship in which CAE provides the instructional facet of the program and the Family Center provides an additional training facility for Speech and Language Pathology majors.
CAE is dedicated to the training and continuing support of teachers, administrators, trainers, clinicians and others working in education and related helping professions. These practitioners serve as the bridge between knowledge base in education and the quality of education experienced by their students. CAE hopes to fulfill its commitment to the advancement of education by serving as a resource for practitioners and by supporting them in their self-development. CAE offers these programs:

**Master's Program for Child Care Administrators**
**Graduate Education Module (GEM) Program**
**Master's Program in Speech and Language Pathology**
**Ed.D. in Early and Middle Childhood**

The Family Center, located on the main campus, provides a network of programs and services designed to strengthen the family. It serves as a training facility for students in clinical and applied developmental psychology. It provides family programs, psycho-educational services, assessment and programs for developmentally delayed children, and conducts research.

The Baudhuin School offers a program for students with communication disorders including hearing, language, and speech. It offers auditory/oral education in different educational settings consistent with each child's current educational need and communicative competency. The school maintains a Model Demonstration Center of Assistive Devices for Hearing Impaired, and Audiologic Habilitation Center, and a Professional Preparation Program for Teachers.
V. DESCRIPTION OF MASTERS DEGREE PROGRAM

Nova's Master of Science Degree Program with a major in Speech-Language Pathology was designed to provide the necessary course work and clinical experience for persons who wish to obtain Florida licensure in Speech and Language Pathology and who wish to prepare for the Certificate of Clinical Competence awarded by the American-Speech-Language-Hearing Association (ASHA).

The Speech and Language Pathology major is offered only at the master's degree level. However, interested undergraduate students or persons with baccalaureate degrees in unrelated disciplines can obtain necessary background courses by enrolling in the prerequisite course program. In this program, four courses are offered, one each semester. These courses provide essential background information and also help to satisfy some of the coursework requirements established by ASHA for its certification process.

The program consists of lecture, clinical demonstration, supervised observation, and supervised practicum experiences in a variety of service delivery settings.

Full Time Faculty


Part Time Faculty

Julana Alphanso  Fran Gordon  Joan Walerstein

Shelly Victor, M.A.
Admission Requirements

The M.S. Program in Speech and Language Pathology was developed to enable individuals to meet licensing and certification requirements. Persons with an undergraduate degree or specialty in speech-language pathology and/or audiology, in most cases, will have met the requirements for prerequisite and related area courses.

Persons eligible for admission to the program are:

1. Individuals with a bachelor's degree with a specialty in speech-language pathology and/or audiology with a cumulative grade point average of 3.0 (B) or above (on a 4 point scale) on all coursework in the major or specialty. Persons with less than a 3.0 (B) average enter the program on a probationary status and must earn a 3.0 (B) average for the first six-credit hours taken in order to remain in the program and to remove the probationary status.

2. Individuals with a B.A. or B.S. in a major other than speech-language pathology enter the program taking the prerequisite course sequence and must maintain a 3.0 (B) average in order to begin the graduate sequence.

3. Students completing a bachelor's degree may begin taking the prescribed prerequisite and related area courses. A minimum grade point average of 3.0 must be maintained in the speech-language prerequisite courses. Any prerequisite course with a grade lower than "C" must be repeated (one time only) and a grade of "B" or "A" achieved.
4. Students who have submitted three letters of reference from colleagues or other persons who know the student's work and an official transcript, sent directly to the Speech and Language Pathology Department.

5. Students who have submitted proof to the department that they have obtained student/professional liability insurance coverage. (See discussion of liability insurance).

Program Requirements and Transfer Credit

Thirty-nine credits of graduate work (exclusive of labs and practicums), 25 hours (minimum) of guided clinical observation, and 300 clock-hours (minimum) of supervised clinical experience must be completed for the M.S. degree in Speech-Language Pathology and for meeting the requirements of ASHA. Requirements listed above are minimal requirements and may be increased depending on individual needs.

Transfer of graduate level credit up to a maximum of six semester hours from an accredited institution (with a grade of "A" or "B") may be allowed. These credits must have been earned within the ten years prior to acceptance into the Nova program. Students must submit a written request to the Program Director for approval of transfer credits. A certified copy of the transcripts demonstrating completion of the course(s) must also be submitted. The director will evaluate the request and either approve or deny it on the basis of the relevancy of the transfer credits to the student's program of study.
Prospective graduate students with a background in speech correction and/or audiology may transfer to the graduate program a maximum of 150 clock hours of undergraduate supervised practicum experience with accompanying documentation from the university in which the hours were accumulated. These hours must have been supervised by individuals holding ASHA certification in the appropriate area (speech or audiology).

Program Overview

All students are expected to complete a minimum of 39 credit hours (exclusive of all labs and practicums) in specified required master's level coursework at Nova University. This basic 39 credit hour program is designed so that it meets course requirements for the CCC awarded by ASHA, for Certification in Speech Correction by the Florida State Department of Education, and for state licensure. In addition to the 39 credit hours, students are required to complete a minimum of 25 hours of observation and 300 clock hours of clinical experience under the supervision of program faculty or staff from the University approved clinical affiliates. Supervisors must all hold the CCC in Speech-Language Pathology and/or audiology.

Admission to further coursework in the program beyond the first six graduate credit hours requires completion of the BA/BS degree. Courses are offered evenings and Saturdays and clinical practicums and labs are scheduled with respect to the availability of clients presenting specific disorders and the student's schedule.
Admission to Degree Candidacy

Students majoring in speech-language pathology become eligible for admission to candidacy for the master of science degree after:

1. Completion of two six-credit modules with a 3.0 (B) average. Prerequisite or related courses may not be used for this purpose, but a plan must exist for the completion of such courses. NOTE: It is the student's responsibility to apply for "Admission to Degree Candidacy": by completing the appropriate form and submitting it to the department at the end of the second semester. Only students who have been admitted to degree candidacy will be permitted to enroll for clinical labs/practicums.

2. Submission of a positive recommendation from program faculty who have worked with the student in an instructional and/or supervisory capacity. The basis for this evaluation includes all coursework; clinical work; and the student's communication skills — including speech, oral, and written language skills.

Following completion of the above steps, a review of the student's records by the program faculty will result in one of the following recommendations:

a. unqualified acceptance;
b. probationary status; which may require additional coursework and/or additional clinical hours; speech-language remedial work; health status certification from a designated professional; or,
c. termination from the program.
After the candidacy committee has reviewed the student's files and recommendations, formal letters are mailed to the student indicating her/his status. NOTE: following admission to candidacy, the student must continue to maintain a 3.0 (B) average in both coursework and clinic work in order to remain in the program.

**GRADING**

Speech-language pathology students must maintain a grade point average of at least 3.0 (B) to remain in the program. Students are expected to maintain this average in both clinic practicum and labs as well as in the academic coursework. If a student fails to maintain a 3.0 (B) average in either the coursework or the clinic work (on or off campus), or if student receives a combined total of two or more "C" grades (regardless of the number of credits involved), the student is automatically dropped from the program. When this occurs, the student may not apply for readmission to the program.

Incomplete grades (I) must be made up within six months of the final meeting of the course, as stipulated by the instructor; otherwise, a grade of "F" will automatically appear in this permanent records. An "Incomplete Grade Contract" must be signed by the student and the instructor or supervisor. Incomplete grades are given only when the instructor believes there are legitimate grounds for such a grade.
Students who receive a grade of "D" or "F" in any course, must repeat the course and earn a grade of "A" or "B". In order to receive credit for clock hours completed in any lab or practicum, a grade of "A" or "B" must be earned for the experience. Students who earn a grade of "C", "D", or "F" in any lab or practicum will not receive credit for any clock hours completed; they must repeat the lab/practicum. A course may not be repeated more than once because of a low grade.

The University grading system is as follows:

- **A (4.0)** = Excellent Achievement
- **B (3.0)** = Good Achievement
- **C (2.0)** = Below expectations for a graduate student
- **D (1.0)** = Poor achievement
- **F (0)** = Failure
- **I (0)** = Incomplete

**DEGREE COMPLETION REQUIREMENTS**

To graduate a student must satisfactorily complete a minimum of 39 credits of master's level coursework; any prerequisite and related area courses prescribed in order to meet ASHA certification requirements; and all clinical practicums/labs to fulfill requirements for numbers of clock hours and types of communication disorders. Students in the 39 credit hour basic program may take up to a maximum of five years from the date of their first registration to complete all degree requirements.

Students who are faced with a temporary personal or professional crisis and find that they cannot keep up with their cohort should complete a temporary withdrawal form and
submit it to the program director. Students who officially withdraw may petition the director if they wish to re-enter the program with another cohort, continuing their course of study at the point following the last module for which they received a grade. Students may re-enter the program only once and will be expected to follow all regulations and pay all fees and tuition applying to the new cohort they join and its program sequence.

REGISTRATION

Students at the Ft. Lauderdale campus must register in the department at a date and time announced for each semester. When departmental registration is complete, the students must go to the Registrar's office to pay fees, etc. This must be done by a specified date or a late registration fee may be charged. Students who do not attend the departmental registration will be charged a late fee.

Students in the Field Based Programs will register with the Curriculum Coordinator for each program, generally on the first day of classes for a new module.

All students must meet with a departmental representative to plan a Program of Study by the end of the first semester of coursework. The Program of Study outlines for the student the exact sequence of courses, labs, and practicums the student must take in order to complete the degree on schedule.
Students should note that if they change the sequence in any way, graduation will be delayed. Students who drop a course and reschedule it, must understand that this will delay completion of the program.

GRADUATION

Although a formal graduation ceremony is held once a year in the spring, students may receive their diplomas soon after the completion of the degree requirements whenever that may occur during the year. When the student is in the last semester of academic/clinical work, he/she must apply for graduation and pay a fee in the Registrar's office. The student must also notify the department, in writing, of the intention to graduate. This is essential in order for the department to request the student's records for review. The department will review the student's credentials to determine whether all degree requirements have been met.

GRIEVANCE

When questions about procedures, decisions or judgments occur, counseling is available for the discussion and resolution of differences. Students may also have recourse to more formal avenues of appeal and redress. An appeals policy is available upon request from the Student Affairs Department of the Center for the Advancement of Education.
STUDENT COSTS

Costs include a $30 one-time, non-refundable application fee for students who have not previously applied to a Nova program. Tuition is $195 per credit-hour for all work taken in the program; courses, clinical labs, and practicums. The cost of tuition may change during the course of the student's program. Students who must take additional coursework at the graduate or undergraduate level, register for these additional courses at the tuition rate prevailing at the time in either Nova College or Nova University. Tuition and registration fees must be received at least one week before the first class session; otherwise a $25 late fee will be charged.

Additionally, there is a fee of $30 when the student applies for graduation.

TUITION PAYMENT POLICY

Modules of two courses or more: payment and registration must be received by the Registrar, or for Field Based Programs by the curriculum coordinator, at least one week before the first session; otherwise a $25 late fee will be charged.

Students taking two or more courses may make tuition payments in three installments as follows:

1. one-third of tuition paid at least one week before the first class session;
2. one-third of tuition paid no later than the fifth class session;
3. one-third of tuition paid no later than ninth class session.
A $25 late fee will be charged if any of the three payments is received after the due dates.

Single courses, off-campus practicum, and clinic labs: When taking only one course, practicum, or lab, full payment and registration must be received by the Registrar, or for Field Based Programs by the curriculum coordinator, at least one week before the first class session; otherwise a $25 late fee will be charged. If a single course is taken in conjunction with a practicum and/or lab, tuition payment can be made in three equal payments following the procedure for a module of two or more courses.

TUITION REFUND POLICY

Fees other than tuition are not refundable. Students who wish to receive a refund of tuition must notify, in writing, the director of their reasons for withdrawal. Refunds will be based on the postmark date of written notification. Unless written notification of withdrawal is on file, students are assumed to be active participants and are responsible for tuition payments connected with their signed registration forms whether or not an initial payment has been submitted. In the case of a refund, the following schedule applies:

1. For 100% refund: withdrawal, in writing, prior to the first class session;
2. For 75% refund, withdrawal, in writing, before the second class session, regardless of class attendance;
3. For 50% refund, withdrawal, in writing, before the third class session, regardless of class attendance.

