Department of Wellness & Therapeutic Sciences
Division of Communication Disorders

Clinic Handbook

Revised August, 2009
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INTRODUCTION

During the educational process in the Division of Communication Disorders at Murray State University, students will have a variety of clinical experiences. These experiences are designed to prepare students to work in the profession of speech-language pathology and are consistent with requirements of the American Speech-Language Hearing Association (ASHA).

The Graduate Program in Speech-Language Pathology at Murray State University serves the needs of Western Kentucky and surrounding regions through a threefold mission. The program is designed to prepare students academically and clinically to work with individuals who have communication disorders, to provide the best possible service for those individuals who request help through the clinical training program, and to contribute to the advancement of the theoretical and applied knowledge of the profession.

Clinical training is an integral part of the speech pathology graduate program and is structured to provide a variety of clinical experiences while allowing students to meet certification, credentialing, and licensure requirements for professional practice. The Murray State University (MSU) Speech and Hearing Clinic strictly adheres to the policies set by ASHA. The goals of the MSU Speech and Hearing Clinic are consistent with the goals of the Graduate Program in the Division of Communication Disorders:

1. To recruit students as future members of the professions through professional, campus, and community initiatives
2. To prepare students academically and clinically to work with individuals who have communication disorders
3. To provide the best possible service for those individuals who request help through the clinical training program
4. To contribute to the advancement of the theoretical and applied knowledge of the profession

GENERAL INFORMATION

- **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 regarding nondiscrimination policies contact the Office of Equal Opportunity, 270-809-3155.

- **Graduate Student Workroom:** Room 236 in Alexander Hall is the graduate student workroom. This room is for graduate students in the Division of Communication disorders. Workspace and computers are available for use. Mailboxes are assigned to students by the clinic secretary. Students should check their mailboxes daily. Informational notes will be posted near the mailboxes or in the workroom.

- **Materials Room:** Room 109 in Alexander Hall is the clinic materials room. This room is used by students and faculty in the division. Students have access to any materials or resources located in the materials room. Students must sign all materials in and out. Guidelines are established for reserving materials and checking them out overnight. Tests are located in the clinic office and the materials room and are checked out in the clinic office.

  - Student clinicians may check out materials for 24 hours using the sign-out sheet on the desk.
    - Most tests can be found in the clinic office and are checked out by filling out the sign out sheet located on the test cabinet door.
    - Test protocols are located in the filing cabinets to your right as you enter the materials room.
    - Additional children’s books are located in Dr. Hart’s office and can be checked out there.

  - Items can be reserved for an upcoming session.
    - Place the items on the cart or the desk 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 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.
• **Name Tags:** All student clinicians will be given a name tag which should be worn at all times during 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.

• **Appropriate Dress:** The Murray State University Speech and Hearing Clinic provides services to the university and surrounding community for reimbursement. Student clinicians are expected to dress appropriately for a work environment. Appropriate dress should be modest and professional. Care should be taken so that clothing is not potentially embarrassing for the client or clinician. Appropriate attire may vary with the type of clinical assignment. Student clinicians should consult their clinical supervisor with any questions regarding proper attire. Off-campus assignments may have dress codes that differ; if so, then the dress code for the off-campus site must be followed.

**HIPAA 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 MSU’s HIPAA Privacy Manual. 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 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 cannot 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.

**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 (Page 18)

* All client information should be kept confidential.

* Students will adhere to all HIPPA, University, Department, and Clinic regulations regarding confidentiality

**Undergraduate Level**

Students participate in supervised clinical observations and through individualized beginning practicum experiences. In conjunction with CDI 470 (Pediatric Speech Disorders 2) and CDI 472 (Pediatric Language Disorders 2), students have the opportunity to shadow graduate clinicians to complete their final observation hours. 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 an observation form for each session and turn it in to the instructor of the class for which the observation was required.

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Murray State University
Speech & Hearing Clinic
Department of Wellness & Therapeutic Sciences
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 Division of 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 ASHA Standards for the Certificate of Clinical Competence. 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, and Early Head Start classrooms. Preschool centers are located on the MSU campus and in the community. Early Head Start classrooms are in Alexander Hall.

2nd Year Graduate Students:

Practicum experiences are supervised by off-campus ASHA certified clinical supervisors. During the first semester practicum assignments include area facilities such as hospitals, nursing homes, home health, and rehabilitation settings. During the second semester two eight-week placements are completed. These placements typically include one medical setting and one school setting. See (Typical Practicum Sequence page 23). Requirements for school or medical settings must be met before beginning practicum. Students completing student teaching placements must meet the eligibility criteria for the teacher education program. Requirements for medical sites typically include: BLS training (Advanced CPR training) provided on the MSU campus, a current TB skin test, physical examination, urine drug screen, a background check, and an orientation to the facility.

