

**STOCKTON UNIVERSITY
SCHOOL OF HEALTH SCIENCES
Galloway, New Jersey**

Clinical Policy and Procedures Handbook



**Speech and Hearing Clinic
Externship Practica**

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INTRODUCTION

This Handbook is intended to be an introduction to the policies and procedures of the Stockton University Speech and Hearing Clinic as well as the roles and responsibilities expected of the Student Clinicians completing both on and off-campus practicums. Student Clinicians are responsible for reading this Handbook in its entirety prior to the start of their clinical practicum experience. After reading this Handbook, Student Clinicians should sign the [Clinical Policy and Procedure Agreement](#) form and submit it to the Clinic Director. Students will not be permitted to begin clinical practicum until the [Clinical Policy and Procedure Agreement](#) form has been submitted.

Technical Standards for Admission and Retention are followed by the Admissions Committee to select students who possess the academic, communicative, cognitive, physical, personal, and emotional characteristics that are necessary to become effective speech-language pathologists. All students admitted to the MSCD Program should be able to demonstrate these abilities at the time of admission and at all times during their matriculation. In the event a student fails to demonstrate proficient academic or clinical knowledge/skills, a remediation plan will be implemented.

Students can refer to the [MSCD Student Handbook](#) for information regarding the Technical Standards for Admission and Retention, Academic and Clinical Remediation Procedures, as well as Professional Standards for the MSCD program.

STATEMENT OF PURPOSE

The Stockton University Speech and Hearing Clinic functions primarily as an educational and training facility for graduate students in communication disorders. Students who treat clients in the clinic and who are enrolled in externship clinical practica are referred to as Student Clinicians.

The objectives of the Stockton University Speech and Hearing Clinic are to:

- 1. Provide the highest quality speech, language, and hearing services to diverse client populations.*
- 2. Offer clinical services at a reasonable cost to consumers.*
- 3. Educate and prepare graduate students for the profession of speech-language pathology.*
- 4. Provide an environment for undergraduate students to conduct supervised clinical observations.*
- 5. Serve as a resource for the community.*
- 6. Advocate for the needs of individuals with communicative disorders.*
- 7. Educate the public about the professions of speech-language pathology and audiology and about the prevention and treatment of communication disorders.*

The Stockton University Speech and Hearing Clinic has a long-standing tradition of service to the southern New Jersey community. Student Clinicians provide quality services under the supervision of speech-language pathologists and audiologists who are certified by the American Speech Language Hearing Association (ASHA). Diagnostic and intervention services are provided to children and adults in need of habilitation or rehabilitation in the following areas:

- articulation
- phonology
- language
- fluency
- voice
- accent management
- literacy
- aural rehabilitation



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Clinical Policy and Procedure Agreement

I, _____ (print name), have received a copy of the Stockton University Clinical Policies and Procedures Handbook for the Speech and Hearing Clinic and Externship Practica. I have read the Handbook and understand that I am responsible for adhering to all policies and procedures described therein, and that failure to do so may result in my being prohibited from treating clients in the Stockton University Speech and Hearing Clinic, completing externship practica, and/or my removal from the program. I further understand that I am responsible for any changes or updates to the policies and procedures that may be made, and, thus, am responsible for maintaining communication with the Clinic Director and the Clinical Externship Coordinator so that I may be aware of and respond to these changes and notifications in a timely manner.

Student Signature

Date

Student Z Number

Received by (Director/Instructor Signature)

Date

A copy of this form must be maintained in the student's clinical records file in the Clinic Director's office.

AMERICAN SPEECH-LANGUAGE HEARING ASSOCIATION

CODE OF ETHICS

The American Speech-Language Hearing Association (ASHA) *Code of Ethics* provides a moral framework within which speech-language pathologists and audiologists function. The purpose is to ensure that quality professional care is provided uniformly across the profession. The *Code of Ethics* is to be taken seriously and is recognized as an important teaching tool for Student Clinicians. Exposure to ethical standards during student clinical experiences develops a professional moral foundation upon which the student can build. It is through observing the supervisor's response to ethical situations that the supervisee will learn to incorporate a strong moral character into interactions with clients. See Appendix A for the *ASHA Code of Ethics*. It may also be accessed online at <http://www.asha.org/code-of-ethics/>

CULTURAL AND LINGUISTIC DIVERSITY

With increasing cultural and linguistic diversity, it becomes important to understand and promote acceptance of other cultures and languages, as represented by the clients we serve and the students and professionals with whom we work. Student Clinicians are expected to develop cultural competence. In situations where cultural and linguistic knowledge is limited, clinicians are encouraged to expand their understanding of these differences, especially in the area of communication (pragmatics, narrative style, etc.) and cultural values (attitudes toward disabled children, role of family in treatment, etc.). It is important to respect the values of every individual's cultural and linguistic origin or identity. In addition, individuals are expected to receive equal respect regardless of gender, socioeconomic status, race, age, religion, or sexual orientation. Students are expected to become competent clinicians, sensitive to the communication needs of culturally and linguistically diverse populations.

