

Student Clinician: \_\_\_\_\_ Semester: \_\_\_\_\_

**Externship Supervisor Signature Card**

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

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

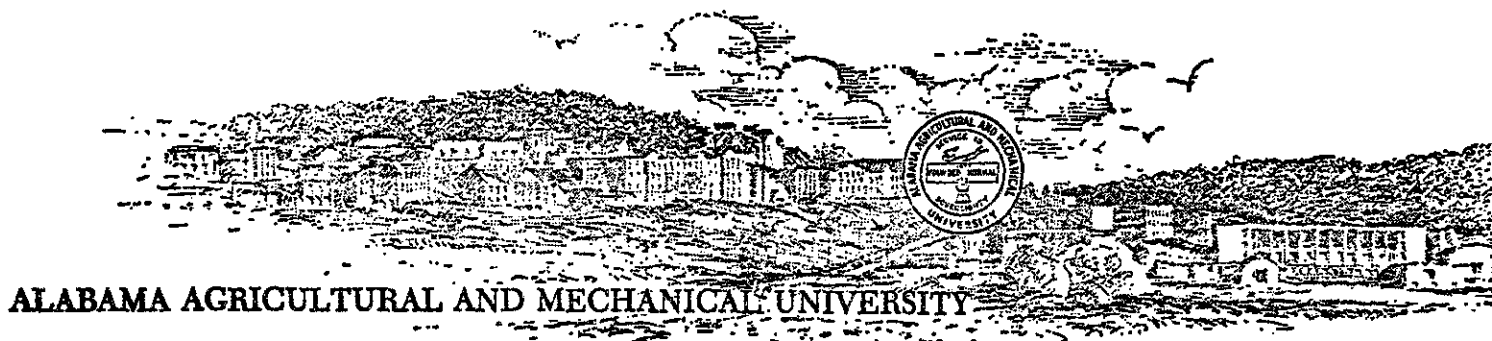
ASHA #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Licensure #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Date contract signed: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

*Please provide copies of your CURRENT ASHA card and license, if applicable.*



NORMAL, ALABAMA 35762

COMMUNICATIVE SCIENCES AND DISORDERS

POST OFFICE BOX 357  
TELEPHONE: (256) 372-5534

Dear Externship Supervisor:

To watch students apply diagnostic and therapeutic theory to practice is one of the most rewarding experiences of my job. It has always been exciting to me to be a part of that cognitive awakening! It is my hope that you too will be caught up in the excitement of your student clinician's practicum "adventure." We want to extend to you a special **"Thank you"** for agreeing to take on this additional responsibility into your busy schedule. I personally understand how time consuming supervision can be, and it makes me even more appreciative.

The following paragraphs were developed to help you in the supervision of our students. These summaries answer the most commonly asked questions concerning supervisory responsibilities. Enclosed is an OFF-CAMPUS CLINICAL PRACTICUM AGREEMENT that is to be completed by you and your student during your first visit (see EXTERNSHIP TIME/DATE STIPULATIONS). Please return/fax a completed copy of this agreement to the clinical director at your earliest convenience.

### **ASHA'S GUIDELINES FOR SUPERVISION OF CLINICAL HOURS:**

Enclosed you will find a copy of ASHA's guidelines for supervision of clinical clock hours and a copy of ASHA's Code of Ethics. These guidelines and principles of ethics are to be followed without deviation or revision! **Please remember that you must be currently certified by ASHA to supervise student clinicians.** If you have any questions, please do not hesitate to call. I will be more than happy to explain these regulations to you in detail.

### **PROFESSIONAL LIABILITY INSURANCE:**

All clinical externship students are required to have liability insurance through a blanket policy from Alabama A&M in effect prior to their first day at your site. Our students are presently insured by:

Seabury & Smith - Chicago  
332 S. Michigan Avenue  
Chicago, IL 60604  
1-800-621-3008

*"A New Beginning, A New Attitude For The Year 2000 and Beyond"*

This is a \$4,000,000.00 per year policy (\$2,000,000.00 per claim). The annual premium is paid for by AAMU and is included in the student's clinic fee each fall semester. Please request proof of insurance from me if your company requires that proof prior to providing services.

### **EXTERNSHIP TIME/DATE STIPULATIONS:**

To ensure efficient and ethical supervision of our students, a specific time and day schedule must be arranged for students reporting to your center. This schedule will be established prior to or upon the beginning of the externship. The Director of Clinical Services, the Externship Supervisor, and the student will all be involved in developing this schedule for the student. Schedules are developed according to the supervisor's schedule, student's clinical hour needs, student's clinical schedule on campus and their class schedules. Students may have a maximum of 2 clients on campus during the semesters they are enrolled in an externship. **STUDENTS ARE NOT ALLOWED TO ESTABLISH EXTERNSHIPS ON THEIR OWN WITHOUT CONSULTING WITH THE DIRECTOR OF CLINICAL SERVICES FOR PRIOR APPROVAL.** If a student does make an initial contact with you without consulting me, please contact me immediately before placing that student.

### **CLINICAL PERFORMANCE/GRADING:**

Several forms have been included in this packet for grading clinical performance. There are separate forms for clinical performance on written communication, diagnostic, and treatment sessions. For those of you who have been gracious enough to supervise our students before, we have added the ***Practicum Evaluation Form*** to make your expectations known and for students to live up to their full potential. The grade will be determined from the numbers you have given the student during the goal-setting conference at the beginning of the semester (See page 6 of the ***Practicum Evaluation Form***). We have also included ***Diagnostic Session Evaluation Forms***, ***Treatment Session Evaluation Forms***, and ***Written Communication Evaluation Forms*** to indicate feedback to the student. About 6 to 12 of these forms (in total) should be filled out during the practicum experience (averaging one a week). Please fax the feedback forms to me bi-weekly and keep a copy of these to determine numbers for midterm and final grades on the ***Practicum Evaluation Form***. The grades are based on a 5 point scale. You will give a number score for each applicable area on the grading form. There is also a ***Supervision Rating Scale*** that will aid you in giving number grades. When you have completed the applicable areas on the grading form, total the points the student received and divide them by the total number of scores you gave (See attached example). The grading scale is indicated on page 6 of the ***Practicum Evaluation Form***.

Student attendance and promptness is of the utmost importance; thus a CLINICIAN ATTENDANCE RECORD has been supplied to keep track of your student's attendance. Please submit/fax attendance record with midterm and final grades.

To abide by ASHA guidelines and to ensure that our students are well-supervised, you must supervise at least 25% of each diagnostic and therapy sessions. You are not

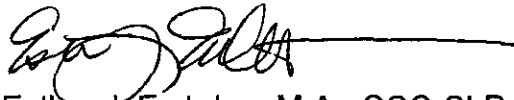
required to give feedback for each session that you supervise, but these forms do give very important information to our students that they may use to become better speech-language pathologists. Please complete a minimum of 1 feedback form per week.

**CLINICAL PRACTICUM REPORTS (CLINICAL CLOCK HOURS):**

Instructions for completing clinical practicum hours are enclosed. Student interns should be familiar with this process and can help you. THEY are responsible for completing all of the documentation on this form with the exception of your initials, your signature, and your ASHA certification number. Clinical Practicum Reports should be completed on a daily or weekly basis. You will need to initial each individual or group session. When a sheet is full, or when the externship is completed, please sign, date, and record your ASHA certification number. Mark through any unused portion of the clinic form. (NOTE: Student should add all hours prior to your signature. Please check before signing!)

A CLINICAL TIMELINE has also been enclosed to aid in the "navigation" through a given semester. On this document you will find when midterm/final grades are due and when hours are to be turned in to the AAMU CSD clinical office. Thank you again for your generous offer of sharing your knowledge and time with our students. We are all appreciative! I will be contacting you during this externship to monitor student progress. If I can be of any assistance to you, please do not hesitate to call me at (256)372-4044(office) or 372-4055(fax).

Sincerely,

A handwritten signature in black ink, appearing to read 'Esther J. Embden', followed by a horizontal line.

Esther J. Embden, M.A., CCC-SLP  
AAMU CSD Director of Clinical Services  
Assistant Professor  
Alabama A&M University

**ALABAMA A&M UNIVERSITY  
COMMUNICATION SCIENCES & DISORDERS**

**OFF-CAMPUS CLINICAL PRACTICUM AGREEMENT**

**Student Name** \_\_\_\_\_ **Student Phone:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Supervisor Phone:** \_\_\_\_\_

**Site:** \_\_\_\_\_ **Semester:** \_\_\_\_\_

**Student Schedule:** (specify days and hours, **all** times student is expected to be present, policy for making up missed days due to illness, holiday coverage)

**Student Responsibilities:** (Please state expectations in terms of caseload, lesson plans, report writing, staffing, special projects, etc.)

**Supervisory Schedule:** (Conferences, observations, written evaluations)

**Required Orientations/Readings/Other:**

\_\_\_\_\_  
Student/date

\_\_\_\_\_  
Supervisor/date

**If components of this agreement are not met, the supervisor and student should initially attempt to resolve issue by review of stated expectations. The AAMU CSD practicum coordinator will mediate issues that continue to be a problem.**

\*Form adapted from University of New Hampshire CSD Department

## EXTERNSHIP SUPERVISOR/CLINICIAN CONFERENCE

### **MIDTERM:**

Comments/Suggestions:

Goals for remainder of the semester:

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Clinician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **FINAL:**

Comments/Suggestions:

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Clinician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor: Please retain copy for your records, give a copy to the student, and submit a copy to AAMU.



AMERICAN  
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# Clinical Supervision in Speech-Language Pathology and Audiology

*Committee on Supervision*

Reference this material as: American Speech-Language-Hearing Association. (1985). *Clinical Supervision in Speech-Language Pathology and Audiology* [Position Statement]. Available from [www.asha.org/policy](http://www.asha.org/policy).

Index terms: supervision

DOI: 10.1044/policy.PS1985-00220

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### About This Document

The following position paper, developed by the Committee on Supervision, was adopted by the American Speech-Language-Hearing Association through its Legislative Council in November 1984 (LC 8-84). Members of the Committee included Elaine Brown-Grant, Patricia Casey, Bonnie Cleveland, Charles Diggs (ex officio), Richard Forcucci, Noel Matkin, George Purvis, Kathryn Smith, Peggy Williams (ex officio), Edward Wills, and Sandra Ulrich, Chair. Also contributing were the NSSLHA representatives Mary Kawell and Sheran Landis. The committee was under the guidance of Marianna Newton, Vice President for Professional and Governmental Affairs.

