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INTRODUCTION

The Murray State University Speech and Hearing Clinic is an integral part of the College of Education and Human Services, and Center for Communication Disorders. Clinical training is an essential component of the Speech-Language Pathology Graduate Program and is structured to provide a variety of supervised clinical experiences, which are required for both the American Speech Language Hearing Association’s Certificate of Clinical Competence and state licensure.

The clinic has three major purposes:

- to provide excellence in clinical training to undergraduate and graduate students
- to provide quality clinical services to individuals within the university and the surrounding region
- to provide opportunities for faculty and students to engage in research directed toward solutions to problems and development of knowledge in communication disorders that are important to the region, state, and nation.

GENERAL CLINIC POLICIES

- **Equitable Treatment:** Clinical assignments for students are made in accordance with Murray State University guidelines. The Speech & Hearing Clinic endorses the intent of all federal and state laws created to prohibit discrimination. Murray State University does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, age, veteran status, or disability in employment, admissions, or the provision of services and provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities equal access to participate in all programs and activities. For more information, contact the Director of Equal Opportunity, 103 Wells Hall, (270) 809-3155 (voice), (270) 809-3361 (TDD).

- **Graduate Student Workroom: Room 200** in Alexander Hall is the graduate student workroom. This room is for graduate students in Speech Pathology. Workspace and computers are available for use. Mailboxes are assigned by the clinic secretary. Students should check their mailboxes daily. Informational notes will be posted on the large magnetic white board. Purses and personal items should be stored in the designated locked cabinet when unattended. Small portable laminators and a book binding machine are available for use in the materials room. See the clinic secretary for instructions to use the laminators and other equipment properly. A weekly maintenance schedule will be developed by first year graduate students to keep an orderly, clean environment.
• Clinical Resources

Materials Room:
- Room 109 in Alexander Hall is the clinic materials room. This room is used by students and faculty in the center. Students have access to any materials or resources located in the materials room. Students must sign all materials in and out.
- Student clinicians may check out materials for 24 hours using the sign-out sheet on the desk.
- Additional children’s books are located in Dr. Hart’s office (AL 111) and can be checked out there.
- Items can be reserved for an upcoming session. Place items on the cart or on the shelves in the materials room. Put your “reserve tag” on top.
- Student clinicians may use containers and bags under the tall cart to transport materials.
- Student clinicians are responsible for returning borrowed materials and putting them back in the proper location after each session.
- Return all items to the appropriate shelf, container, or bag.
- Return all card decks to the correct deck and container in the materials room.
- Sort all play sets, figures, cars, etc…before returning them to the designated area or bag.
- Make sure play doh items are completely clean before you return them.

Tests: Tests for children can be found in the clinic office and are checked out by filling out the sign-out sheet located on the test cabinet door. Adult tests are located in the closet in the 219 suite and are signed-out there. Tests may be checked out for 48 hours for review.

Test Protocols: Test protocols are located in the filing cabinet to your right as you enter the materials room. Notify the clinic secretary if you use one of the last test forms in the folder so she can reorder.

Equipment:
- Most equipment used for clinical purposes is found in the clinic office in the metal storage cabinets. Equipment available for check-out includes: laptop computers, touch screen tablets, video recorders and tripods, educational software, and music CD’s.
- Video recorders require a memory stick or a mini DVD. Memory sticks are the best method for transferring a session to your computer for editing. The mini DVD option works fine to view the session, but will not easily transfer for editing purposes.
  - Students must purchase memory sticks or mini DVD’s for clinical use.
  - To maintain HIPAA compliance, it is the student clinician’s responsibility to return the equipment with data removed.
  - Return all equipment to the clinic office and the proper cabinet.
  - Notify the clinic secretary if you use the last of any supplies such as batteries or laminating sheet.
- Equipment can be signed out for 24 hours. You must obtain permission from the clinic secretary to keep items longer.
- The clinic copy machine and the clinic printer are available for clinic use only. Clinic forms are available on the copy machine. See the clinic secretary for instructions to use the proper codes and procedures for the copy machine. No personal copies are allowed.

**Name Tags:** All graduate student clinicians will be given a name tag which should be worn at all times when engaging in on and off campus clinical activities. If you lose or damage your name tag, inform the clinic secretary and a replacement will be provided at your cost.

**Professional Liability Insurance:** The Murray State University Speech and Hearing Clinic maintains a student liability policy, renewed each year, to cover practicum experiences. The clinic secretary will notify students when insurance fees are due.

**Dressing for Clinical Responsibilities:** The Murray State University Speech and Hearing Clinic provides services to the university and surrounding community for reimbursement. Student clinicians are expected to dress in a manner appropriate for a professional clinic. Appropriate dress should be modest and professional. Care should be taken so that clothing is not potentially embarrassing for the client or clinician. Hair should be well kept and hair color should be of natural tones. Jewelry worn in body piercings should be limited to ears only and tattoos must be covered. Strong perfumes or body lotions should not be worn. Appropriate attire may vary with the type of clinical assignment. Student clinicians should consult their clinical supervisor with any questions regarding proper attire. Clinicians should wear their clinic name badge during all diagnostic or therapy sessions. If the dress code is violated the student will be asked to change his or her clothing. If this is not possible a stock of clothing provided by the clinic is available. Off-campus assignments may have dress codes that differ. In these instances the dress code for the off-campus site must be followed.

**CONFIDENTIALITY PROCEDURES**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) required the US Department of Health and Human Services to establish rules to protect the privacy of health information. The MSU Speech & Hearing Clinic became HIPAA compliant January 2009. Protected health information (PHI) is individually identifiable health information created or received by the MSU Speech & Hearing Clinic. Information is “individually identifiable” if it identifies the individual or there is a reasonable basis to believe components of the information could be used to identify the individual. “Health information” means information, whether oral or recorded in any form or medium, that (i) is created or received by the MSU Speech & Hearing Clinic; and (ii) relates to the past, present, or future physical or mental health or condition of a person, the provision of health care to a person, or the past, present, or future payment for health care.

All graduate students will receive training during CDI 670 (Practicum Seminar) regarding HIPAA privacy requirements and MSUs HIPAA Privacy Manual (p.40). Specific procedures to protect private health information (PHI) include:

- All information regarding any client is confidential and should be treated with special regard for the individual’s privacy. Clients are not to be discussed outside the clinic or classroom. Clients are not to be discussed casually in hallways or other places
where conversations may be overheard. All activities involving clients are strictly confidential and should be discussed only with professionals involved with the client. Limit the content of Private Health Information (PHI) conversations to the minimum necessary.

- All client records (permanent folders, working folders) are confidential and are not to be divulged to anyone other than clinical supervisors, assigned practicum clinicians, or individuals who have been authorized by a signed written release.
- Permanent folders and working folders may only be reviewed in designated areas and must not be removed from the building.
- Limit the number of photocopies made of PHI.
- Client records are kept in the clinic office and locked when the clinic secretary is not in the office. Preschool client records are kept in restricted filing cabinets at each preschool site.
- Limit the use of PHI in e-mails to the minimum necessary.
- Limit faxing of PHI to urgent information.
- Limit voicemail messages, or messages left for other individuals, to high-level information to ensure no one else could overhear PHI.
- At the beginning of each semester of clinical practicum, students will be asked to sign a form stating that they have read and understand the ASHA Code of Ethics and the HIPAA procedures, that they will uphold them and that they fully understand that breach of these could result in a lowering of their course grade, dismissal from the program, or dismissal from the University. Compliance with HIPAA and conducting oneself in a manner according to the ASHA code of Ethics are consistent with the necessary conditions for the 2014 Certification Standards in Speech-Language Pathology.

**STUDENT PARTICIPATION IN CLINIC: GENERAL EXPECTATIONS**

- Students will demonstrate professional responsibility.
- Students will dress and conduct themselves in a professional manner.
- Students will complete assignments responsibly and competently.
- All students will abide by the ASHA code of ethics (p. 24)
- All client information should be kept confidential.
- Students will adhere to all HIPAA, University, Department, and Clinic regulations regarding confidentiality

**Undergraduate Level**

- Students participate in supervised clinical observations and through individualized beginning practicum experiences in conjunction with designated courses at MSU or their undergraduate university. Seniors may also be assigned a client upon successful completion of the required 25 supervised observation hours.
Student Observations

- Undergraduate students must each complete 25 hours of observation of clinical sessions before beginning initial clinical practicum.
- The observation hours and a specific program of studies must be completed before applying to the masters program. Students with bachelor’s degrees in other fields who plan to enter the master’s program must complete a sequence of prerequisite courses as well as 25 hours of clinic observation. These individuals must immediately make arrangements with the Clinic Coordinator to complete their observation hours as soon as possible.
- All student observers are required to complete a guided observation form for each session and submit it to the appropriate instructor.

Murray State University
Speech & Hearing Clinic
Established Procedures and Ethics for Observation

All student observers are expected to follow established procedures and ethics for observation.

1. Observations should take place only at the direction of faculty of the Center for Communication Disorders or by arrangement with the clinic coordinator.

2. For maximum benefit as well as to minimize movement in the observation room, an entire therapy session or diagnostic must be observed.

3. There should be no talking in the observation rooms unless absolutely necessary. Necessary talking should be done in a whisper. Questions regarding the session or client should be directed to the clinician or supervisor after the session is over.

4. There is to be absolutely no eating, drinking, or smoking in the observation rooms.

5. All activities involving clients are strictly confidential and should be discussed only with professionals involved with the client.
Graduate Level

Standards for clinical experiences are based on the 2014 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology. Students complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client contact. A minimum of 325 clock hours of clinical practicum must be completed at the graduate level.

Supervised practicum must include experience with client populations across the lifespan and from culturally/linguistically diverse backgrounds. Practicum must include experience with client populations with various types and severities of communication and/or related disorders, differences, and disabilities. Emphasis is placed on consistent growth in clinical skills including: evaluation, treatment, and professional skills.

1st Year Graduate Students:

Practicum experiences are supervised by Murray State University supervisors in the Murray State University Speech and Hearing Clinic, Murray-Preschool Headstart Centers. Preschool centers are located on the MSU campus and in the community.

2nd Year Graduate Students:

Practicum experiences are supervised by off-campus ASHA certified clinical supervisors. Off-site practicum assignments include the following settings: hospitals, skilled nursing facilities, rehabilitation facilities, and private practice settings. All practicum experiences are assigned by the clinic coordinator.