GRADUATE LEVEL CLINICIAN RESPONSIBILITIES

Clock Hours:

- Graduate students are enrolled in clinical practicum to gain clinical experience and apply theoretical knowledge learned in coursework. The Division of 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.

• The Division of Communication Disorders recommends that at least 20 of the total clock hours must be completed in each of the following eight categories in order to achieve the clinical skill outcomes listed below:
  - Evaluation: Speech disorders in children
  - Evaluation: Speech disorders in adults
  - Evaluation: Language disorders in children
  - Evaluation: Language disorders in adults
  - Treatment: Speech disorders in children
  - Treatment: Speech disorders in adults
  - Treatment: Language disorders in children
  - Treatment: Language disorders in adults

• Students are responsible for keeping accurate records of their client contact hours. Clock hour report forms are turned in for each clinical supervisor at the end of each semester. The student is responsible for ensuring that the clock hour record in their graduate file is correct.

• 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.

Clinical Skills Outcomes:

Your program of study will include supervised clinical experiences sufficient in breadth and depth for you to achieve the following skill outcomes. Your progress toward the clinical competencies will be monitored each semester using the Speech Language Pathology Skill Competency Evaluation Form (p. 24).

1. Evaluation:

   a. conduct screening and prevention procedures (including prevention activities)
   b. collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals
   c. select and administer appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures
   d. adapt evaluation procedures to meet client/patient needs
   e. interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention
f. complete administrative and reporting functions necessary to support evaluation
g. refer clients/patients for appropriate services

2. Intervention:

a. develop setting appropriate intervention plans with measurable and achievable goals that meet clients’/patients’ needs. Collaborate with clients/patients and relevant others in the planning process.
b. implement intervention plans (involve clients/patients and relevant others in the intervention process)
c. select or develop and use appropriate materials and instrumentation for prevention and intervention
d. measure and evaluate clients’/patients’ performance and progress
e. modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients
f. complete administrative and reporting functions necessary to support intervention
g. identify and refer clients/patients for services as appropriate

3. Interaction and Personal Qualities:

a. communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others
b. collaborate with other professionals in case management
c. provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others
d. adhere to the ASHA Code of Ethics and behave professionally

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.34) and Middle Ear Screening Performance Record Sheet (p.36) for a complete list of competencies.
PROCESS FOR BEGINNING 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 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 - page 37) 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.
• Headphones, for friends and family members of the client, must be checked out by the clinician and returned immediately after 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 in the end of the semester Progress Report (page 38).
• 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.
• Permanent 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.
• It is the clinician’s responsibility to clean items, if necessary, before returning them to the materials room.
• After each session, student clinicians should disinfect the table, light switch, and doorknobs.

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.

♦ **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.

♦ **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.

♦ **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.

♦ **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.

♦ **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.
♦ **Individual Treatment Plan (ITP):** This form indicates the plan for the semester of therapy and should follow the format presented on (page 37) 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. (page 51)

♦ **Quality of Services Form:** This form is used to evaluate the quality of the services and therapy rendered to the client. Clients and families are given this form at the end of each semester of therapy. Clients may return the form directly to the clinic secretary or mail it to the clinic at a later time. Neither clinician nor client names should be placed on the form. (page 52)

**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
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- Communication Behavior Observation Form
- Language Assessment Summary
- Communication Rating Scale: Language
- Communication Written Report Form

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

♦ Voice
- Teacher/Parent Interview
- Communication Behavior Observation Form
- Voice Assessment Summary
- Communication Rating Scale: Voice
- 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.
- The clinician is responsible for reviewing client information and forming a preliminary plan prior to consulting with the supervisor.
- The clinician 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.
• The clinician is responsible for obtaining a room assignment for the diagnostic from the clinic secretary.
• The clinician should schedule hearing screenings that are part of a diagnostic with the clinic secretary.
• The clinician is responsible for obtaining headphones from the clinic office for family members/friends who will be observing.
• The clinician and the supervisor should greet the client, family, and friends in the waiting room. The clinician 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 clinician and submitted to the clinic secretary immediately following the diagnostic.
• The clinician is 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 (page 32) 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. Supervisory guidelines for the Division of Communication Disorders are found on p. 55.

◊ ASHA’s document, Knowledge and skills needed by speech-language pathologists providing clinical supervision, is on p. 60.

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

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

◊ During the fourth and fifth semesters of clinical practicum, students are supervised by area speech-language pathologists who partner with Murray State University and the Division of 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 (page 54).

◊ 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 Division of Communication Disorders. Students have the right to appeal any decision involving termination of a clinical assignment.
◊ Final conferences are held with each clinician each semester. The Speech Language Pathology Skill Competency Evaluation Form (page 31) 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 Clinical Supervisor Evaluation Form (page 57) and submitting it to the clinic office.

---

**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 (page 44) 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. 45) 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 Speech Language Pathology Skill Competency Evaluation form (p. 30)

• 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 assess all supervisors’ evaluations in an integrative manner.