Contributions of members of the ASHA Committee on Supervision for the years 1976–1982 are acknowledged. Members of the 1978–1981 Subcommittee on Supervision (Noel Matkin, Chair) of the Council on Professional Standards in Speech-Language Pathology and Audiology are also acknowledged for their work from which the competencies presented herein were adapted.

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### Resolution

WHEREAS, the American Speech-Language-Hearing Association (ASHA) needs a clear position on clinical supervision, and

WHEREAS, the necessity for having such a position for use in student training and in professional, legal, and governmental contexts has been recognized, and

WHEREAS, the Committee on Supervision in Speech-Language Pathology and Audiology has been charged to recommend guidelines for the roles and responsibilities of supervisors in various settings (LC 14-74), and

WHEREAS, a position statement on clinical supervision now has been developed, disseminated for both select and widespread peer review, and revised; therefore

RESOLVED, that the American Speech-Language-Hearing Association adopts "Clinical Supervision in Speech-Language Pathology and Audiology" as the recognized position of the Association.

### Introduction

Clinical supervision is a part of the earliest history of the American Speech-Language-Hearing Association (ASHA). It is an integral part of the initial training of speech-language pathologists and audiologists, as well as their continued professional development at all levels and in all work settings.

ASHA has recognized the importance of supervision by specifying certain aspects of supervision in its requirements for the Certificates of Clinical Competence (CCC) and the Clinical Fellowship Year (CFY) (ASHA, 1982). Further, supervisory requirements are specified by the Council on Professional Standards in its standards and guidelines for both educational and professional services programs (Educational Standards Board, ASHA, 1980; Professional Services Board, ASHA, 1983). State laws for licensing and school certification consistently include requirements for supervision of practicum experiences and initial work performance. In addition, other regulatory and accrediting bodies (e.g., Joint



Commission on Accreditation of Hospitals, Commission on Accreditation of Rehabilitation Facilities) require a mechanism for ongoing supervision throughout professional careers.

It is important to note that the term **clinical supervision**, as used in this document, refers to the tasks and skills of clinical teaching related to the interaction between a clinician and client. In its 1978 report, the Committee on Supervision in Speech-Language Pathology and Audiology differentiated between the two major roles of persons identified as supervisors: clinical teaching aspects and program management tasks. The Committee emphasized that although program management tasks relating to administration or coordination of programs may be a part of the person's job duties, the term **supervisor** referred to "individuals who engaged in clinical teaching through observation, conferences, review of records, and other procedures, and which is related to the interaction between a clinician and a client and the evaluation or management of communication skills" (Asha, 1978, p. 479). The Committee continues to recognize this distinction between tasks of administration or program management and those of clinical teaching, which is its central concern.

The importance of supervision to preparation of students and to assurance of quality clinical service has been assumed for some time. It is only recently, however, that the tasks of supervision have been well-defined, and that the special skills and competencies judged to be necessary for their effective application have been identified. This Position Paper addresses the following areas:

- tasks of supervision
- competencies for effective clinical supervision
- preparation of clinical supervisors

## Tasks of Supervision

A central premise of supervision is that effective clinical teaching involves, in a fundamental way, the development of self-analysis, self-evaluation, and problem-solving skills on the part of the individual being supervised. The success of clinical teaching rests largely on the achievement of this goal. Further, the demonstration of quality clinical skills in supervisors is generally accepted as a prerequisite to supervision of students, as well as of those in the Clinical Fellowship Year or employed as certified speech-language pathologists or audiologists.

Outlined in this paper are 13 tasks basic to effective clinical teaching and constituting the distinct area of practice which comprises clinical supervision in communication disorders. The committee stresses that the level of preparation and experience of the supervisee, the particular work setting of the supervisor and supervisee, and client variables will influence the relative emphasis of each task in actual practice.

The tasks and their supporting competencies which follow are judged to have face validity as established by experts in the area of supervision, and by both select and widespread peer review. The committee recognizes the need for further validation and strongly encourages ongoing investigation. Until such time as more rigorous measures of validity are established, it will be particularly important for the tasks and competencies to be reviewed periodically through quality assurance procedures. Mechanisms such as Patient Care Audit and Child Services Review

### Competencies for Effective Clinical Supervision

System appear to offer useful means for quality assurance in the supervisory tasks and competencies. Other procedures appropriate to specific work settings may also be selected.

The tasks of supervision discussed above follow:

1. establishing and maintaining an effective working relationship with the supervisee;
2. assisting the supervisee in developing clinical goals and objectives;
3. assisting the supervisee in developing and refining assessment skills;
4. assisting the supervisee in developing and refining clinical management skills;
5. demonstrating for and participating with the supervisee in the clinical process;
6. assisting the supervisee in observing and analyzing assessment and treatment sessions;
7. assisting the supervisee in the development and maintenance of clinical and supervisory records;
8. interacting with the supervisee in planning, executing, and analyzing supervisory conferences;
9. assisting the supervisee in evaluation of clinical performance;
10. assisting the supervisee in developing skills of verbal reporting, writing, and editing;
11. sharing information regarding ethical, legal, regulatory, and reimbursement aspects of professional practice;
12. modeling and facilitating professional conduct; and
13. demonstrating research skills in the clinical or supervisory processes.

Although the competencies are listed separately according to task, each competency may be needed to perform a number of supervisor tasks.

1.0 Task: Establishing and maintaining an effective working relationship with the supervisee.

Competencies required:

- 1.1 Ability to facilitate an understanding of the clinical and supervisory processes.
- 1.2 Ability to organize and provide information regarding the logical sequences of supervisory interaction, that is, joint setting of goals and objectives, data collection and analysis, evaluation.
- 1.3 Ability to interact from a contemporary perspective with the supervisee in both the clinical and supervisory process.
- 1.4 Ability to apply learning principles in the supervisory process.
- 1.5 Ability to apply skills of interpersonal communication in the supervisory process.
- 1.6 Ability to facilitate independent thinking and problem solving by the supervisee.
- 1.7 Ability to maintain a professional and supportive relationship that allows supervisor and supervisee growth.
- 1.8 Ability to interact with the supervisee objectively.
- 1.9 Ability to establish joint communications regarding expectations and responsibilities in the clinical and supervisory processes.
- 1.10 Ability to evaluate, with the supervisee, the effectiveness of the ongoing supervisory relationship.

2.0 Task: Assisting the supervisee in developing clinical goals and objectives.

Competencies required:

- 2.1 Ability to assist the supervisee in planning effective client goals and objectives.
- 2.2 Ability to plan, with the supervisee, effective goals and objectives for clinical and professional growth.
- 2.3 Ability to assist the supervisee in using observation and assessment in preparation of client goals and objectives.
- 2.4 Ability to assist the supervisee in using self-analysis and previous evaluation in preparation of goals and objectives for professional growth.
- 2.5 Ability to assist the supervisee in assigning priorities to clinical goals and objectives.
- 2.6 Ability to assist the supervisee in assigning priorities to goals and objectives for professional growth.

3.0 Task: Assisting the supervisee in developing and refining assessment skills.

Competencies required:

- 3.1 Ability to share current research findings and evaluation procedures in communication disorders.
- 3.2 Ability to facilitate an integration of research findings in client assessment.
- 3.3 Ability to assist the supervisee in providing rationale for assessment procedures.
- 3.4 Ability to assist supervisee in communicating assessment procedures and rationales.
- 3.5 Ability to assist the supervisee in integrating findings and observations to make appropriate recommendations.
- 3.6 Ability to facilitate the supervisee's independent planning of assessment.

4.0 Task: Assisting the supervisee in developing and refining management skills.

Competencies required:

- 4.1 Ability to share current research findings and management procedures in communication disorders.
- 4.2 Ability to facilitate an integration of research findings in client management.
- 4.3 Ability to assist the supervisee in providing rationale for treatment procedures.
- 4.4 Ability to assist the supervisee in identifying appropriate sequences for client change.
- 4.5 Ability to assist the supervisee in adjusting steps in the progression toward a goal.
- 4.6 Ability to assist the supervisee in the description and measurement of client and clinician change.
- 4.7 Ability to assist the supervisee in documenting client and clinician change.
- 4.8 Ability to assist the supervisee in integrating documented client and clinician change to evaluate progress and specify future recommendations.

5.0 Task: Demonstrating for and participating with the supervisee in the clinical process.

Competencies required:

- 5.1 Ability to determine jointly when demonstration is appropriate.
- 5.2 Ability to demonstrate or participate in an effective client-clinician relationship.
- 5.3 Ability to demonstrate a variety of clinical techniques and participate with the supervisee in clinical management.
- 5.4 Ability to demonstrate or use jointly the specific materials and equipment of the profession.
- 5.5 Ability to demonstrate or participate jointly in counseling of clients or family/ guardians of clients.

6.0 Task: Assisting the supervisee in observing and analyzing assessment and treatment sessions.

Competencies required:

- 6.1 Ability to assist the supervisee in learning a variety of data collection procedures.
- 6.2 Ability to assist the supervisee in selecting and executing data collection procedures.
- 6.3 Ability to assist the supervisee in accurately recording data.
- 6.4 Ability to assist the supervisee in analyzing and interpreting data objectively.
- 6.5 Ability to assist the supervisee in revising plans for client management based on data obtained.

7.0 Task: Assisting the supervisee in development and maintenance of clinical and supervisory records.

Competencies required:

- 7.1 Ability to assist the supervisee in applying record- keeping systems to supervisory and clinical processes.
- 7.2 Ability to assist the supervisee in effectively documenting supervisory and clinically related interactions.
- 7.3 Ability to assist the supervisee in organizing records to facilitate easy retrieval of information concerning clinical and supervisory interactions.
- 7.4 Ability to assist the supervisee in establishing and following policies and procedures to protect the confidentiality of clinical and supervisory records.
- 7.5 Ability to share information regarding documentation requirements of various accrediting and regulatory agencies and third-party funding sources.

8.0 Task: Interacting with the supervisee in planning, executing, and analyzing supervisory conferences.

Competencies required:

- 8.1 Ability to determine with the supervisee when a conference should be scheduled.
- 8.2 Ability to assist the supervisee in planning a supervisory conference agenda.
- 8.3 Ability to involve the supervisee in jointly establishing a conference agenda.
- 8.4 Ability to involve the supervisee in joint discussion of previously identified clinical or supervisory data or issues.
- 8.5 Ability to interact with the supervisee in a manner that facilitates the supervisee's self-exploration and problem solving.