Two full-time 8 week clinical placements will be completed. These placements typically include one medical setting and one school setting. Requirements for school or medical settings must be met before beginning practicum. Requirements for school settings typically include a background check, current TB test and a physical examination. Requirements for medical sites typically include: BLS training (Advanced CPR training) provided on the MSU campus, a current TB test, physical examination, urine drug screen, a background check, and an orientation to the facility. All placements are assigned by the clinic coordinator.

GRADUATE LEVEL CLINICIAN RESPONSIBILITIES

Clock Hours:

- Graduate students are enrolled in clinical practicum to gain clinical experience and apply theoretical knowledge learned in course work. The Center for Communication Disorders adheres to the standards and
implementation procedures of the American Speech and Language Hearing Association for the Certificate of Clinical Competence.

- At least 400 clock hours of supervised clinical practicum that concerns the evaluation and treatment of children and adults with disorders of speech, language, and hearing are required. A minimum of 325 clock hours of clinical practicum must be completed at the graduate level. The remaining required hours may have been completed at the undergraduate level, at the discretion of the graduate program.

- It is recommended that at least 20 of the total clock hours be completed in each of the following eight categories in order to achieve the clinical skill outcomes listed below:

  _Evaluation: Speech disorders in children_  _Treatment: Speech disorders in children_
  _Evaluation: Speech disorders in adults_  _Treatment: Speech disorders in adults_
  _Evaluation: Language disorders in adults_  _Treatment: Language disorders in adults_

- Students are responsible for keeping accurate records of their client contact hours. Clock hours should be entered into the Murray State CALIPSO system regularly. Supervisors will verify student clock hours as they are submitted. CALIPSO is a web-based application that manages key aspects of academic and clinical education designed specifically and exclusively for speech-language pathology and audiology training programs.

**Attendance:**

- Attendance is mandatory for each scheduled clinical assignment.

- Clinician absences are permitted only in the case of illness or emergency. If this occurs, the clinician’s supervisor and the clinic secretary must be notified as soon as possible prior to the session. The supervisor will instruct the clinician as to whether a substitute clinician should be found or whether the session should be canceled.

- Graduate students with off campus assignments who must be absent from practicum must immediately notify the MSU Clinic Coordinator in addition to the off-site supervisor.

- During inclement weather, graduate students should make every effort to attend off campus assignments. For example if MSU is closed due to snow a student should attend their placement site if the roads are safe to travel in that area.

**Clinical Skills Outcomes:**

Your program of study will include supervised clinical experiences sufficient in breadth and depth for you to achieve the following skills outcomes. Your progress toward the clinical competencies will be monitored each semester using MSU Speech-Language Pathology Performance Evaluation completed within CALIPSO.
Progress in each skill area is documented across communication disorders (articulation, fluency, voice, language, social aspects, hearing, swallowing, cognition, communication modalities) using the following Performance Rating Scale:

1. Unacceptable Performance  
2. Emerging  
3. Developing  
4. Meets Performance Expectations  
5. Exceeds Performance Expectations

### Evaluation skills

1. Conducts screening and prevention procedures (std V-B, 1a).
2. Performs chart review and collects case history from interviewing patient and/or relevant others (std V-B, 1b).
3. Administers and scores diagnostic tests correctly (std V-B, 1c).
4. Adapts evaluation procedures to meet patient needs (std V-B, 1d).
5. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std III-C).
6. Interprets and formulates diagnosis from test results, history, and other behavioral observations (std V-B, 1e).
7. Makes appropriate recommendations for intervention (std V-B, 1e).
8. Provides counseling and supportive guidance regarding communication and swallowing disorders to patients, family, caregivers, and relevant others (std IV-C).
9. Provides for individual differences in a group setting (std V-B, 2e).
10. Completes administrative functions and documentation necessary to support evaluation (std V-B, 1f).
11. Refers clients/patients for appropriate services (std V-B, 1g).

### Treatment skills

1. Develops appropriate treatment plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process. (std V-B, 2a).
2. Implements treatment plans (std V-B, 2b).
3. Selects and uses appropriate materials/instrumentation (std V-B, 2c).
4. Provides appropriate introduction/explanation of tasks. (std V-B, 2c).
5. Measures and evaluates patients’ performance and progress (std V-B, 2d).
7. Creatively adapts techniques for specific needs of the client. (std V-B, 2e).
8. Modifies treatment plans, strategies, materials, or instrumentation to meet individual client needs (std V-B, 2e).
9. Provides for individual differences in a group setting. (std V-B, 2e).
10. Completes administrative functions and documentation necessary to support treatment (std V-B, 2f).
11. Identifies and refers patients for services as appropriate (std V-B, 2g).

### Preparedness, Interaction, and Personal Qualities

1. Possesses foundation for basic human communication and swallowing processes (std IV-C).
2. Possesses the knowledge to integrate research principles into evidence-based clinical practice (std IV-F).
3. Possesses knowledge of contemporary professional issues and advocacy (std IV-G).
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std V-B, 3a).
5. Establishes rapport and shows sensitivity to the needs of the patient. (std V-B, 3a).
6. Provides appropriate rate, pitch, and volume when interacting with patients or others. (std V-B, 3a).
7. Provides counseling and supportive guidance regarding communication and swallowing disorders to patients, family, caregivers, and relevant others (std V-, 3c).
8. Collaborates with other professionals in case management (std V-B, 3b).
9. Displays effective oral communication with patient, family, or other professionals (std V-B, 3a).
10. Displays effective written communication for all professional correspondence (std V-A).
11. Adheres to ASHA Code of Ethics; conducts him/herself in a professional, ethical manner (std V-B, 3d).
12. Assumes a professional level of responsibility and initiative in completing all requirements. (std V-A)
13. Demonstrates openness and responsiveness to clinical supervision and suggestions. (std V-B, 3d)
14. Personal appearance is professional and appropriate for the clinical setting. (std V-B, 3d)
15. Displays organization and preparedness for all clinical sessions. (std V-B, 3d)
16. Meets minimum work-ethic standards including being on time, meeting deadlines, and respecting expectations.
17. Demonstrates awareness of independence and dependence issues- knows when to discuss issues with Clinical Supervisor and when to act on their own. (std V-B, 3d)
18. Accepts supervisor evaluation in a non-defensive manner. (std V-B, 3d)
Audiology:

It is recommended that at least 20 of the total clock hours be completed in audiology. Practicum experiences must involve hearing screening of individuals with hearing disorders or the habilitation/rehabilitation of individuals who have hearing impairment. Hearing screening competencies include: setting up the environment, providing appropriate instructions, and screening school-age and preschool age children. See the Hearing Screening Performance Record Sheet (p.31) for a complete list of competencies.

SUMMER CLINICAL PARTNERSHIP GUIDELINES

During the summer clinic session, students will have the opportunity to coordinate treatment planning and implementation in the context of a collaborative relationship. Teams of students will learn clinical skills, demonstrate clinical accountability and experience personal growth. Teams will be composed of a first year graduate clinician and a second year graduate clinician. Clinical Partnership Guidelines are located on p.61 and the Clinical Partnership Planning sheet is found on p.62.

PROCESS FOR BEGINNING FALL & SPRING CLINICAL ASSIGNMENTS

1. The clinician is assigned to supervisors and clients by the clinic coordinator.

2. The clinician meets with the assigned supervisor(s) during the first week of the semester.

4. The clinician reads each client’s permanent folder which includes previous evaluations and previous progress reports.
   - Preschool client permanent folders are located in the office of each preschool site.
   - MSU client permanent folders are located in the clinic office.
   - A “working folder” with current progress notes and recent client information is kept for all preschool and clinic clients in the clinic office.

5. After consulting with the clinician’s supervisor, the clinician calls and schedules therapy times for clinic clients and confirms the times with the supervisor. Preschool clients are scheduled by the clinic coordinator and are assigned.

6. The clinician prepares a rough draft of the Individual Treatment Plan (ITP – p. 33) for approval by the supervisor for clinic clients. Preschool clinicians will implement the client’s current Individual Education Program (IEP).

7. If the client will be observed during the semester, the clinician provides information for undergraduate observers including the client’s initials, disorder, age, day and time of therapy, long term goals, semester goals, objectives, and the clinician’s initials.
8. The clinician consults with each supervisor to confirm plans for the first session for each client.

9. Regular planning sessions are scheduled with each supervisor. These may be individual or group meetings.

GENERAL OPERATING PROCEDURES FOR CLINIC CLIENTS

- Clinicians are responsible for filling out a room request slip and giving it to the clinic secretary for each client or diagnostic assigned to them in order to reserve a room for therapy or a diagnostic.
- Clinicians are to be present and on time for each therapy session.
- The clinician must ensure that clinic clients sign in at the office window.
- Clients are to be met in the clinic waiting room at the time the therapy session is to begin.
- Sessions are to last the full scheduled time and should end promptly.
- Clinicians should provide headphones (located in the clinic office) for family members of clients and return them immediately following the session.
- After each session, the clinician fills in a billing slip for each client.
- Client cancellations and absences are reported to the supervisor and clinic secretary promptly. An accurate record of client attendance is maintained by the clinician and reported at the end of the semester in the Progress Report (p. 34).
- Client records are filed in the clinic office. These files may be checked out by the clinician but can never be taken out of the building and must be returned to the clinic office by 4:00 on the day of check out. These files must not be left unattended. Files include permanent folders or working folders for a client.
- When the clinician and the client are involved in therapy that takes place somewhere other than the assigned room, the clinician should notify the supervisor and the clinic secretary of the location to ensure that student observers don’t sign up for sessions that cannot be observed.

GENERAL PRESCHOOL OPERATING PROCEDURES

- Preschool sessions typically take place in the preschool classroom. However, room assignments can be made for regular pull-out sessions.
- Clinicians must fill out confidentiality, background check information, and verification of a recent TB skin test at the beginning of the semester as required by the preschool office.
- When providing intervention in a preschool classroom, follow the established classroom rules.
- Notify the preschool teacher if you are removing a child from the classroom for any reason.
- You may access the child’s permanent folder at each preschool site. These records may not be removed from the preschool.
ENVIRONMENTAL INFECTION CONTROL PROCEDURES

A number of precautions need to be taken to protect both the clinicians and the clients from transmission of disease and infection.

- Student clinicians should thoroughly wash their hands before and after clinical sessions.
- Sanitizing kits containing items such as: disinfectant wipes, Kleenex, gloves, band aids, and hand sanitizer are located in each therapy room. Clinicians should replace needed items following therapy sessions. Supplies for the sanitizing kits can be found in the materials room. These kits are designed for infection control – not to be used for oral examinations.
- It is the clinician’s responsibility to place items that need cleaning in the designated area in the materials room.
- After each session, student clinicians should disinfect the table, light switch, and doorknobs.