• 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 Division of Communication Disorders, are subject to review through the Department of Health Sciences and Human Services and University grievance procedures.
Appendices
**Code of Ethics**

Last Revised January 1, 2003

**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 conduct of research and scholarly activities and responsibility to persons served, the public, and speech-language pathologists, audiologists, and speech, language, and hearing scientists.

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 participants in research and scholarly activities and 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, age, religion, national origin, sexual orientation, or disability.

4. Individuals shall not misrepresent the credentials of assistants, technicians, or support personnel and shall inform those they serve professionally of the name and professional credentials of persons providing services.

5. Individuals who hold the Certificates 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, students, or any nonprofessionals over whom they have supervisory responsibility. An individual may delegate support services to assistants, technicians, support personnel, students, or any other persons only if those services are adequately supervised by an individual who holds the appropriate Certificate of Clinical Competence.

6. 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.

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

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

9. Individuals shall not provide clinical services solely by correspondence.

10. Individuals may practice by telecommunication (for example, telehealth/e-health), where not prohibited by law.

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

12. 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 required by law to do so, or unless doing so is necessary to protect the welfare of the person or of the community or otherwise required by law.
13. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.

14. Individuals shall use persons in research or as subjects of teaching demonstrations only with their informed consent.

15. 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.

**Principle of Ethics II**

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

**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 competence, considering their level of education, training, and experience.

3. Individuals shall continue their professional development throughout their careers.

4. Individuals shall delegate the provision of clinical services only to: (1) persons who hold the appropriate Certificate of Clinical Competence; (2) persons in the education or certification process who are appropriately supervised by an individual who holds the appropriate Certificate of Clinical Competence; or (3) assistants, technicians, or support personnel who are adequately supervised by an individual who holds the appropriate Certificate of Clinical Competence.

5. 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.

6. Individuals shall ensure that all equipment used in the provision of 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 dissemination of research findings and scholarly activities.

**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 financial interest.

4. Individuals shall not misrepresent diagnostic information, research, services rendered, or products dispensed; neither shall they engage in any scheme to defraud in connection with obtaining payment or reimbursement for such services or products.

5. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, and about research and scholarly activities.

6. Individuals' statements to the public—advertising, announcing, and marketing their professional services, reporting research results, and promoting products—shall adhere to prevailing 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 allied professions. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

**Rules of Ethics**

1. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
2. Individuals shall not engage in dishonesty, fraud, deceit, misrepresentation, sexual harassment, or any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

3. Individuals shall not engage in sexual activities with clients or students over whom they exercise professional authority.

4. 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.

5. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.

6. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

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

8. Individuals shall not discriminate in their relationships with colleagues, students, and members of allied professions on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.

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

10. 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.

Rev. 2003-01-1

Index terms: ethics


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Murray State University
Speech and Hearing Clinic

INFORMATION FOR NEW CLIENTS AND FAMILIES

It is our goal to provide the highest quality professional service to our clients while providing training for graduate students in Communication Disorders. Our clinic provides equitable treatment without regard to sex, race, creed, national origin, or handicapping conditions. Services in the clinic are provided by graduate students in Communication Disorders under the direct supervision of an audiologist (specialist in hearing and hearing problems) or a speech-language pathologist (specialist in communication problems) certified by the American Speech-Language-Hearing Association.

Services
The Speech and Hearing Clinic provides the following services for Murray and the surrounding region:
- hearing evaluations
- central auditory processing evaluations
- speech and language evaluations
- intervention with adults and children with communication difficulties

Speech and Language Evaluations
Clients or parents are asked to sign an authorization for services. A diagnostic evaluation of communication skills will take approximately one to two hours. A pure tone hearing screening will be completed and other appropriate test measures will be administered. Analysis of evaluation results may result in a recommendation for intervention and/or referral to another agency. Clients or parents will be provided with a detailed evaluation report. Reports can be sent to individuals or agencies with written permission. Clients or parents may also authorize a request for information from other agencies.

Audiological Evaluation
Clients or parents are asked to sign an authorization for services. A complete audiological evaluation will take approximately one to two hours. Analysis of evaluation results may result in a recommendation for intervention and/or referral to another agency. Clients or parents will be provided with a detailed evaluation report. Reports can be sent to individuals or agencies with written permission. Clients or parents may also authorize a request for information from other agencies.
**Admission**
Clients are enrolled in therapy upon recommendation from a diagnostic evaluation of communication skills. The amount of therapy time depends upon the client’s specific needs. The graduate student clinician schedules therapy sessions in cooperation with the client or parent and the clinical supervisor.

**Attendance**
Attendance at all scheduled therapy sessions is essential for optimum progress. Please call the clinic at (270) 809-2446 if you expect to be absent or late. A session will be canceled 15 minutes after the beginning time of the session if the client is not present. In case of bad weather, the clinic will be in full operation unless the University is closed. Feel free to call if you have questions. The clinic observes all University holidays and breaks. Your graduate student clinician will inform you in advance of these dates.