After the third class session, no tuition will be refunded.
FINANCIAL AID

Nova University operates several financial aid programs to assist students in meeting direct and indirect educational expenses. Its financial aid programs derive from federal, state, and private sources. Details of the various programs are available from the Office of Student Financial Planning and Resources, Nova University. The telephone number is (305) 475-7410.

ORIGINAL WORK

Assignments such as course preparations, exams, tests, projects, term papers, practicums, etc., must be the original work of the student. Original work may include the thoughts and words of another, but if this is the case, those ideas or words must be indicated by quotation marks or other accepted reference devices.

Work is not original which has been submitted previously by the author or anyone else for academic credit. Work is not original which has been copied or partially copied from any other source including another student unless copying, sharing, or joint authorship is an expressed part of the assignment. Exams and tests are original work when no unauthorized aid is given, received, or used prior to or during the course of the examination. Students violating this policy will be penalized up to and including expulsion.
PROGRAM SEQUENCE

The course sequence is designed to meet the coursework requirements for the Master of Science Degree in Speech-Language Pathology and the Certificate of Clinical Competence awarded by ASHA.

Typical Sequence for Individuals with a Background in Speech-Language Pathology:

Spring #1

SLP 5101 Anatomy and Physiology of the Auditory and Vocal Mechanism (3 cr)
SLP 5301 Speech and Language Development (3 cr)

Summer #1

SLP 5104 Speech Perception and Phonology (3 cr)
SLP 5601 Clinical Procedures (3 cr)**

Fall #1

SLP 5110 Diagnosis of Language and Speech Disorders (4 cr)**
SLP 5504 Language Disorders in Children (3 cr)

Winter #1

SLP 5105 Phonological Disorders (3 cr)

Spring #2

AUD 5101 Fundamentals of Audiology (3 cr)
AUD 5104 Audiology Practicum (2 cr)
SLP 5502 Language Disorders in Adults (3 cr)
Summer #2
SLP 5115 Voice Disorders (3 cr)
AUD 5501 Habilitative/Rehabilitative Procedures for the Hearing Impaired (3 cr)
AUD 5105 Aural Habilitation/Rehabilitation Practicum (2 cr)

Fall #2
SLP 5116 Stuttering Disorders (3 cr)

** must be completed prior to enrolling in labs or practicums.

NOTE: Students will schedule SLP 5993 On-campus Clinical Lab for the cycles mutually agreed upon with an advisor. This lab will be offered to students who are eligible to accrue clock hours; they are scheduled according to previous clinical experience. Students must also complete two off-campus clinical practicums which may be any combination of SLP 5400 (Non-public school placement) or SLP 5500 (K-12 public school placement). A minimum of 50 clock hours must be obtained in any lab or practicum placement.

Typical Prerequisite Sequence for Individuals without a Background in Speech-Language Pathology:

Spring #1
SLP 5002 Phonetics (3 cr)

Summer #1
SLP 5401 Introduction to Hearing, Language, Speech Disorders (3 cr)

Fall #1
SLP 5503 Anatomy and Physiology of the Vocal Mechanism (3 cr)

Winter #1
SLP 5001 Anatomy and Physiology of the Hearing Mechanism (3 cr)
Course Descriptions

Master's Degree Level Courses

SLP 5104 SPEECH PERCEPTION AND PHONOLOGY (3 CR) Theories related to the physical process of speech, motor speech production, distinctive feature analysis and phonological processes.

SLP 5105 PHONOLOGICAL DISORDERS (3 CR) Application of speech production theory to the management of disorders of phonology including: apraxia, dyspraxia, oral motor dysfunction, and dysphagia.

SLP 5101 ANATOMY AND PHYSIOLOGY OF THE AUDITORY AND VOCAL MECHANISM (3 CR) Anatomic and physiologic basis for the normal development and use of speech, language, and hearing.

SLP 5110 DIAGNOSIS OF LANGUAGE AND SPEECH PROBLEMS (4 CR) Study of test interpretation and relationships between subtests in order to make a differential diagnosis.

SLP 5504 LANGUAGE DISORDERS IN CHILDREN (3 CR) Clinical procedures for an array of pathological conditions of language affecting children, including developmental and acquired problems.

SLP 5502 LANGUAGE DISORDERS IN ADULTS (3 CR) Clinical procedures for an array of pathological conditions of language affecting adults.

SLP 5115 VOICE DISORDERS (3 CR) Etiological factors, procedures for diagnosis, remediation and interdisciplinary management of individuals with functional and organic voice disorders, e.g., dysphonia, nodules, cleft palate, and other disorders of resonance.

SLP 5116 STUTTERING DISORDERS (3 CR) Etiology, diagnosis, and management of children and adults with disorders of fluency, e.g., developmental stuttering, neurologically based stuttering, and cluttering.

SLP 5601 CLINICAL PROCEDURES (3 CR) Introduction to clinical management including testing, remedial procedures, parent counseling, test construction, progress monitoring.

SLP 5301 SPEECH AND LANGUAGE DEVELOPMENT (3 CR) Study of normally developing communicative skills in infants and young children. Observational techniques, precursors to speech, pragmatics, analysis of vocal output.
AUD 5101 FUNDAMENTALS OF AUDIOLOGY (3 CR) Introduction to hearing testing, test interpretation, and implications for client management.

AUD 5501 HABILITATIVE/REHABILITATIVE PROCEDURES FOR THE HEARING IMPAIRED (3 CR) Remediation of communication problems resulting from hearing impairment. Use of amplification and assistive devices.

Labs and Practicums

SLP 5993 LAB (2 CR) On-campus clinical practice to be repeated as necessary to satisfy clinical clock hours, to obtain experience with varied pathologies, and to obtain faculty recommendations for off-campus placement.

SLP 5400 CLINICAL PRACTICUM I (2 CR) Off-campus placement in speech-language-hearing department of hospital, clinic, private practice, etc. May be repeated once to satisfy clinical clock hours and to obtain experience with varied pathologies.

SLP 5500 CLINICAL PRACTICE II: K-12 Off-campus placement in a private or public school setting. Must be taken by those students without school experience who wish to obtain certification as speech pathologists for the State Department of Education.

AUD 5104 AUDIOLOGY PRACTICUM (2 CR) Initial practice in hearing testing and opportunity to accrue ASHA clock hours.

AUD 5105 AURAL HABILITATION/REHABILITATION PRACTICUM (2 CR) Clinical Practice in the management of children and adults who are hearing impaired, e.g., use of amplification, speech reading, and auditory training techniques.

Prerequisite Courses

SLP 5401 INTRODUCTION TO HEARING SPEECH AND LANGUAGE DISORDERS (3 CR) An overview including manifestations, classifications and causes. Identification, screening, and referral procedures for speech pathologists, classroom teachers, special educators, and school and public health administrators.

SLP 5301 ANATOMY AND PHYSIOLOGY OF THE VOCAL MECHANISM (3 CR) Introduction to the anatomy, physiology, and neurophysiology of the vocal mechanism.
SLP 5003 ANATOMY AND PHYSIOLOGY OF HEARING (3 CR)
Introduction to the anatomy, physiology, and neuroanatomy of the auditory system.

SLP 5002 PHONETICS (3 CR) Introduction to articulatory and acoustic phonetics as related to speech communication.

DEPARTMENTAL LIBRARY

The Speech-Language Pathology Department maintains a professional library in the Communication Disorders Center (Room 119D). Students may check out books from the department for as long as two weeks. Each book is filed by author on an index card in a box labeled "Library". Fill in your name and date when you borrow a book. When you return the book, write the date on the index card, return it in alphabetical order to the box and return the book to the shelf, also in alphabetical order by author's last name.

Individual faculty members maintain a library of their professional books in their offices. Check with each faculty member to determine the procedures to follow to borrow a book. Under no circumstances should you remove personal books from a faculty member's office without permission.

Please note: Students are not permitted to remove materials from the departmental library or from the faculty offices unless the departmental secretary or a faculty member are in the room at the same time.
EINSTEIN LIBRARY

Nova University maintains a library in the Mailman-Hollywood Building. Students are encouraged to use this facility. This library holds collections of materials related to the behavioral sciences, the humanities, public administration, computer sciences, business administration, and education. Frequently, faculty members will put on Library Reserve materials which are required reading for a course. Students must then go to the Einstein Library to use those materials.

The library is opened daily except during holidays. Six books may be checked out at one time for up to four weeks. Your current Nova Student ID acts as your library card.

INFORMATION RETRIEVAL SERVICES

The Speech-Language Pathology Department shares in the operation of the Information Retrieval Service (IRS) which is housed on the second floor of the Rosenthal Building. This service provides students, graduates, and staff with resources useful in their studies and research. These resources include computer searches, ERIC microfiche, and consultation service.

Graduate students are each entitled to one free computer search during his/her enrollment. Additional searches or searches that are unrelated to the program cost the student $20.00 for one database and $10.00 for each additional data base per search.
VI. CLINICAL PROGRAM POLICY AND PROCEDURES

PHILOSOPHY

The Communication Disorders Center (CDC) is a non-profit agency which provides diagnostic, therapeutic and referral services to all members of the community regardless of race, creed, color or ability to pay. There are no residence restrictions for our caseload nor are there constraints with regard to age or type of disorder. Articulation, language, fluency and voice disorder clients are seen here ranging in age from pre-school through geriatric years.

The CDC is housed in the BOS building. Its function is twofold: training graduate students in speech-language pathology and providing quality clinical services for persons with communication disorders. Graduate student clinicians work under the guidance of faculty supervisors who hold the Certificate of Clinical Competence (CCC) in speech-language pathology and/or Audiology from ASHA.

Clients should be aware that the services are provided by students who are obtaining clinical experiences that are required for their training. Since clients will be observed, taped and discussed in staff meetings, it is necessary to obtain permission from the client and his parent of family member.
ROLE OF FACULTY AND CLINIC PERSONNEL

Clinic Supervisors

The supervisors function as the student's clinical instructors. It is to these persons that you are directly responsible for the management of your client(s). You are expected to function within the rules established by the supervisors and the program. The supervisors provide assistance, guidance, and feedback/evaluation. Supervisors are individuals and, therefore, do not function alike. You will benefit from exposure to a diversified and accomplished supervisory staff with recognized expertise.

You will have to learn to relate to each supervisor differently and to adjust to the different methods each uses in the instructional process. For this reason, there are not many regulations and procedures in the CDC which all must follow in exactly the same manner. Learn to know what is expected of you from each of your supervisors and to meet those expectations.

Each supervisor holds the CCC awarded by ASHA as well as Certification by the Florida Department of Education. Each offers extensive experience with varied clinical populations as well as involvement in ongoing research.

Faculty Members

Faculty members are frequently involved in clinical supervision as one aspect of their university position. Indeed, the faculty's close involvement in supervision
serves to interface the academic coursework and clinical application.

Full time faculty members may teach courses, advise students, assist with personal counseling when appropriate, supervise, and assist in the administrative aspects of the program. Part time (adjunct) faculty are primarily responsible for specific courses. They do not generally have the additional responsibilities of full-time faculty members.

Each faculty member posts hours when she is available for student conferences. The departmental secretary will assist students in making appointments. Please respect the appointment system unless there is an emergency. Most of the faculty welcome visits by students, but please understand that other responsibilities may preclude the ability of a faculty member to spend as much time as he/she would like with a student who has not made an appointment.

Secretarial Staff

The full and part time secretarial staff members are here to help in the management of the day to day operation of the graduate program and the CDC. Their primary obligations are to those programs and to the faculty who serve those programs. They are not to be considered as providing primary services for students.

Student interactions with the secretarial staff should be limited to matters related directly to the graduate
program and to the CDC. Under no circumstances are students to ask the secretarial staff to do any tasks for which the student is responsible.

The xerox equipment in the BOS is for use by the staff only. Students are not permitted to use that equipment for any reason. Students are responsible for the expenses involved in xeroxing materials required for academic and clinical work.

**STUDENT RIGHTS AND RESPONSIBILITIES**

As a student in the graduate program and a student clinician in the CDC, you have the right to the following:

1. a well planned program of study;
2. careful advising;
3. appropriate clinical practicum experiences;
4. appropriate classroom experiences;
5. assistance in job placement;
6. assistance in preparation for Florida Certification and ASHA certification;
7. when needed, personal counseling or referral;
8. expedient and fair resolution of problems related to classroom and clinical experiences.

If you have concerns about any aspect of your program or the way you are being managed, you must follow the appropriate steps outlined elsewhere in this handbook in order to have those concerns resolved.