EMERGENCY PROCEDURES

In case of an emergency, graduate students should immediately notify their clinical supervisor or nearest faculty or staff member of the possible emergency.

Emergency Phone Numbers:

- All campus emergencies (MSU Police)..........911
- 24 hours a day
- MSU Police (non-emergency)..........................809-2222
- Office of Environmental Safety and Health.......809-3480
  (Office hours 7a.m.-4p.m.)
- Facilities Management.................................809-4291
  (Office hours 7a.m.-4p.m.)
- Student Health Services..............................809-3809

Fire:

Smoke, fire or an explosion in a building shall warrant activation of the nearest fire pull station which is located near an outside exit.

Call MSU Police at 911. If there is no answer, or if the line is busy, call 2222. Immediately evacuate the building using the nearest exit. Do not use elevators.

If possible, provide assistance to mobility-impaired individuals. If this is not possible, or if anyone is injured, call MSU Police at 911. Provide the location to arriving emergency services (fire, police, etc.) of physically-impaired individuals sheltered in the building.

Tornado Warning:
A tornado warning is issued when a tornado has been sighted in the area. Murray State University's outdoor warning sirens will be sounded. If a warning (wavering tone) is issued, proceed as follows:

Seek shelter in a designated safe haven immediately (inner first floor hallway area of Alexander Hall).

After danger has passed a solid tone indicates "all clear".

**Earthquake:**

Seek protection from falling debris in doorways, under desks or tables or in corners of rooms.

Do not use elevators.

Remember, a significant earthquake will affect an entire community. Rescues and/or assistance may not be immediate. During emergencies that render broad, citywide impacts, it may be necessary to assume responsibility for the safety of oneself and if possible, others in the vicinity who need aid.

**Medical Emergency:**

In case of a medical emergency, graduate students should immediately notify their clinical supervisor or nearest faculty or staff member of the possible emergency.

Call MSU Police at 911. If there is no answer, or if the line is busy, call 2222.

When reporting a medical emergency, provide the following information:

- Type of emergency
- Location of injured
- Condition of injured
- Any dangerous conditions

**Gunshots Heard**

If you are involved in a situation where gunshots are heard, the following actions are recommended:

- Exit the building immediately.
- Notify anyone you may encounter to exit the building immediately.
- Call MSU Police at 911 or 2222 and provide details of the situation.

If you are directly involved and exiting the building is not possible, the following actions are recommended:

- Go to the nearest room or office.
- Close and lock or barricade the door.
- Cover the door windows and turn off lights.
- Keep quiet and act as if no one is in the room.
- DO NOT answer the door.
• Call MSU Police at 911 or 2222, and inform of:
  a. Your name
  b. Your location (be specific as possible)
  c. Number of shooters (if known)
  d. Identification of shooter(s)
  e. Number of person involved in situation (if known)
• Wait for emergency responders to assist you out of the building.

FORMS FOR THE MSU SPEECH AND HEARING CLINIC

Documentation for clients seen in the clinic requires completion of the forms listed below. All the appropriate information on the forms should be filled out completely before the client, family, or guardian signs them.

HIPAA Privacy Notice: This notice describes how medical information about the client can be used and disclosed and how the client can get access to this information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on medical providers. This information is known as protected health information and includes information whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of the MSU Speech & Hearing Clinic. (p.35)

Notice of Privacy Practices Acknowledgement: This form is signed by the client or client’s representative to indicate receipt of a copy of the MSU Speech & Hearing Clinic's Privacy Notice. (p.35)

Authorization for Services: This form must be completed during an initial evaluation or initial therapy session. It grants permission to evaluate and/or render services to the client.(p.43)

Sliding Fee Application: This form is used with each client for possible fee reduction. The reduction is based on the family’s income and the number of people in the family.(p.44)

Request for Information: This form should be completed any time a client or his family would like the MSU Speech & Hearing Clinic to receive information from another agency such as a school or physician. This form may be completed during a diagnostic evaluation or any time the client has received testing or services which might be relevant to speech-language services. A separate Request for Information form must be completed for each agency from which information is being requested. Specific information being requested must be specified. (p.45)
Release of Information: It is important to communicate to the client and the family that this information is confidential and will only be released with their consent. Any time a report needs to be sent to a physician, school, or any other agency, this form must be completed and signed. A separate form must be completed for each agency which is to receive a report. Release of Information forms must be updated annually. Information to be released must be specified. (p.46)

Individual Treatment Plan (ITP): This form indicates the plan for the semester of therapy and should follow the format presented on (p. 33) The ITP should outline, in behavioral terms, the client’s current status (present data), long term planning, semester goals, short term objectives, and the amount and type of therapy. ITPs are to be written by the student clinician in consultation with the clinical supervisor. The final draft of the ITP must be approved by the supervisor prior to any scheduled conference with the client, family, or guardian. The final draft of the ITP must be discussed with the client, family, or guardian.

Disposition Form: This form indicates the status of enrollment for services at the Clinic, continuation of services through a school system, and dismissal from therapy. Recommendations are also indicated on this form. All disposition forms must be signed by the supervisor and returned to the clinic secretary at the end of the semester. (p.47)

Quality of Services Forms: These forms are used to evaluate the quality of the diagnostic or therapy services rendered to the client. The “Survey of Initial Evaluation” (p.49) is completed following an evaluation. The “Survey of Speech Language Services” (p.48) is completed by clients or families at the end of each semester of therapy.

FORMS FOR PRESCHOOL SITES

The Murray Independent School District contracts with the MSU Speech and Hearing Clinic to provide clinical services to three preschool centers: Murray Preschool Headstart located in Alexander Hall on the Murray State University Campus, Ruby Simpson Child Development Center located on the Murray State campus, and the Willis Early Childhood Center in the downtown Murray area. Throughout the evaluation and intervention process, the district special education forms are used. The Kentucky Eligibility Guidelines – Revised (KEG-R) is used during the evaluation process. The complete KEG-R can be found on the Kentucky Department of Education Website.

KEG Forms can also be found in the clinic office. The KEG-R is organized according to disorder. See the KEG-R document for evaluation guidelines. The following is a list of forms used to document preschool evaluations.

- Speech Sound Production and Use
o Teacher/Parent Interview
o Communication Behavior Observation Form
o Speech Sound Production and Use Assessment Summary
o Communication Rating Scale: Speech Sound Production and Use
o Communication Written Report Form

- Language
  o Teacher/Parent Interview
  o Communication Behavior Observation Form
  o Language Assessment Summary
  o Communication Rating Scale: Language
  o Communication Written Report Form

- Fluency
  o Teacher/Parent Interview
  o Communication Behavior Observation Form
  o Fluency Assessment Summary
  o Communication Rating Scale: Fluency
  o Communication Written Report Form

- Voice
  o Teacher/Parent Interview
  o Communication Behavior Observation Form
  o Voice Assessment Summary
  o Communication Rating Scale: Voice
  o Communication Written Report Form

**DIAGNOSTIC SERVICES AND PROCEDURES**

**MSU Speech and Hearing Clinic**

The MSU Speech and Hearing Clinic receives referrals for speech-language and audiological diagnostic evaluations from parents, physicians, school systems, rehabilitation counselors, mental health centers, and other sources. The ultimate responsibility for each diagnostic service rests with the ASHA certified clinical supervisor. At least one half of each diagnostic evaluation in speech and language pathology and in audiology is directly supervised by persons holding the ASHA CCC in the appropriate area. Screening services in speech-language and hearing are viewed as diagnostic procedures and are supervised in accordance with ASHA requirements. This minimum amount of supervision is adjusted upward depending on the competencies of the student.

- Speech/language and audiological diagnostics will be assigned by the audiologist, clinic coordinator, or clinic secretary throughout the semester. Each of the clinician’s diagnostic evaluations will be supervised. Feedback toward clinical competencies will be provided.
- Each clinician will be paired with another clinician when assigned speech/language diagnostics. Clock hours are accrued based on each clinician’s actual participation during the evaluation.
Clinicians are responsible for reviewing client information and forming a preliminary plan prior to consulting with the supervisor.

Clinicians should consult with the supervisor immediately following a diagnostic assignment to discuss the overall evaluation plan, techniques, equipment, and materials to be used in the evaluation.

Clinicians are responsible for obtaining a room assignment for the diagnostic from the clinic secretary.

Clinicians should schedule hearing screenings that are part of a diagnostic with the clinic secretary.

Clinicians are responsible for obtaining headphones from the clinic office for family members/friends who will be observing.

Clinicians and the supervisor should greet the client, family, and friends in the waiting room. The clinicians or supervisor will explain the evaluation procedures and give the approximate time that will be required for the evaluation.

The clinical supervisor, is responsible for distributing, explaining, and completing the following forms:
- Notice of Privacy Practices Acknowledgment
- Authorization for Services
- Release of Information
- Request for Information
- Variable Fee Schedule Application

The supervisor participates in and is ultimately responsible for the discussion of the results with the client, family, or guardian.

A billing slip must be completed by the clinicians and submitted to the clinic secretary immediately following the diagnostic.

Clinicians are responsible for collecting, completing, scoring, and analyzing the information obtained during the diagnostic.

Clinicians write a report for each diagnostic evaluation in which they participate.

Except when prior arrangements have been made, the initial draft of the report (p.50) must be double spaced and turned in to the supervisor with the client’s permanent folder within 48 hours of the evaluation.

Preschool Sites

The Murray Independent School District contracts with the MSU Speech and Hearing Clinic to provide clinical services to three preschool centers: Murray Preschool Headstart located in Alexander Hall on the Murray State University Campus, Ruby Simpson Child Development Center located on the Murray State campus, and the Willis Early Childhood Center in the downtown Murray area. In addition to intervention sessions, students assigned to these sites will have opportunities for ongoing screenings and evaluations. Supervision standards are identical to those of the MSU Speech & Hearing Clinic.

- Periodic screenings and individual screenings are held during each semester. Students will have opportunities to participate in speech/language screenings and hearing screenings.
• Students assigned to preschool practicum sites may participate individually or in teams to evaluate children transitioning to preschool from First Steps or children in the preschool referred for speech/language evaluations. Preschool evaluations typically include: standardized assessments, interviews with teachers or parents, and observations of children’s communication skills in the classroom setting.

• Speech, language, voice, or fluency evaluations may be conducted. The Kentucky Eligibility Guidelines (KEG-R) forms must be used to document each preschool evaluation.

SUPERVISION

➢ Clinical supervision and clinical teaching are vital components of the Speech Pathology graduate program.