**Observation**
Therapy sessions may be observed. Our observation suites are equipped with two way mirrors and a sound system using headphones. Headphones are available in the clinic office. Undergraduate students in Communication Disorders are required to observe therapy sessions in conjunction with some of their classes. These observations are done under the supervision of a faculty member. Specific guidelines for observations and confidentiality are discussed before students begin observations.

**Progress Report**
A summary report is written at the end of each semester regarding each client’s progress. The supervisor and clinician will hold a conference with the client or family member to discuss the report. Copies are mailed to others as authorized by the client or parent.

**Dismissal**
Clients are dismissed from therapy when established goals and objectives have been accomplished. Clients may withdraw from therapy upon request.

**Fees**
Fees for evaluations and therapy are based on a sliding scale. Murray State University faculty, staff, students and their dependents are not charged for diagnostic services. There is no charge for therapy provided to Murray State University students.

**Parking**
Individuals coming to the MSU Speech & Hearing clinic for an evaluation or therapy appointments should go to MSU’s Public Safety Office and get a “Visitor’s” Parking Permit. If you are coming for regular appointments, they will issue you a “Long Term Visitor’s Permit” good for three months.
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: ________________________________________________

Typical Practicum Sequence for Speech Pathology Graduate Students
**Year One – Beginning Clinicians**

<table>
<thead>
<tr>
<th>1st Semester - Fall</th>
<th>2nd Semester - Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDI 674 Practicum (2 credits)</td>
<td>CDI 674 Practicum (2 credits)</td>
</tr>
<tr>
<td>CDI 670 Practicum Seminar (1 credit)</td>
<td>CDI 670 Practicum Seminar (1 credit)</td>
</tr>
</tbody>
</table>

MSU Clinic, Murray City Schools  
Preschool Centers, First Steps in  
Early Headstart classrooms  

**3rd Semester - Summer**  
CDI 674 Practicum (2 credits)  
CDI 670 Practicum Seminar (1 credit)  

MSU Clinic, Murray City Schools  
Preschool Centers, First Steps in  
Early Headstart classrooms  

**Year Two – Experienced Clinicians**

<table>
<thead>
<tr>
<th>1st Semester - Fall</th>
<th>2nd Semester - Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDI 694 Advanced Practicum (3 credits)</td>
<td>CDI 676 – Medical/Clinical Placement (5 credits)</td>
</tr>
</tbody>
</table>

Off-site practicum assignments for 10 hours per week in an area medical facility with adults and children; examples include hospitals, home health, nursing homes, and rehabilitation settings.

**2nd Semester - Spring**

Students complete two clinical placements during their final spring semester including one full-time 8-week medical placement and one full-time student teaching placement. Individual placements are assigned by the clinic coordinator.

*CDI 621 – Student Teaching (5 credits)*  
*CDI 676 – Medical/Clinical Placement (5 credits)*

Students must be admitted to Teacher Education and to Student Teaching in order to participate in CDI 621.

Students should check with their academic advisor to ensure their eligibility for student teaching. A second medical placement (or school-age placement vs. student teaching) can be arranged if a student is not eligible for a student teaching placement.
Murray State University
Speech Language Pathology Skill Competency Evaluation
CDI 674 – Clinical Practicum

Student: _________________________________    Supervisor: _______________________________
Semester: _________________________________    Site: ______________________________________

Skills Assessment Detail

Evaluation
a. Conduct screening and prevention procedures
b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals
c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures
d. Adapt evaluation procedures to meet client/patient needs
e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention
f. Complete administrative and reporting functions necessary to support evaluation
g. Refer clients/patients for appropriate services

Treatment
a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process
b. Implement intervention plans (involve clients/patients and relevant others in the intervention process)
c. Select or develop and use appropriate materials and instrumentation for prevention and intervention
d. Measure and evaluate clients'/patients' performance and progress
e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients
f. Complete administrative and reporting functions necessary to support intervention
g. Identify and refer clients/patients for services as appropriate

Performance Rubric

| 1. **Not Evident:** | Competency/skill not evident; may require constant supervisory modeling; or no opportunity to demonstrate |
| 2. **Emerging:** | Competency/skill emerging; requires frequent supervisory instruction |
| 3. **Developing:** | Competency/skill present but needs further development; requires frequent supervisory monitoring |
| 4. **Refining:** | Competency/skill developed but needs refinement and/or consistency; requires infrequent supervisory monitoring |
| 5. **Independent:** | Competency/skill well developed and consistent; requires guidance and/or consultation only |

Practicum Grade (Circle)

| A | B | C |

Supervisor Signature _______________________

Student Signature _______________________

1
MSU Speech Language Pathology
Skill Competency Evaluation

Student: _________________________________

Evaluation Comments:

Performance Levels:
1. **Not Evident**: Competency/skill not evident; may require constant supervisory modeling; or no opportunity to demonstrate
2. **Emerging**: Competency/skill emerging; requires frequent supervisory instruction
3. **Developing**: Competency/skill present but needs further development; requires frequent supervisory monitoring
4. **Refining**: Competency/skill developed but needs refinement and/or consistency; requires infrequent supervisory monitoring
5. **Independent**: Competency/skill well developed and consistent; requires guidance and/or consultation only
**MSU Speech Language Pathology**

**Skill Competency Evaluation**

**Student:** _________________________________

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Articulation</th>
<th>Fluency</th>
<th>Voice/Resonance</th>
<th>Language</th>
<th>Hearing</th>
<th>Swallowing</th>
<th>Cognitive Aspects</th>
<th>Social Aspects</th>
<th>Comm Modes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Develop appropriate intervention plans with measurable, achievable goals that meet clients' needs. Collaborate with clients and relevant others in the planning process</td>
<td></td>
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<tr>
<td>b. Implement intervention plans (involve clients and relevant others in the intervention process)</td>
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<tr>
<td>c. Select or develop and use appropriate materials and instrumentation for prevention and intervention</td>
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<tr>
<td>d. Measure and evaluate clients' performance and progress</td>
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<tr>
<td>e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients</td>
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<tr>
<td>f. Complete administrative and reporting functions necessary to support intervention</td>
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<tr>
<td>g. Identify and refer clients for services as appropriate</td>
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</tbody>
</table>

**Intervention Comments:**

---

Performance Levels:

1. **Not Evident:** Competency/skill not evident; may require constant supervisory modeling; or no opportunity to demonstrate
2. **Emerging:** Competency/skill emerging; requires frequent supervisory instruction
3. **Developing:** Competency/skill present but needs further development; requires frequent supervisory monitoring
4. **Refining:** Competency/skill developed but needs refinement and/consistency; requires infrequent supervisory monitoring
5. **Independent:** Competency/skill well developed and consistent; requires guidance and/or consultation only
MSU Speech Language Pathology
Skill Competency Evaluation

Student: _________________________________

<table>
<thead>
<tr>
<th>Performance Levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Not Evident: Competency/skill not evident; may require constant supervisory modeling; or no opportunity to demonstrate</td>
</tr>
<tr>
<td>2 Emerging: Competency/skill emerging; requires frequent supervisory instruction</td>
</tr>
<tr>
<td>3 Developing: Competency/skill present but needs further development; requires frequent supervisory monitoring</td>
</tr>
<tr>
<td>4 Refining: Competency/skill developed but needs refinement and consistency; requires infrequent supervisory monitoring</td>
</tr>
<tr>
<td>5 Independent: Competency/skill well developed and consistent; requires guidance and/or consultation only</td>
</tr>
</tbody>
</table>

Interaction and Personal Qualities

a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client, family, caregivers, and relevant others.

b. Collaborate with other professionals in case management.

c. Provide counseling regarding communication and swallowing disorders to clients, family, caregivers, and relevant others.

d. Adhere to the ASHA Code of Ethics and behave professionally.

Interaction and Personal Qualities Comments:
### Hearing Screening – Performance Record Sheet

<table>
<thead>
<tr>
<th>Skill 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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sets up environment appropriately</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Provides appropriate instructions</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Screens adults and school-age children</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Screens typical preschoolers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screens challenging preschoolers</td>
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</tr>
<tr>
<td>Recognizes when visual cues may be a problem</td>
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<td></td>
</tr>
<tr>
<td>Makes changes to eliminate visual cues</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modifies screening methods as needed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interprets results correctly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reports results correctly</td>
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<td></td>
</tr>
<tr>
<td>Makes appropriate referrals</td>
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<td></td>
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</tbody>
</table>

**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:
**Middle Ear 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>Sets up equipment appropriately</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Follows infection control and universal precautions</td>
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</tr>
<tr>
<td>Visually inspects ear for contraindications</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Screens cooperative adults and children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screens uncooperative individuals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interprets results correctly</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Reports results accurately</td>
<td></td>
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<tr>
<td>Makes appropriate referrals</td>
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</tbody>
</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: _________________

### Summary of Present Status:

<table>
<thead>
<tr>
<th>A. Strengths:</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Weaknesses:</td>
</tr>
</tbody>
</table>

### Prognosis:

### Long Term Therapy Plan

| A. Type of therapy: |
| B. Frequency: |

### Semester Goals and Short Term Objectives:

### Summary of Semester Progress:
(put final copy on letterhead)

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) 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.

The Medical Provider's duties with respect to health information about you

The Medical Provider is required by law to maintain the privacy of your health information and to provide you with this notice of the Medical Provider’s legal duties and privacy practices with respect to your health information. It’s important to note that these rules apply to the Medical 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 Medical Provider.