PROTECTION OF MINORS

Stockton University serves more than 6,000 minors annually. University students, staff, and faculty interact with these individuals in a variety of ways. In an effort to ensure that all minors receive an enriching, educational, and safe experience, the university has developed a policy and procedure for the protection of minors. Student clinicians should refer to the [Protection of Minors](#) website for necessary information and resources to further understand their role and responsibility in the protection of minors on campus.

Student Clinicians are considered Trained Assistants, in accordance with the Protection of Minors Policy and Procedure. A Trained Assistant is “an individual, paid or unpaid, who has received initial and annual online training in the Protection of Minors Procedure and must be supervised by an Authorized Adult(s) at all times”. Student Clinicians MUST complete the [online training course](#) by logging onto Blackboard and self-enrolling in the Protection of Minors course.

GENERAL INFORMATION

Stockton University

*Student expectations are noted in **bold** concerning the Stockton University Speech and Hearing Clinic.*

College Closings/Class Cancellations

- 1) Weather – In the event of severe weather or other types of emergencies, area radio stations will announce one of three conditions for Stockton. (Refer to the following section for local stations carrying Stockton's announcements.) Stockton's homepage (www.stockton.edu) will also post school closing information.

Possible Closure Conditions:

- a) Complete Shutdown of the Institution – The Governor may order the closing of all state facilities or the College President may order the shutdown of Stockton University. **Students are not expected to attend clinic sessions during complete shut-down of the institution.**
 - b) Cancellation of Classes – The College President may cancel classes for the day. In this situation, the institution remains open. **Students are not expected to attend clinic sessions when classes are cancelled.**
 - c) Delayed Opening – The College President may announce a delayed opening. In this situation, the institution will open according to the announced time. **Students, however, are not expected to attend clinic sessions when classes are delayed for the day.**
- 2) Precepting/Advising Day – Although classes are canceled on precepting days, **students are expected to attend scheduled clinic sessions.** Please schedule your preceptorial meeting around your clinic schedule.
 - 3) Winter/Spring Breaks – **Students are not expected to attend clinic sessions during spring and winter breaks.**
 - 4) Holidays
 - a) When the college is closed and/or classes are canceled for a holiday (e.g., Thanksgiving), **students are not expected to attend clinic sessions.**
 - b) When the college is open and classes are scheduled during a holiday (e.g., President's Day), **students are expected to attend clinic sessions.**
 - c) Students who may need to reschedule a clinic session due to cultural or religious observance should meet with the Clinic Director at least two weeks prior to the anticipated absence.

Stockton University Announcements

Students should monitor the college's website for messages regarding cancellations and delays.

Emergency Text Messaging System

Stockton University students may register to be part of the college's Emergency Text Messaging System, which enables a limited number of campus administrators to send urgent text messages to subscribers' cell phones in the event of an emergency. To subscribe: log into [goStockton](#); go to the **Student Services** tab; then to the **Personal Information** channel; click on **Update Emergency Text Messaging Contacts**, and provide contact information. Additional instructions for registering for this system are located at <http://intraweb.stockton.edu/eyos/page.cfm?siteID=21&pageID=8>

GENERAL INFORMATION

Stockton University Speech and Hearing Clinic

Clinic Access

- 1) Clinic Operational Hours: Monday/Wednesday/Friday
9:00 am – 5:00 pm
 - Additional sessions may be scheduled throughout the week, when appropriate
 - Summer hours may vary
- 2) During clinic operational hours, students will have access to all areas of the clinic.
- 3) Before and after clinic hours, students will have access to the student workroom only. To gain access to any other area of the clinic, students MUST make arrangements with a faculty or staff member in advance.
- 4) Keys to the cabinets containing client files and other secure information can be obtained from the Clinic Director or Office Assistant.