- 8.6 Ability to adjust conference content based on the supervisee's level of training and experience.
- 8.7 Ability to encourage and maintain supervisee motivation for continuing self-growth.
- 8.8 Ability to assist the supervisee in making commitments for changes in clinical behavior.
- 8.9 Ability to involve the supervisee in ongoing analysis of supervisory interactions.
- 9.0 Task: Assisting the supervisee in evaluation of clinical performance.
  - Competencies required:
  - 9.1 Ability to assist the supervisee in the use of clinical evaluation tools.
  - 9.2 Ability to assist the supervisee in the description and measurement of his/her progress and achievement.
  - 9.3 Ability to assist the supervisee in developing skills of self-evaluation.
  - 9.4 Ability to evaluate clinical skills with the supervisee for purposes of grade assignment, completion of Clinical Fellowship Year, professional advancement, and so on.
- 10.0 Task: Assisting the supervisee in developing skills of verbal reporting, writing, and editing.
  - Competencies required:
  - 10.1 Ability to assist the supervisee in identifying appropriate information to be included in a verbal or written report.
  - 10.2 Ability to assist the supervisee in presenting information in a logical, concise, and sequential manner.
  - 10.3 Ability to assist the supervisee in using appropriate professional terminology and style in verbal and written reporting.
  - 10.4 Ability to assist the supervisee in adapting verbal and written reports to the work environment and communication situation.
  - 10.5 Ability to alter and edit a report as appropriate while preserving the supervisee's writing style.
- 11.0 Task: Sharing information regarding ethical, legal, regulatory, and reimbursement aspects of the profession.
  - Competencies required:
  - 11.1 Ability to communicate to the supervisee a knowledge of professional codes of ethics (e.g., ASHA, state licensing boards, and so on).
  - 11.2 Ability to communicate to the supervisee an understanding of legal and regulatory documents and their impact on the practice of the profession (licensure, PL 94-142, Medicare, Medicaid, and so on).
  - 11.3 Ability to communicate to the supervisee an understanding of reimbursement policies and procedures of the work setting.
  - 11.4 Ability to communicate a knowledge of supervisee rights and appeal procedures specific to the work setting.
- 12.0 Task: Modeling and facilitating professional conduct.
  - Competencies required:
  - 12.1 Ability to assume responsibility.
  - 12.2 Ability to analyze, evaluate, and modify own behavior.
  - 12.3 Ability to demonstrate ethical and legal conduct.

### Preparation of Supervisors

- 12.4 Ability to meet and respect deadlines.
- 12.5 Ability to maintain professional protocols (respect for confidentiality, etc.)
- 12.6 Ability to provide current information regarding professional standards (PSB, ESB, licensure, teacher certification, etc.).
- 12.7 Ability to communicate information regarding fees, billing procedures, and third-party reimbursement.
- 12.8 Ability to demonstrate familiarity with professional issues.
- 12.9 Ability to demonstrate continued professional growth.
- 13.0 Task: Demonstrating research skills in the clinical or supervisory processes.  
Competencies required:
  - 13.1 Ability to read, interpret, and apply clinical and supervisory research.
  - 13.2 Ability to formulate clinical or supervisory research questions.
  - 13.3 Ability to investigate clinical or supervisory research questions.
  - 13.4 Ability to support and refute clinical or supervisory research findings.
  - 13.5 Ability to report results of clinical or supervisory research and disseminate as appropriate (e.g., in-service, conferences, publications).

The special skills and competencies for effective clinical supervision may be acquired through special training which may include, but is not limited to, the following:

1. Specific curricular offerings from graduate programs; examples include doctoral programs emphasizing supervision, other postgraduate preparation, and specified graduate courses.
2. Continuing educational experiences specific to the supervisory process (e.g., conferences, workshops, self-study).
3. Research-directed activities that provide insight in the supervisory process.

The major goal of training in supervision is mastery of the "Competencies for Effective Clinical Supervision." Since competence in clinical services and work experience sufficient to provide a broad clinical perspective are considered essential to achieving competence in supervision, it is apparent that most preparation in supervision will occur following the preservice level. Even so, positive effects of preservice introduction to supervision preparation have been described by both Anderson (1981) and Rassi (1983). Hence, the presentation of basic material about the supervisory process may enhance students' performance as supervisees, as well as provide them with a framework for later study.

The steadily increasing numbers of publications concerning supervision and the supervisory process indicate that basic information concerning supervision now is becoming more accessible in print to all speech-language pathologists and audiologists, regardless of geographical location and personal circumstances. In addition, conferences, workshops, and convention presentations concerning supervision in communication disorders are more widely available than ever before, and both coursework and supervisory practicum experiences are emerging in college and university educational programs. Further, although preparation in the supervisory process specific to communication disorders should be the major

content, the commonality in principles of supervision across the teaching, counseling, social work, business, and health care professions suggests additional resources for those who desire to increase their supervisory knowledge and skills.

To meet the needs of persons who wish to prepare themselves as clinical supervisors, additional coursework, continuing education opportunities, and other programs in the supervisory process should be developed both within and outside graduate education programs. As noted in an earlier report on the status of supervision (ASHA, 1978), supervisors themselves expressed a strong desire for training in supervision. Further, systematic study and investigation of the supervisory process is seen as necessary to expansion of the data base from which increased knowledge about supervision and the supervisory process will emerge.

The "Tasks of Supervision" and "Competencies for Effective Clinical Supervision" are intended to serve as the basis for content and outcome in preparation of supervisors. The tasks and competencies will be particularly useful to supervisors for self-study and self-evaluation, as well as to the consumers of supervisory activity, that is, supervisees and employers.

A repeated concern by the ASHA membership is that implementation of any suggestions for qualifications of supervisors will lead to additional standards or credentialing. At this time, preparation in supervision is a viable area of specialized study. The competencies for effective supervision can be achieved and implemented by supervisors and employers.

## Summary

Clinical supervision in speech-language pathology and audiology is a distinct area of expertise and practice. This paper defines the area of supervision, outlines the special tasks of which it is comprised, and describes the competencies for each task. The competencies are developed by special preparation, which may take at least three avenues of implementation. Additional coursework, continuing education opportunities and other programs in the supervisory process should be developed both within and outside of graduate education programs. At this time, preparation in supervision is a viable area for specialized study, with competence achieved and implemented by supervisors and employers.

## Bibliography

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## 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

- A. Individuals shall provide all services competently.
- B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
- C. 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.
- D. 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.
- E. 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.

Reference this material as: American Speech-Language-Hearing Association. Code of ethics (revised). *ASHA Supplement*, 23, pp. 13-15.

Index terms: ASHA reference products, ethics (professional practice issues), ethics and related papers

Document type: Ethics and related documents

- F. 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.
- G. 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.
- H. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
- I. Individuals shall not provide clinical services solely by correspondence.
- J. Individuals may practice by telecommunication (for example, telehealth/e-health), where not prohibited by law.
- K. 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.
- L. 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.
- M. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.
- N. Individuals shall use persons in research or as subjects of teaching demonstrations only with their informed consent.
- O. 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

- A. 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.
- B. 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.
- C. Individuals shall continue their professional development throughout their careers.
- D. 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.
- E. 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.
- F. 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

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.
- B. Individuals shall not participate in professional activities that constitute a conflict of interest.
- C. Individuals shall refer those served professionally solely on the basis of the interest of those

being referred and not on any personal financial interest.

- D. 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.
- E. 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.
- F. 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 inter-professional and intraprofessional relationships, and accept the professions' self-imposed standards.

#### **Rules of Ethics**

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

- C. Individuals shall not engage in sexual activities with clients or students over whom they exercise professional authority.
- D. 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.
- E. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
- F. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- G. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
- H. 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.
- I. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.
- J. 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.

## **ASHA PRACTICUM STANDARDS THAT CURRENTLY EXIST**

### Educational Standards Board

- 4.6 Clinical education obtained outside the jurisdiction of the program must be coordinated and monitored by a member of the program's instructional staff holding the ASHA CCC
- 4.8 The program must ensure that the first 25 hours of each student's supervised clinical education provided by that program are supervised directly by a member of the program's instructional staff
- 4.9 The program must ensure that the nature and amount of clinical supervisor are adjusted to the experience and ability of the student and that appropriate guidance and feedback are provided to the student.
  - At least 25% of each diagnostic evaluation, including screening and identification, in speech-language pathology and audiology must be observed directly by a supervisor
  - At least 25% of each student's total contact time in clinical treatment with each client must be observed directly by the supervisor. Observation of clinical treatment must be scheduled appropriately throughout the treatment period.
- 4.10 The program must ensure that all major decisions by students regarding evaluation and treatment of a client are implemented or communicated only after approval by the supervisor.
- 4.11 The program must ensure that the welfare of each client served by its students is protected. A person holding the appropriate ASHA CCC must be available on site for consultation at all times when a student is providing clinical services as part of the student's clinical education, both on and off campus.

### Professional Services Board

- 6.2.2 Non-certified staff who provide clinical services in audiology or speech-language pathology are supervised by individuals holding a current ASHA Certificate of Clinical Competence for each profession in which services are provided.

The applicant's program of study should follow a systematic knowledge- and skill-building sequence in which basic course work and practicum precede, insofar as possible, more advanced course work and practicum.

**Standard IV-B: The applicant must possess skill in oral and written or other forms of communication sufficient for entry into professional practice.**

Implementation:

The applicant must demonstrate communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. For oral communication, the applicant must demonstrate speech and language skills in English, which, at a minimum, are consistent with ASHA's most current position statement on students and professionals who speak English with accents and nonstandard dialects. For written communication, the applicant must be able to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.

Individuals educated in foreign countries must meet the criteria required by the International Commission of Healthcare Professions (ICHP) in order to meet this standard.

**Standard IV-C: The applicant for certification in speech-language pathology must 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/patient contact.**

Implementation:

Observation hours generally precede direct contact with clients/patients. However, completion of all 25 observation hours is not a prerequisite to begin direct client/patient contact. For certification purposes, the observation and direct client/patient contact hours must be within the scope of practice of speech-language pathology.