How the Medical 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 Medical 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 Medical 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 Medical 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. The Medical 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 Medical Provider may share your health information with Murray State University

The Medical 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 the law. Employees of the Vice President for Administrative and Financial Services, Office of General Counsel, Information Technology and Office of Internal Auditor, along with those who work within the Department of the Medical 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 Medical 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

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. 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 Medical Provider also is allowed to use or disclose your health information without your written authorization for the following activities:

<table>
<thead>
<tr>
<th>Allowable use or disclosure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers’ compensation</td>
<td>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</td>
</tr>
<tr>
<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 Plan 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>
</tr>
<tr>
<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</td>
</tr>
<tr>
<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 or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you’ll be notified of the Plan’s disclosure if informing you won’t put you at further risk)</td>
</tr>
<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 Plan 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>
</tr>
</tbody>
</table>
Law enforcement purposes
- Disclosures to law enforcement officials required by law or pursuant to legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosure about a death that may have resulted from criminal conduct; and disclosure to provide evidence of criminal conduct on the Plan’s premises

Decedents
- 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

Organ, eye, or tissue donation
- Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death

Research purposes
- 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

Health oversight activities
- Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws

Specialized government functions
- Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates

HHS investigations
- Disclosures of your health information to the Department of Health and Human Services (HHS) to investigate or determine the Medical Provider’s compliance with the HIPAA privacy rule

Except as described in this notice, other uses and disclosures will be made only with your written authorization. You may revoke your authorization as allowed under the HIPAA rules. However, you can’t revoke your authorization if the Medical Provider has taken action relying on it. In other words, you can’t revoke your authorization with respect to disclosures the Medical Provider has already made.

Your individual rights
You have the following rights with respect to your health information the Medical 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 Medical Provider’s right to refuse
You have the right to ask the Medical Provider to restrict the use and disclosure of your health information for Treatment, Payment, or Health Care Operations, except for uses or disclosures required by law. You have the right to ask the Medical 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 Medical 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 Medical Provider must be in writing on the appropriate form.

The Medical Provider is not required to agree to a requested restriction. And if the Medical Provider does agree, a restriction may later be terminated by your written request, by agreement between you and the Medical Provider (including an oral agreement), or unilaterally by the Medical Provider for health information created or received after you’re notified that the Medical Provider has removed the restrictions. The Medical Provider may also disclose health information about you if you need emergency treatment, even if the Medical Provider has agreed to a restriction.
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 Medical Provider will accommodate reasonable requests to receive communications of health information from the Medical Provider by alternative means or at alternative locations. If you want to exercise this right, your request to the Medical 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 or obtain a copy of your health information in a Designated Record Set. 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 Medical Provider; or a group of records the Medical 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 Medical 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 Medical Provider must be in writing on the appropriate form. Within 30 days of receipt of your request (60 days if the health information is not accessible onsite), the Medical 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 Medical Provider expects to address your request.

The Medical 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 Medical Provider also may charge reasonable fees for copies or postage as may be allowed by law. If the Medical Provider doesn’t maintain the health information but knows where it is maintained, you will be informed of where to direct your request.

Right to amend your health information that is inaccurate or incomplete
With certain exceptions, you have a right to request that the Medical Provider amend your health information in a Designated Record Set. The Medical Provider may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Medical Provider (unless the person or entity that created the information is no longer available), is not part of the Designated Record Set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings). If you want to exercise this right, your request to the Medical Provider must be in writing on the appropriate form, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Medical 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 Medical 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 Medical Provider has made of your health information. This is often referred to as an “accounting of disclosures.” You generally may receive an accounting of disclosures if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

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 Medical Provider became a Covered Entity subject to the HIPAA privacy rules. You do not have a right to receive an accounting of any disclosures made:

- For Treatment, Payment, or Health Care Operations;
- To you about your own health information;
- Incidental to other permitted or required disclosures;
- Where authorization was provided;
- To family members or friends involved in your care (where disclosure is permitted without authorization);
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances; or
- As part of a “limited data set” (health information that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Medical Provider must be in writing. Within 60 days of the request, the Medical Provider will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Medical Provider expects to address your request. You may make one (1) request in any 12-month period at no cost to you, but the Medical 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 obtain a paper copy of this notice from the Medical 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 Medical Provider is located, same being:

Name/Phone No.  Stacey Lewis, clinic secretary  270-809-2446
Address: MSU Speech & Hearing Clinic, 125 Alexander Hall, Murray KY 42071