It is the student herself who is ultimately responsible for success in the program. Each student must be
knowledgeable about the rules and regulations which Nova University and the program have. Therefore, students must be familiar with the University Catalog and the Program Student Handbook. Remember, it is the faculty who serve as advisors and administrators of the program; do not follow well meant advice from your peers or other persons not associated with this program.

Keep in mind that all requirements of the program are minimal requirements. Student needs are addressed individually; therefore, in some cases, work beyond the minimal requirements may be advised.

PROFESSIONAL BEHAVIOR

Code of Ethics

ASHA, your national professional organization, provides standards for professional, ethical behavior. The ASHA Code of Ethics can be found in the ASHA Membership and Certification Handbook. You are expected to read and adhere to the Code of Ethics of your profession.

An effective therapeutic relationship requires professional conduct. Clients enrolled in the CDC and those in off campus placements respond to many aspects of the clinician's behavior other than that which is evident during the therapy session. In developing and maintaining a professional attitude, the clinician needs to be aware of the following factors.

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Student Clinicians

The clinician is responsible for the efficient and effective management of each assigned client. The clinician is further expected to:

1. Maintain confidentiality of each client's name and any information about that person or his treatment. Not to do so is to breach the ASHA code of ethics;
2. Adapt to supervisors' individual requirements;
3. Perform any supplemental outside reading or observations required by the supervisor to augment your preparation for your clinical responsibilities.
4. Conduct herself in a mature, responsible, and professional manner.
5. Treat supervisors with respect and integrity;
6. Display constructive independent effort to solve the common problems that arise;
7. Maintain each assigned client's file in appropriate form;
8. Maintain a continuing record of client's progress and complete all appropriate paperwork;
9. Keep the supervisor informed of any change in the status of the client and/or his association with the CDC;
10. Keep herself informed by reading the bulletin boards, message boards, calendars, and notices placed in her mailbox;
11. Maintain an on-going record of contact hours which agrees with the program's total at the end of the semester.

Relationship to Clients

The nature of the program and the physical layout of the CDC lend themselves to the development of an informal atmosphere. This informality can be very conducive to
learning and highly motivating to both the clinician and the client. However, it is also very easy to lose a sense of "professional distance." Whenever referring to the parents, it is important to use the titles "Mr., Mrs., or Dr." Parents are encouraged to refer to the clinician as "Mr., Miss or Mrs.--." This will remind both parties that there is indeed a professional relationship. It is easy for parents to treat clinicians in a very informal manner.

Encourage the young child to refer to you as "Mr., Miss, Ms., or Mrs." Sometimes if the last name is particularly difficult for the child, you might precede your first name with the title, for example: "Miss Jane." You may refer to the child by his given name.

The problem of titles becomes somewhat more complex with adults. Adults who are also students at Nova University may find it difficult to refer to you in a formal manner. You must decide to use whichever method you find most comfortable.

Most often, clinicians find it easier to refer to students who are clients by first names and to have them refer to you by your first name. Adults from the surrounding community should be addressed in a more formal way. During the later stages of therapy, the clinician may find herself naturally using an informal method.

The physical layout of the clinic frequently makes private conversation difficult. Conduct all parent interviews in a private therapy room or in the BOS
conference room after checking the room's availability with the BOS's secretary. Never discuss clients openly. Refrain from discussions involving clinical policy, staff, academic pressures, personal problems, etc. The Waiting Room is not intended for use as a lounge by students, nor is the office area surrounding the secretary's desk.

Student clinicians may have positive or negative feelings about their supervisors or other students, or possibly about their clinic assignments. At all times, it is essential to maintain professional attitudes and confine personal feelings to oneself. The student should resolve personal conflicts directly with the individual involved (or as a final step with the Coordinator of the CDC). Discussing personal conflicts openly with other students, parents, or uninvolved faculty members is a serious breach of professional ethics and constitutes grounds for reprimand or dismissal.
Privileged Communication

The privacy of a client, as well as other staff members, should be respected. Communications between you and clients or other staff members should at all times remain confidential. Material of a confidential nature should not be discussed either with a client or with another clinician in any situation where this material maybe overheard. The doors to the therapy rooms and to offices where clients are apt to be discussed should always be closed during therapy sessions. Even though these doors are closed, voices can be heard throughout the CDC area. Therefore, modulate your loudness level accordingly.

Clinicians may refer to client folders during clinic hours in the immediate vicinity of the CDC. Folders must remain in the CDC or in the teacher's lounge. Students must never remove material from the folder, take the folder out of the building, or photocopy any of the contents of the folder. To do so is grounds for reprimand or dismissal from the program. When students review a client folder, they should take notes from which they can plan treatment procedures, etc.

Information presented by clients should never be treated as "gossip" but as problems that need to be resolved. Consult with your supervisor about ALL matters concerning the clients. Do not follow the advice or direction provided by other well-meaning clinicians. You are eventually responsible for the results of your decisions.
Do not consult other supervisors about your case unless you have first received permission to do so from your own supervisor.

**Appearance and Dress**

Clinicians should always dress appropriately to their professional role when they are in the CDC. This is true whether or not you are about to see a client. A careless appearance and informal manner of dress does not communicate respect for and toward the client.

Jeans, tennis shoes, and shorts are not appropriate. Slacks would be appropriate for female students who may have to work with young children particularly on the floor. Less casual clothing is more appropriate for working with adults, meeting with other professionals, speaking to family groups, etc.

Generally, women should wear a skirt, dress, pantsuit, or good slacks. They should refrain from excessive make-up and jewelry and clothing which is likely to call attention to itself. Generally, men should wear a dress shirt and tie with slacks but not jeans or shorts. A sport coat or jacket is optional.

It may be necessary for your supervisor to counsel with you concerning your manner of dress, personal hygiene, and/or general deportment. These factors play a significant role in how clients and other professionals perceive you. Negative first impressions based on appearance may influence an off campus supervisor who is considering you for placement in her facility.
Smoking, Drinking, Eating

Smoking is not permitted anywhere in the Baudhuin Oral School Building by any person. Individuals who smoke are required to do so outside of the building on the BOS grounds.

Drinking and eating are not permitted in the CDC at any time by clients, parents, graduate students or faculty. An exception to this rule is the use of food as a part of the treatment or evaluation process with a client.

A vending machine which provides a selection of popular soft drinks is available for student use in the room where student mailboxes are located. This room is found by walking through the BOS Cafeteria to the back wall. Enter the mailroom area through the door to the left of the cafeteria kitchen. Students are permitted to eat and drink in the cafeteria area of the building only. If BOS children or graduate classes are in the Cafeteria, eating and drinking are not permitted.

In general, eating and drinking are not permitted in the classrooms, the waiting room, or the hallways of the building.

Social Contacts with Clients

With adult clients especially, it is important to avoid social contacts outside of the CDC. Clinicians should not date clients, visit clients, etc., nor engage in social
contacts with families of the children they treat. Clinicians should advise the supervisor of any clients they know on a personal basis as they will not be allowed to evaluate or treat them in the clinic.

Students should always speak with a supervisor if they are approached by a client to provide services of any sort outside of the CDC. In some cases, the provision of such services is illegal and in other cases it may serve to complicate the relationship of the client to the CDC.

**Personal Speech of Clinicians**

The speech skills of the speech-language pathologist are critical. The client and his family will base some of their regard for you and your skills on the basis of your speech pattern. We recognize that cultural and regional dialects occur and are acceptable in social situations. However, in the rehabilitation area of speech and language pathology, all clinicians must be able to speak in the General American Dialect.

No student will be permitted to enroll for clinic practice who has substandard or defective speech or who shows an inability or unwillingness to employ acceptable speech patterns (as defined above) in the clinical situation. The purpose of this policy is to provide every client enrolled in the clinic with an appropriate and acceptable speech and language model.
Your clinical supervisors may recommend that you participate in a remedial program designed to assist you in developing the skill to use the General American Dialect in the clinical setting. At times, assignment to clinical cases may be postponed until sufficient progress in this area is noted.
VII. Procedures Followed in the CDC

CDC Hours

The CDC is open Monday through Friday, 8:30 a.m. to 5:30 p.m. and Saturday 8:30 a.m. to 1 p.m. The CDC remains in operation only during semesters when graduate classes for the program are being taught. Holidays are dictated by the University calendar. Each semester a calendar is distributed which indicates the CDC and program schedule for the next several months.

Students are expected to be available for the entire duration of the semester. It is not acceptable for students to make personal plans such as vacation time during the semester.

Observation Procedures

Who May Observe:

Only the client's family members, graduate students, departmental faculty and staff, and allied professionals may observe evaluation and therapy sessions in the CDC. Friends and relatives of students or staff are not to observe sessions nor are persons expressing curiosity about speech pathology. At all times, the client and/or his family must approve of observers. If the client/family does not approve, the observer must leave the area.
Who May be Observed:

All clients seen in the center are to be advised of its nature as a training institution and the likelihood of observations taking place for purposes of student education, etc. Clients are to be assured of the confidentiality of such observations. Clients all sign a consent agreement so that they may be observed.

Occasionally, given particular conditions regarding a client, observation is limited to that of the supervisor. If this is the case, such a notice should be posted on the room schedules.

Students who wish to observe in order to complete the 25 hours of observation required or in order to meet a course requirement, must request permission to observe using the appropriate form.

This form is to be given to the supervisor of the case. Observation may not begin until the supervisor has approved in writing.

Observation room rules are posted on the door of the observation rooms. While in the room, the observer must not interact with the client/family in any manner unless the supervisor has indicated that this is acceptable. Observers should be passive, quiet, and unobtrusive.

Case Assignments

Clients are assigned to the student by the coordinator of the center and the supervisors. New clients may be assigned throughout the term. Students are assigned a client
for a minimum of one semester; but more typically for two semesters. This professional commitment to the client should not be taken lightly.

The number of cases and types of clinical disorders assigned to a student are determined by the student's level of training, past therapy experiences, needs for additional or new clinical experiences, availability of clients, and supervisor's client's clinician's schedules.

The CDC will make every effort to provide the student with the clients needed to meet all graduation/ASHA requirements. However, we are often limited when the student provides very few hours in which to be scheduled. Students must make every effort to provide a schedule of many hours of availability per week to accept clinical assignments. The CDC cannot assume responsibility for the student's failure to meet clinical requirements if sufficient hours for scheduling are not provided.

Following the diagnostic evaluation, the student clinician and supervisor will discuss the recommendations together. Students MUST consider these therapy recommendations in the best interest of the client and NOT the student's schedule, availability, need for clock hours, etc. Specific recommendations for therapy time, frequency, and duration are not to be discussed with the client or parents until after the supervisor and graduate student determine the best recommendation.
The coordinator of the CDC and the supervisors will notify both the students and the clients of the assignments each semester. When the student receives notice, she should confirm with the client by means of a phone call.

Changes in Assignments

All changes in clinical assignments, room assignments, meeting times and meeting durations, and all administrative decisions agreed upon between the student clinician and her clinical supervisor must be communicated to the coordinator of the CDC IN WRITING.

Should a client or a person responsible for a client be uncomfortable with a clinician or dissatisfied with the management of the client, that person may request a change of assignment. In each instance, the clinician, supervisor and client (or responsible person) will discuss the situation. Should a change be appropriate, the change will be made and confirmed by the coordinator.

NOTE: Should there be evidence that a client's request for a change be based upon reasons of race, creed, color, religion, or sex, the coordinator of the CDC will indicate to the client that he must seek services at a facility other than the CDC. Ethical, professional conduct does not permit clinicians to request a change in clinical assignment for any of the above reasons.
Supervision

Supervision of graduate students in the CDC is conducted by the clinical faculty or BOS staff who hold the CCC from ASHA.

You will be assigned supervisors for each diagnostic and each client. You may have more than one supervisor at a time. The same supervisor sometimes supervises more than one client and more than one student. You and your supervisors should meet at least once a week to discuss your clients' and your progress. Additional meetings can be requested by the clinician or the supervisor.

ASHA requires at least 25% direct supervision of each treatment session and at least 50% direct supervision of each diagnostic evaluation conducted by the student clinician. Supervisors provide written and verbal feedback on their observations. This will vary according to the supervisor's style and the clinician's level of experience. Written evaluations remain a permanent part of the student's files.

Grades assigned by the supervisor on written evaluation forms contribute to the overall grade for the semester but are not the only factor in determining a semester grade. Other factors include student initiative, cooperation, punctuality/attendance, dress, completion of required work, attendance at staff meetings and conference, etc.