For certification purposes, observation experiences must be under the direction of a qualified clinical supervisor who holds current ASHA certification in the appropriate practice area. Such direction may occur simultaneously with the student's observation or may be through review and approval of written reports or summaries submitted by the student. Students may use videotapes of the provision of client services for observation purposes. The applicant must maintain documentation of time spent in supervised observation, verified by the program in accordance with Standards III and IV.

Applicants should be assigned practicum only after they have acquired a sufficient knowledge base to qualify for such experience. Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward practicum. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client. In rare circumstances, it is possible for several students working as a team to receive credit for the same session depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another interviews the parents, both students may receive credit for the time each spent in providing the service. However, if one student works with the client for 30 minutes and another student works with the client for the next 45 minutes, each student receives credit for the time he/she actually provided services— that is, 30 and 45 minutes, not 75 minutes. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.

**Standard IV-D: At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.**

Implementation:

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.

**Standard IV-E: Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate area of practice. The amount of supervision must be appropriate to the student's level of knowledge, experience, and competence. Supervision must be sufficient to ensure the welfare of the client/patient.**

Implementation:

Direct supervision must be in real time and must never be less than 25% of the student's total contact with each client/patient and must take place periodically throughout the practicum. These are minimum requirements that should be adjusted upward if the student's level of knowledge, experience, and competence warrants. A supervisor must be available to consult as appropriate for the client's/patient's disorder with a student providing clinical services as part of the student's clinical education. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence.

All observation and clinical practicum hours used to meet Standard IV-C must be supervised by individuals who hold a current CCC in the professional area in which the observation and practicum hours are being obtained. Only the supervisor who actually observes the student in a clinical session is permitted to verify the credit given to the student for the clinical practicum hours.

**Standard IV-F: Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.**

Implementation:

The applicant must demonstrate direct client/patient clinical experiences in both diagnosis and treatment with both children and adults from the range of disorders and differences named in Standard III-C.

**Standard IV-G: The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes:**

**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, 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**

**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**

#### **Implementation:**

The applicant must document the acquisition of the skills referred to in this Standard applicable across the nine major areas listed in Standard III-C. Clinical skills may be developed and demonstrated by means other than direct client/patient contact in clinical practicum experiences, such as academic course work, labs, simulations, examinations, and completion of independent projects. This documentation must be maintained and verified by the program director or official designee.

For certification purposes, only direct client/patient contact may be applied toward the required minimum of 375 clock hours of supervised clinical experience.

### **Standard V: Assessment**

**The applicant for certification must demonstrate successful achievement of the knowledge and skills delineated in Standard III and Standard IV by means of both formative and summative assessment.**

#### **Standard V-A: Formative Assessment**

# SAMPLE

Alabama A & M University

## Speech-Language-Hearing Clinic EXTERNSHIP

### CLINICIAN ATTENDANCE RECORD

Semester: Summer Year: 2004 Midterm or Final (circle one)

**Supervisors:** Please check the dates that your student clinician was present and absent from his/her practicum. Mark this form weekly. A copy of this form should be submitted to the Mrs. Embden at **midterm** with the *Formative Assessment Rubric* and **another one prior to final exams** (also with the Formative Assessment). Enter the clinician's last name in the column on the left. Enter each date of practicum in the small boxes on the top row. Fill in the correct code in the box below the date that the student clinician was scheduled for practicum.

Use the following key:  
Present - ✓  
Cancelled - C  
Late- L

#### DATES

STUDENT CLINICIAN	7/1	7/2	7/3	7/4	7/7	7/8	7/9	7/10	7/11	7/14	7/15	7/16	7/17
Joe Speech	✓	✓	✓	✓	L	✓	✓	✓	✓	✓	C	✓	✓

7/18	7/21	7/22	7/23	7/24	7/25	7/28
✓	✓	✓	✓	✓	✓	✓




**COMMENTS:** 7/7 Mr. Speech was 30 minutes late. Student did not call supervisor informing her that he would be late. 7/15 Mr. Speech cancelled stating he was ill.

Alabama A & M University

Semester:

Use the following key:

Present - ✓

**Cancelled - C**

Late-L

## DATES

STUDENT CLINICIAN[illegible][illegible][illegible][illegible]

**COMMENTS:**

Student \_\_\_\_\_ Supervisor(s): \_\_\_\_\_ Alabama A&M University \_\_\_\_\_ Semester: \_\_\_\_\_ 20 \_\_\_\_\_

Communicative Sciences & Disorders  
Speech & Hearing Clinic

**Practicum Evaluation**

(CSD 321, 406, 516)

Client Disorder / Difference	Client Cultural / Linguistic Diversity	Client Age Group

The following evaluation of clinical practicum will be completed by student self-evaluation and by supervisor evaluation of student performance at beginning, midterm and the end of the semester. Knowledge or skills will be rated according to the descriptors on the *Supervision Rating Scale/Supervision Continuum*:

5 = Consistent 4 = Adequate 3 = Present 2 = Emerging 1 = Not Evident NO = Not Observed

KNOWLEDGE / SKILL		BEHAVIORAL DESCRIPTORS			GOAL	MT	FINAL
A. ORAL COMMUNICATION							
1. Demonstrates effective speaking and listening skills	Demonstrates speaking and listening ability for effective clinical and professional interaction with clients and their relevant others.						
2. Demonstrates effective modeling of targets	Demonstrates speech and language skills in English so that modeling of the target phoneme, grammatical feature, or other aspect of speech and language that characterizes the client's problem is correct.						
ORAL COMMUNICATION TOTAL							
B. WRITTEN COMMUNICATION							
ORGANIZATION							
1. Follows appropriate format for type of document	Follows standard format as stated in clinic procedures.						
2. Presents information in organized and concise manner	Uses a logical order and appropriate transition statements.						
CONTENT/STYLE							
3. Writes thorough, objective reports that synthesize various data sources	Includes supporting data and relevant information in diagnostic reports, initial tx plans, lesson plans, SOAP notes, summary reports, professional correspondence, or other assigned reports; information is integrated and synthesized for appropriate analysis of information and support for conclusions.						
4. Includes appropriate recommendations	Includes specific ideas for tx, including measurable goals, procedures, cues, reinforcement, and materials, as indicated.						

KNOWLEDGE / SKILL		BEHAVIORAL DESCRIPTORS	GOAL	MT	FINAL
5. Writes clearly and concisely		Excludes insignificant or irrelevant information, does not include new information in summary.			
6. Writes appropriate behavioral objectives		Plans/writes behavioral objectives and goals that consider functional needs of clients and are prioritized, measurable, achievable.			
7. Uses professional language and terminology		Uses formal, professional, objective language that is grammatically correct. Explains largon and terminology as appropriate. Avoids emotional language. Uses approved abbreviations in daily documentation. No abbreviations not on approved list.			
8. Edits and proofreads all documentation		Carefully edits and proofreads written documentation and reports before submission.			
		WRITTEN COMMUNICATION TOTAL			
<b>C. INTERACTION AND PERSONAL/PROFESSIONAL QUALITIES</b>					
<b>PROFESSIONAL RESPONSIBILITY</b>					
1. Is punctual for meetings with supervisor and for client sessions		Arrives before session to set up clinic room, begins work promptly at scheduled diagnostic/therapy time, is on time for meetings.			
2. Attends scheduled meetings, classes, client sessions		Attends all scheduled meetings/classes/seminars. If unable to attend meeting, informs supervisor well in advance. Reschedules therapy sessions when absent (following supervisor approval).			
3. Submits work on time and as specified according to procedures		Submits written reports/lesson plans by due dates; work is complete when submitted.			
4. Demonstrates organization/preparation		Is prepared for sessions, has practiced test administration and techniques, session is well sequenced and organized; brings appropriate or required materials/documents to sessions and meetings.			
5. Demonstrates initiative in clinical management		Attends to case management issues and seeks information and resources; recognizes case management needs; provides client with optimal level of service.			
6. Demonstrates knowledge of clinic safety, confidentiality, ethical procedures, clinic procedures		Demonstrates adherence to universal/standard precautions / infection control procedures, emergency and safety procedures, ASHA Code of Ethics, confidentiality procedures. Follows checkout procedures for materials, tests, and client files; does not remove client records from the clinic.			
7. Keeps complete, accurate, and timely records		Accurately completes practicum hours, places and secures all information appropriately in client file, following clinic procedures. Completes all sections of client folder in a timely manner and submits for processing. Sends reports as indicated to client, caregivers, physicians, etc. ensures appropriate release of information and fee payment contract in file.			
8. Maintains a professional appearance		Dresses appropriately for clinic assignments, following dress code guidelines; conducts self in professional manner.			
<b>PROFESSIONAL INTERACTIONS</b>					
9. Is approachable and responsive to clients, parents, and other professionals. Demonstrates poise and maturity in professional interactions		Appropriately interacts with clients and caregivers in the clinical setting; demonstrates active listening skills and appropriate nonverbal communication. Addresses client's concerns in a positive and confident manner, is receptive to clients and caregiver's questions, utilizes effective counseling techniques. Provides organized information during conferences that are appropriate for educational level of client or caregiver.			
10. Is approachable and responsive to supervisor		Consults with the supervisor in appropriate setting and manner, respects supervisory relationship, seeks information and or clarifies information in an open, non-defensive manner. Seeks input; accepts supervisor comments / suggestions, integrates supervisor's suggestions. Responds to and incorporates supervisor's feedback on written documentation, as appropriate.			