Changes to the information in this notice
The Medical Provider must abide by the terms of the Privacy Notice currently in effect. This notice takes effect on January 15, 2009. However, the Medical 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 Medical Provider maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Medical Provider’s privacy policies described in this notice, you will be provided with a revised Privacy Notice by mail, e-mail, and/or campus mail.
Complaints
If you believe your privacy rights have been violated, you may complain to the Medical Provider and to the Secretary of Health and Human Services. You won’t be retaliated against for filing a complaint. To file a complaint, contact the Complaint Manager, Chair of the Department wherein the Medical Provider is located, same being:
Name/Phone No.  Dr. Pearl Payne, WTS Chair 270-809-6124
Address.  108 Carr Health, Murray State University, Murray KY 42071
If your complaint concerns an action or inaction by the Complaint Manager, contact the HIPAA Privacy Official, Teresa Moss Groves, Murray State University, 100 Pogue Library, Murray, Kentucky 42071; 270/809-3399. You will then be provided with a HIPAA complaint form to be completed, signed by you, and returned to the Complaint Manager or HIPAA Privacy Official. For more information on the Medical Provider’s privacy policies or your rights under HIPAA, contact the HIPAA Privacy Official.
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.

Client Name (Print): ___________________________________________________________

Your Name/Relationship to Client (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: ______________________________
AUTHORIZATION FOR SERVICES

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.
SPEECH AND HEARING CLINIC
Department of Wellness & Therapeutic Sciences
Murray State University
125 Alexander Hall * Murray, KY 42071
(270) 809-2446

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

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

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

<table>
<thead>
<tr>
<th>$ From</th>
<th>22,831</th>
<th>20,271</th>
<th>17,771</th>
<th>15,151</th>
<th>12,591</th>
<th>10,031</th>
<th>7,471</th>
<th>0</th>
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<tbody>
<tr>
<td>$ To</td>
<td>25,390</td>
<td>22,830</td>
<td>20,270</td>
<td>17,770</td>
<td>15,150</td>
<td>12,590</td>
<td>10,030</td>
<td>7,470</td>
</tr>
</tbody>
</table>

Family Size

<table>
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<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>100%</td>
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<td>100%</td>
<td>80%</td>
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</tbody>
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SPEECH AND HEARING CLINIC
Department of Wellness & Therapeutic Sciences
Murray State University
125 Alexander Hall * Murray KY 42071
Phone: (270) 809-2446                     Fax: 270-809-3963

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
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:_______________
Client/Family Evaluation of Services Provided

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>
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1. Personnel in the clinic office were friendly and courteous. 1 2 3 4 5 0
2. My appointment for evaluation/therapy was scheduled in a timely manner. 1 2 3 4 5 0
3. The fee schedule for services provided was fully explained. 1 2 3 4 5 0
4. The service provider saw me promptly at the time my appointment was scheduled. 1 2 3 4 5 0
5. The service provider informed me about what to expect during my evaluation/therapy. 1 2 3 4 5 0
6. I was informed about how long my appointment would take. 1 2 3 4 5 0
7. The persons providing services were truly concerned about my family member’s speech and/or language problem. 1 2 3 4 5 0
8. Services were provided in a competent and considerable manner. 1 2 3 4 5 0
9. I was informed about evaluation results and/or therapy plans in terms I could understand. 1 2 3 4 5 0
10. I was given sufficient opportunity to express my opinion regarding treatment. 1 2 3 4 5 0
11. An explanation was provided for all forms I was asked to sign. 1 2 3 4 5 0
12. I was not asked to sign forms which were not completely filled in. 1 2 3 4 5 0
13. In general, I was satisfied with the speech services provided. 1 2 3 4 5 0

Comments:

Please feel free to use the back of this form or additional paper if necessary.
*speech-language report

(put final copy on letterhead)

DIAGNOSTIC REPORT

Name:  
Date of Birth:  
Parents/Guardian:  
Address:  
Phone:  
File Number:  
Date of Evaluation:  
Evaluator:  (supervisor’s name)  
Type of Evaluation:  

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)
Clinician(s)______________________________ Date________________________________
Client(s)_________________________________ Supervisor___________________________

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

*************** 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)
Murray State University  
Supervisory Guidelines  
Division of Communication Disorders

Murray State University’s graduate program in Speech Pathology is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA). Clinical practicum experience is vital to the training of speech-language pathologists. Murray State faculty in communication disorders along with partnering speech language pathologists in area medical and school settings, ensure that students achieve the knowledge and skills necessary for independent professional practice.

The following requirements reflect the 2008 CAA Standards for Accreditation:

3.1B The curriculum (academic and clinical education) is consistent with the mission and goals of the program and prepares students in the full breadth and depth of the scope of practice in speech-language pathology.

3.6B Clinical education obtained in external placements is governed by agreements between the program and the external facility and is monitored by program faculty.

The Murray State University curriculum in speech-language pathology provides the opportunity for students to complete a minimum of 400 clinical education hours, 325 of which must be attained at the graduate level.

It is the responsibility of the Division of Communication Disorders to plan a clinical program of study for each student. Murray State University maintains agreements with supervisors and clinical sites to enable students to obtain a variety of clinical education experiences in different work settings, with different populations, and with appropriate equipment and resources in order to acquire and demonstrate skills across the scope of practice in speech-language pathology, sufficient to enter professional practice.