➢ ASHA’s document, Knowledge and skills needed by speech-language pathologists providing clinical supervision, is on p. 52.

➢ All clinical practicum experiences are supervised by individuals holding current state licensure and certification by the American Speech-Language Hearing Association.

➢ Faculty members from Communication Disorders supervise students during their first three semesters in the Speech Pathology Graduate Program.

➢ As students progress through the program they are supervised by area ASHA certified speech-language pathologists who partner with Murray State University and the Center for Communication Disorders to provide supervised practicum experiences in a variety of settings including hospitals, home health agencies, rehabilitation centers, and the public schools.

➢ Clinical supervisors are required to supervise a minimum of 25% of therapy sessions and 50% of diagnostic sessions completed by student clinicians.

➢ Supervisors provide both written and verbal feedback to students. Written feedback may be recorded on the Clinical Session Feedback Form (p. 51).

➢ Regular conferences are to be held between clinicians and their supervisors. Supervisors can also be contacted by E-mail, during office hours, or by appointment.

➢ If a supervisor feels that a clinician cannot fulfill his or her responsibility for any reason, he or she will temporarily suspend the clinician’s assignment and bring the
matter before the faculty of the Graduate Program in Speech Language Pathology. Students have the right to appeal any decision involving termination of a clinical assignment.

- Final conferences are held with each clinician each semester. MSU Speech-Language Performance Evaluation on CALIPSO is used as a tool to discuss progress toward each competency.

- Students evaluate their clinical supervisors at the end of each semester by completing the CALIPSO Clinical Supervisor Evaluation.

### MSU SPEECH AND HEARING CLINIC PROCESS FOR COMPLETING CLINICAL ASSIGNMENTS

1. Inform clients of the last session of clinic for the current semester.
2. Complete disposition forms (p. 53) for each client indicating their status in therapy (continue services, dismiss, etc...) and return to the clinic secretary.
3. During the last week of therapy, have the client or family member fill out the Client Family Evaluation of Services Provided (p. 53) and return it to the clinic secretary.
4. Submit progress reports typed and double spaced by the designated date to your supervisor(s).
5. Coordinate with your supervisor(s) to schedule conferences with your clients during the final week of therapy for the semester.
6. Schedule a final conference with each clinical supervisor.
7. Turn in signed clock hour forms to the clinic secretary by the end of the semester.

### PRESCHOOL SITES PROCESS FOR COMPLETING CLINICAL ASSIGNMENTS

1. Submit progress reports typed and double spaced by the designated date to your supervisor (s).
2. Distribute progress reports unless an ARC is scheduled.
   a. Place one copy for the preschool permanent folder (in the preschool office); clip the progress report behind the current IEP
   b. Send one copy home to the child’s parents
   c. Place one copy in the child’s working folder
3. Schedule final conferences with each clinical supervisor.
4. Turn in signed clock hour forms to the clinic secretary by the end of the semester.
GRADING

-Supervisors will hold formal evaluation conferences with each clinician at the end of each semester using the MSU Speech-Language Performance Evaluation on CALIPSO.

-All students will receive a letter grade at the end of the semester reflecting their performance in clinical activities. In cases where a student has more than one supervisor, the clinic coordinator will use CALIPSO to assess all supervisors’ evaluations in an integrative manner.

-Students are required to attend and complete on and off-site clinical assignments as scheduled. Completing clinical assignments is not contingent upon completion of clock hours. A pattern of unexcused absences will result in lowering the practicum grade by one letter grade.

-Clinical excellence is the objective and the expectation at all times. Any student who receives a grade of B or lower should discuss the matter with his or her supervisor and academic advisor to ensure resolution of the deficits implied by the low grade.

-Clinical grades, as with all other grades in the Center for Communication Disorders, are subject to review through the College of Education and Human Services grievance procedures.

Speech Language Pathology Practicum Remediation Policy

When a clinical supervisor identifies a graduate student who is experiencing significant difficulties in clinical practicum a clinical remediation plan will be developed. The remediation plan is a written document that includes: a description of the difficulties being experienced, specific objectives that need to be met, and mechanisms for assisting the student achieve the objectives. The nature of the clinical remediation plan is individually determined and defined by the clinical difficulties identified by the clinical supervisor(s). The plan may focus intensively on one aspect of clinical work, or may be more general focusing on a broad set of concerns. The remediation plan may focus on: meeting clinical competencies, self-evaluation skills, professional expectations, interpersonal skills, integration of academic information into clinical practice, or other pertinent concerns.

Concerns regarding performance in clinical practicum will be initiated by clinical supervisor(s) before the midterm grading period and reported to the Graduate Coordinator and the Clinic Coordinator. A meeting will be scheduled including the graduate student, clinical supervisor(s), the Graduate Coordinator and the Clinic Coordinator. The student’s academic advisor may be involved in the remediation process or will be kept informed of the student’s progress. The Clinical Support Committee will develop a plan to address clinical concerns. The “Practicum Remediation/Action Plan” will be used to document the committee’s decisions. The Clinical Support Committee will meet at the end of the semester to discuss clinical progress and make recommendations. Decisions regarding upcoming required clinical experiences will be made following successful completion of the remediation plan.
Appendices
Code of Ethics

Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

Rules of Ethics

1. Individuals shall provide all services competently.
2. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.

3. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.

4. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.

5. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

6. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.

7. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.

8. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.

9. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

10. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.

11. Individuals shall not provide clinical services solely by correspondence.
12. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.

13. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.

14. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.

15. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.

16. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.

17. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

18. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

**Principle of Ethics II**

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

**Rules of Ethics**

1. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.
2. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.

3. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.

4. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.

5. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

**Principle of Ethics III**

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.

**Rules of Ethics**

1. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.

2. Individuals shall not participate in professional activities that constitute a conflict of interest.

3. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.

4. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.

5. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.
6. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.

7. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

**Principle of Ethics IV**

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

**Rules of Ethics**

1. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

2. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.

3. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.

4. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.

5. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

6. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.

7. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.

8. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
9. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

10. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.

11. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.

12. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

13. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.

14. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.

O B S E R V A T I O N  F O R M

Client Initials:________________________________________

Clinician:____________________________________________

Date & Time Observed:__________________________________

Length of Observation:_________________________________

Description of Observation/Comments/Questions:

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

Print Student (Observer) Name:___________________________

Student Signature:_____________________________________

Supervisor’s Signature:_________________________________
**Hearing Screening – Performance Record Sheet**

<table>
<thead>
<tr>
<th>Date: ____________</th>
<th>Skill Not Present</th>
<th>Needs Assistance</th>
<th>Minimal Assistance</th>
<th>Independent</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checks appropriateness of the test environment</td>
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<tr>
<td>Sets up environment appropriately</td>
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<tr>
<td>Provides appropriate instructions</td>
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<td></td>
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<tr>
<td>Screens adults and school-age children</td>
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<tr>
<td>Screens typical preschoolers</td>
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<tr>
<td>Screens challenging preschoolers</td>
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<tr>
<td>Recognizes when visual cues may be a problem</td>
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<tr>
<td>Makes changes to eliminate visual cues</td>
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<td>Modifies screening methods as needed</td>
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<tr>
<td>Interprets results correctly</td>
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<tr>
<td>Reports results correctly</td>
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<tr>
<td>Makes appropriate referrals</td>
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</table>

**Supervisor:**

**Student:** Write the date at the top of the next available column and give to your supervisor prior to the screening. This sheet is NOT a record of clock hours. You still must complete a Clock Hour form.
Supervisor: The goal of this record sheet is to document the progression of the student. We do not expect the students to be functioning at any given level. Please indicate the level at which the student is performing on any of the above indicators you had the opportunity to observe. Unobserved indicators may be left blank. Thank you

Levels:
Independent:
Minimal assistance:
Needs assistance:
Skill not present:
Murray State University Speech & Hearing Clinic
Individual Treatment Plan

Client: _______________ Date of Birth: _______________ File Number: _______________ Date of Plan: _______________

Parent(s) or Guardian(s): ___________________________ Supervisor: _______________ Clinician: _______________

<table>
<thead>
<tr>
<th>Summary of Present Status:</th>
<th>Semester Goals and Short Term Objectives:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Strengths:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Weaknesses:</td>
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</tbody>
</table>

Prognosis:

Long Term Therapy Plan

<table>
<thead>
<tr>
<th>Summary of Semester Progress:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Type of therapy:</td>
</tr>
<tr>
<td>B. Frequency:</td>
</tr>
</tbody>
</table>
SPEECH-LANGUAGE PROGRESS REPORT
Semester, Year

Name: 
Address: 
Parents: (if applicable) 
Phone: 

File No.: 
Date of Birth: 
Period Covered: 
(Beginning & Ending Date) 
No. Sessions Attended: 
(# out of #) 

I. Status at Initiation of Therapy Period
   History (when pertinent)
   Developmental History
   Previous Therapy
   Test results (pre-test results pertinent to problem)

II. Therapy
   Therapeutic Objectives
      Include long term therapy plan, semester goals, and short term
      objectives stated in behavioral terms.
   Results of therapy
      Include a brief description of the type of therapy at the beginning of this
      section, e.g., specific approach used, activities or materials, and report
      progress toward each short term objective.

III. Summary and Conclusions
   Briefly summarize progress. Include a prognosis statement as well as additional
   formation regarding client’s behavior, attitudes towards speech, parental
   information, etc...)

IV. Recommendations
   Indicate whether or not continued therapy is recommended, the semester
   therapy will be continued (if applicable), and the number of days per week and
   length of session. Also include a recommendation for the therapy focus, if
   therapy is to be continued.

   Student’s name, typed
   Graduate Student Clinician

(Supervisor’s Name), CCC-SLP
Clinical Supervisor

xc: Other agencies requesting report
This notice describes how medical information about you may be Used and Disclosed and how you can get access to this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH Act) imposes numerous requirements on Health Care Providers concerning the Use and Disclosure of your individual health information. This information is known as Protected Health Information (PHI) (and includes Genetic Information) and includes information whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of the Health Care Provider listed here: Murray State University Speech and Hearing Clinic.

The Health Care Provider’s duties with respect to health information about you

The Health Care Provider is required by law to maintain the privacy of your health information and to provide you with this notice of the Health Care Provider’s legal duties and privacy practices with respect to your health information and to inform you about:

- The Health Care Provider’s practices regarding the Use and Disclosure of your PHI;
- Your rights with respect to your PHI;
- The Health Care Provider’s duties with respect to your PHI;
- Your right to file a complaint about the Use of your PHI;
- A breach of your unsecured PHI; and
- Whom you may contact for additional information about the Health Care Provider’s privacy practices.