Student: \_\_\_\_\_

Supervisor(s): \_\_\_\_\_

Semester: \_\_\_\_\_

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KNOWLEDGE / SKILL		BEHAVIORAL DESCRIPTORS		GOAL	MT	FINAL
11.	Displays acceptance of the client's disability and differences; treats all client with positive regard. Respects cultural differences	Adapts to client's age, cognitive level, language level, and cultural/ethnic differences with appropriate communication strategies and modifications to the therapy setting. Demonstrates acceptance and tolerance for cultural differences; varies interaction style as needed for clinical interactions.				
12.	Collaborates with other professionals	Consults with other professionals as appropriate for case management; secures consent and maintains confidentiality.				
<b>PROFESSIONAL ATTITUDE</b>						
13.	Demonstrates pride in profession	Shows enthusiasm in professional interactions about speech-language pathology as a profession and career choice; is a positive role model for others as a clinician.				
14.	Displays emotional control, stability and maturity	Maintains a neutral emotional display when appropriate or needed. Demonstrates emotional maturity and self-confidence.				
15.	Demonstrates interest and involvement in clinic	Views each clinical assignment as a learning opportunity, recognizes personal needs for clinical and professional growth and experiences, displays a positive attitude about all cases and assignments. Demonstrates effort and enthusiasm for the clinical assignments.				
16.	Demonstrates ability to self-evaluate professional growth.	Comes prepared to conferences for discussing clinical performance; sets goals for own clinical and professional development. Provides constructive feedback to the supervisor regarding the supervisory process and developmental needs.				
<b>INTERACTION/PROFESSIONAL SKILLS</b>						
<b>D. PREVENTION</b>						
1.	Demonstrates ability to screen hearing	Performs puretone air conduction hearing screening accurately. Correctly interprets findings and makes appropriate referrals.				
2.	Demonstrates ability to screen for middle ear pathology	Performs screening tympanometry accurately under supervision of audiologist. Correctly interprets findings and makes appropriate referrals.				
3.	Demonstrates ability to screen speech-language and swallowing skills	Performs speech-language and swallowing screenings accurately. Correctly interprets findings and makes appropriate referrals.				
4.	Participates in prevention activities that eliminate, inhibit, or delay the onset and development of a communication or swallowing disorder by minimizing susceptibility or reducing exposure	Participates in identification of target groups at risk for communication disorders and prevention activities to identify and eliminate risk factors for the onset, development, or maintenance of a communication disorder, or to improve ability to cope with communication disorders (such as clinic and community screenings, health fairs, inservices, parent / client education, support groups, etc.).				
				<b>PREVENTION TOTAL</b>		
<b>E. ASSESSMENT</b>						
<b>PLANNING</b>						
1.	Demonstrates understanding of referral questions and diagnostic issues	Thoroughly reviews client history/reason for referral, and plans appropriately; secures necessary information from client/caregiver, if indicated.				
2.	Applies theory, research, and knowledge from academic courses in formulating a diagnostic hypothesis	Demonstrates ability to integrate knowledge from academic courses and research to formulate a diagnostic hypothesis.				

Student: \_\_\_\_\_

Supervisor(s): \_\_\_\_\_

Semester: \_\_\_\_\_

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KNOWLEDGE / SKILL		BEHAVIORAL DESCRIPTORS		GOAL	MT	FINAL
3. Selects and administers appropriate evaluation measures		Investigates validity and reliability data and chooses appropriate diagnostic tools. Selects appropriate behavioral observations, non-standardized / standardized tests, and instrumental procedures. Demonstrates understanding of cultural factors.				
EXECUTION: DIAGNOSTIC / SCREENING						
4. Conducts appropriate client interview		Talks to client, caregivers, spouse, as appropriate and generates investigative questions.				
5. Manages client behavior		Uses appropriate techniques to manage client behavior that facilitates best performance.				
6. Administers formal and informal tests accurately		Demonstrates preparation and appropriate amount of practice; administers test efficiently according to standardized procedures; shows ability to correctly establish basal and ceiling.				
7. Organizes / manages session		Organizes session appropriately, manages materials and modifies environment as needed, uses time efficiently. Modifies procedures to meet client's needs, uses appropriate language for client's level.				
DATA COLLECTION AND SCORING						
8. Records responses accurately		Records client's responses during test administration and informal observations; observes performance of the client with insight; collects a communication sample. Ensures backup data retrieval system available (i.e. audio and/or videotape, second tape recorder). Accurately discriminates sound productions.				
9. Scores accurately		Scores formal and informal tests accurately.				
ANALYSIS AND INTERPRETATION						
10. Accurately analyzes, interprets, and integrates data; applies academic and clinical knowledge		Analyzes and interprets data accurately; integrates results from case history, observation, formal testing and informal procedures to make accurate impressions and assessment/diagnosis. Integrates knowledge from academic courses into assessment interpretation.				
11. Makes recommendations based on integration of information		Makes accurate recommendations for intervention or referrals to other professionals or services, as needed. Is aware when full evaluation is needed after screenings.				
ASSESSMENT TOTAL						
F. INTERVENTION						
PLANNING						
1. Investigates client file for pertinent background information		Identify client's needs, case management issues, relevant factors, previous treatment, outcomes and recommendations; makes contacts as appropriate to secure necessary information.				
2. Develops an individualized intervention plan that considers client and caregiver needs		Establishes treatment plans with objectives and goals that meet the individual client's needs. Collaborates with clients and relevant others in the planning process; plans projected progress considering length of planned therapy. Sequences and organizes short-term objectives and long-term goals appropriately, considers future planning and carryover needs.				
3. Plans specific, effective and appropriate therapy procedures, including cues and reinforcement		Uses procedures appropriate for client's needs, strengths, developmental level, learning style, cultural and linguistic factors. Plans for modifications needed in the physical environment to meet the client's needs. Follows hierarchies to transition clients to next level.				
4. Applies theory, research and knowledge from academic courses in formulating an intervention plan		Demonstrates ability to integrate knowledge from research, academic courses, and best practices into clinical practice.				
5. Develops/plans treatment to ensure generalization		Develops objectives and strategies to address generalization needs. Collects data on generalization skills and plans accordingly.				

Student: \_\_\_\_\_

Supervisor(s): \_\_\_\_\_

Semester: \_\_\_\_\_

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KNOWLEDGE / SKILL		BEHAVIORAL DESCRIPTORS			GOAL	MT	FINAL
INTERVENTION							
6.	Follows intervention plans; modifies strategies, materials, or instrumentation as appropriate	Follows plan and modifies as appropriate to meet client needs. Uses branching strategies. Involves clients and relevant other in the intervention process.					
7.	Selects or develops a variety of materials, strategies, and instrumentation	Uses a variety of strategies to gain client cooperation. Considers functional needs of client. Demonstrates ability to facilitate attention, concentration, cooperation, and learning in clients of all ages; uses age-appropriate strategies for client management. Deals with problem behaviors appropriately. Identifies and reacts appropriately to client's verbal/nonverbal responses.					
8.	Uses session time efficiently	Paces session well, obtains an optimal number of client responses. Conducts efficient and effective transitions between tasks. Avoids unnecessary delays, dialogue, and interruptions.					
9.	Measures and evaluates client's performance and progress	Collects data accurately and efficiently without interrupting the flow of therapy. Responds to the client's accurate/ inaccurate performance by providing appropriate and specific feedback. Interprets client's performance accurately.					
10.	Monitors verbal and non-verbal interactions	Provides appropriate and effective verbal directions and reinforcement; monitors verbal and nonverbal behaviors.					
11.	Communicates effectively with the client	Gives information clearly, concisely, and at a language level that is meaningful to the client. Gives clear and consistent instructions, modifies instructions when the client is not understanding. Communicates rational for therapy techniques, as appropriate for age and cognitive level.					
12.	Provides home program instructions	Trains client and caregivers in home program, ensures that client/caregiver understands instructions. Provides home program materials as appropriate and documents training in client file.					
13.	Demonstrates problem-solving skills	Uses resources from the clinic, class, supervision, library, journals, internet etc. to effectively address clinical needs and concerns; does not depend on supervisor for problem identification, evaluation, and generation of solution. Conducts self-evaluation of the session to improve own clinical skills.					
REPORTING							
14.	Accurately records and evaluates clients performance	Accurately completes required documentation of intervention results.					
15.	Provides organized presentation of information to client, caregivers, supervisor etc.	Is prepared, practiced, well-sequenced, and well-organized with material and presentation that is free of jargon.					
16.	Provides feedback to client and/or caregiver effectively	Discusses treatment plans and gives therapy feedback in a clear and practical manner, ensuring confidentiality. Summarizes session objectives and results at the conclusion of the session. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client and caregivers.					
			INTERVENTION TOTAL				



Student: \_\_\_\_\_

Supervisor(s): \_\_\_\_\_

Semester: \_\_\_\_\_

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**PRACTICUM EVALUATION RATING SUMMARY**

GOAL SETTING CONFERENCE		MIDTERM RATING			FINAL RATING				
		Area	Student Area Total Rating	Total Score For Each Area	%	Area	Student Area Total Rating	Total Score For Each Area	%
		A. Oral				A. Oral			
		B. Written				B. Written			
		C. Interaction/Professional				C. Interaction/Professional			
		D. Prevention				D. Prevention			
		E. Assessment				E. Assessment			
		F. Intervention				F. Intervention			
		<b>Total</b>				<b>Total</b>			
		<b>GRADE</b>				<b>GRADE</b>			
Clinical Supervisor(s) Signature	Date	Clinical Supervisor(s) Signature			Date	Clinical Supervisor(s) Signature			Date
Student Signature	Date	Student Signature			Date	Student Signature			Date
Grading Scale: 90 – 100 = A; 80 – 89 = B; 70 – 79 = C; 60 – 69 = D; below 60 = F									

**ADDITIONAL COMMENTS ON PERFORMANCE, STUDENT CLINICAL / PROFESSIONAL GOALS, DATE (attach additional sheet, if needed)**


☐ Student is recommended to continue in clinic practicum in the AAMU Clinic / AAMU sites.

☐ Student is recommended to continue in clinic practicum in off-campus placements (requires a minimum rating of 4.0).

☐ Student needs continued development of skill or competency areas. A Competency Remediation Plan may be needed.

☐ Student does not demonstrate required skills to continue placement in clinical practicum.