Student clinicians MUST obtain approval from their supervisor's before they implement or communicate to their...
clients major decisions regarding evaluation and treatment. This may include, among other decisions, feedback regarding diagnostic conclusions, referrals for additional information, recommendations for the use and purchase of a prosthetic device (e.g. hearing aid), termination of treatment, etc.

If problems develop within the supervisory relationship, either the student or the supervisor is encouraged immediately to begin attempts to resolve them. The coordinator of the CDC is available to meet with the supervisor and the student should a third party be helpful in facilitating a solution. The student must not consult with other students, other supervisors, or any other third party about these problems; every effort should be made to resolve them through the appropriate channels.

**Procedures for Diagnostic Evaluations**

Clients or parent initially contact the CDC or the Family Center requesting an evaluation. The Staff at the Family Center may also directly refer clients to the CDC following, or in conjunction with, psycho-educational testing or Family Center educational programs (Developmental Preschool, Rein-a-Round, Super Marks, etc.).

The secretary records basic information on the initial contact sheet. She also informs the client of the fee schedule for the evaluation. Clients who are unable to pay the prevailing rate are given the appropriate Application for a Scholarship form to be completed and returned to the
Coordinator. A decision will then be made about the appropriateness of applying a sliding fee scale.

The secretary gives the client the next available evaluation appointment, coordinating the times both the client and supervisors are available. As student is then assigned to the case. The student must contact the supervisor within 48 hours to set up a pre-diagnostic conference. If the Family CEnter referred the client, the first pre-diagnostic conference will be scheduled with the referring psychologist. The student is responsible for gathering and reading all available information, such as psychological evaluation reports. When the client comes directly to the CDC, the first pre-diagnostic conference is held with the clinic supervisor.

If time allows, the secretary sends the client the appropriate case history questionnaire to be completed and returned by mail. A letter confirming the appointment is also sent. A room is then assigned for the evaluation to be held in.

The student should call the client one day prior to the evaluation to confirm the scheduled appointment, answer questions, give directions to the building, etc. The student should be friendly and pleasant.

On the day of the evaluation, the student should arrive at least 30 minutes before the evaluation to gather test materials, prepare the room, discuss with the supervisor any
specific questions, prepare the folder with the appropriate forms, and fill in the charge slip except for the "payment."

Test materials must be signed out to the student. The student should have backup materials ready should the evaluation not proceed exactly as planned. All diagnostic sessions must be tape recorded.

The client should be greeted promptly and a young child encouraged to separate from his parents. Having a toy in hand often facilitates this separation. The parents are asked to wait in the lobby waiting area in most cases. Parents can use this waiting time to complete the case history form if it is not yet completed. The student should secure the parent's signature on the appropriate release forms BEFORE beginning the evaluation.

Immediately following the evaluation the student briefly reviews the findings and impressions with the supervisor. General results are reviewed with the parents, but not in the child's presence. (The child may be given a toy to play with in another room or may stay with an accompanying adult.)

In many cases it will be necessary or beneficial to schedule a follow-up conference with the family to discuss the evaluation and recommendations in more depth. The supervisor must be present for all parent conferences. During this conference time, the student should obtain the necessary information and required signatures to request and/or release information.
If the client was evaluated at the Family Center and the case was coordinated through the Family Center, the psychologist schedules a post-diagnostic conference for the parents and all involved participants. A Summary of Conference form is filled out, summarizing this discussion and the ensuing recommendations.

Before leaving the diagnostic session the student should have adequate information to write the initial communication evaluation report and make recommendations for follow-up. The evaluation is not considered complete until all follow-up arrangements have been executed.

The student should schedule an appointment with the supervisor to review the typed draft of the report within ONE WEEK after the evaluation. The student is responsible for providing the typed copy of this draft. The final report must be approved by the supervisor and typed by the secretary no later than TWO WEEKS after the evaluation. Students may be asked to re-write the report several times until it meets the approval of the supervisor.

After final typing by the secretary, the student is responsible for checking for errors, writing in phonetic transcriptions, signing the report and returning it to the supervisor after any typing errors have been corrected.

The supervisor will inform the secretary if she is to send copies of the report to the parents, another person, or agency. The secretary records this information on the Release of Information form. In many cases, it is preferable to review the completed report with the parents present.
The general policy is that parents receive a copy of the evaluation report, the progress report, and any other reports of a permanent nature which originate from the CDC.

If, for some reason, it is necessary to have a client return for a second appointment in order to complete the evaluation, once again the schedule must be cleared with the supervisor and the secretary. It will probably be necessary to advance the date of the report review conference as well as the due date for the final report.

Procedures Regarding Client Folders Before and After Evaluations

BEFORE THE EVALUATION:

The secretary will partially prepare a client folder with the client's name, the initial contact sheet, and any other materials received about the client. This folder is placed in the file drawer labeled "Appointment Pending."

The student clinician is responsible for completing the client's folder by placing within it:

- identification sheet,
- consent for observation, audio/video taping of evaluation and therapy sessions,
- record of consent to release information
- record of consent to obtain information

The student clinician fills in all available information before the evaluation session. Remember that the consent for observation, audio and video taping of evaluation and therapy session must be signed before the evaluation begins.
AFTER THE EVALUATION:

If the client did not keep the evaluation appointment, the clinician files the folder in the "pending" file drawer under "No Shows."

If the client was evaluated, the clinician places the folder and all test data in the file drawer labeled "Report Pending." In this way, the staff is always able to go to the file to look up information or answer questions if necessary. This is considered to be a working file and is maintained in this location until the final typing of the report.

When the report is typed, proofed, and signed by supervisor and student, the folder will be filed by the secretary in either "active" or "inactive."

Referring Clients to Other Agencies

If clients are to be referred to outside agencies or professionals, this should be done with the supervisor's knowledge and approval. Medical referrals are most appropriately made through the family physician if there is one. If the physician is not involved in the referral, the client may be provided with a list of two or three professionals from which to choose. The list should include name, address, and phone number where appointments can be made. It is important always to provide several choices of referral sites.
Maintaining Client Files

Copies of all correspondence pertaining to a client are to be kept in the folder. Notations of all contacts on behalf of the client must be made on the client log form which should be attached to the inside cover of the file folder.

Waiting Room

Children, including siblings of your therapy cases, are not allowed unsupervised in any rooms including the waiting room. You must remind parents that it is their responsibility to supervise their children when they are not in an evaluation or in therapy. For example, if you are planning a parent conference where the child’s presence is not appropriate, prior arrangements should be made to have the child watched.

Therapy Procedures

After a schedule has been confirmed with the client, the student must make every effort to be on time, well prepared, and knowledgeable about the client. The student should arrive in the CDC in enough time to prepare the therapy room, speak with the supervisor, arrange materials, etc. If parents are to observe, it may be necessary to explain the use of the sound system, etc.

The clinical hours can last between 45-50 minutes. Sometimes sessions are scheduled for only 30 minutes.
depending on the client's age and needs. Allow time during each session or after it for parent demonstration and conferencing.

All therapy rooms are to be returned to their original state or better. All toys, tests, test booklets, etc. are to be returned to their proper places in the CDC. Test manuals may not be taken out of the building for any purposes. Do not tape anything to the wall.

All therapy sessions must begin and end on time. If the client is late, you will conduct the session only for the remaining time available and not for the full amount of time originally scheduled. At times the CDC is quite busy. For that reason, and because courtesy dictates, it is essential that you leave the therapy room in sufficient time for the next clinician to prepare for her session.

**Therapy Materials and Diagnostic Materials**

Room 119A (storage) contains an extensive library of tests, screening instruments, therapy materials, and programs for all ages and communication disorders. A few toys are also there or in the therapy rooms. All materials are for your clinical education and use. You are expected to take good care of these materials and to return them in perfect condition to their proper place when you are finished.

Please notify the secretary, coordinator, or supervisor of materials and equipment which is damaged. Normal wear and tear is expected; but we need to know about it so that
replacements can be ordered. Make sure all parts of a test are together. Keep materials in good condition.

Students are encouraged to create or bring their own therapy materials. Not only will this practice enhance your resourcefulness, but it will prevent disappointment if others are using tests or materials you had planned to use.

Diagnostic test materials and test forms are also stored in this room. The test forms are stored in a file cabinet and are filed by test name. When you see that forms are running low, notify the secretary who can arrange for additional copies. Please, never use the last copy of a test form. Have the secretary make a xeroxed copy for you to use so that at least one copy is always in the CDC.

Materials taken from this room should be signed out with your name, time, and room number. No materials may be taken for overnight.

Reports

There are two principal types of reports used in the CDC. The Initial Communication Evaluation report (due one week after the evaluation), and the Progress Report (due at the end of each semester). Each report has a format which must be followed in its preparation.

Reports must be typed, information must be accurate, and writing style should follow professional guidelines. Students are responsible for the typing of the first draft of the Initial Evaluation Report AND all drafts of the
Progress Report. Initial drafts of reports need not be in letter perfect condition; they should be double or triple spaced for editing. The final copy of the Progress Report must be in letter perfect condition; it should be single spaced and on departmental letterhead for the first page only of each report. Reports are not only a measure of accountability, but reflect the professional quality of the clinician and the CDC.

Lesson Plans

Lesson plans should be completed according to the requirements of each supervisor; these requirements may vary among the supervisors. If lesson plans, or their substitute, are required, they become part of the means by which you are graded.

Scheduling and Room Assignments

The coordinator of the CDC will schedule rooms for all clients. Rooms are to be reserved for the entire semester. Do not make room changes without approval from the supervisor.

Clinicians are not permitted to make client, room, day or time changes without supervisory approval.

Clinician Punctuality and Attendance

It is the responsibility of the clinician to arrive at the clinic at least 15 minutes early to prepare for the
session. Whenever possible, any tardiness and absence should be anticipated and communicated to the supervisor.

It is YOUR responsibility (and not that of the staff) to inform your clients of absences because of illness or emergencies. The supervisor has the option of requesting documentation by a physician. Unexcused absences or tardiness are not tolerated. Students demonstrating this type of behavior will be counseled by the supervisor and appropriate steps, including withdrawal from the CDC, will be taken.

Students, as do the staff, have many responsibilities including studying, test-taking, class attendance, and personal appointments. None of these things must interfere with the clinical assignment; these must take priority. When you accept a clinical assignment, you must be prepared to meet that obligation even if there are other conflicts which occur.

Clients may sometimes have to cancel an appointment. It is important that the secretary has your daytime phone number so that you can be reached if a cancellation occurs. Sometimes, it is not possible to reach the clinician in time but every effort will be made to do so.

If you are present for an appointment, and the client does not appear and has not called to cancel, you are required to wait for the client for one half of the time of the scheduled session. You may then leave the CDC. If a client fails to keep an appointment, call him that evening to determine the reason and to confirm the next appointment.
Chronic client tardiness and absences should be reported to your supervisor and to the coordinator if discussion with the family has been unproductive. Possible solution to the problem may include re-scheduling the time or changing the frequency or duration of the session. It may, however, be necessary to dismiss the client. If so, this decision will be made by the supervisory staff.

BE SURE TO CHECK YOUR MAILBOX DAILY FOR NOTICES WHICH MAY RELATE TO YOUR CLIENT SCHEDULES.

**Liability Insurance**

Nova University is not able to provide liability insurance coverage for students in labs or practicums. Liability insurance is a way of providing financial coverage in the event that a client initiates legal action against you for alleged malpractice.

A malpractice suit can be brought against you even if you are not directly working with a client. If you are performing any clinically related task, you may be liable for legal action. This would include observing clients, reviewing files, attending staffings, demonstrating on a friend or neighbor, etc.

Because of the possibility (although remote) for legal action, the University requires of all students in this program that they show proof of liability insurance coverage. No student (prerequisite or graduate) may take courses in the program unless she has this coverage. Additionally, the coverage must be maintained throughout the
full length of the program, even if the student is not actively involved in a clinical placement.

The easiest way for students to acquire liability insurance at a minimal rate is as follows. Students who are members of NSSHLA may acquire the insurance through the Albert Wohlers Company in Chicago. The total cost of NSSHLA membership and insurance is about $55 per year.

