We are proud to be an ASHA-Accredited Program!

We are accredited by the Council for Academic Accreditation (CAA) in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association (ASHA).

To Contact ASHA:
2200 Research Boulevard
Rockville, MD 20850

1-800-498-2071 or http://www.asha.org
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CLINICAL FACULTY/STAFF

Michele Brown, AAMU CSD Secretary
372-5541
Esther Phillips-Ross, Assistant Professor, Director of Clinical Services
M.A., CCC-SLP/L
372-4044
Cynthia Lewis, Assistant Professor, Clinical Supervisor
M.S., CCC-SLP/L
Jennifer Vinson, Professor, Program Director
Ed.D., CCC-SLP/L
Hope Reed, Associate Professor, Orofacial Myologist
CCC-SLP-D
Carol Deakin, Associate Professor, Clinical Supervisor, TBI Specialist
Ph.D, CCC-SLP/L
Barbara Bush, Associate Professor, Audiologist
Au.D,CCC-A

STATEMENT OF PURPOSE

Alabama A&M Communicative Sciences and Disorders Clinic is a training clinic. Our clinic provides hands-on training for our students as they progress through our program, learning to apply information gained in the classroom. All students are supervised by ASHA-certified faculty. As our student clinicians develop clinical skills, they are placed in a position to serve the speech-, language-, and hearing needs of individuals in our community and enhance the effectiveness and quality of communication.

SHARED COMMITMENTS

We will . . .
1. Prepare quality professionals who will be employed in both the public and private sectors (e.g., hospitals, schools, nursing homes) emphasizing transdisciplinary experiences with physicians, nurses, social workers, case managers, teachers, psychologists, and other specialists in health care fields,
2. Provide quality speech-, language-, and hearing clinical services to clients at Alabama A & M University and its surrounding communities,
3. Disseminate information regarding speech, language, and hearing behaviors through research and collaborative scholarly activities (e.g., presentations, consultations, and publications), and
4. Provide community service programs focusing on awareness, education, and prevention of speech-, language-, and hearing disorders.
CLINICAL SERVICES

Clinical services are provided by both undergraduate and graduate students in the Communicative Sciences and Disorders program while being supervised by nationally certified clinical faculty. (i.e., faculty who hold the Certificate of Clinical Competency from ASHA).

Specific services offered by the Alabama A & M University Communicative Sciences and Disorders Clinic include the diagnostic evaluation and remediation/treatment of speech-, language-, and hearing disorders. Prior to enrollment in any of the therapy programs, a current speech and language evaluation must be completed, as well as a hearing screening. Some voice clients may be required to present a physician’s written referral. If a prior evaluation has been completed by another speech-language pathologist/audiologist, the client or guardian may request that the evaluation records be released to us. However, an evaluation will be administered to all new and returning clients. In addition, each client, (or guardian), must complete and sign the appropriate forms, which include:

1. Case history form,
2. Fee payment contract,
3. Authorization for video/audio taping, and student observations and chart review for educational purposes,
4. Authorization for release of information TO another agency or physician (if applicable), and
5. Authorization for release of information FROM another agency or physician (if applicable).

Therapy will not be initiated until these forms have been completed. These forms can be located on-line under “client forms and manuals”, at http://www.aamu.edu/csd/csdclinic.aspx.

EVALUATION

The evaluation of the client’s communication skills addresses . . .

1. The ability to understand and produce language,
2. The ability to produce speech sounds,
3. Voice characteristics,
4. Speech fluency,
5. Oral-motor structures and functions, and
6. Auditory (hearing) skills.

Following the evaluation, recommendations may include enrollment for therapy, referral to another professional agency, or a re-evaluation at a later date.
SERVICE PROVISION POLICIES

Services are provided to clients of all ages. No client will be refused services on the basis of race, gender, ethnic origin, or religion. This policy is in compliance with Title VI of the Civil Rights Act of 1964 and other current regulations that safeguard against discrimination. The Alabama A & M University Communicative Sciences and Disorders Clinic reserves the right to refuse services to clients who may be considered inappropriate candidates in this clinical setting.

The Alabama A & M University Communicative Sciences and Disorders Clinic serves the educational and training needs of students. In order for the student clinicians to better understand the nature of a client’s communication disorder, audiotapes and/or digital tapings may be made. These media are considered confidential and are solely for the purpose of education. They will be used only by student clinicians, clinical faculty, and clients. The client or guardian must sign an Authorization for video/audio taping for educational purposes form to allow these services to be performed. Occasionally, clients may be requested to participate in ongoing research. Such participation is formally requested, and proceeds only with the client’s or guardian’s consent.