Alabama A&M University  
Communicative Sciences & Disorders  
Speech & Hearing Clinic

## SUPERVISION RATING SCALE / SUPERVISION CONTINUUM

Student Behaviors	Not Evident	Emerging	Present	Adequate	Consistent
	<ul style="list-style-type: none"> <li>Skill is not evident most of the time.</li> <li>Student needs direct instruction to modify behavior.</li> <li>Student is often unaware of need to change.</li> </ul>	<ul style="list-style-type: none"> <li>Skill is emerging; is inconsistent or inadequate.</li> <li>Student shows awareness of need to change behavior with supervisor input.</li> </ul>	<ul style="list-style-type: none"> <li>Skill is present and needs further development, refinement, or consistency.</li> <li>Student is aware of need to modify behavior, but does not modify behavior independently.</li> </ul>	<ul style="list-style-type: none"> <li>Skill is developed / implemented most of the time and needs continued refinement or consistency.</li> <li>Student is aware and can modify behavior in session; can self-evaluate.</li> <li>Problem solving is independent.</li> </ul>	<ul style="list-style-type: none"> <li>Skill is consistent and well developed or mastered.</li> <li>Student is able to modify own behavior and client treatment as needed.</li> <li>Independent problem solving is frequent.</li> <li>Student generalizes skills to other clients, as appropriate.</li> <li>Student takes initiative with skill development.</li> </ul>
<b>RATING</b>	<b>1</b> (Skill present <25%)	<b>2</b> (Skill present 26-50%)	<b>3</b> (Skill present 51-75%)	<b>4</b> (Skill present 76-90%)	<b>5</b> (Skill present > 90%)
<b>Supervisor Behaviors</b>	<ul style="list-style-type: none"> <li>Supervisor must model behavior and implement the skill required for client to receive optimal care.</li> <li>Supervisor provides numerous instructions and frequent modeling.</li> </ul>	Supervisor frequently provides instructions and support for all aspects of case management and services.	Supervisor provides ongoing monitoring and feedback; focuses on increasing student awareness of how/when to improve skill.	Supervisor collaborates with the student to plan and suggest possible alternatives.	Supervisor serves as consultant in areas where student has less experience. Provides guidance on ideas initiated by student.
<b>Supervisor Styles</b>	<b>Modeling/Intervention</b>	<b>Frequent Intervention</b>	<b>Frequent Monitoring</b>	<b>Infrequent Monitoring</b>	<b>Guidance</b>

Supervisors use the rating scale/continuum to evaluate student performance on the Practicum Evaluation form and the Clinical Competency and Formative Assessment Record. Students are rated according to the level of skill or competency demonstrated and degree of supervision required.

Adapted from:

- Anderson, J. L. (1988). The supervisory process in speech-language pathology and Audiology. Boston: College-Hill Press.
- CSD Network Practicum Grade Determination, Communication & Sciences Department, University of Pittsburgh.
- Student Performance Review, Department of Hearing and Speech Sciences, Vanderbilt University.
- Supervision Rating Scale/Supervision Continuum, Department of Communication and Speech Disorders, University of Georgia.

Alabama A&M University  
Communicative Sciences & Disorders  
Speech & Hearing Clinic  
**Practicum Evaluation**  
(CSD 321, 406, 516) L1, L2, L3

Client Disorder / Difference	Client Cultural /Linguistic Diversity	Client Age Group
Language	African American	Toddler
Pragmatic Language/Autism	Anglo-American	Child
Speech and Language Screenings	Variety	Child

The following evaluation of clinical practicum will be completed by student self-evaluation and by supervisor evaluation of student performance at beginning, midterm and the end of the semester. Knowledge or skills will be rated according to the descriptors on the *Supervision Rating Scale/Supervision Continuum* :

5 = Consistent 4 = Adequate 3 = Present 2 = Emerging 1 = Not Evident NO = Not Observed

KNOWLEDGE / SKILL		GOAL	MT	FINAL
<b>A. ORAL COMMUNICATION</b>				
1. Demonstrates effective speaking and listening skills	Demonstrates speaking and listening ability for effective clinical and professional interaction with clients and their relevant others.	5	5	5
2. Demonstrates effective modeling and targets	Demonstrates speech and language skills in English so that modeling of the target phoneme, grammatical feature, or other aspect of speech and language that characterizes the client's problem is correct.	5	5	5
<b>ORAL COMMUNICATION TOTAL</b>		10	10	10
<b>B. WRITTEN COMMUNICATION</b>				
<b>ORGANIZATION</b>				
1. Follows appropriate format for type of document	Follows standard format as stated in clinic procedures.	5	3	4
2. Presents information in organized and concise manner	Uses a logical order and appropriate transition statements.	5	3	4
<b>CONTENT/STYLE</b>				
3. Writes thorough, objective reports that synthesize various data sources	Includes supporting data and relevant information in diagnostic reports, initial tx plans, lesson plans, SOAP notes, summary reports, professional correspondence, or other assigned reports; information is integrated and synthesized for appropriate analysis of information and support for conclusions.	5	3	4
4. Includes appropriate recommendations	Includes specific ideas for tx, including measurable goals, procedures, cues, reinforcement, and materials, as indicated.	5	3	4
5. Writes clearly and concisely	Excludes insignificant or irrelevant information, does not include new information in summary.	5	3	4
6. Writes appropriate behavioral objectives	Plans/writes behavioral objectives and goals that consider functional needs of clients and are prioritized, measurable, achievable.	5	3	4

KNOWLEDGE / SKILL	BEHAVIORAL DESCRIPTORS	GOAL	MT	FINAL
7. Uses professional language and terminology	Uses formal, professional, objective language that is grammatically correct. Explains largon and terminology as appropriate. Avoids emotional language. Uses approved abbreviations in daily documentation. No abbreviations not on approved list.	5	3	5
8. Edits and proofreads all documentation	Carefully edits and proofreads written documentation and reports before submission.	5	3	5
<b>WRITTEN COMMUNICATION TOTAL</b>		<b>40</b>	<b>24</b>	<b>34</b>
<b>C. INTERACTION AND PERSONAL/PROFESSIONAL QUALITIES</b>				
<b>PROFESSIONAL RESPONSIBILITY</b>				
1. Is punctual for meetings with supervisor and for client sessions	Arrives before session to set up clinic room, begins work promptly at scheduled diagnostic/therapy time, is on time for meetings.	5	2	4
2. Attends scheduled meetings, classes, client sessions	Attends all scheduled meetings/classes/seminars. If unable to attend meeting, informs supervisor well in advance. Reschedules therapy sessions when absent (following supervisor approval).	5	2	5
3. Submits work on time and as specified according to procedures	Submits written reports/lesson plans by due dates; work is complete when submitted.	5	2	5
4. Demonstrates organization/preparation	Is prepared for sessions, has practiced test administration and techniques, session is well sequenced and organized; brings appropriate or required materials/documents to sessions and meetings	5	3	4
5. Demonstrates initiative in clinical management	Attends to case management issues and seeks information and resources; recognizes case management needs; provides client with optimal level of service.	5	3	5
6. Demonstrates knowledge of clinic safety, confidentiality, ethical procedures, clinic procedures	Demonstrates adherence to universal/standard precautions/infection control procedures, emergency and safety procedures, ASHA Code of Ethics, confidentiality procedures. Follows checkout procedures for materials, tests, and client files; does not remove client records from the clinic.	5	3	5
7. Keeps complete, accurate, and timely records	Accurately completes practicum hours, places and secures all information appropriately in client file, following clinic procedures. Completes all sections of client folder in a timely manner and submits for processing. Sends reports as indicated to client, caregivers, physicians, etc. ensures appropriate release of information and fee payment contract are in file.	5	3	4
8. Maintains a professional appearance	Dresses appropriately for clinic assignments, following dress code guidelines; conducts self in professional manner.	5	3	5
<b>PROFESSIONAL INTERACTIONS</b>				
9. Is approachable and responsive to clients, parents, and other professionals. Demonstrates poise and maturity in professional interactions	Appropriately interacts with clients and caregivers in the clinical setting: demonstrates active listening skills and appropriate nonverbal communication. Addresses client's concerns in a positive and confident manner, is receptive to clients and caregiver's questions, utilizes effective counseling techniques. Provides organized information during conferences that are appropriate for educational level of client or caregiver.	5	3	5
10. Is approachable and responsive to supervisor	Consults with the supervisor in appropriate setting and manner, respects supervisory relationship, seeks information and or clarifies information in an open, non-defensive manner. Seeks input; accepts supervisors comments/suggestions, integrates supervisor's suggestions. Responds to and incorporates supervisor's feedback on written documentation, as appropriate.	5	3	5
11. Displays acceptance of the client's disability and differences; treats all clients with positive regard. Respects cultural differences	Adapts to client's age, cognitive level, language level, and cultural/ethnic differences with appropriate communication strategies and modifications to the therapy setting. Demonstrates acceptance and tolerance for cultural differences; varies interaction style as needed for clinical interactions.	5	3	5
12. Collaborates with other professionals	Consults with other professionals as appropriate for case management; secures consent and maintains confidentiality.	5	3	5

KNOWLEDGE / SKILL		BEHAVIORAL DESCRIPTORS		GOAL	MT	FINAL
PROFESSIONAL ATTITUDE						
13.	Demonstrates pride in profession	Shows enthusiasm in professional interactions about speech-language pathology as a profession and career choice; is a positive role model for others as a clinician.		5	3	5
14.	Displays emotional control, stability, and maturity	Maintains a neutral emotional display when appropriate or needed. Demonstrates emotional maturity and self-confidence.		5	3	5
15.	Demonstrates interest and involvement in clinic	Views each clinical assignment as a learning opportunity, recognizes personal needs for clinical and professional growth and experiences, displays a positive attitude about all cases and assignments. Demonstrates effort and enthusiasm for the clinical assignments.		5	3	5
16.	Demonstrates ability to self-evaluate professional growth	Comes prepared to conferences for discussing clinical performance; sets goals for own clinical and professional development. Provides constructive feedback to the supervisor regarding the supervisory process and developmental needs.		5	3	5
INTERACTION/PROFESSIONAL SKILLS TOTAL				80	45	77
D. PREVENTION						
1.	Demonstrates ability to screen hearing	Performs puretone air conduction hearing screening accurately. Correctly interprets findings and makes appropriate referrals.		5	3	5
2.	Demonstrates ability to screen for middle ear pathology	Performs screening tympanometry accurately under supervision of audiologist. Correctly interprets findings and makes appropriate referrals.		NA	NA	NA
3.	Demonstrates ability to screen speech-language and swallowing skills	Performs speech-language and swallowing screenings accurately. Correctly interprets findings and makes appropriate referrals.		5	3	5
4.	Participates in prevention activities that eliminate, inhibit, or delay the onset and development of a communication or swallowing disorder by minimizing susceptibility or reducing exposure	Participates in identification of target groups at risk for communication disorders and prevention activities to identify and eliminate risk factors for the onset, development, or maintenance of a communication disorder; or to improve ability to cope with communication disorders (such as clinic and community screenings, health fairs, inservices, parent/client education, support groups, etc.).		5	3	5
PREVENTION TOTAL				15	9	15
E. ASSESSMENT						
PLANNING						
1.	Demonstrates understanding of referral questions and diagnostic issues.	Thoroughly reviews client history/reason for referral, and plans appropriately; secures necessary information from client/caregiver, if indicated.		5	3	4
2.	Applies theory, research, and knowledge from academic courses in formulating a diagnostic hypothesis	Demonstrates ability to integrate knowledge from academic courses and research to formulate a diagnostic hypothesis.		5	3	4
3.	Selects and administers appropriate evaluation measures	Investigates validity and reliability data and chooses appropriate diagnostic tools. Selects appropriate behavioral observations, non-standardized/standardized tests, and instrumental procedures. Demonstrates understanding of cultural factors.		5	3	4
EXECUTION: DIAGNOSTIC/SCREENING						
4.	Conducts appropriate client interview	Talks to client, caregivers, spouse, as appropriate and generates investigative questions.		5	3	4
5.	Manages client behavior	Uses appropriate techniques to manage client behavior that facilitates best performance.		5	3	4
6.	Administers formal and informal tests accurately	Demonstrates preparation and appropriate amount of practice; administers test efficiently according to standardized procedures; shows ability to correctly establish basal and ceiling.		5	3	4
7.	Organizes/manages session	Organizes session appropriately, manages materials and modifies environment as needed, uses time		5	3	4