Use of Clinic Equipment

- 1) Audiovisual – During observations of clinical therapy sessions, the audiovisual monitoring equipment is reserved for use by the Clinic Director and supervisors, with the exception of headphones.
 - a) Headphones may be used by students and family observers in the observation rooms. Headphones used by students must be returned immediately after use. Students are permitted to use their own headphones.
 - b) Maintenance - Equipment is checked twice daily by supervisors and/or clerical workers to maintain appropriate working order. Please advise the Clinic Director or Office Assistant of any equipment that is not functioning properly.
- 2) Diagnostic Materials
 - a) Record forms, stimulus books, and Handbooks are located within the clinic in the diagnostic materials cabinet.
 - b) Diagnostic materials must be used in the clinic during the day but may be borrowed overnight after clinic hours. Refer to the [Material Loan Procedure](#).
- 3) Therapy Materials are stored in the student workroom where they are readily accessible to students.
 - a) Students are responsible for returning materials to the appropriate cabinets/drawers/shelves **immediately following the therapy session**.
 - b) Therapy materials must be used in the clinic during the day but may be borrowed overnight after clinic hours. Refer to the [Material Loan Procedure](#).

Material Loan Procedure

The following procedure must be followed for borrowing clinic materials overnight for review, keeping in mind the following:

- Materials may only be removed from the clinic when all client treatment sessions for the day have ended.
- Materials must be returned the following day by 9:00 a.m., before client treatment sessions begin.
- Materials that have not been signed in are the responsibility of the last student to have signed them out.

Therapy materials:

- Complete the sign-out log located on the clipboard in Room 112
- Have the Clinic Director/Office Assistant authorize removal of therapy materials.
- Return therapy materials and indicate return date with initials.
- Have the Clinic Director or Office Assistant verify that therapy materials have been returned.

Diagnostic Materials:

- See Clinic Director/Office Assistant to authorize removal of diagnostic materials.
- Using the Book Buddy iPad app, the Clinic Director/Office Assistant will loan the diagnostic materials to the student.
- Once materials are returned, the Clinic Director/Office Assistant will verify on the Book Buddy app.

Transportation

It is the responsibility of the student to provide his/her transportation to and from all clinical sites. Students and faculty are **not permitted** to transport clients in private vehicles.

STUDENT CLINICIAN ROLES AND RESPONSIBILITIES

Stockton University Speech and Hearing Clinic

Externship Practica

Liability Insurance

Students who are participating in clinical placements either on or off campus, **which are required as part of the curriculum of their program of study**, are covered by the College's liability policy. A copy of the declarations page is found in the Appendix of this Handbook. Students may opt to acquire additional coverage to cover personal assets, which may be subject to additional liability. Students may contact their personal insurance provider or may apply for coverage through MARSH as a member of the National Student Speech-Language Hearing Association (www.nsslha.org).

Health Insurance Portability and Accountability Act (HIPAA)/Privacy Policies

All members of the Master of Science in Communication Disorders Program, including students, staff, and faculty, are required to comply with the Federal Mandate of HIPAA as of April 2003. This mandate protects the privacy of clients and their information at the Stockton University Speech and Hearing Clinic and at any other site at which students, staff, or faculty may work/observe/visit. Failure to comply with the confidentiality requirements of HIPAA may result in legal action. Refer to the [HIPAA Violation Sanctions Policy](#).

Formal HIPAA training must be obtained and proof submitted within the first semester of the MSCD program prior to acquiring any supervised observation or clock hours.

- 1) Training may be obtained online at either:
 - a) <https://www.hipaaexams.com> – use HIPAA Basics course
 - b) <https://www.hipaatraining.com> – use HIPAA General Awareness Training for Healthcare Professionals course
- 2) Fees range from approximately \$20.00 - \$30.00 and are the responsibility of the Student Clinician.
- 3) There is also a module available at no cost to Stockton students through the Collaborative Institutional Training Initiative (CITI) at www.citiprogram.org. Student Clinicians completing this training should complete the module designated as *CITI Health Information Privacy and Security (HIPS) for Social and Behavioral Researchers/Student Researchers*.
- 4) A printable certificate must be presented to the Clinic Director upon completion of the training and online examination.

Criminal Background Check

Students registered for the Clinical Practicum I (on-campus) must have criminal background checks completed prior to the start of the semester for which they are enrolled in practicum. Once the student completes and submits the information online, they must submit the report to the Clinic Director.

- 1) Per University policy, background checks must be completed through TABB, Inc. by logging onto [TABB Inc](#). Students should use the **program identifier** number **1105**. This identifies Stockton University and the *Communication Disorders Program*.
- 2) Background checks must be conducted **no earlier than two months prior** to start date of clinical practicum.