You will be asked to submit proof of insurance coverage before starting your program. You will be provided with NSSHLA membership forms and insurance application forms. However, please note, you are free to secure comparable insurance from any source as long as you submit proof of the coverage.
VIII. OFF-CAMPUS INTERNSHIP PROGRAM

Students must have completed at least two semesters of on-campus lab and must have received a grade of "B" or better in order to be eligible for consideration for an off-campus internship. Students who had no previous undergraduate practicum experience before entering this program must complete a minimum of 75 hours of clinic practice over two semesters while those who had previous practicum experience must complete a minimum of 60 hours of clinic practice over two semesters.

At a time to be specified each semester, the student must apply on the appropriate forms to the coordinator of off-campus placements. The application is submitted the semester prior to the requested placement. At the same time, the student will submit a video tape recording of a one hour session with a CDC client. This tape and its accompanying self evaluation will be critiqued by the staff as part of the screening process for applicants.

If the application is approved, the student will meet with the coordinator of off-campus placements to discuss possible sites. This staff member is to make all contacts related to the placement. Students must not contact any potential off campus supervisor to make these arrangements unless this has been approved by the off-campus placement supervisor.
The coordinator of this program will discuss with you the requirements of the placement in terms of length of time, hours, days, etc. When the placement is approved and the appropriate paperwork completed, the student may then meet with the off-campus supervisor to discuss further details.

All details of off-campus placement are found in the "Off-Campus Internship Manual" which will be given to the student when the assignment is confirmed.

In some cases the student will be denied an off campus placement because of deficiencies. These will have to be completed satisfactorily prior to consideration for a new placement.

IX. ASHA CLOCK HOUR REQUIREMENTS

ASHA requires completion of a minimum of 300 clock hours of direct supervised clinical experience in evaluation and management with both children and adults who present a variety of communication disorders. Although staffing, writing, planning, etc. are important aspects of clinical procedures, ASHA does not accept these activities toward the required clinical contact hours. You earn clinical hours only for direct client contact and parent counseling that is part of the session hour.
The ASHA hours breakdown works this way:

1. A MINIMUM total of 300 hours is required in specified category areas. Only 150 of those hours may have been earned at the undergraduate level.

2. 60 of the hours must be obtained in each of two distinctly different clinical settings.

3. The disorder categories are broken down in the following manner:
   
   Language 75 hours  
   Articulation 25 hours  
   Voice 25 hours  
   Fluency 25 hours  
   Diagnostics 50 hours  
   Audiology 35 hours: 15 hours in testing  
   15 hours in treatment

The above are minimal requirements.

It is the student's responsibility to keep track of the amount of time spent in treatment with each client. At the end of the semester, you are to submit to your supervisor an ASHA CLOCK HOUR FORM for her signature. It is from this form that your hours are entered into the computer. You will receive a computer printout showing the hours you have been credited with and those still remaining.

For students without previous practicum experiences, all 300 hours will be earned in the CDC practicum programs. Some students will bring with them documentation of up to 150 hours of previous practicum work.

Because the staff of the department believe that we should be able to attest to your skill in every clinical area, students who bring in 150 (or fewer) hours are not
given full credit for those hours immediately. Instead, some of the hours are held in "escrow" for you.

Here is how that works. Let us say, for example, that you bring in proof that you have completed 50 hours of diagnostics. We will credit you immediately with 25 of those hours, and hold the remaining 25 in "escrow." When you have completed at least one-half of the required hours in each category under one of this department's practicum courses, you will be given full credit for the previous hours.

In other words, every student must complete at least one-half of the required hours in each category under our supervision before receiving full credit for previously earned hours. That means that EVERY student will complete at least the following under our supervision:

- 37.5 hours in language
- 12.5 hours in articulation
- 12.5 hours in voice
- 12.5 hours in fluency
- 25.0 hours in diagnostics
- 17.5 in audiology.

Once those minimum departmental requirements have been met, you will receive full credit for any other previously earned hours up to a total of 150.

This escrow program allows us to know your work reasonably well in many categories and also allows those of you with previous experience to receive credit for it eventually.
NOVA UNIVERSITY
Communication Disorders Clinic
INITIAL CONTACT SHEET

Date: ____________________ Urgent: ________ Routine: ________

Client's Name: ____________________ D.O.B.: ___________ Sex: ______

Address: ___________________________ Home Phone: ________________

Address: ___________________________ Work Phone: ________________

Contact Person: _____________________ Relationship: ________________

Address: ____________________________

Method of Inquiry: Phone: ______ Letter: ______ In Person: ______

Family Center Client? Yes: ______ No: ______

Referral Source: Name: ________________________________

Affiliation: __________________________

Address: ___________________________

Phone: _____________________________

Reason for Referral (as stated by whom): _______________________

___________________________________________

Information Taken by: ________________________________

Questionnaire Sent: (date) _____________________________

Questionnaire Received: (date) _________________________

Financial Information Discussed: ______________________ Fee: ______

Financial Information Form Sent: ______________________ Returned: ______

Fee Adjustment Approved: Yes ______ Date: ______ No: ______ Date: ______

Evaluation Scheduled For: _____________________________

Supervisor: ________________________________

Student Clinician: ____________________________

Additional Comments: _______________________________
NOVA UNIVERSITY
Communication Disorders Clinic

IDENTIFICATION DATA

Client's Name: Date of Evaluation:
Address: Primary Diagnostic Category:
Phone: Certified Examiner:
Date of Birth: Graduate Student Examiner(s):
Client Number: Referral Source: Name:
Established Fee/Date Address:

Fee Phone:
Date Phone:

Third Party Payment Source:

School Name: Parents:
School Address: Father's Name:
Phone: Address:
School Phone: Home Phone:
Teacher: Business Phone:
School Sp/Lng. Pathologist: Mother's Name:
Significant Others: Address:

Additional Information for Adult Clients

Marital Status: Significant Other(s):
Education: Name:
Employment: Name:
Significant Others:
Name:
Phone:
Phone:

------------------------------------------------------------------------

Update of Identification Data

<table>
<thead>
<tr>
<th>Date</th>
<th>Changes Made</th>
<th>Signature of Supervisor</th>
<th>Signature of Clinician</th>
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**NOVA UNIVERSITY**  
Communication Disorders Clinic

**DELIVERY OF CLINICAL SERVICES**

Client ___________________________ Client No. ____________

Date of Initial Evaluation: _________________ Therapy began: _________________

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<td>Clinician: Supervisor: Disposition:</td>
<td>Date of Evaluation: Certified Examiner: Results:</td>
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Recheck due:
### Communication Disorders Clinic

#### CLIENT ATTENDANCE RECORD

**Client** ____________________________  
**Client No.** ____________________________

#### Recommended Therapy Schedule

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**Code:**
- = Present
H = Holiday
C = Clinician Cancels
A = Client Cancels
O = Without Notice

#### Comments:
( Documentation and explanation of changes in schedule, extended absences, etc.)

**Clinician:** ____________________________

**Supervisor:** ____________________________
NOVA UNIVERSITY
Communication Disorders Clinic
Communication Evaluation Report

Name: 
No: 
Date of Report: 

Address: 
Date of Evaluation: 

Telephone: 
Informant for History: 

Birthdate: 
Parents: 

Age yrs mos 

Referral source: 
(Name, Address and Phone)

I. Reason for Referral
Description of problem according to informant: how and why did client seek services at this clinic.

II. Pertinent History
A. Family Constellation
B. Developmental/Medical (pregnancy, birth, developmental milestones, diseases, accidents, operations, etc.)
C. Speech and Language Development
D. Social-Education

III. Evaluation
A. Audition
1. hearing acuity, audiologic results
2. auditory discrimination
3. sequential auditory memory

B. Language
Include formal and informal results and clinical observations of language comprehension and formulation. Comment on morphological/syntactical (form), semantic(content), and pragmatic (use) components of language.

C. Oral peripheral examination
D. Articulation (formal and informal results) estimate of intelligibility
E. Voice (pitch, resonance, loudness, quality, vocal efficiency)
F. Fluency and Rate
G. Other Significant Factors (i.e. noteworthy physical or behavioral characteristics, cooperation level, parent-child interaction, play behavior)
IV. **Clinical Impression and Diagnosis**

Include statements on (a) the outstanding features of hearing-speech-language behavior; (b) the estimated severity of the disorder; (c) the possible precipitating and maintaining causes of the speech disorder; and (d) the prognosis for improvement.

V. **Recommendations**

Include statements regarding recommended therapy approach and goals; frequency of sessions; sessions – individual, group or both; preferred day/times for therapy; home program; speech-language counseling; and referrals.

__________________________________  CCC/SP

Clinical Supervisor  Graduate Student Clinician

cc:
I. Background Information (should be written in past tense)

This section summarizes events leading to the client's enrollment in treatment this semester. It summarizes all pertinent information relevant to the communication disorder. This includes case history obtained at the initial evaluation (#1-6) and all relevant treatment and history since that time (#7 - taken from previous progress reports).

1. reason for referral
2. family constellation
3. significant developmental/medical history
4. speech/language/hearing
5. significant social-education history
6. results of the speech/language/hearing evaluation
7. summary of therapy to date: indicate duration of therapy, summarize goals, report progress and state recommendations.
II. Initial Communication Status

If this report follows the diagnostic evaluation, and the client's communication status is the same as reported in the above section #6, just include a statement referring to Section I #6.

If a significant amount of time has elapsed between the diagnostic and onset of therapy, and changes have occurred in the client's speech, language or hearing, report the communication status at the onset of therapy. If this is a continuing therapy progress report or a final case summary, state the client's communication status at the beginning of this term.

III. Program Description

1. Goals and Progress of Therapy (this term)

   State each goal of the term followed by a summary of the progress observed or a summary explaining why little or no progress was observed.

2. Results of speech-language-hearing testing during the term.

3. Additional significant events during the term, ex. surgery, new sibling, braces, psycho-educational testing, contacts with other agencies, etc.

Clinical Impressions

1. How appropriate and effective was therapy? Include a statement regarding current impressions of the client's overall speech and language competency. Conclude with a statement regarding prognosis for continued growth.

2. How does the client or his/her parents/guardian/significant others view the therapeutic process this term?

IV. Recommendations

1. General therapy plan: need for continuation, frequency of therapy, type of therapy (group vs individual or both?)

2. Specific therapy plan: type of therapy suggested with tentative objectives, need for further diagnostics, additional referrals, follow up, further client education, parent counseling, etc.
3. If the client is dismissed, end this section with a statement such as "John was dismissed from the Clinic as of June 19, 1984". If the client is to return, indicate the semester he/she should re-enroll and the suggested number and length of each session per week.

4. Any other recommendations:

- Medical, psychological, educational, vocational, audiological, etc. evaluations
- Re-evaluation in ________ months
- Home program
- Nursery School, etc.

At the end of the report on the lower left hand side, put "CC" and list names of parties to whom copies are to be sent. Make sure names have been listed by client/parent on the Release of Information form.

__________________________  ________________________
Supervisor's Signature      Your Signature
Title                       Student Clinician

cc:
COMMUNICATION DISORDERS CLINIC

Termination and Follow-Up

Client No: ____________________________

Client's Name: ____________________________ D.O.B. ____________________________

Client's Address: ____________________________ Home: ____________________________

_________________________ Client's Phone Number: Work: ____________________________

Termination Date: ____________________________ Follow-up required: Y N

Clinician: ____________________________ Supervisor: ____________________________

Reason for termination:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Follow-up Recommendations/Arrangements:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Follow-up Contact Dates and Notes:

1. ____________________________ Signature: ____________________________

2. ____________________________ Signature: ____________________________

3. ____________________________ Signature: ____________________________

Final Recommendations:

________________________________________________________________________

________________________________________________________________________

________________________________________ Signature: ____________________________

________________________________________ signature
NOVA UNIVERSITY
Communication Disorders Clinic

Summary of Conference

Client No: __________

Client: ________________________

Date: ________________________

Those present (relationship to client):

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Type of conference (telephone, family, staffing, professional visits):

_____________________________________________________________________

Notes: ______________________________________________________________

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Recommendations: ____________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Signature: ____________________________
NOVA UNIVERSITY
Communication Disorders Clinic

Consent for Observation and Audio and Video Taping
of Evaluation and Therapy Sessions

Client ___________________________ No: __________ Date of Birth: __________

Parents' Names __________________________

Address ___________________________________________

In consideration of the educational function of the Nova University Communication Disorders Clinic, I give consent that I (we) and my child may be observed for education or research purposes while receiving services at this Clinic. It is understood that the staff, observers and students will consider any information revealed during such examinations or demonstrations as privileged communications and will hold such information in confidence, except when authorized by me (us) to release it to appropriate medical, social, educational, health or other agencies.