KNOWLEDGE / SKILL		BEHAVIORAL DESCRIPTORS			GOAL	MT	FINAL
DATA COLLECTION AND SCORING							
8.	Records responses accurately	Records client's responses during test administration and informal observations; observes performance of the client with insight; collects a communication sample. Ensures backup data retrieval system available (i.e., audio and/or videotape, second tape recorder). Accurately discriminates sound productions.	5	3	5		5
9.	Scores accurately	Scores formal and informal tests accurately.	5	3	5		5
ANALYSIS AND INTERPRETATION							
10.	Accurately analyzes, interprets, and integrates data; applies academic and clinical knowledge	Analyzes and interprets data accurately; integrates results from case history, observation, formal testing and informal procedures to make accurate impressions and assessment/diagnosis. Integrates knowledge from academic courses into assessment interpretation.	4	3	4		4
11.	Makes recommendations based on integration of information	Makes accurate recommendations for intervention or referrals to other professionals or services, as needed. Is aware when full evaluation is needed after screenings.	4	3	4		4
ASSESSMENT TOTAL			53	33	46		
INTERVENTION							
PLANNING							
1.	Investigates client file for pertinent background information	Identify client's needs, case management issues, relevant factors, previous treatment, outcomes and recommendations; makes contacts as appropriate to secure necessary information.	5	3	5		5
2.	Develops an individualized intervention plan that considers client and caregiver needs	Establishes treatment plans with objectives and goals that meet the individual client's needs. Collaborates with clients and relevant others in the planning process; plans projected progress considering length of planned therapy. Sequences and organizes short-term objectives and long-term goals appropriately considers future planning and carryover needs.	5	3	5		5
3.	Plans specific, effective and appropriate therapy procedures, including cues and reinforcement	Uses procedures appropriate for client's needs, strengths, developmental level, learning style, cultural and linguistic factors. Plans for modifications needed in the physical environment to meet the client's needs. Follows hierarchies to transition clients to next level.	5	3	5		5
4.	Applies theory, research, and knowledge from academic courses in formulating an intervention plan	Demonstrates ability to integrate knowledge from academic courses and best practices into clinical practice.	5	3	5		5
5.	Develops/plans treatment to ensure generalization	Develops objectives and strategies to address generalization needs. Collects data on generalization skills and plans accordingly.	5	2.5	4		4
6.	Follows intervention plans; modifies strategies, materials, or instrumentation as appropriate	Follows plan and modifies as appropriate to meet client needs. Uses branching strategies. Involves clients and relevant other in the intervention process.	5	3	4		4
7.	Selects or develops a variety of materials, strategies, and instrumentation	Uses a variety of strategies to gain client cooperation. Considers functional needs of client. Demonstrates ability to facilitate attention, concentration, cooperation, and learning in clients of all ages; uses age-appropriate strategies for client management. Deals with problem behaviors appropriately. Identifies and reacts appropriately to client's verbal/nonverbal responses.	5	3	4		4
8.	Uses session time efficiently	Paces session well, obtains an optimal number of client responses. Conducts efficient and effective	5	3	4		4
9.	Measures and evaluates client's performance and progress	Collects data accurately and efficiently without interrupting the flow of therapy.	5	3	4		4
10.	Monitors verbal and nonverbal interactions	Provides appropriate and effective verbal directions and reinforcement; monitors verbal and nonverbal behaviors.	5	3	4		4

KNOWLEDGE / SKILL		BEHAVIORAL DESCRIPTORS		GOAL	MT	FINAL
11. Communicates effectively with the client		Gives information clearly, concisely, and at a language level that is meaningful to the client. Gives clear and consistent instructions, modifies instructions when the client is not understanding. Communicates rational for therapy techniques, as appropriate for age and cognitive level.		5	3	4
12. Provides home program instructions		Trains client and caregivers in home program, ensures that client/caregiver understands instructions. Provides home program materials, as appropriate, and documents training in client file.		4	3	4
13. Demonstrates problem-solving skills		Uses resources from the clinic, class, supervision, library, journals, Internet, etc. to effectively address clinical needs and concerns; does not depend on supervisor for problem identification, evaluation, and generation of solution. Conducts self-evaluation of the session to improve own clinical skills.		4	3	4
<b>REPORTING</b>						
14. Accurately records and evaluates clients performance		Accurately completes required documentation of intervention results.		5	3	4
15. Provides organized presentation of information to client, caregivers, supervisor, etc.		Is prepared, practiced, well-sequenced, and well-organized with material and presentation that is free of jargon.		5	3	5
16. Provides feedback to client and/or caregiver effectively		Discusses treatment plans and gives therapy feedback in a clear and practical manner, ensuring confidentiality. Summarizes session objectives and results at the conclusion of the session. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client, and caregivers.		5	3	5
<b>INTERVENTION TOTAL</b>				<b>78</b>	<b>47.5</b>	<b>70</b>

PRACTICUM EVALUATION RATING SUMMARY									
GOAL SETTING CONFERENCE			MIDTERM RATING			FINAL RATING			
1. Student will learn how to adequately administer the Rosetti test with 90% acc.	Area	Student Area Total Rating	Total Score For Each Area	%	Area	Student Area Total Rating	Total Score For Each Area	%	
	A. Oral	10.00	10.00	100	A. Oral	10.00	10.00	100	
	B. Written	24.00	40.00	60	B. Written	34.00	40.00	85	
	C. Interaction/Professional	45.00	80.00	56	C. Interaction/Professional	77.00	80.00	96	
	D. Prevention	9.00	15.00	60	D. Prevention	15.00	15.00	100	
	E. Assessment	33.00	53.00	62	E. Assessment	46.00	53.00	87	
	F. Intervention	47.50	78.00	61	F. Intervention	70.00	78.00	90	
	Total	168.50	276.00	67	Total	252.00	276.00	93	
			GRADE D		GRADE A				
Esther J. Embden MA/CCC/SLP/L	06/08/2006	Esther J. Embden MA/CCC/SLP	06/2006	Esther J. Embden MA,CCC/SLP			07/26/06		
Jennifer Vinson Ed.D, CCC/SLP		Jennifer Vinson Ed.D, CCC/SLP		Jennifer Vinson Ed.D, CCC/SLP			Date		
Susie Speech B.A., graduate clinician	06/08/2006	Susie Speech B.A., graduate clinician	06/08/2006	Susie Speech B.A., graduate clinician			06/08/2006		
Signature	Date	Signature	Date	Signature			Date		
Grading Scale: 90 - 100 = A; 80 - 89 = B; 70 - 79 = C; 60 - 69 = D; below 60 = F									

ADDITIONAL COMMENTS ON PERFORMANCE, STUDENT CLINICAL/PROFESSIONAL GOALS, DATE (attach additional sheet, if needed)

<input checked="" type="checkbox"/>	Student is recommended to continue in clinic practicum in the AAMU Clinic/AAMU sites.
<input checked="" type="checkbox"/>	Student is recommended to continue in clinic practicum in off-campus placements (requires a minimum rating of 4.0).
<input type="checkbox"/>	Student needs continued development of skill or competency areas. A Competency Remediation Plan may be needed.
<input type="checkbox"/>	Student does not demonstrate required skills to continue placement in clinical practicum.



## INSTRUCTIONS FOR FILLING OUT GRADUATE CLINICAL PRACTICUM REPORTS

### Example Attached

(Students are responsible for completing these correctly and turning in per Clinical Timeline)

1. SEMESTER: write the semester and the year. Example: Spring 2007.
2. NAME: write your name in this space
3. NAME: client initials may be used or "group one," etc.
4. DATE: record actual date you worked with (observed, etc.) the client.
5. TYPE OF PROBLEM: record disorder/problem the client exhibits or is tested for. Example: Language. If the client has language and artic problems, divide the time per problem on separate lines. **NOTE:** Only use language, artic, voice, fluency, dysphagia, or aural rehab (audiology) in this column. **DO NOT** write Aphasia, Foreign Accent, Phonology, Dysarthria, Oral Motor, etc.
6. AGE: this column should have "C" for child or "A" for adults. Actual age of client is not necessary.
7. GROUP: if you have more than one client at the time of therapy. Record time in minutes. Example: 75 minutes (not necessary to put the word minutes, see example)
8. DIAGNOSTIC: this column is to record the times when evaluating and testing the client. Record time in minutes. Example: 120 minutes (not necessary to put the word minutes, see example)
9. OTHER: this column is for parent/client conferences, hearing screenings, and observations. Record time in minutes.
10. LOCATION: the location that therapy, etc. is taking place. **USE A SEPARATE SHEET FOR EACH LOCATION AND A SEPARATE SHEET FOR EACH SUPERVISOR EVEN IF THE SUPERVISORS ARE AT THE SAME LOCATION.**
11. SUPERVISOR INITIALS: the supervisor **MUST** initial all the filled in rows in order to verify the information recorded in that row.
12. Cross out any unused rows of documentation.
13. THERAPY: place the total number of minutes per problem and per adult or child in the appropriate places. Use a pencil for these totals for easier error correction.
14. TOTAL MINUTES: list total number of minutes on the page. Use a pencil for these totals for easier error correction (not necessary to put the word minutes, see example).
15. TOTAL HOURS: list total number of hours on this page, divide total minutes by 60. Example: 615 minutes  $\div$  60 = 10.25 hours (not necessary to put the word hours, see example). Use a pencil for these totals for easier error correction.
16. SUPERVISOR'S SIGNATURE: This is to be obtained either when sheet is full or before turn in date per Clinical Timeline. Sheet will not be accepted if signature is obtained 30 or more days after treatment date.
17. CCC: list supervisor's certification area: Example: SLP, SLP/A, or A.
18. ASHA #: ASHA number of supervisor is required for the hours to be tabulated.
19. DATE: list the date the supervisor signed the form (date must agree with the last session documented).