- 3) By completing the required background check online, students are giving their consent for Stockton University and the Stockton University Speech and Hearing Clinic, as well as any participating external practicum facilities, to receive those results from TABB, Inc.
- 4) External practicum sites may require an additional criminal record background check immediately prior to the student's placement at that facility. If requested by an off-campus clinical practicum site, Student Clinicians must comply at their own expense. External facilities will evaluate the information resulting from a student's criminal record background policy according to their own policies. The School of Health Sciences, MSCD Program, and the Stockton University Speech and Hearing Clinic will abide by the decision of each external practicum facility as to the acceptance of the Student Clinician at their agency.
- 5) Student information related to criminal background checks will be maintained in a secured, central file in the Speech and Hearing Clinic Director's office.
- 6) Background checks that are received by the MSCD Program marked NOT CLEAR will be reviewed and addressed by the MSCD Program on a case-by-case basis.

Cardiopulmonary Resuscitation (CPR) Training

It is recommended that Student Clinicians have and maintain current certification in Cardiopulmonary Resuscitation Basic Life Support (CPR-BLS). CPR classes are offered through either the Red Cross or The American Heart Association. In addition, the Stockton University NSSLHA Chapter periodically sponsors training sessions. Online training for CPR is available at <https://www.hipaaexams.com> for a fee of approximately \$15 per course. Students may also access <https://www.iCPRi.com>, <http://www.redcross.org>, or <https://onlineaha.org>.

- 1) Students should show proof of current CPR certification at the beginning of each semester.
- 2) If the CPR certificate expires during the course of the semester, it is the Student Clinician's responsibility to provide a copy of the current certificates to the Clinic Director.
- 3) Fees for training are the responsibility of the Student Clinician.

Substance Abuse and Suspicion Policy

The Stockton University Student Handbook regulates substance abuse conduct both on campus and at off-site locations when functioning in the role of a Stockton student. Student Clinicians at off-campus clinical settings are also regulated by the specific facility's policies for substance abuse and suspicion.

If substance abuse testing is requested by an off-campus clinical practicum site, Student Clinicians must comply at their own expense. Requirements vary by facility and should be confirmed prior to initiating the clinical practicum.

Documentation of Clinical Hours

Student Clinicians are responsible for documenting all clinical hours – including observation hours, diagnostic hours, and treatment hours – and storing them in ***Typhon***, an electronic database. Observation hours should be documented on the Clinical Observation Log (see Appendix B2) and then uploaded as an external document into the Student Clinician's account in Typhon. Diagnostic and treatment hours will be logged electronically in Typhon. Typhon can be accessed by logging on to www.typhongroup.net.

STUDENT CLINICIANS' PERSONAL FILES

Personal files for current and graduate student clinicians will be maintained by the Clinic Director. They will be kept in a secured location and will be organized first by graduation year and second alphabetically.

Personal files will contain the following documentation while the Student Clinician is enrolled in the MSCD program and when the student exits the program:

1. Documentation of all clinical hours accrued
2. Evaluation of Clinical Competence documents (All Clinical Practica)
3. Completed criminal background check(s)
4. CPR/First Aid certification (as appropriate)
5. Signed Clinical Policy and Procedure Agreement
6. Completed HIPAA training(s)
7. Substance abuse screening(s), as applicable

STUDENT CLINICIAN ePORTFOLIOS

Students in the MSCD Program are required to develop and maintain a professional portfolio, which will be kept in *Typhon*. A professional portfolio is an organizational tool that provides students with a means to document their progress toward achieving professional competence as a speech-language pathologist. Student portfolios are a personal representation of their journey through the Master's Program in Communication Disorders and should reflect what they have learned along the way, (i.e. formative assessment) about the practice of speech-language pathology as well as what they know and can do (i.e. summative assessment) by the conclusion of the program. The portfolio may include a variety of artifacts that demonstrate a student's knowledge, skills, and beliefs or attitudes about the practice of speech-language pathology. Just as an artist's portfolio shows the evolution of the artist's craft over time, student portfolios should demonstrate growth and development as a speech-language pathologist. Those who access a student's portfolio should have a clear understanding of that student's current knowledge and skill levels and an impression of how he/she arrived at where they are today. For additional information and guidance on how to develop an ePortfolio, students should refer to the [MSCD Student Handbook](#).