I also consent that audio and video recordings may be made for client records and/or for use in education and research. It is understood that in such cases tapes will not be identified by name.

This form has been fully explained to me (us) and I (we) certify that its contents are understood.

(Family Member's or Client's Signature)

__________________________
Date
NOVA UNIVERSITY
Communication Disorders Center

Audio/Visual Recording and Observation Form

Client ___________________________  Date of Birth ___________________________
Parent's Names _________________________________________________________
Address, __________________________________________________________________________

In consideration of the educational function of the Nova University Communication Disorders Center, I give consent that I (we) and my child may be observed for education or research purposes while receiving services at this Center. It is understood that the staff, observers and students will consider any information revealed during such examinations or demonstrations as privileged communications and will hold such information in confidence, except when authorized by me (us) to release it to appropriate medical, social, educational, health or other agencies.

I also consent that audio and video recordings and photographs may be made for client records and/or for use in education and research. It is understood that in such cases tapes will not be identified by name.

This form has been fully explained to me (us) and I (we) certify that its contents are understood.

(Family Member's or Client's signature) ____________________________

Date ____________________________
NOVA UNIVERSITY
Communication Disorders Clinic
3375 S.W. 75th Ave., Ft. Lauderdale, Florida 33314
305-475-7075
Client No: ______

AUTHORIZATION FOR RELEASE OF INFORMATION
(To the Communication Disorders Clinic)

This form fully protects your civil liberties when the following conditions are met:

1. Make sure all blanks on the form are filled in before you signed it.
2. Do not sign form as required condition for treatment.
3. Sign this form only after a specific request for information has been made.
4. Make sure the release of information is in your best interest.
5. Make sure you understand that the release of information is limited to the person, agency or insurance company named below and that this information is not to be passed on to anyone else or to be used for any other purpose than the one specified below.
6. Make sure your signature is dated on the line below.

I authorize __________________________
(Agency or Provision Service)

____________________________
(Address)

to release information from the personal/clinical file of __________________________
(Name of Client)
to the Director of the Nova University Communication Disorders Clinic.

_________ Date ________________ Signature - Client or Parent (if client is a minor)

Any information you authorize other professionals to release to this facility will be held strictly confidential and will not be released without your permission.

Authorization is in effect during the time client's case is active or for one year, whichever period is shorter.
NOVA UNIVERSITY
COMMUNICATION DISORDERS CLINIC

CLIENT FOLDER PROTOCOL LIST

Section I
identification data
log notes
initial contact sheet
information for scheduling therapy sessions
delivery of clinical services
client attendance record

Section II
communication evaluation report
post diagnostic arrangements
progress report: (file the most recent on top)
final case summary
termination and follow-up
summary of conference
therapy session plan: (file the most recent on top)

Section III
consent for observation, audio and video taping of
evaluation and therapy sessions
record of consent to release information
(to family, other people, agencies, etc.)
authorization for release of information
(to the Communication Disorders Clinic)
released information

Section IV
Communication Disorders Clinic correspondence
with other agencies
Correspondence from outside agencies
raw test data: (most recent first)
client folder protocol list
DESCRIPTION OF FORMS RELATING TO THE GRADUATE STUDENT'S CLINICAL EXPERIENCE

Observation Room Rules

Observation room rules are posted on the door of both observation rooms. All observers must follow these rules for each observation. Clients should not be aware of observers and professional behavior is expected in the observation room.

Record of Observation Experience

The student clinician will record all observation experience on this form. The supervisor also signs and dates each entry. The forms are located under the student's name in a black notebook labeled "Student Observation Hours" on the desk between rooms 119H and 37. Twenty-five hours of observation of diagnostics and/or therapy are required before students begin their clinic practice.

First Clinic Practice Request Form

All graduate student clinicians requesting clinical practicum must complete this form and an attached schedule indicating the times when they are available for scheduling therapy and evaluations. A minimum time block of 2 1/2 hours is necessary for an evaluation session.

Supervised Clinical Contact Hours
(earned prior to entering graduate program)

The department assistant records clinical clock hours which the student earned in an undergraduate program on this form. A maximum of 150 hours can be credited to the 300 required ASHA supervised clock hours. No more than half of the ASHA-required hours in each category can be credited with undergraduate hours. For example, 25 hours are needed in articulation therapy; only 12 1/2 hours of undergraduate hours can be credited and the remaining half must be obtained on a graduate level.

There are 35 clinical clock hours that ASHA does not specify according to disorder (ex. articulation, language) or service delivery (ex. evaluation, management, aural habilitation/rehabilitation). Undergraduate or graduate clinical clock hours may be designated toward these 35 unspecified hours to complete the total required 300 hours.
Term Record of Evaluation Clinical Clock Hours

After the student clinician conducts an evaluation, she documents the hours on this form which is kept in a black notebook labeled Students' Clinical Clock Hours on a desk between rooms 119 and 37. The student and supervisor sign the form for each evaluation. Look for your name (listed alphabetically in this notebook). At the end of the term, the student clinician will add up all client evaluation clock hours and fill out this form using the indicated code. This is for both speech/language and hearing evaluations. It is recommended that you record your hours on a duplicate form for yourself.

Record of Management Clinical Clock Hours Per Client

The student clinician should fill this form out after each session. Remember to note the distribution of time if your therapy addresses more than the primary diagnosis. Record daily in minutes and state the total contact time in hours. Your supervisor's signature is required at the end of the term. This form is located under your last name in a black notebook labeled "Students' Clinical Clock Hours" on the desk between rooms 119H and 37.

Record of Supervised Graduate Contact Hours

The graduate student must complete this form each term for each facility, transferring the data from the Record of Management Clinical Clock Hours Form" and the "Record of Evaluations" form. After the primary supervisor signs this form, the graduate student gives the completed form to the department assistant for the cumulative record.

Cumulative Supervised Contact Hours

The department assistant compiles this form and files it in your student file. It is sent to ASHA when you complete the graduate program.

Student's Verification of Clinic Clock Hours

At the end of the term, students sign this form which verifies the accuracy of their clock hours for that term.

Confidentiality

Maintaining confidentiality is an important aspect of professional behavior. Before beginning the first clinical assignment, students must read and sign this agreement
regarding confidentiality rules. The signed form will be filed in each student's folder.

Record of Clinical Assignments Per Term

At the end of each term, the department assistant will list each facility where clinical hours were earned and the number of hours earned at each one. This information will be kept in your student folders.

Information for Scheduling Practicum

Approximately 6 weeks before the end of a term, the graduate student clinician must complete this schedule. This information will be used for clinical assignments for the next term if you plan a clinic practicum, and should be submitted to the clinic coordinator.

Off-Campus Practicum Evaluation Form

After completing an off-campus practicum or externship, the student clinician fills in this form. This information helps the faculty plan future practicum placements. The form will be collected after your grade is assigned. Your honesty will be appreciated.

Student Clinician Conference Request Form

Fill in this form whenever there are specific needs from your supervisor. The use of this form is encouraged to facilitate an effective student supervisor relationship and to improve communication.

Supervisor's Evaluation of Diagnostic Sessions

The supervisor completes this form following every diagnostic session. The Clinician-client relationship and the clinician's diagnostic skills are evaluated by a letter grade (A-E).

Supervisor's Evaluation of Therapy Sessions

The supervisor completes this form following each supervised therapy session. The Clinician-Client relationship, management of treatment session, equipment/materials, procedures, goals and communication skills are evaluated by a grade (A-E).
**Competency-Based Student Clinician Evaluation**

At the end of each term, supervisors use this form to evaluate and grade the student's clinical performance.

**Supervisor Evaluation Form**

Mid-term and at the end of the term you will be asked to evaluate each supervisor you have on campus using this form, which you will get from the secretary. You will be asked to sign, indicating that you have picked up and returned the form. You will not be required to identify yourself in any way on the form itself.
FORMS

(For Graduate Students)
Communication Disorders Clinic

OBSERVATION ROOM RULES

1. Arrange observations with the supervisor of the session.

2. Unless a faculty member gives specific permission, only 6 students are allowed in an observation room - one headset per student.

3. Maintain distance from 2 way mirror:
   arms on window, face close to window, light colored clothing, shiny jewelry (i.e. watches) can be seen by client.
   Do not make contact with the two way mirror or common wall shared with the therapy room.

4. Door must be closed - light entering observation room as well as shadows of people in room can be seen by client.

5. The observation room is NOT sound proof. Sneezing, coughing, talking, chairs moving, door opening, bumping wall with feet, purses, etc., can be heard by client and thus interrupt the flow of therapy.

6. It is preferred that observers watch an entire session. This will reduce the likelihood of light and noise (from the door opening and closing) distracting the client.

7. **DO NOT TURN ON LIGHT!!!** The client will be able to see the light as well as all people in the observation room.

8. Smoking, eating and drinking are not allowed.

9. Monitor your comments for purposes of confidentiality and respect for the client's family members who may be with you in the observation room.

10. Turn off the intercom system when the observation is completed.

THANK YOU FOR YOUR COOPERATION
| Last name of clinician | Last name of client | Age | Disorder | Eval. | Amt. of | or | Obser. Time | Mgmt. (in min.) | Signature, Date |
|-----------------------|--------------------|-----|----------|-------|---------|    |             |                |                |
|                       |                    |     |          |       |         |    |             |                |                |
|                       |                    |     |          |       |         |    |             |                |                |
|                       |                    |     |          |       |         |    |             |                |                |
|                       |                    |     |          |       |         |    |             |                |                |
|                       |                    |     |          |       |         |    |             |                |                |
|                       |                    |     |          |       |         |    |             |                |                |
|                       |                    |     |          |       |         |    |             |                |                |
|                       |                    |     |          |       |         |    |             |                |                |
|                       |                    |     |          |       |         |    |             |                |                |
|                       |                    |     |          |       |         |    |             |                |                |

Total hours: ____________________
### Supervised Clinical Contact Hours

**Earned Prior to Entering S-LP Program**

**Speech-Language**

<table>
<thead>
<tr>
<th>Articulation</th>
<th>Language</th>
<th>Voice</th>
<th>Fluency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E</strong></td>
<td><strong>M</strong></td>
<td><strong>E</strong></td>
<td><strong>M</strong></td>
</tr>
</tbody>
</table>

**Evaluation Total:** ____  **Management Total:** ____  **Combined Total:** ____

### Audiology

**Record Hours Under Areas in Which They Were Obtained**

**Assessment**

<table>
<thead>
<tr>
<th>Identification Audiometry (Screening)</th>
<th>Audiologic Evaluation</th>
<th>Amplification, Aid Selection, Management</th>
<th>Assessment/Management Hearing Handicaps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E</strong></td>
<td><strong>M</strong></td>
<td><strong>E</strong></td>
<td><strong>M</strong></td>
</tr>
</tbody>
</table>

**Assessment Total:** ____  **Hab./Rehab. Total:** ____  **Combined Total:** ____

**E = Evaluation  M = Management**

**Faculty Signature**
NOVA UNIVERSITY  
SPEECH-LANGUAGE PATHOLOGY DEPARTMENT
Term Record of Evaluation Clinical Clock Hours

<table>
<thead>
<tr>
<th>Clinician</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Clients Name</th>
<th>Child or Adult</th>
<th>Dx</th>
<th>Hrs. Sp/Lang.</th>
<th>Hrs. Audio (S or E)</th>
<th>Student's &amp; Supervisor's Signatures</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Total Sp.Lang Hrs  \( \text{Child} \) \( \text{Total} \)  \( \text{S} \) \( \text{Total} \)  \( \text{E} \) \( \text{Total} \)

\( \text{Adult} \) \( \text{Audio Hrs} \) \( \text{S} \) \( \text{Audio Hrs} \) \( \text{E} \) \( \text{Audio Hrs} \)

Total=

Note: If you report more than one diagnosis, circle the primary disorder.

Codes: Diagnosis (Dx), Language, Articulation, Fluency, Voice

Audiology: S=Screening  
E=Evaluation ex. S=1  
Hours: ex. 1/4, 1/2,  
1, 1 1/2
NOVA UNIVERSITY
Speech-Language Pathology Department
Record of Management Clinical Clock Hours Per Client

Clinician ____________________ Term ________, 19___

Client's Name ____________________ No: _______ (C)hild or (A)dult _______

Diagnosis: Language, Articulation, Voice, Fluency
Primary ________ Secondary ________

(ASHA states that only direct client contact fulfills the requirements toward the total minimal 300 clock hours).