In order to make it easier to track your hours, please put only one location per page and one supervisor per page.

**IT IS YOUR RESPONSIBILITY TO MAKE SURE YOUR PAPERWORK IS CORRECT, NEAT, AND COMPLETED PROMPTLY AND PROPERLY.**

#### **Ethics Statement:**

All acts of dishonesty in any work constitute academic misconduct. This includes, but is not limited to: cheating, plagiarism/stealing, fabrication of information, misrepresentation and abetting any of the above.

Academic misconduct represents unethical behavior unbecoming to the teaching and CSD profession and is against the principles outlined in the American Speech-Language-Hearing Association's *Code of Ethics* document. There is no tolerance of such behavior. Academic misconduct may result in a failing grade for the course.

**GRADUATE CLINICAL PRACTICUM REPORT  
SPEECH-LANGUAGE-HEARING  
ALABAMA A&M UNIVERSITY**

NOTE: One supervisor and  
one location per page. (1)

SEMESTER: Spring 2007

\* Age = Adult, Child

(2) NAME: Jane Doe

(3) NAME	(4) DATE	(5) TYPE OF PROBLEM Language, artic, voice, fluency dysphagia, aural rehab	(6) THERAPY			(7) DIAGNOSTIC			(8) OTHER: Conference, hrg screenings, observations		(10) LOCATION	(11) SUPERVISOR INITIALS
			INDIV. AGE A/C	CLOCK MIN.	GROUP AGE A/C	CLOCK MIN.	AGE A/C	CLOCK MIN.	TYPE	CLOCK MIN.		
JH	1/4/07	Language	C	30							AMU Speech Clinic	KW
FA, SB, PT	1/4/07	Artic			C	25					"	KW
		Language			C	20					"	KW
IF	1/5/07	Fluency									"	KW
SB	1/6/07	Language	C				60		Parent Conference	60	"	KW
PV	1/6/07	Language	C						Observation	30	"	KW
MT	1/7/07	Language	A						Hearing Screen	15	"	KW
JH	1/9/07	Language	C	30							"	KW
PD	1/9/07	Fluency						A 120			"	KW
IF	1/9/07	Fluency	A	75							"	KW
SC	1/10/07	Voice	C	45							"	KW
FF	1/11/07	Aural Rehab	A	30							"	KW
SS	1/11/07	Audiology						A 75			"	KW

(13) Therapy A / C Diagnostic A / C

Language	1	80		
Artic	1	25		
Voice	1	45		
Fluency	75	1	180	1
Dysphagia	1		75	1
Audiology	30	1		

Staffing Hrs. 160  
Observation 30  
Hearing Screening 151

(14) TOTAL MIN 615  
(15) TOTAL HRS 10.25

(16) SUPERVISOR'S SIGNATURE: Kerr Walker  
DATE: 1-11-07

(17) OCC. SLP/A 00211123  
ASHA #: 18

SEMESTER:

\* Age = Aadult, Cchild

[illegible]

SUPERVISOR'S SIGNATURE:

CCC-\_\_\_\_\_ASHA #\_\_\_\_\_

DATE:

**Alabama A&M University**  
**Communicative Sciences and Disorders**  
**DIAGNOSTIC SESSION EVALUATION**  
**Supervised Clinical Practicum (CSD 321, 406, and 516)**

Clinician \_\_\_\_\_ Client's Initials \_\_\_\_\_ Date \_\_\_\_\_ Supervisor \_\_\_\_\_

**Planning:**

- |   |  |
|---|--|
| <input type="checkbox"/> Clinician is thoroughly familiar with ct's history   | <input type="checkbox"/> Takes initiative to plan all aspects of evaluation            |
| <input type="checkbox"/> Explains rationale for tests and procedures selected | <input type="checkbox"/> Selects appropriate procedures based on information available |

**Structure:**

- |   |   |
|---|---|
| <input type="checkbox"/> Session is organized                                     | <input type="checkbox"/> Instructions are clear and easy to understand                                      |
| <input type="checkbox"/> Appropriate language used considering client's MA and CA | <input type="checkbox"/> Clin effectively manipulates materials to enhance ct's attention and participation |
| <input type="checkbox"/> Client has sufficient time to respond                    |   |

**Formal Test Administration:**

- |  |  |
|--|--|
| <input type="checkbox"/> Administers test according to standardized procedures           | <input type="checkbox"/> Provides appropriate feedback or reinforcement consistent with testing procedures |
| <input type="checkbox"/> Demonstrates flexibility by modifying procedures during session | <input type="checkbox"/> Records responses efficiently and accurately                                      |

**Informal Procedures:**

- |  |  |
|--|--|
| <input type="checkbox"/> Executes procedure(s) appropriately         | <input type="checkbox"/> Demonstrates flexibility by modifying procedures during session |
| <input type="checkbox"/> Elicits a representative sample of behavior |  |

**Behavior Management:**

- |  |   |
|--|---|
| <input type="checkbox"/> Appropriate behavior is established and client's attention is maintained during session | <input type="checkbox"/> Reinforcement is used effectively              |
|  | <input type="checkbox"/> Undesired behavior is recognized and minimized |

**Professionalism:**

- |  |   |
|--|---|
| <input type="checkbox"/> Shows respect to the client                       | <input type="checkbox"/> When appropriate, tone of session is positive                  |
| <input type="checkbox"/> Displays appropriate demeanor, dress and language | <input type="checkbox"/> Establishes a "safe" environment for client to express feeling |
| <input type="checkbox"/> Punctual  |   |
| <input type="checkbox"/> Adheres to Code of Ethics                         |   |

**Other/Comments:**

Session time observed \_\_\_\_\_ minutes  
 Actual length of session \_\_\_\_\_ minutes  
 Percentage observed \_\_\_\_\_%

**Alabama A&M University**  
**Communicative Sciences and Disorders**  
**WRITTEN COMMUNICATION EVALUATION**  
**Supervised Clinical Practicum (CSD 321, 406, and 516)**

Clinician \_\_\_\_\_ Client's Initials \_\_\_\_\_ Date \_\_\_\_\_ Supervisor \_\_\_\_\_

**Professional Language/Error Correction:**

- ☐ Use of first person
- ☐ Use of contractions
- ☐ Use of unapproved abbreviations
- ☐ Use of white out
- ☐ Use of ink color other than black.
- ☐ More than a single line with initials through errors.

**Grammar/Punctuation/Spelling:**

- ☐ Significant/frequent G/P/S errors
- ☐ Illegible

**Writing Style:**

- ☐ Overly personal or judgmental; emotional tone
- ☐ Too wordy, stiff or awkward

**SOAP Note, Dx Report, Initial Therapy Plan, Semester Summary– Format, Quality, Description, Data:**

- ☐ Information under the wrong heading
- ☐ Not all areas are addressed.
- ☐ Minimal elaboration regarding facts of the session
- ☐ Omits data or percentages from targeted objectives – no cues or error examples
- ☐ Statements are disjointed or confusing
- ☐ Concerns and recommendations not supported by the observations (and vice versa)

**Lesson Plan – Consistency, Completeness, Clarity:**

- ☐ Significant departure from Initial Therapy Plan or updated SOAP plan or plan discussed with supervisor
- ☐ Activities are too repetitive or drill-oriented
- ☐ Not all fields are completed.
- ☐ Confusing or contradictory goals or procedures

**Other:**

**Alabama A&M University**  
**Communicative Sciences and Disorders**  
**TREATMENT SESSION EVALUATION**  
**Supervised Clinical Practicum (CSD 321, 406, and 516)**

Clinician \_\_\_\_\_ Client's Initials \_\_\_\_\_ Date \_\_\_\_\_ Supervisor \_\_\_\_\_

<b>Objectives:</b>	<input type="checkbox"/> Objectives evident in treatment session <input type="checkbox"/> Procedures congruent with written objectives <input type="checkbox"/> Maximizes responses	<input type="checkbox"/> Target stimuli are appropriate for client's abilities and stated objectives <input type="checkbox"/> Clinician modifies procedures when indicated
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<b>Structure:</b>	<input type="checkbox"/> Transition from activity to activity is smooth <input type="checkbox"/> Effectively manipulates materials to enhance client's attention and participation	<input type="checkbox"/> Instructions are clean and enable client to understand <input type="checkbox"/> Activities and materials are appropriate to client and objectives
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<b>Cueing/Modeling Strategies:</b>	<input type="checkbox"/> Appropriate elicitation techniques are used <input type="checkbox"/> Cueing strategy is effective <input type="checkbox"/> Client's errors are correctly discriminated	<input type="checkbox"/> Cueing is increased or decreased as needed <input type="checkbox"/> Target behavior is modeled correctly
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<b>Feedback/Correction Techniques:</b>	<input type="checkbox"/> Consistent, concrete, concise feedback provided <input type="checkbox"/> Client is encouraged to self-evaluate	<input type="checkbox"/> Appropriate correction techniques <input type="checkbox"/> Target responses are effectively reinforced
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<b>Behavior Management:</b>	<input type="checkbox"/> Environment is arranged to facilitate optimal behavior <input type="checkbox"/> Desired behavior is effectively reinforced <input type="checkbox"/> Employs effective reinforcement system	<input type="checkbox"/> Appropriate behavior is established and maintained during the session <input type="checkbox"/> Undesired behavior is recognized and minimized
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<b>Professionalism:</b>	<input type="checkbox"/> Shows respect to the client <input type="checkbox"/> Displays appropriate demeanor, dress and language <input type="checkbox"/> Punctual <input type="checkbox"/> Adheres to Code of Ethics	<input type="checkbox"/> When appropriate, tone of session is positive <input type="checkbox"/> Establishes a "safe" environment for client to express feeling
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<b>Other:</b>
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Session time observed \_\_\_\_\_ minutes  
 Actual length of session \_\_\_\_\_ minutes  
 Percentage observed \_\_\_\_\_ %