It’s important to note that these rules apply to the Health Care Provider in that capacity, not to Murray State University as an employer — that’s the way the HIPAA rules work. Different policies may apply to other Murray State University programs or to data unrelated to the activities of the Health Care Provider.

How the Health Care Provider may Use or Disclose your health information

The privacy rules generally allow the Use and Disclosure of your health information without your permission (known as an authorization) for purposes of health care Treatment, Payment activities, and Health Care Operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one (1) or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. *For example, the Health Care Provider may share health information about you with physicians who are treating you.*
- **Payment** includes activities by health plans and providers to obtain premiums, make coverage determinations and provide reimbursement for health care. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, and billing; as well as “behind the scenes” plan functions such as risk adjustment, collection, or reinsurance. *For example, the*
• Health Care Provider may share information about your coverage or the expenses you have incurred with a health plan in order to coordinate payment of benefits.

• Health care operations include activities by a health plan and/or provider and may include such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include vendor evaluations, credentialing, training, accreditation activities, underwriting, premium rating, arranging for medical review and audit activities, and business planning and development. For example, the Health Care Provider may Use medical information to review its treatment and services and evaluate performance of services rendered to you.

• The amount of health information Used or Disclosed will be limited to the “Minimum Necessary” for these purposes, as defined under the HIPAA rules. Information not required for the task will not be Used or Disclosed. The Health Care Provider may also contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

How the Health Care Provider may share your health information with Murray State University

The Health Care Provider may Disclose your health information without your written authorization to Murray State University employees for administration purposes. Murray State University agrees not to Use or Disclose your health information other than as permitted or required by law. Employees of the Office of Vice President for Finance and Administrative Services, Office of General Counsel, Information Systems and Office of Internal Auditor, along with those who work within the Department of the Health Care Provider are the only Murray State University employees who will have access to your health information for such functions.

In addition, you should know that Murray State University cannot and will not Use health information obtained from the Health Care Provider for any employment-related actions. However, health information collected by Murray State University from other sources, for example under the Family and Medical Leave Act, Americans with Disabilities Act, or workers’ compensation is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other allowable Uses or Disclosures of your health information

Generally, the Health Care Provider may Disclose your PHI without authorization to a family member, close friend, or other person you have identified as being involved in your health care or payment for your care. In the case of an emergency, information describing your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You’ll generally be given the chance to agree or object to these Disclosures (although exceptions may be made, for example if you’re not present or if you’re incapacitated). In addition, your health information may be Disclosed without authorization to your legal representative.

The Health Care Provider is also allowed to Use or Disclose your health information without your written authorization for the following activities:

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<tr>
<th>Workers’ compensation</th>
<th>Disclosures to workers’ compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with such laws</th>
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<td>Necessary to prevent serious threat to health or safety</td>
<td>Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (including Disclosures to the target of the threat); includes Disclosures to assist law enforcement officials in identifying or apprehending an individual because the individual has made a statement admitting participation in a violent crime that the Health Care Provider reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody</td>
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<td>Public health activities</td>
<td>Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; Disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and Disclosures to the Food and Drug Administration to collect or report adverse events or product defects; or to notify individuals of recalls of medication or products they may be using</td>
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<td>Victims of abuse, neglect, or domestic violence</td>
<td>Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law</td>
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<tr>
<td>Judicial and administrative proceedings</td>
<td>Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Health Care Provider may be required to notify you of the request, or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)</td>
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<td>Law enforcement purposes</td>
<td>Disclosures to law enforcement officials required by law or pursuant to legal process for law enforcement purposes</td>
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<td>Decedents</td>
<td>Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties</td>
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<td>Organ, eye, or tissue donation</td>
<td>Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death</td>
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<tr>
<td>Research purposes</td>
<td>Disclosures subject to approval by institutional or private privacy review boards, and subject to certain assurances and representations by researchers regarding necessity of using your health information and treatment of the information during a research project</td>
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<tr>
<td>Health oversight activities</td>
<td>Disclosures to comply with health care system oversight such as audits, inspections, investigations, or licensing actions and activities related to the health care provision or public benefits or services</td>
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<tr>
<td>Specialized government functions</td>
<td>Disclosures to facilitate specified government function related to the military and veterans, national security or intelligence activities; Disclosures to correctional facilities about inmates</td>
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<tr>
<td>HHS investigations</td>
<td>Disclosures of your health information to the Department of Health and Human Services (HHS) to investigate or determine the Health Care Provider’s compliance with the HIPAA privacy rule</td>
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</table>
Except as described in this notice or as may be allowed by law, other Uses and Disclosures of PHI, such as marketing purposes, Use of Psychotherapy Notes, and Disclosures that constitute the sale of PHI will be made only with your written authorization. You may revoke your authorization by written notice of such revocation as allowed under the HIPAA rules. However, you can’t revoke your authorization if the Health Care Provider has taken action relying on it. In other words, you can’t revoke your authorization with respect to Disclosures the Health Care Provider has already made.

**Your individual rights**

You have the following rights with respect to your health information the Health Care Provider maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right.

**Right to request restrictions on certain Uses and Disclosures of your health information and the Health Care Provider's right to refuse**

You have the right to request a restriction or limitation on the Health Care Provider’s Use or Disclosure of your health information. For example, you have the right to ask the Health Care Provider to restrict the Use and Disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Health Care Provider to restrict Use and Disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Health Care Provider must be in writing on the appropriate form.

The Health Care Provider is not required to agree to a requested restriction. And if the Health Care Provider does agree, a restriction may later be terminated by your written request, by agreement between you and the Health Care Provider (including an oral agreement), or unilaterally by the Health Care Provider for health information created or received after you’re notified that the Health Care Provider has removed the restriction. The Health Care Provider may also Disclose health information about you if you need emergency treatment, even if the Health Care Provider has agreed to a restriction.

You also have the right to request that the Health Care Provider not Disclose PHI to a health plan for the purpose of carrying out payment or health care operations if such Disclosure is not otherwise required by law and the PHI pertains solely to a health care item or service for which you or someone on your behalf (other than a health plan) has paid the Health Care Provider in full. In such event, the Health Care Provider must agree to abide by your request.
Right to receive confidential communications of your health information

If you think that Disclosure of your health information by the usual means could endanger you in some way, the Health Care Provider will accommodate reasonable requests to receive communications of health information from the Health Care Provider by alternative means or at alternative locations. For example, you may request that the Health Care Provider only contact you at work and not at home.

If you want to exercise this right, your request to the Health Care Provider must be in writing on the appropriate form and you must include a statement that Disclosure of all or part of the information could endanger you.

Right to inspect and copy your health information

With certain exceptions, you have the right to inspect and obtain a copy of your health information that the Health Care Provider maintains in a Designated Record Set or direct that they be provided to a third party. This may include medical and billing records maintained for a Health Care Provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by the Health Care Provider; or a group of records the Health Care Provider Uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of Psychotherapy Notes or information compiled for civil, criminal, or administrative proceedings. In addition, the Health Care Provider may deny your right to access, although in certain circumstances you may request a review of the denial.

If you want to exercise this right, your request to the Health Care Provider must be in writing on the appropriate form. Within 30 days of receipt of your request, the Health Care Provider will provide you with:

- The access or copies you requested;
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint; or
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Health Care Provider expects to address your request.

The Health Care Provider may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Health Care Provider also may charge reasonable fees for copies or postage as may be allowed by law. If the Health Care Provider doesn’t maintain the health information but knows where it is maintained, you will be informed of where to direct your request. You have the right to request a copy of such records in a specified form and format, and the Health Care Provider will provide same if they are readily producible in such form and format; and, if not, they will be provided in a mutually agreeable manner.
Right to amend your health information that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Health Care Provider amend your health information if you believe that the information the Health Care Provider has about you is incomplete or incorrect. The Health Care Provider may deny your request for a number of reasons. If you want to exercise this right, your request to the Health Care Provider must be in writing on the appropriate form, and you must include a statement to support the requested amendment. The Health Care Provider will notify you of its decision to grant or deny your request. Within 60 days of your request, the Health Care Provider will:

- Make the Amendment as requested;
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint; or
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Health Care Provider expects to address your request.

Right to receive an accounting of Disclosures of your health information

You have the right to a list of certain Disclosures the Health Care Provider has made of your health information (including PHI maintained electronically and Electronic Health Records if maintained by the Health Care Provider). This is often referred to as an “accounting of Disclosures.” The accounting will not include: (1) Disclosures made for purposes of Treatment, Payment or Health Care Operations (unless the records are Electronic Health Records); (2) Disclosures made to you; (3) Disclosures made pursuant to your authorization; (4) Disclosures made to friends or family in your presence or because of an emergency; (5) Disclosures for national security/law enforcement purposes; (6) Disclosures as part of a limited data set; (7) Disclosures occurring prior to the compliance date; and (8) Disclosures incident to other permissible Disclosures.

You may receive information on Disclosures of your health information going back for six (6) years from the date of your request, but not earlier than the date upon which the Health Care Provider became a Covered Entity subject to the HIPAA privacy rules.

You may make one (1) request in any 12-month period at no cost to you, but the Health Care Provider may charge a fee for subsequent requests. You’ll be notified of the fee in advance and have the opportunity to change or revoke your request.
Right to access/copy of electronic records

You have the right to access and request a copy of your health information which is maintained electronically in one or more designated record sets or you may request that another person receive an electronic copy of these records. The electronic PHI will be provided in a mutually agreed-upon format, and you may be charged for the cost of any electronic media (such as a USB flash drive) used to provide a copy of the electronic PHI.

Right to obtain a paper copy of this notice from the Health Care Provider upon request

You have the right to obtain a paper copy of this Privacy Notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

To contact someone to exercise your rights as listed above, you may contact the Secretary of the Department wherein the Health Care Provider is located, same being:

Name/Phone No.  Lori Sheppard / 270-809-2446

Address: 125 Alexander Hall, Murray, Kentucky 42071

Changes to the information in this notice

The Health Care Provider must abide by the terms of the Privacy Notice currently in effect. This notice takes effect on September 23, 2013. However, the Health Care Provider reserves the right to change the terms of its privacy policies as described in this notice at any time, and to make new provisions effective for all health information that the Health Care Provider maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. Before we make a significant change in our policies, we will change our notice and post the new notice in the Clinic and on our website at http://www.murraystate.edu/Academics/CollegesDepartments/CollegeOfHealthSciencesAndHumanServices/AHS/cdi/SpeechandHearingClinic.aspx

Complaints

If you believe your privacy rights have been violated, you may complain to the Health Care Provider and to the regional office for Civil Rights of the United State Department of Health and Human Services. Information on how to file a complaint is available on the Department of Health and Human Services website at www.hhs.gov/ocr/hipaa/. You won’t be retaliated against for filing a complaint. To file a complaint with the Health Care Provider, contact the Complaint Manager, Clinic Coordinator, same being:

Name/Phone No.  Dr. Sharon Hart / 270-809-6841

Address: 111 Alexander Hall, Murray, Kentucky 42071

You will be provided with a HIPAA complaint form to be completed, signed by you, and returned to the Complaint Manager.