On and off-site clinical practicum experiences should be designed for students to acquire and demonstrate knowledge in the following areas:

- principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders across the life span, including consideration of anatomical/physiological, psychological, developmental, linguistic, and cultural correlates of the disorders
- standards of ethical conduct
- interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders
- processes used in research and the integration of research principles into evidence-based clinical practice
- contemporary professional issues
- certification, specialty recognition, licensure, and other relevant professional credentials

Students should also be provided opportunities to acquire and demonstrate skills in the following areas:

- oral and written or other forms of communication
- prevention, evaluation, and intervention of communication disorders and swallowing disorders
- interaction and personal qualities, including counseling, collaboration, ethical practice, and professional behavior
- effective interaction with patients, families, professionals, and other individuals, as appropriate
• delivery of services to culturally and linguistically diverse populations
• application of the principles of evidence-based practice
• self-evaluation of effectiveness of practice

3.5B Clinical supervision is commensurate with the clinical knowledge and skills of each student, and clinical procedures ensure that the welfare of each person served by students is protected, in accord with recognized standards of ethical practice and relevant federal and state regulations.

The amount of supervision required for each student may vary depending upon the clinical setting, the client population, students’ abilities, and the professional judgment of the clinical supervisor. Ethical standards should be modeled for students.

Minimum supervisory guidelines include supervising 25% of each therapy session and 50% of each diagnostic session. Increased levels of supervision, including supervisor modeling, are recommended.

Specific procedures for client safety, confidentiality, and security of client records should be reviewed with student clinicians at the beginning of each practicum experience.

3.7B The clinical education component of the curriculum provides students with access to a client/patient base that is sufficient to achieve the program’s stated mission and goals and includes a variety of clinical settings, client/patient populations, and age groups.

The combination of on and off-site practicum opportunities expose students to a variety of populations across the life span and from culturally and linguistically diverse backgrounds. These are important considerations when planning each student’s clinical program of study. The Division of Communication Disorders strives to provide students experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities. Our off-site clinical partners are essential to this endeavor.
Superintendent Practice Evaluation Form

Supervisor ____________________________________________

Semester ____________________________________________

Rate each item using the following scale:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
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<tr>
<th>TASK</th>
<th>RATING</th>
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<tbody>
<tr>
<td>1. My supervisor established and maintained an effective working relationship with me during this clinical experience.</td>
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<tr>
<td>2. My supervisor assisted me in developing clinical goals and objectives.</td>
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<tr>
<td>3. My supervisor assisted me in developing and refining my diagnostic/evaluation abilities.</td>
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<tr>
<td>4. My supervisor assisted me in developing and refining my therapy management skills.</td>
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<td>5. My supervisor demonstrated for me, or participated with me, in the therapeutic process when appropriate.</td>
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<td>6. My supervisor was helpful in assisting me to collect, record, analyze, and interpret therapy and evaluation data appropriately.</td>
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<td>7. My supervisor has helped me to learn the process of clinical record keeping including documentation of evaluation and therapy, and confidentiality of records.</td>
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<tr>
<td>8. Conferences with my supervisor were beneficial. My supervisor was aware of my strengths and weaknesses as a clinician and interacted with me in a way, which helped me to solve clinical problems.</td>
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<tr>
<td>TASK</td>
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<td>9. My supervisor helped me to continuously evaluate my own clinical performance, and kept me informed about my progress throughout the semester.</td>
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<td>10. My supervisor helped me to develop my skill in verbal reporting, report writing, and editing.</td>
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<td>11. My supervisor shared information regarding ethical, legal, regulatory, and reimbursement aspects of professional practice when appropriate.</td>
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<td>12. My supervisor served as a model of professional conduct and helped me to grow professionally myself.</td>
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<td>13. My supervisor helped me to increase my knowledge of particular communication disorders.</td>
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Comments about this semester’s clinical experience: ____________________________
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# Indivisual Supervisor Clock Hour Report

**Murray State University**  
Division of Communication Disorders  
Speech & Hearing Clinic

## INDIVIDUAL SUPERVISOR CLOCK HOUR REPORT  
*Complete ALL fields below*

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<thead>
<tr>
<th>Student Name ___________________________________________</th>
<th>Graduate _____ Undergraduate _____</th>
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<tr>
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<tr>
<td>Supervisor Phone ___________________________ Inclusive Dates ____________________</td>
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*DO NOT SUBMIT CLOCK HOUR FORMS UNTIL YOU HAVE ALL OF YOUR FORMS FOR THAT SEMESTER*  
*BE SURE YOU MAKE YOUR OWN COPIES OF ANY DOCUMENTS YOU SUBMIT TO THE CLINIC OFFICE*
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
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.

****

This knowledge and skills 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