CONFERENCES

Conferences with the family will be scheduled periodically. These conferences usually take place at the beginning and end of the semester. However, a client or family may request a conference at any time by contacting the client’s faculty clinical supervisor.

PERIODIC RE-EVALUATIONS

Periodic re-evaluations will be performed throughout the therapy process to continually assess speech-, language-, and hearing skills. This allows for assessment of progress and the planning and development of future therapy goals.

OBSERVATION

Observation of diagnostic and therapy procedures is available to the client’s family members in the AAMU CSD observation suites. To prevent client distraction, it is preferred that the family does not sit in the therapy room during a diagnostic or therapy session. In this educational/training environment, sessions may be observed by other students in training.

CONFIDENTIALITY OF RECORDS

A clinic/working folder is maintained for all clients seen at the Alabama A & M University Communicative Sciences and Disorders Clinic. Included in this folder are diagnostic findings/reports, therapy reports, case history information, consent forms, as well as other
pertinent information. This information is considered confidential. Access to the folder is granted to client’s family members, faculty, and student clinicians. When specifically requested in writing by the client or guardian using this clinic's forms (one form per request), the clinic will supply relevant information to specified entities such as physicians, schools, or other professionals.

A permanent record is kept for each client of activities in this clinic. No information which could potentially identify the client leaves the clinic. All such information is carefully guarded within the clinic. For more details, contact your faculty supervisor.

WAITING ROOM

The waiting room is for families of the clients enrolled in clinical services. Donations of books, magazines, and toys are greatly appreciated. Parents are asked to please keep the waiting area clean by returning items to their proper places when leaving. Children are to be supervised at all times. This is a “No smoking” area.

ATTENDANCE

Most clients are seen twice per week for 50-minute sessions. Therapy is most effective when attendance is regular. It is important that every effort be made to be present for ALL scheduled therapy sessions and to arrive on time. THREE absences in a semester or TWO consecutive absences could result in dismissal from therapy for the remainder of the semester. Extenuating circumstances may allow for exceptions at the discretion of the supervisor.

Upon dismissal from the program for absences, the client will be expected to call to request being placed back on the waiting list for the following semester. We begin taking clients for the upcoming semester approximately 1 month before the close of the current semester.

- Fall semester – call in July
- Spring semester – call in November
- Summer semester – call in March

If you must be absent for any reason, please contact the clinical supervisor(s) -- Mrs. Phillips-Ross, 372-4044; Dr. Jennifer Vinson, 372-4035; or The clinic secretary Mrs. Michele Brown, 372-5541--as soon as you know that you will not be able to attend. If the supervisor is unavailable, please leave a voice mail message.

CLINIC FEES

Fees agreed upon at the beginning of the client’s therapy program will remain in effect until the beginning of the next Fall semester. A new fee contract will be signed each Fall. Eligibility for reduced fees will be reviewed before the opening of the clinic each Fall. The amount designated as full fee for evaluation and therapy will not be changed by the Clinic Director except immediately prior to the beginning of the Fall clinic session. No change in
fee will be in effect without prior notice in writing or by phone call to the client or his/her caregiver. Each client or client caregiver and the Clinic Director will sign a contract on the date of the client’s first therapy session to verify the agreed-upon fees for service and the payment schedule. A copy of this contract will be kept on file in the Alabama A & M University Communicative Sciences and Disorders Clinic account files.

All fees for evaluation must be paid on the date of the evaluation or as previously arranged by the director of clinical services. For therapy/treatment sessions, payment is expected at the end of the period in question (e.g., the end of the week). If circumstances make payment on these terms challenging, the client or client’s caregiver is responsible for notifying the Clinic Director so that payment may be negotiated.

GRIEVANCE PROCEDURE AND POLICY

The clinical faculty welcomes any comments or suggestions that may prove beneficial to the client during the diagnostic or therapy process. Complaints related to clinical services should be directed to the Clinic Director, Mrs. Phillips-Ross.

PARKING

All clients will be given a clinic parking pass during the first week of service. All clients must display a parking pass in the windshield or rearview mirror of their vehicle. If for some reason you are not given a parking pass, please do not hesitate to request one. The parking pass will expire at the end of each semester, and a new one will need to be obtained for following semesters. Clients are permitted to park in the lots adjacent to either clinic (CCN, CCE, and CCS). You are permitted to park in spaces designated for CSD Patient Parking and in UN-NUMBERED faculty/staff parking spaces ONLY.