Month: | # of contact minutes | # of contact minutes | # of contact minutes | # of contact minutes
------- | --------------------- | --------------------- | --------------------- | ---------------------
1       | 1                    | 1                    | 1                    | 1                    
2       | 2                    | 2                    | 2                    | 2                    
3       | 3                    | 3                    | 3                    | 3                    
4       | 4                    | 4                    | 4                    | 4                    
5       | 5                    | 5                    | 5                    | 5                    
6       | 6                    | 6                    | 6                    | 6                    
7       | 7                    | 7                    | 7                    | 7                    
8       | 8                    | 8                    | 8                    | 8                    
9       | 9                    | 9                    | 9                    | 9                    
10      | 10                   | 10                   | 10                   | 10                   
11      | 11                   | 11                   | 11                   | 11                   
12      | 12                   | 12                   | 12                   | 12                   
13      | 13                   | 13                   | 13                   | 13                   
14      | 14                   | 14                   | 14                   | 14                   
15      | 15                   | 15                   | 15                   | 15                   
16      | 16                   | 16                   | 16                   | 16                   
17      | 17                   | 17                   | 17                   | 17                   
18      | 18                   | 18                   | 18                   | 18                   
19      | 19                   | 19                   | 19                   | 19                   
20      | 20                   | 20                   | 20                   | 20                   
21      | 21                   | 21                   | 21                   | 21                   
22      | 22                   | 22                   | 22                   | 22                   
23      | 23                   | 23                   | 23                   | 23                   
24      | 24                   | 24                   | 24                   | 24                   
25      | 25                   | 25                   | 25                   | 25                   
26      | 26                   | 26                   | 26                   | 26                   
27      | 27                   | 27                   | 27                   | 27                   
28      | 28                   | 28                   | 28                   | 28                   
29      | 29                   | 29                   | 29                   | 29                   
30      | 30                   | 30                   | 30                   | 30                   
31      | 31                   | 31                   | 31                   | 31                   

Note: If your therapy addresses more than the primary diagnosis, indicate distribution as in the following example: L - 30 A - 30

Hours: H/RH ___ L ___ A ___ V ___ F ___ Total hrs. this term ___

Signatures: Student Clinician: ___________________________ Supervisor: __________________________
**SPEECH-LANGUAGE PATHOLOGY DEPARTMENT**

Record of Supervised Graduate Contact Hours

<table>
<thead>
<tr>
<th>Student</th>
<th>Facility</th>
<th>Course Title</th>
<th>Credits</th>
<th>Grade</th>
</tr>
</thead>
</table>

**SPEECH-LANGUAGE**

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Evaluation</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Child</td>
<td>Adult</td>
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</table>

| Language       |            |            |         |       |
| Articulation   |            |            |         |       |
| Voice          |            |            |         |       |
| Fluency        |            |            |         |       |

**Evaluation total:** ____________________  **Management total:** ____________________  **Combined total:** ____________________  **Supervisor's signature:** ____________________  **Supervisor's ASHA Acct. No.:** ____________________

**AUDIOLOGY**

<table>
<thead>
<tr>
<th>Identification</th>
<th>Assessment</th>
<th>Hab./Rehab.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Child</td>
<td>Adult</td>
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</table>

<table>
<thead>
<tr>
<th>Audiometry (Screening)</th>
<th>Assessment</th>
<th>Hab./Rehab.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-up</td>
<td>Child</td>
<td>Adult</td>
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</table>

<table>
<thead>
<tr>
<th>Audiologic Evaluation</th>
<th>Assessment</th>
<th>Hab./Rehab.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-up</td>
<td>Child</td>
<td>Adult</td>
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</table>

<table>
<thead>
<tr>
<th>Amplification (Hearing aid Selection, Mgmt)</th>
<th>Assessment</th>
<th>Hab./Rehab.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-up</td>
<td>Child</td>
<td>Adult</td>
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<table>
<thead>
<tr>
<th>Assessment/Mgmt of Communication Handicaps of the Hearing Impaired</th>
<th>Assessment</th>
<th>Hab./Rehab.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-up</td>
<td>Child</td>
<td>Adult</td>
</tr>
</tbody>
</table>

**Assessment Total:** ____________________  **Hab./Rehab. total:** ____________________  **Combined total:** ____________________  **Supervisor's signature:** ____________________  **Supervisor's ASHA Acct. No.:** ____________________

Clinic Director

Supervisor's ASHA Acct. No.: ____________________
NOVA UNIVERSITY
Communication Disorders Clinic

Confidentiality

The maintenance of client records and the strict confidentiality of information contained in these records are of utmost importance. Therefore, every student must adhere to the following rules:

1. No client folder or any other client information shall be removed from the clinic office except to be taken to the teachers' lounge to review. Resort to this last option only if there is no room in the Clinic available.

2. No photo copies of any client information or reports shall be made. This includes end-of-semester progress reports.

3. All client folders must be signed out according to the Clinic sign-out procedures.

4. All raw data must be kept in the client folder.

5. Student clinicians are responsible for maintaining the client folders according to the client folder protocol.

6. Client identities are confidential and reference should never be made by name outside the clinic itself.

7. Client or family member designate to whom they consent the release of information. Information cannot be shared either verbally or in writing without the client's written consent. (See Release of Information form).

If a student does not follow the above rules the following penalties will be imposed by the department faculty;

1. Course grade dropped one letter for each offense.

2. No clinic clock hours given for the particular assignment.

3. Incident report put in student's academic folder.

________________________________________
Student Signature

________________________________________
Date
Communication Disorders Clinic
Information for Scheduling Practicum

Name ___________________________  Cohort  Date _____________________
Phone: W __________ H __________

Please complete the following schedule indicating both the times you are available and unavailable.

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
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<td>8:00</td>
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</tbody>
</table>

Number of Clinical Practicum Hours to date - Total: ________________

Hours completed per category: Diag. _______ Lang. _______ Voice _______
Fluency _______ Artic. _______ Audio _______ Aural Hab/Rehab _______

Completion of Grad. Courses in: Child Lng. _______ Adult Lng. _______ Speech _______
Voice/Fluency _______ Diagnostics _______ Audio _______
Off-Campus Practicum Evaluation Form

Facility ___________________________ Term ___________________________
Supervisor ________________________ Assigned hrs. per week _________
Course Title ________________________ Graduate Student _____________

1. Did the practicum meet your expectations in terms of:
   a. number of contact hours earned: ________________________________
      comments: ____________________________________________________
      ____________________________________________________________
      ____________________________________________________________
   b. types of disorders/clinical experiences provided: ________
      comments: ____________________________________________________
      ____________________________________________________________
      ____________________________________________________________
   c. orientation to the facility and its policies and procedures: ______
      comments: ____________________________________________________
      ____________________________________________________________
      ____________________________________________________________

2. Did the supervisor meet your expectations in terms of:
   a. amount of supervision received per session: ______________________
      per week: _____________________________________________________
      other: ________________________________________________________
      comments: ____________________________________________________
      ____________________________________________________________
      ____________________________________________________________
b. what type of guidance and feedback did you receive
re: report writing: ________________________________

re: clinical activities (diagnosis, treatment, conferencing, etc.) ________________________________

3. Please describe what the major strengths and weaknesses of the experience were for you.
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________

4. Please comment on your academic and clinical preparation for this practicum and suggestions for future student placements.
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________

5. Any additional comments?
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________
COMMUNICATION DISORDERS CENTER

Therapy Session Plan

DATE: ____________________________
TIME: ____________________________

Client: ____________________________  Diagnosis: ____________________________
Clinician: ____________________________  Supervisor: ____________________________

OVERALL GOAL FOR SESSION:

SPECIFIC OBJECTIVES:

MATERIALS TO BE USED:

METHOD OF PRESENTATION/RESPONSE EXPECTED:

SESSION EVALUATION/CRTIQUE:

SPECIFIC CHANGES FOR NEXT SESSION:
SPEECH-LANGUAGE PATHOLOGY DEPARTMENT

SUPERVISOR'S EVALUATION OF THERAPY SESSIONS

Clinician's Name ____________________________ Supervisor ____________________________

Client's Name ____________________________ Grade ____________________________

Date __________________ Time ___________ (minutes)

CLINICIAN-CLIENT RELATIONSHIP

Clinician establishes appropriate rapport.
Clinician appears enthusiastic, interested.
Clinician appears to be confident with skills, procedures.
Clinician appears to be prepared for session.
Clinician appropriately responds to questions/comments.
Clinician appropriately asks questions/makes comments.

MANAGEMENT OF TREATMENT SESSION

Pace appropriate to age/ability of client.
Session clearly planned; well organized.
Clinician able to deviate from activity to meet client needs.
Clinician explains task at hand.
Clinician appropriately manages/reinforces responses.
Clinician appropriately manages behavior.
Clinician sets and enforces limits or rules.
Clinician utilizes time appropriately.
Clinician explains procedures, gives directions appropriately.

EQUIPMENT/MATERIALS

Appropriate for client.
Used effectively/appropriately.
Well prepared.

PROCEDURES

Appropriate for client.
Used effectively/appropriately.

GOALS

Clear to observer.
Appropriate for client.
Logically sequenced.

COMMUNICATION SKILLS

Comments at appropriate cognitive/linguistic levels.
Voice quality appropriate.
Speech production appropriate.

COMMENTS
NOVA UNIVERSITY
COMMUNICATION DISORDERS CLINIC

SUPERVISOR EVALUATION FORM

| Supervisor __________________________ |
| Semester __________________________ |
| Student (Optional) __________________|

Please fill out a form for each supervisor who supervised your work. In completing the scale, take careful note of the following scale that will be used:

1 = adequate  2 = poor  3 = average  4 = good  5 = excellent

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provided adequate observation of clinical sessions...</td>
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<td>2. Provided adequate time for consultation...</td>
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<td>3. Sufficiently reviewed and evaluated session planning...</td>
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<td>4. Provided adequate feedback of clinician performance...</td>
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<td>5. Provided constructive criticism in evaluating sessions...</td>
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<td>6. Provided appropriate and useful suggestions...</td>
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<td>7. Encouraged clinician's independence...</td>
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<td>8. Encouraged clinician's learning...</td>
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<td>9. Encouraged clinician's creativity...</td>
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<td>10. Praised and reinforced clinician's efforts...</td>
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<tr>
<td>11. Helped clinician achieve increased interest in the profession...</td>
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<tr>
<td>12. Encouraged clinician to experiment with different diagnostic and treatment techniques...</td>
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<tr>
<td>13. Was sensitive to clinician's feelings and opinions...</td>
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<td>14. Encouraged clinician to assess own strengths and weaknesses...</td>
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<tr>
<td>15. Appeared confident in the supervisory role...</td>
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<tr>
<td>16. Responded to clinician's verbal and written requests for assistance.</td>
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<tr>
<td>17. Evaluated clinician's skills fairly...</td>
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<tr>
<td>18. Contributed to clinician's professional development...</td>
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</tbody>
</table>

Written Comments:

Does not Apply
1. Be sure the video camera is attached to the wall bracket, plugged into the electric outlet, and plugged into the special video outlet located on the upper part of the wall.

2. Press the button at the back of the camera so that the red light on the front is turned on. The red light should be in the lower left corner of the camera. If it is elsewhere, you have attached the camera upside down and the image will also be upside down.

3. In the coordinator’s office (119B), do the following:
   a) Push the appropriate button on the small Panasonic Video Switcher to the appropriate room. 1=room E 2=room F 3=room H
   b) Turn on the switch to the SHURE m267 amplifier. This controls the sound which is recorded.
   c) Turn on the Video monitor by turning the OFF/Volume Switch.
   d) Turn on the Video Cassette Recorder (Button on right side).

4. You should now see a picture of the room the camera is in. Adjust the angle of the camera to get the best picture. Move the chairs, etc. to face towards the camera.

5. Have the secretary get a video cassette tape for you. Insert the cassette in the recorder. Be sure it is inserted according to the arrow on the top of the cassette.

6. Press the "Play/Record" buttons together and the machine will start recording.

7. Remember to rewind the cassette and remove it by pressing "Eject". This will not work if the recorder has been turned off.