For more information on the Health Care Provider’s privacy policies or your rights under HIPAA, contact the HIPAA Privacy Official, Teresa Moss Groves, Murray State University, 100 Pogue Library, Murray, Kentucky 42071; 270-809-3399, tgroves@murraystate.edu.
MURRAY STATE UNIVERSITY SPEECH & HEARING CLINIC
NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

RE: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (KNOWN AS HIPAA)

I have received a copy of the Murray State University Speech & Hearing Clinic’s HIPAA Privacy Notice.

I understand that MSU’s Speech & Hearing Clinic has the right to change its HIPAA Privacy Notice from time to time and that I may contact the MSU Speech & Hearing Clinic at any time to obtain a copy of the current HIPAA Privacy Notice.

Patient Name (Print): __________________________________________________________

Your Name/Relationship to Patient (print): ______________________________________

Signature: ___________________________________________________________________

Date: ______________________________________________________________________

* * * *

FOR OFFICE USE ONLY

PLEASE PRINT.

I have provided the individual listed above with a copy of the HIPAA Privacy Notice and have attempted to obtain the individual’s signature on this form, but was not able to for the following reason:

(Please document the reasons you were unable to obtain the signature.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature: ___________________________ Date: ___________________________
By signing this authorization, I give my permission to the Murray State University (MSU) Speech and Hearing Clinic to evaluate and/or render services to:

**Client’s Full Legal Name:** «Client, Full»

**Parent/Guardian (if client is a minor):** «Resp Party»

**Client or Parent/Guardian’s Social Security Number:** «SSAN»

Services include evaluation, treatment and other related activities. I understood that part or all of the services will be provided by students who are in training and that these students are supervised by professional MSU staff.

I also give my permission for student observation and for the use of any video or audio-recorded data for research, student training or other related purposes by MSU faculty members. I understood that client information (name, contact information, etc.) will **not** be used in any way.

**SIGNATURE REQUIRED**

Client’s Signature or signature of parent or legal guardian if client is under 18.

______________________________  ______________________________

Signature                      Relationship to client if under 18

______________________________

Beginning Date of Services

______________________________

Ending Date

*This permission will remain in effect for continuing services until the client is released from service or permission for services is withdrawn.*
CLIENT INFORMATION & SLIDING FEE APPLICATION
Clinician and Client complete this during first visit and updates for data entry purposes

Client Name:__________________________ Home Phone:__________________________

Date of Birth:__________________________ Work Phone:__________________________

Client's SS#:__________________________________________________________

Home Address/City/State/Zip:________________________________________________

Check service first provided:
S/L Dx Audio Dx Aug. Dx

_______ Disorder_______
Recommend________________________________________

(Tx, dismissed...etc.)

IF CLIENT IS A MINOR, COMPLETE THIS SECTION:

Parent/Guardian Name:__________________________ Parent/Guardian SS#: ________________

Employer__________________________ School District__________________________

BILLING INFORMATION (check one):

(1) Client’s fee adjusted per attached income guidelines (p. 2 of this document)_____

(2) Client is represented by Third-Party Agent:
   a. First Steps: ______
   b. School: ______
   c. Vocational Rehabilitation: ______
   d. KCCSHCH: ______________
   e. Other ____________________

(3) Client is an:
   a. MSU Student: ______
   b. MSU Student Dependent: ______
   c. MSU Staff or Dependent: ______

IN ATTENDANCE (Clinician’s Full Name): __________________________

CHECKED BY (Clinical Supervisor): __________________________
VARIABLE FEE SCHEDULE APPLICATION
Prepared by Client or Client's Parent/Guardian -- Information Will Be Kept Confidential
Update Sliding Fee Scale 2014

Family Members

Responsible Party (ies) ______________________

Dependent(s) ______________________

Family gross annual income (based on previous year's tax return): $ ______________

Determined Rate ___% (cross-reference chart below)

To the best of my knowledge, I certify that the above information is accurate. If my rate is 0% as determined by the scale below, I agree to pay $1.00 per clinical session for any clinic service(s) rendered.

Signature of Responsible Party

Date

Guidelines provided by: http://chfs.ky.gov/nr/rdonlyres/776a39fc-5018-45c1-b1c8-453437377776/0/wicincome200910.pdf

The following chart indicates fee percentages based on family size and income. It is used to determine fees to be charged for services rendered.

Family Income

| $ From | 80,754 | 73,317 | 68,880 | 58,443 | 51,006 | 43,569 | 36,132 | 2 |
| $ To   | 88,190 | 80,753 | 73,316 | 65,879 | 58,442 | 51,005 | 43,568 | 36,131 |

Family Size

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REQUEST FOR INFORMATION

Request information from ______________________________________________________
(Full Name of Agency/Physician/Medical Office)

Address ________________________________________________________________
(Street)

________________________________________________________
(City) (State) (ZIP)

By signing this document, I give permission to the above-referenced organization to release to the MSU Speech and Hearing Clinic and its staff any and all information pertaining to treatment and/or services rendered to:

Client’s Full Name: «Client, Full»
Date of Birth: «Birthdate»
Parent/Guardian (if client is a minor): «Resp Party»
Address: «Street/Route», «City», «State», «ZIP»

NOTE: Specific information and/or reports to be released include items checked below:

___ Current IEP
___ Current Speech Language Evaluation
___ Audiologic Evaluation Report
___ Psychoeducational Evaluation Report
___ Other ________________________________

________________________________________________________

SIGNATURE REQUIRED
Client’s Signature or signature of parent or legal guardian if client is under 18.

Signature _____________________________________________________________
Relationship to client if under 18

Date _________________________________________________________________
PERMISSION TO RELEASE INFORMATION

Information is regarding services and/or treatment rendered to:

Client Name: «Client, Full»
Client Date of Birth: «Birthdate»
Parent/Guardian Name (if client is a minor): «Resp Party»

I request and authorize that The Speech and Hearing Clinic furnish CONFIDENTIAL reports to:

(Full Name of Agency or Physician)

Address _____________________________

(Street)

(City) _____________________________ (State) (ZIP)

NOTE: Specific information and/or reports to be released include items checked below:

_ Audiologic Evaluation Report
_ Speech Language Evaluation Report
_ Speech Language Progress Report
_ Other _____________________________

SIGNATURE REQUIRED
Client’s Signature or signature of parent or legal guardian if client is under 18.

Signature ____________________________ Relationship to client if under 18 ____________________________

Date ____________________________
SPEECH AND HEARING CLINIC
Murray State University
125 Alexander Hall * Murray, KY 42071
(270) 809-2446

DISPOSITION FORM

Clinic Information:

Client Name:

File Number:

Birthdate:

Address:

Phone Number:

Clinician:

Supervisor:

Communication Issue:

Disposition:

_____ Unable to make contact

_____ Declined Services

_____ Dismiss

_____ Dismiss & continue services at ________________________________ (school/agency)

_____ Dismiss & re-evaluate in _____ months

_____ Continue service at Clinic _____ Fall _____ Spring _____ Summer

_____ times weekly and suggested days/times______________________________

Clinician Signature_________________________ Date: __________

Supervisor Signature_________________________ Date: __________
Survey of Speech/Language Service

Please circle your response to the following and write your comments in the space provided.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
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<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

1. Personnel in the clinic office were friendly and courteous.  5 4 3 2 1 0
2. Therapy sessions for therapy were scheduled in a timely manner.  5 4 3 2 1 0
3. The fee schedule for services provided was fully explained.  5 4 3 2 1 0
4. Therapy sessions began promptly at the time of my appointment.  5 4 3 2 1 0
5. Services were provided in a competent and considerate manner.  5 4 3 2 1 0
6. I was informed about therapy plans in terms I could understand  5 4 3 2 1 0
7. An explanation was provided for all forms I was asked to sign.  5 4 3 2 1 0
8. I was not asked to sign forms which were not completely filled in.  5 4 3 2 1 0
9. In general, I was satisfied with the speech/language services provided.  5 4 3 2 1 0

Comments: ________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please place in the drop box located at the clinic front window.
Survey of Initial Evaluation
Please choose one of the following options:

☐ Audiology Evaluation (hearing test)

☐ Speech/Language Evaluation

Please circle your response to the following and write your comments in the space provided.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree  Not Applicable
5  4  3  2  1  0

1. Personnel in the clinic office were friendly and courteous. 5 4 3 2 1 0
2. My appointment for an evaluation was scheduled in a timely manner. 5 4 3 2 1 0
3. The fee schedule for services provided was fully explained. 5 4 3 2 1 0
4. I was seen promptly at the time of my appointment. 5 4 3 2 1 0
5. Services were provided in a competent and considerate manner. 5 4 3 2 1 0
6. I was informed of what to expect during the evaluation. 5 4 3 2 1 0
7. I was informed about how long my appointment would take. 5 4 3 2 1 0
8. I was informed about the evaluation results in terms I could understand. 5 4 3 2 1 0
9. An explanation was provided for all forms I was asked to sign. 5 4 3 2 1 0
10. I was not asked to sign forms which were not completely filled in. 5 4 3 2 1 0
11. In general, I was satisfied with the evaluation services provided. 5 4 3 2 1 0

Comments: ________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please place in the drop box located at the clinic front window.
Name:                      File Number:
Date of Birth:          Date of Evaluation:
Parents/Guardian:      Evaluator:  (supervisor's name)
Address:                Type of Evaluation:
Phone:

I. Initial Impressions

Referral Source/Informant
Reason for Referral
Physical/Social Informal Description
Client/Parent Description of Problem

II. Case History

Medical/Health/Developmental History
Family History
Education/Social/Employment History

III. Communication Status

Speech (including voice, fluency, oral-peripheral exam)
Language
Hearing

IV. Summary and Conclusions

Education/Vocational Implications
Social Implications
Therapeutic/Remedial Implications
(This section should justify all the recommendations to follow)