TRANSPORTATION

Clients needing transportation to the AAMU CSD Clinic may make arrangements through Handi Ride. There is an application process/fee and not all applicants will qualify. If you desire to inquire about the services Handi Ride provides, they may be contacted at 256-427-6857 (scheduling) or 256-532-RIDE

POLICY FOR COMMUNICABLE DISEASES

In the attempt to control the transmission of the communicable diseases listed below, the following policy will be adhered to in the Alabama A&M CSD Clinic:
<table>
<thead>
<tr>
<th>DISEASE</th>
<th>MINIMUM PERIOD OF ISOLATION OF THE CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken Pox (varicella)</td>
<td>Individual must remain at home until all lesions are crusted and dry. Susceptible child exposed to chicken pox will be excluded from the 10th through the 21st day after exposure. Anyone who has received V12G will be excluded for 28 days.</td>
</tr>
<tr>
<td>Conjunctivitis (Pinkeye)</td>
<td>Individual must remain home until 24 hours after treatment (antibiotic eye drops) is initiated.</td>
</tr>
<tr>
<td>German Measles</td>
<td>Individual must remain at home for at least five (5) days after onset of rash. Susceptible child will be excluded from the 7th to the 21st day after exposure.</td>
</tr>
<tr>
<td>Impetigo</td>
<td>Individual must remain at home until 24 hours after treatment is initiated.</td>
</tr>
<tr>
<td>Influenza</td>
<td>Individual must remain home until no fever is detected for 24 hours.</td>
</tr>
<tr>
<td>Lice (Pediculosis)</td>
<td>Individual must remain at home until the morning after treatment.</td>
</tr>
<tr>
<td>Measles (Rubella)</td>
<td>Individual must remain at home for four (4) days after the appearance of rash. Susceptible child will be excluded from the 5th exposure.</td>
</tr>
<tr>
<td>Mumps</td>
<td>Individual must remain at home for nine (9) days after onset of swelling. Susceptible person will be excluded from the 12th to the 26th day after exposure.</td>
</tr>
<tr>
<td>Scabies</td>
<td>Individual must remain at home until treatment has been completed.</td>
</tr>
<tr>
<td>Streptococcus (strep)</td>
<td>Individual must remain home until 24 hours after the first dose of antibiotics is given and be free of fever.</td>
</tr>
</tbody>
</table>

REFERENCE: Isolation and Quarantine Regulations


*We wish you the best possible success here in the clinic. Together, we can make a difference!*
CONFIDENTIALITY STATEMENT

Client Handbook

I understand that information regarding clients and or students in the CSD Program, (including anything observed in the clinic, and information heard re: other families, clients, faculty, staff or student clinicians) is to be held strictly confidential.

Printed Name

Signature

Today’s Date

***Please sign and submit this document to the Program Secretary, Mrs. Michele Brown during initial visit to the clinic.
Alabama A & M University  
Speech-Language-Hearing Clinic  
REQUEST FOR CLINICAL SERVICES  
FALL 2012

Client’s Name: ___________________________  DOB: __________  Age: __________

Spouse’s/Parent’s Name, if applicable: ___________________________________________

Email address:_________________________________________________________________

Address:  ___________________________________________________________________

City:  ___________________________  State:  __________  Zip:  ___________

Phone number: home ___________________  work ___________________  other ___________

Please circle/check the following information:

• Number of days per week you would prefer:  1 or 2
• Prefer: Individual Therapy or Group Therapy
• Preferred day(s) and time: Select BOTH preferred option and secondary option

Preferred Option

☐ Monday
☐ 9:00-9:50 am  ☐ 10:00-10:50 am
☐ 11:00-11:50 am  ☐ 1:00-1:50 pm
☐ 2:00-2:50 pm  ☐ 3:00-3:50 pm
☐ 4:00-4:50 pm

☐ Tuesday
☐ 9:00-9:50 am  ☐ 10:00-10:50 am
☐ 11:00-11:50 am  ☐ 3:00-3:50 pm

☐ Wednesday
☐ 9:00-9:50 am  ☐ 10:00-10:50 am
☐ 11:00-11:50 am  ☐ 1:00-1:50 pm
☐ 2:00-2:50 pm  ☐ 3:00-3:50 pm
☐ 4:00-4:50 pm

☐ Thursday
☐ 9:00-9:50 am  ☐ 10:00-10:50 am
☐ 11:00-11:50 am  ☐ 3:00-3:50 pm
☐ 4:00-4:50 pm

☐ Secondary Option

☐ Monday
☐ 9:00-9:50 am  ☐ 10:00-10:50 am
☐ 11:00-11:50 am  ☐ 1:00-1:50 pm
☐ 2:00-2:50 pm  ☐ 3:00-3:50 pm
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☐ 4:00-4:50 pm

☐ Thursday
☐ 9:00-9:50 am  ☐ 10:00-10:50 am
☐ 11:00-11:50 am  ☐ 3:00-3:50 pm
☐ 4:00-4:50 pm

☐ I do not know my schedule for Fall ’12 (for AAMU students only).