8. Be sure all pieces of equipment (including the camera) have been turned off when you are finished.
APPLICATION FOR OFF-CAMPUS PRACTICUM
(DUE DATE: ____________)

Check one:  K - 12 (school system)  5500
or: Hospital, rehab, private facility  5400

Name: __________________________________________
Address: ________________________________________

Telephone: Home ____________________________
Work __________________________

I am applying for off-campus practicum for the ____________ term, 19____. I can be available for an internship placement at the following times (days):

I have specific clinical needs in the following disorders:

Signature ____________________________
Cohort ____________________________

[ ] Check if this is your first time off-campus
SELF-EVALUATION GUIDE FOR THERAPY SESSIONS

Use these questions to guide the self-evaluation of your videotape. You do not need to write an answer to every question, but please consider each point, especially the asterisked questions.

I. Clinician-Client Relationship

Did I show appropriate attending behavior, ex. maintain comfortable eye contact, distance from client, facial and body expression, posture?

Was I enthusiastic, interested, confident, empathetic, etc.?

Did I demonstrate professionalism in manner, appearance, voice quality and diction? Did I avoid "verbal tics" and stereotyped expressions?

Is my major concern for the client's needs rather than for my own? *Could the client-clinician relationship be improved?

II. Therapy Plan

Did I schedule therapy that is appropriate regarding frequency and length? formulation of reasonable goals and objectives? rationale for approach and procedures? criteria for objectives? selection of procedures, sequence of procedures, materials, reinforcement, sufficient activity to fill allotted therapy time? *Could I improve the therapy plan?

III. Management of Therapy Session

Did I use behavior management techniques consistently and effectively? Did I inadvertently reinforce negative behavior? Did I set and enforce behavior guidelines?

Were my verbal skills appropriate in regard to responding to questions, asking questions, tolerating silence, giving directions and explanations that were appropriate to age, developmental and language level?

Did I utilize time effectively? *How could I manage the session better?

IV. Equipment and/or materials used

Were they well prepared, appropriate, readily accessible (but out of reach of the client?), and used effectively?

Was the physical environment conducive to therapeutic behavior change: lighting? room and seating arrangement? materials placement? avoidance of clutter?

*How could I improve my use of equipment and materials?
V. Procedures

Did I begin session promptly? pace session appropriately? organize well? utilize time well? motivate and interest the client? give concrete feedback? provide a variety of experiences? show creativity? modify my behavior in response to client's behavior, ex. demonstrate ways to make a task easier or harder? follow through with planned activities, but demonstrate flexibility by responding to client's needs, ex. change pace or plans in response to unanticipated events, information? *Any ways to improve?

VI. Professionalism

Consider: communication skills; dependability; professional appearance and presentation; punctuality; interaction and respect for client and family; confidentiality; cooperation and respect for time schedule of others, clinic equipment, co-professionals, supervisor's evaluation and input; professional involvement.

*Are there things I could do to improve in this area?

VII. Carry-over

What provision did I make for sharing information with parents? for explaining to parent during and/or after session? for providing parents with specific (even written copies) of home activities? reviewing "homework" previously assigned to parents? sharing/ coordinating with school where appropriate?

*How could communication with parent be made more effective?

VIII. Additional Comments

General impressions, suggestions for improvement, areas you feel comfortable with or feel are your strengths, additional comments pertinent to this session.

YOUR NAME: ____________________________________________

CLIENT'S NAME ____________________________________________

SESSION DATE: ____________________________________________
NOVA UNIVERSITY
SPEECH-LANGUAGE PATHOLOGY PROGRAM

Student's Verification of Clinical Clock Hours

Name: ________________________________  Term & Year: ________

My signature below verifies that I have examined my clinical clock hour records and they are complete and correct. They have been signed by the supervisor for each client and may be transferred to my permanent record.

__________________________  (Signature)

__________________________  (Date)
Student's Name: ________________________ Cohort ____ Term (circle one) Fall, Winter, Spring, Summer __

CUMULATIVE SUPERVISED CLINICAL CONTACT HOURS
(150 hours must be earned on the graduate level)

<table>
<thead>
<tr>
<th>AREA</th>
<th>ASHA REQUIREMENT TOTAL HRS</th>
<th>HOURS THIS TERM</th>
<th>TOTAL HOURS TO DATE</th>
<th>MINIMUM REMAINING HOURS NEEDED AT NOVA</th>
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<tbody>
<tr>
<td>EVALUATION</td>
<td>50</td>
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<tr>
<td>MANAGEMENT:</td>
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<tr>
<td>Articulation</td>
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<tr>
<td>Language</td>
<td>75</td>
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<tr>
<td>Voice</td>
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<td>Fluency</td>
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<td>COMBINED SPEECH &amp; LANGUAGE TOTAL HRS</td>
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<td>AUDIOLOGY:</td>
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<td>Diagnostic</td>
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<td>Screening</td>
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<td>AURAL HAB/REHAB.:</td>
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<tr>
<td>Assessment</td>
<td>15</td>
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<td>Management</td>
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<td>COMBINED AUDIOLOGY TOTAL</td>
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<td>GRAND TOTAL *</td>
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<tr>
<td>(SP./LANG./AUD.)</td>
<td>300</td>
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* Note that the 300 total hours allows for 65 undesignated clock hours.

FACULTY SIGNATURE ________________________
## Speech-Language Practicum Hours

<table>
<thead>
<tr>
<th>Supervisor's Name</th>
<th>ASHA Account #</th>
<th>Signature</th>
<th>Site</th>
<th>Articulation</th>
<th>Language</th>
<th>Voice</th>
<th>Fluency</th>
<th>Diagnostics</th>
<th>Screenings</th>
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**TOTALS**

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<thead>
<tr>
<th>Supervisors's Name</th>
<th>ASHA Account #</th>
<th>Signature</th>
<th>Site</th>
<th>Assessments</th>
<th>Screenings</th>
<th>Diagnostics</th>
<th>Reevaluation</th>
<th>Assessment Aid Selection</th>
<th>Hearing Handicaps</th>
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**TOTALS**

My signature below signifies that I have examined the records of my clinic clock hours; they are correct and complete. These hours may be transferred to my permanent record.

Student Signature: ___________________________ Date: ___________________________
# Contract for Incomplete Grade and Its Removal

<table>
<thead>
<tr>
<th><strong>Student Name</strong></th>
<th><strong>Social Security Number</strong></th>
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<tbody>
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<table>
<thead>
<tr>
<th><strong>Course Number and Title</strong></th>
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<table>
<thead>
<tr>
<th><strong>Term/Year</strong></th>
<th><strong>Location</strong></th>
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**Instructor**

<table>
<thead>
<tr>
<th><strong>Letter Grade to Date</strong></th>
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</table>

**Letter Grade for Course If Requirements Below Are Not Completed Will Result in an Automatic F.**

**Specific Requirements Are:**

1. 
2. 
3. 
4. 

**To Be Completed By**

(specify date...16 weeks or less after last class)

<table>
<thead>
<tr>
<th><strong>Instructors Signature</strong></th>
<th><strong>Date</strong></th>
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I understand and agree to comply with these requirements for the satisfaction of the course objectives. Upon completion of these requirements, or on the date specified, my course grade will be changed from an Incomplete to my earned letter grade.

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<thead>
<tr>
<th><strong>Student Signature</strong></th>
<th><strong>Date</strong></th>
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**Address**

<table>
<thead>
<tr>
<th><strong>Home Phone</strong></th>
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<tr>
<th><strong>Work Phone</strong></th>
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**Program Director Signature**

<table>
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<th><strong>Date</strong></th>
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Copies: White - student file, Yellow - Instructor, Pink - Student
American Speech-Language-Hearing Association (ASHA)

10801 Rockville Pike
Rockville, Maryland 20852
(301) 897-5700
Hot Line #: 800-638-6860

The American Speech-Language-Hearing Association is the national scientific and professional association for speech-language pathologists, audiologists and speech-language and hearing scientists concerned with communication behavior and disorders. Please refer to the ASHA certification handbook for details concerning this organization.

The American Speech-Language-Hearing Association publishes four journals: The Journal of Speech and Hearing Disorders; the Journal of Speech and Hearing Research; Language, Speech, and Hearing Services in Schools; and Asha. The Journal of Speech and Hearing Disorders, a quarterly journal, was first issued in 1936 as the Journal of Speech Disorders and appeared under that title through Volume 12, 1947. The Journal of Speech and Hearing Research, also a quarterly journal, was first issued in 1958. Language, Speech, and Hearing Services in Schools was formerly called Speech and Hearing Services in Schools, Volume 1, Number 1-3, and Language, Speech, and Hearing Services in Schools, Volume 2, Numbers 4 and 5. Volumes 1 and 2 were published irregularly during 1970 and 1971. Regular publication of LSHSS began in January 1972. Asha is a monthly journal and was first issued in 1959. The Association also publishes a Directory of Members, ASHA Monographs, and ASHA Reports. The last two are published irregularly. JSHD, JSHR, and Asha are distributed to Members as part of their dues.


Employment Opportunities (classified advertisements) are published each month in the "9030" section of ASHA. Members seeking employment and persons and agencies desiring to secure the services of ASHA Members should request information on classified advertising rates and schedules.

ASHA's new computerized Employment Referral Service began in June 1984. The cost to new graduates looking for a CFY position is $15. The cost to member is $30 for six months. Any advertiser in the service will pay $30 for six months. By using a computerized system, position seekers and positions will be matched according to the following categories: salary, experience, education, location, ASHA
certification, age of clients, type of setting, and hours per week (part time/full time). Position seekers and employers select up to four items from each of the categories describing the position they are looking for or advertising. The data are entered into the computer and matches made weekly. Position seekers will be sent the names and addresses of employers advertising positions for which they qualify, and will be responsible for directly contacting the employer advertising the position. For information and materials contact Bonnie Rogers at the National Office (301) 897-5700.

Florida Speech and Hearing Association (FLASHA)
P.O. Box 10523
Tallahassee, FL 32302
(904) 222-1907

The purpose of this organization is to encourage and stimulate the study of speech, language and hearing among persons engaged in the field. Professional growth is available through state conventions which are held annually. In addition to professional memberships, student affiliations are welcomed.

Miami Association for Communicative Sciences (MACS)
P.O. Box 558744
Miami, FL 33253-874
(305) 325-4773

This organization is dedicated to providing and promoting continued education in the field of speech-language and hearing. Three workshops are provided yearly for the exchange of information among speech-language pathologists and audiologists. Full memberships are available for those people holding a master's degree or ASHA certification. Bachelor degree people and those people in allied disciplines may obtain an affiliate membership. Student memberships are available.

Broward County Hearing and Speech Association (A United Way Organization)
1300 So. Andrews Avenue
Fort Lauderdale, FL 33316
(305) 463-4341

The association provides services to the communicatively impaired in addition to study groups
and lectures for students and professionals in the field of speech-language and hearing. These meetings are held throughout the year.

**Palm Beach County Speech-Hearing**

Rehabilitation Center for Children and Adults
300 Royal Palm Way
Palm Beach, FL 33480
(305) 655-7260

This organization of practicing speech-language pathologists and audiologists in Palm Beach County provides guest speakers quarterly. Information is also given for those individuals in private practice within the county.

**Florida Department of Education, Division of Public Schools, Bureau of Education for Exceptional Students**

Knott Building
Tallahassee, FL 32301

**Weekends With The Experts.** Weekends With the Experts is a series of established inservice training programs cosponsored by the Department of Education, Bureau of Education for Exceptional Students, and Florida State University. The purpose of the series is to provide public school exceptional student educators the newest information available on procedures for identifying, evaluating and remediating students with special problems. Programs have been held in the areas of hearing impaired, severely/profoundly handicapped, speech and language impaired, and visually impaired. Recognized leaders in these professions are invited to be guest lecturers on one of four weekends each year. Personnel in the schools choose to use their weekends to receive training from some of the best professionals in the Nation. Participants may earn college credit or inservice points, depending on individual needs. This is a tuition based program and in some instances, part or all of an individual's expenses may be paid by the school district.

**The Council for Exceptional Children (CEC)**

**Division for Children with Communication Disorders (DCCD)**

The Council for Exceptional Children
1920 Association Drive
Reston, VA 22091

The Division for Children with Communication Disorders (DCCD) was organized in 1964 at the Annual CEC
Convention in Chicago. DCCD's purpose is to improve the education of the communicatively handicapped through: 1) Integration of the multidisciplinary efforts currently directed toward the varied problems exhibited by these children; 2) Dissemination of information and encouragement of research and training; and 3) Cooperation with other agencies and organizations.