V. Recommendations

Should include initial therapy focus when appropriate

(Student’s name, typed)
Graduate Student Clinician

(Supervisor’s Name) CCC-SLP
Clinical Supervisor

xc: referring agency (a signed release form is necessary)
Clinical Session Feedback

(Based upon MSU Practicum Evaluation Instrument)

Clinician(s) ___________________________  Date ___________________________

Client(s) ___________________________  Supervisor ___________________________

Rating Scale (1) Disagree; (2) Slightly Disagree; (3) Agree; (4) Highly Agree; (5) Completely Agree; or (N/A)

ADDITIONAL COMMENTS:

The clinical strategies used in this session appropriately addressed targeted objectives:

(1) (2) (3) (4) (5) (N/A)

The materials used during this session were varied and appropriate for the tasks targeted:

(1) (2) (3) (4) (5) (N/A)

The clinician demonstrated appropriate interactive skills with the client(s) – (e.g., showed respect, used appropriate language & correct grammar, etc.; effectively responded to feelings expressed in client’s verbal and non-verbal behaviors):

(1) (2) (3) (4) (5) (N/A)

The clinician demonstrated flexibility in managing the session:

(1) (2) (3) (4) (5) (N/A)

Feedback and reinforcement were effectively used:

(1) (2) (3) (4) (5) (N/A)

The clinician was able to effectively assess the session:

(1) (2) (3) (4) (5) (N/A)
Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision

Ad Hoc Committee on Supervision in Speech-Language Pathology


Index terms: supervision
doi:10.1044/policy.KS2008-00294

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Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision

About This Document

This knowledge and skills document is an official statement of the American Speech-Language-Hearing Association (ASHA). This knowledge and skills statement was developed by the Ad Hoc Committee on Supervision. Members of the committee were Lisa O’Connor (chair), Christine Baron, Thalia Coleman, Barbara Conrad, Wren Newman, Kathy Panther, and Janet E. Brown (ex officio). Brian B. Shulman, vice president for professional practices in speech-language pathology (2006–2008), served as the monitoring officer. This document was approved by the Board of Directors on March 12, 2008.

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Knowledge and Skills

This document accompanies ASHA’s policy documents Clinical Supervision in Speech-Language Pathology: Position Statement and Technical Report (ASHA, 2008a, 2008b). ASHA’s position statement affirms that clinical supervision (also called clinical teaching or clinical education) is a distinct area of expertise and practice, and that it is critically important that individuals who engage in supervision obtain education in the supervisory process. The role of supervisor may include administrative responsibilities in some settings, and, should this be the case, the supervisor will have two major responsibilities: clinical teaching and program management tasks. However, the knowledge and skills addressed in this document are focused on the essential elements of being a clinical educator in any service delivery setting with students, clinical fellows, and professionals.

Professionals looking for guidance in supervising support personnel should refer to the ASHA position statement and knowledge and skills documents on that topic (ASHA, 2002, 2004a, 2004b).

ASHA’s technical report on clinical supervision in speech-language pathology (2008b) cites Jean Anderson’s (1988) definition of supervision:

Supervision is a process that consists of a variety of patterns of behavior, the appropriateness of which depends on the needs, competencies, expectations and philosophies of the supervisor and the supervisee and the specifics of the situation (tasks, client, setting and other variables). The goals of the supervisory process are the professional growth and development of the supervisee and the supervisor, which it is assumed will result ultimately in optimal service to clients. (p. 12)

The ASHA technical report (2008b) adds the following elements to the above definition:

Professional growth and development of the supervisee and the supervisor are enhanced when supervision or clinical teaching involves self-analysis and self-evaluation. Effective clinical teaching also promotes the use of critical thinking and problem-solving skills on the part of the individual being supervised. (p. 3)

This expanded definition was used as a basis for the following knowledge and skills statements.
Developing Knowledge and Skills

All certified SLPs have received supervision during their student practica and clinical fellowship; however, this by itself does not ensure competence as a supervisor. Furthermore, achieving clinical competence does not imply that one has the special skills required to be an effective supervisor. ASHA does not have specific requirements for coursework or credentials to serve as a supervisor; however, some states or settings may require coursework and/or years of experience to serve as a supervisor. Knowledge and skills may be developed in a variety of ways: participating in courses or workshops on supervision, engaging in self-study, participating in Division 11 (Administration and Supervision), and gaining mentored experiences under the guidance of an experienced clinical educator.

The following 11 items represent core areas of knowledge and skills. The supervisee is an essential partner in the supervisory process; however, these areas are presented from the perspective of knowledge and skills that should be acquired by the supervisor.

I. Preparation for the Supervisory Experience

A. Knowledge Required
1. Be familiar with the literature on supervision and the impact of supervisor behaviors on the growth and development of the supervisee.
2. Recognize that planning and goal setting are critical components of the supervisory process both for the clinical care provided to the client by the supervisee and for the professional growth of the supervisee.
3. Understand the value of different observation formats to benefit supervisee growth and development.
4. Understand the importance of implementing a supervisory style that corresponds to the knowledge and skill level of the supervisee.
5. Understand the basic principles and dynamics of effective collaboration.
6. Be familiar with data collection methods and tools for analysis of clinical behaviors.
7. Understand types and uses of technology and their application in supervision.

B. Skills Required
1. Facilitate an understanding of the supervisory process that includes the objectives of supervision, the roles of the participants, the components of the supervisory process, and a clear description of the assigned tasks and responsibilities.
2. Assist the supervisee in formulating goals for the clinical and supervisory processes, as needed.
3. Assess the supervisee’s knowledge, skills, and prior experiences in relationship to the clients served.
4. Adapt or develop observational formats that facilitate objective data collection.
5. Be able to select and apply a supervisory style based on the needs of the clients served, and the knowledge and skill of the supervisee.
6. Model effective collaboration and communication skills in interdisciplinary teams.
7. Be able to analyze the data collected to facilitate the supervisee’s clinical skill development and professional growth.
8. Use technology as appropriate to enhance communication effectiveness and efficiency in the supervisory process.

II. Interpersonal Communication and the Supervisor-Supervisee Relationship

A. Knowledge Required
1. Understand the basic principles and dynamics of effective interpersonal communication.
2. Understand different learning styles and how to work most effectively with each style in the supervisory relationship.
3. Understand how differences in age, gender, culture, social roles, and self-concept can present challenges to effective interpersonal communication.
4. Understand the importance of effective listening skills.
5. Understand differences in communication styles, including cultural/linguistic, generational, and gender differences, and how this may have an impact on the working relationship with the supervisee.
6. Be familiar with research on supervision in terms of developing supervisory relationships and in analyzing supervisor and supervisee behaviors.
7. Understand key principles of conflict resolution.

B. Skills Required
1. Demonstrate the use of effective interpersonal skills.
2. Facilitate the supervisee’s use of interpersonal communication skills that will maximize communication effectiveness.
3. Recognize and accommodate differences in learning styles as part of the supervisory process.
4. Recognize and be able to address the challenges to successful communication interactions (e.g., generational and/or gender differences and cultural/linguistic factors).
5. Recognize and accommodate differences in communication styles.
6. Demonstrate behaviors that facilitate effective listening (e.g., silent listening, questioning, paraphrasing, empathizing, and supporting).
7. Maintain a professional and supportive relationship that allows for both supervisee and supervisor growth.
8. Apply research on supervision in developing supervisory relationships and in analyzing supervisor and supervisee behaviors.
9. Conduct a supervisor self-assessment to identify strengths as well as areas that need improvement (e.g., interpersonal communication).
10. Use appropriate conflict resolution strategies.

III. Development of the Supervisee's Critical Thinking and Problem-Solving Skills

A. Knowledge Required
1. Understand methods of collecting data to analyze the clinical and supervisory processes.
2. Understand how data can be used to facilitate change in client, clinician, and/or supervisory behaviors.
3. Understand how communication style influences the supervisee’s development of critical thinking and problem-solving skills.
4. Understand the use of self-evaluation to promote supervisee growth.

**B. Skills Required**

1. Assist the supervisee in using a variety of data collection procedures.
2. Assist the supervisee in objectively analyzing and interpreting the data obtained and in understanding how to use it for modification of intervention plans.
3. Assist the supervisee in identifying salient patterns in either clinician or client behavior that facilitate or hinder learning.
4. Use language that fosters independent thinking and assists the supervisee in recognizing and defining problems, and in developing solutions.
5. Assist the supervisee in determining whether the objectives for the client and/or the supervisory experience have been met.

**IV. Development of the Supervisee's Clinical Competence in Assessment**

**A. Knowledge Required**

1. Understand and demonstrate best practices, including the application of current research in speech-language pathology, for assessing clients with specific communication and swallowing disorders.
2. Understand principles and techniques for establishing an effective client-clinician relationship.
3. Understand assessment tools and techniques specific to the clients served.
4. Understand the principles of counseling when providing assessment results.
5. Understand and demonstrate alternative assessment procedures for linguistically diverse clients, including the use of interpreters and culture brokers.

**B. Skills Required**

1. Facilitate the supervisee's use of best practices in assessment, including the application of current research to the assessment process.
2. Facilitate the supervisee's use of verbal and nonverbal behaviors to establish an effective client-clinician relationship.
3. Assist the supervisee in selecting and using assessment tools and techniques specific to the clients served.
4. Assist the supervisee in providing rationales for the selected procedures.
5. Demonstrate how to integrate assessment findings and observations to diagnose and develop appropriate recommendations for intervention and/or management.
6. Provide instruction, modeling, and/or feedback in counseling clients and/or caregivers about assessment results and recommendations in a respectful and sensitive manner.
7. Facilitate the supervisee's ability to use alternative assessment procedures for linguistically diverse clients.

**V. Development of the Supervisee's Clinical Competence in Intervention**

**A. Knowledge Required**

1. Understand best practices, including the application of current research in speech-language pathology, for developing a treatment plan for and providing intervention to clients with specific communication and swallowing disorders.
2. Be familiar with intervention materials, procedures, and techniques that are evidence based.
3. Be familiar with methods of data collection to analyze client behaviors and performance.
4. Understand the role of counseling in the therapeutic process.
5. Know when and how to identify and use resources for intervention with linguistically diverse clients.

**B. Skills Required**
1. Assist the supervisee in developing and prioritizing appropriate treatment goals.
2. Facilitate the supervisee's consideration of evidence in selecting materials, procedures, and techniques, and in providing a rationale for their use.
3. Assist the supervisee in selecting and using a variety of clinical materials and techniques appropriate to the clients served, and in providing a rationale for their use.
4. Demonstrate the use of a variety of data collection procedures appropriate to the specific clinical situation.
5. Assist the supervisee in analyzing the data collected in order to reformulate goals, treatment plans, procedures, and techniques.
6. Facilitate supervisee's effective use of counseling to promote and facilitate change in client and/or caregiver behavior.
7. Facilitate the supervisee's use of alternative intervention materials or techniques for linguistically diverse clients.