We will attempt to accommodate your preferred and secondary options. Please return these forms to your current student clinician as soon as possible, with a current email address as we be sending updates re: clinical service via this venue. We MUST have these forms back to include you on the list for the coming semester by July 20th.

The Clinic is scheduled to open September 10th thru December 7th. Make every effort to attend all therapy sessions to get the maximum benefit of therapy. Also be aware that attendance will be taken into consideration when scheduling for future semesters. A graduate clinician will be contacting you to confirm therapy times for Fall ’12 during the last week in August, through September 5th. If you have any questions or concerns, please call or leave a voice mail message at 372-4044/5541. Feel free to write any more information that we may need in scheduling on the back of this form. Thank you for your continued support of our clinic. We look forward to working with you again.

Sincerely,

Mrs. Esther Phillips-Ross
Mrs. Esther Phillips-Ross MA, CCC/SLP/L
Clinic Director
esther.phillips@aamu.edu
AAMU Communicative Sciences and Disorders Clinic
Alabama A & M University
Speech-Language-Hearing Clinic
REQUEST FOR CLINICAL SERVICES
SPRING 2013

Client’s Name: ___________________________ DOB: ___________ Age: ___________

Spouse’s/Parent’s Name, if applicable: __________________________

Email address: ____________________________________________

Address: ___________________________________________________

City: __________________________________ State: __________ Zip: ___________

Phone number: home ___________________ work ____________________ other ______________

Please circle/check the following information:
• Number of days per week you would prefer: 1 or 2
• Prefer: Individual Therapy or Group Therapy
• Preferred day(s) and time: Select BOTH preferred option and secondary option

Preferred Option

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☐ 4:00-4:50 pm

☐ I do not know my schedule for Spring ’13 (for AAMU students only).

We will attempt to accommodate your preferred and secondary options. Please return these forms to your current student clinician as soon as possible, with a current email address as we be sending updates re: clinical service via this venue. We MUST have these forms back to include you on the list for the coming semester by January 13th.

The Clinic is scheduled to open February 4th thru April 19th. Make every effort to attend all therapy sessions to get the maximum benefit of therapy. Also be aware that attendance will be taken into consideration when scheduling for future semesters.

A graduate clinician will be contacting you to confirm therapy times for Spring 2013 during the last week in January.

If you have any questions or concerns, please call or leave a voice mail message at 372-4044/5541. Feel free to write any more information that we may need in scheduling on the back of this form. Thank you for your continued support of our clinic. We look forward to working with you again.

Sincerely,

Mrs. Esther Phillips-Ross
Mrs. Esther Phillips-Ross MA, CCC/SLP/L
Clinic Director

esther.phillips@aamu.edu

AAMU Communicative Sciences and Disorders Clinic

Alabama A & M University
Speech-Language-Hearing Clinic
REQUEST FOR CLINICAL SERVICES
*SUMMER 2013

Client’s Name: ____________________________  DOB: ____________  Age: ____________

Spouse’s/Parent’s Name, if applicable: __________________________________________

Email address:_____________________________________________________________

Address:  _______________________________________________________________

City:  __________________________________   State:  __________   Zip:  ___________

Phone number: home _______________  work ________________  other _____________

Please circle/check the following information:

- Number of days per week you would prefer:  1  or  2
- Prefer: Individual Therapy  or  Group Therapy
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<td>3:00-3:50pm</td>
</tr>
</tbody>
</table>

☐ I do not know my schedule for Summer ‘13 (ONLY for clients who are AAMU students).

We will attempt to accommodate your preferred and secondary options. Please return these forms to your current student clinician as soon as possible, with a current email address as we are sending updates re: clinical service via this venue. **We MUST have these forms back to include you on the list for the coming semester by May 3rd.** The Clinic is scheduled to open June 6th thru July 19th. Make every effort to attend all therapy sessions to get the maximum benefit of therapy. Also be aware that attendance will be taken into consideration when scheduling for future semesters. A graduate clinician will be contacting you to confirm therapy times for Summer ‘13 during the last week in May.

If you have any questions or concerns, please call or leave a voice mail message at 372-4044/5541. Feel free to write any more information that we may need in scheduling on the back of this form. Thank you for your continued support of our clinic. We look forward to working with you again.

Sincerely,

Mrs. Esther-Phillips-Ross

Mrs. Esther Phillips-Ross MA,
CCC/SLP/L
Clinic Director
esther.phillips@aamu.edu
AAMU Communicative Sciences and Disorders Clinic