**VI. Supervisory Conferences or Meetings of Clinical Teaching Teams**

**A. Knowledge Required**
1. Understand the importance of scheduling regular supervisory conferences and/or team meetings.
2. Understand the use of supervisory conferences to address salient issues relevant to the professional growth of both the supervisor and the supervisee.
3. Understand the need to involve the supervisee in jointly establishing the conference agenda (e.g., purpose, content, timing, and rationale).
4. Understand how to facilitate a joint discussion of clinical or supervisory issues.
5. Understand the characteristics of constructive feedback and the strategies for providing such feedback.
6. Understand the importance of data collection and analysis for evaluating the effectiveness of conferences and/or team meetings.
7. Demonstrate collaborative behaviors when functioning as part of a service delivery team.

**B. Skills Required**
1. Regularly schedule supervisory conferences and/or team meetings.
2. Facilitate planning of supervisory conference agendas in collaboration with the supervisee.
3. Select items for the conference based on saliency, accessibility of patterns for treatment, and the use of data that are appropriate for measuring the accomplishment of clinical and supervisory objectives.
4. Use active listening as well as verbal and nonverbal response behaviors that facilitate the supervisee’s active participation in the conference.
5. Ability to use the type of questions that stimulate thinking and promote problem solving by the supervisee.
6. Provide feedback that is descriptive and objective rather than evaluative.
7. Use data collection to analyze the extent to which the content and dynamics of the conference are facilitating goal achievement, desired outcomes, and planned changes.
8. Assist the supervisee in collaborating and functioning effectively as a member of a service delivery team.

VII. Evaluating the Growth of the Supervisee Both as a Clinician and as a Professional

A. Knowledge Required
1. Recognize the significance of the supervisory role in clinical accountability to the clients served and to the growth of the supervisee.
2. Understand the evaluation process as a collaborative activity and facilitate the involvement of the supervisee in this process.
3. Understand the purposes and use of evaluation tools to measure the clinical and professional growth of the supervisee.
4. Understand the differences between subjective and objective aspects of evaluation.
5. Understand strategies that foster self-evaluation.

B. Skills Required
1. Use data collection methods that will assist in analyzing the relationship between client/supervisee behaviors and specific clinical outcomes.
2. Identify and/or develop and appropriately use evaluation tools that measure the clinical and professional growth of the supervisee.
3. Analyze data collected prior to formulating conclusions and evaluating the supervisee’s clinical skills.
4. Provide verbal and written feedback that is descriptive and objective in a timely manner.
5. Assist the supervisee in describing and measuring his or her own progress and achievement.

VIII. Diversity (Ability, Race, Ethnicity, Gender, Age, Culture, Language, Class, Experience, and Education)

A. Knowledge Required
1. Understand how differences (e.g., race, culture, gender, age) may influence learning and behavioral styles and how to adjust supervisory style to meet the supervisee’s needs.
2. Understand the role culture plays in the way individuals interact with those in positions of authority.
3. Consider cross-cultural differences in determining appropriate feedback mechanisms and modes.
4. Understand impact of assimilation and/or acculturation processes on a person’s behavioral response style.
5. Understand impact of culture and language differences on clinician interactions with clients and/or family members.
B. Skills Required
1. Create a learning and work environment that uses the strengths and expertise of all participants.
2. Demonstrate empathy and concern for others as evidenced by behaviors such as active listening, asking questions, and facilitating open and honest communication.
3. Apply culturally appropriate methods for providing feedback to supervisees.
4. Know when to consult someone who can serve as a cultural mediator or advisor concerning effective strategies for culturally appropriate interactions with individuals (clients and supervisees) from specific backgrounds.
5. Demonstrate the effective use of interpreters, translators, and/or culture brokers as appropriate for clients from diverse backgrounds.

IX. The Development and Maintenance of Clinical and Supervisory Documentation
A. Knowledge Required
1. Understand the value of accurate and timely documentation.
2. Understand effective record-keeping systems and practices for clinically related interactions.
3. Understand current regulatory requirements for clinical documentation in different settings (e.g., health care, schools).
4. Be familiar with documentation formats used in different settings.

B. Skills Required
1. Facilitate the supervisee's ability to complete clinical documentation accurately and effectively, and in compliance with accrediting and regulatory agencies and third party funding sources.
2. Assist the supervisee in sharing information collaboratively while adhering to requirements for confidentiality (e.g., HIPAA, FERPA).
3. Assist the supervisee in maintaining documentation regarding supervisory interactions (e.g., Clinical Fellowship requirements).

X. Ethical, Regulatory, and Legal Requirements
A. Knowledge Required
1. Understand current standards for student supervision (Council on Academic Accreditation in Audiology and Speech-Language Pathology, 2004)
2. Understand current standards for mentoring clinical fellows (Council for Clinical Certification in Audiology and Speech-Language Pathology, 2005).
3. Understand current ASHA Code of Ethics rules, particularly regarding supervision, competence, delegation, representation of credentials, and interprofessional and intraprofessional relationships.
4. Understand current state licensure board requirements for supervision.
5. Understand state, national, and setting-specific requirements for confidentiality and privacy, billing, and documentation policies.

B. Skills Required
1. Adhere to all ASHA, state, and facility standards, regulations, and requirements for supervision.
2. Assist the supervisee in adhering to standards, regulations, and setting-specific requirements for documentation, billing, and protection of privacy and confidentiality.
3. Demonstrate ethical behaviors in both interprofessional and intraprofessional relationships.
4. Assist the supervisee in conforming with standards and regulations for professional conduct.
5. Assist the supervisee in developing strategies to remain current with standards and regulations throughout their professional careers.

**XI. Principles of Mentoring**

**A. Knowledge Required**
1. Understand the similarities and differences between supervision and mentoring.
2. Understand how the skill level of the supervisee influences the mentoring process (e.g., mentoring is more appropriate with individuals who are approaching the self-supervision stage).
3. Understand how to facilitate the professional and personal growth of supervisees.
4. Understand the key aspects of mentoring, including educating, modeling, consulting, coaching, encouraging, supporting, and counseling.

**B. Skills Required**
1. Model professional and personal behaviors necessary for maintenance and lifelong development of professional competency.
2. Foster a mutually trusting relationship with the supervisee.
3. Communicate in a manner that provides support and encouragement.
4. Provide professional growth opportunities to the supervisee.

**References**

MSU Speech and Hearing Clinic  
Summer 2015  
Clinical Partnership Guidelines

This clinical experience will provide the student with the opportunity to coordinate treatment planning and treatment implementation in a cooperative manner in the context of a collaborative relationship. Teams of students will learn clinical skills, demonstrate clinical accountability and experience personal growth. In order to coordinate therapeutic activities, it is essential that individual and shared roles be identified as part of the clinical planning process. In order to support the client’s success teams will demonstrate cooperative behaviors as evidenced by targeting the client’s objectives and accepting clinical responsibilities associated with the therapeutic process while maintaining distinct individual professional identities. Teams will collaborate to the extent they demonstrate level-appropriate clinical problem solving.

In this clinical experience teams will be composed of a graduate student clinician from the class of 2016 and a graduate student clinician from the class of 2017. The teams are unbalanced regarding the clinical competencies the members bring to the clinical task. Knowledge is power and thus the team member with more clinical experience may have an advantage. Therefore, both team members are obligated and must commit to a relationship of mutual respect recognizing that it is our belief that both parties will bring complementary competencies to the clinical experience. It is our intention for the graduate clinician from the class of 2016 will serve as a role model to the graduate clinician from the class of 2017. There is an expectation the graduate student clinician from the class of 2016 will demonstrate clinical and professional behaviors associated with the clinical practicum. Guidelines for this clinical partnership have been established to assist with the distribution of clinical responsibilities among the team members. The clinical partnership planning document is a method to assist teams and supervisors in managing the evolving role responsibilities that are expected as the class of 2017 assumes more clinical responsibilities over the course of the clinical experience.

It is important that all graduate students recognize Dr. Hart, Alison Brown, Jasmine Young, Stephanie Schaaf, Shawn Lovell, and Jessie Adams will function as clinical supervisors and are ultimately responsible for clinical teaching in order for graduate students from both classes to develop clinical problems solving skills. The clinical supervisors will also function as an arbitrator if a situation arises in which team members do not demonstrate cooperative and collaborative behaviors expected. Feedback (written or verbal) is a fundamental variable in the development of clinical skills for this clinical experience. A graduate student will primarily receive feedback from their clinical supervisor. Thank you, we are looking forward to an enjoyable summer.
Routine Clinical Procedures – First year graduate students check procedures you completed for this session.

☐ prepare therapy room (physical space)
☐ gather/prepare appropriate materials
☐ retrieve and return headphones for family members
☐ greeting and parting of client
☐ fill out billing slip
☐ video recording the session when requested
☐ prepare submission for the observation library
☐ follow notification procedures for cancellation

Clinical Behaviors First year graduates describe your participation using the following rubric by placing the appropriate level (D,E,NE, or NA) in the box provided:

Developing (D) – competency/skill developed and consistent given minimal guidance from 2nd yr or supervisor
Emerging (E) – competency/skill emerging with guidance (second year graduate student or supervisor)
Not evident (NE) – competency/skill not demonstrated
Not applicable (NA) - no opportunity

☐ reviewed previous clinical note/SOAP with supervisor
☐ reviewed lesson plan with supervisor
☐ reviewed session with family member
☐ List 3 clinical strategies you used during the session that appropriately addressed targeted objectives.

☐ Describe how you used appropriate interactive skills with the client.

☐ Describe your use of behavior management techniques.

☐ Were the materials appropriate for the tasks targeted?

☐ Explain if feedback and reinforcement were used effectively.
**Clinical Note:**

*First year graduate students write a summary of the session using the SOAP note format. Second year graduate students will review the note and provide feedback by noting any additions or corrections in pencil.*

| S | Subjective Data | Behavior you have observed, but not measured (eg. responses seemed delayed….)
|---|----------------|--------------------------------------------------|
| O | Objective Data | Measurements related to objectives (behaviors you count).
| A | Analysis of Data | What does your data mean? What went wrong? What went right? (reflection)
| P | Plan | Plan for next session based on analysis. (continue the play or change it?)

---

First Year Graduate Student

Second Year Graduate Student