PROFESSIONAL STANDARDS/DRESS CODE
Stockton University Speech and Hearing Clinic

Dress and Behavior Guidelines:

- Good personal hygiene must be practiced by every student. Students are responsible for maintaining personal cleanliness of themselves and their clothing.
- Clothing and shoes should be business casual and project a professional appearance. Students should wear their lab coats as appropriate.
- Low-rise pants, jogging pants, shorts, athletic footwear, and flip-flops are not permitted.
- Shirts with plunging necklines or plunging backs and cropped shirts are not permitted.
- Undergarments should not be visible.
- Distracting jewelry and ornamentation should be avoided.
- Students should refrain from smoking just prior to a scheduled therapy session, whether providing services or observing.
- Students should wear a watch in order to keep track of time during sessions. Within the clinic, the workstations in each therapy room can be used to display time as well.

Note: Cell phones may only be used in therapy for purposes of data collection (Super Duper Data Tracker Application) and must be cleared with the Clinic Director and/or Supervisor prior to implementing their use.

- Gum chewing is not permitted at any time.

CLINICAL METHODS APPLICATION COURSE CMDS 5900

MSCD students will be enrolled in the Clinical Methods Application course (CMDS 5900, 1-credit) during their first semester. As part of this course, students will obtain supervised clinical observation and treatment clock hours and will attend mandatory weekly class meetings.

Preceptorial Model of Supervision

Each fall semester, first year students enrolled in the Clinical Methods Application course will transition into treating in the Stockton University Speech and Hearing Clinic. As part of the course, students will be required to observe an assigned peer mentor every week in addition to working collaboratively with their peer mentor and clinical supervisor in planning for therapy sessions.

During the initial weeks of the semester, students will review client files, learning how to identify deficit areas to determine treatment targets, and begin preparations for therapy with their assigned client. During subsequent weeks, students will begin co-treating in pairs pre-determined by the Clinic Director. Supervisor involvement (e.g. modeling, prompting, behavior management, etc.) will be increased during initial weeks but will be phased out over subsequent weeks.

Students should refer to the current syllabus for information regarding all course-related assignments and course requirements.

Documenting Hours

Students are required to document clinical hours using the electronic database system (Typhon) selected and monitored by the University and the MSCD program. Observation hours should be documented via the Clinical Observation Log, where appropriate (see Appendix B2). Students are responsible for maintaining documentation of all clinical hours for licensure and certification. Logins for the electronic database will be given to students individually by the MSCD program.

Stockton University Speech and Hearing
Clinic
Policies and Procedures

FEES FOR SERVICE

Following is the list of fees approved by the College Board of Trustees, effective fiscal year 2017:

Evaluation Fees

Speech-Language Evaluation: \$120.00

Speech-Language Re-evaluation: \$60.00

Audiological Evaluation: \$80.00

Audiological Follow-up Evaluation: \$50.00

(C)APD Evaluation: \$200.00

Therapy Fees

Speech-Language Therapy – Individual

- \$ 40.00 per session

Speech-Language Therapy – Group

- \$30.00 per session

Speech-Language Therapy – Support Group

- \$20.00 semester registration fee

- **Student Clinicians may not accept payment from clients or caregivers.**
- Payment is expected at time of service. Fees may be paid in cash or check at the clinic. Credit cards are accepted through a secure payment portal.
- For semester-long therapy services:
 - Any balance remaining will be due by the last session of the semester.
 - Outstanding balances must be paid in full prior to beginning a new semester of therapy.
- **Fees are subject to change with approval by the College Board of Trustees.**

CANCELLATION POLICY

Canceling clients is UNACCEPTABLE. Should an emergency arise, the following procedure must be followed:

1. The Student Clinician will contact the Clinic Director/Office Assistant AS SOON AS POSSIBLE in each of three methods:

Email: (Amanda.Copes@stockton.edu) (Linda.Boyd@stockton.edu)

Clinic Phone: 609.652.4920 (Leave message if needed.)

2. The Student Clinician MUST have the treatment plan available to fax or email, should another clinician cover the session. The clinic fax number is 609-404-4546.
3. Be advised that the session may be rescheduled to a time that is convenient to both the clinician and the client.

Note: *Failure to adhere to this policy will result in a grade of '0' for that session.*

POLICY FOR CUSTODIAL/FOSTER CARE

- All clients under the age of 18 must have representation by a parent or legal guardian.
- Parent or legal guardian must complete and sign all clinic forms related to consents for services, case history, and receipt or remission of other therapeutic/medical documentation, etc.
- If client's representative is not a biological parent, legal documentation of guardianship must be provided.
- Client information will not be released to any party unless specifically named by parent or legal guardian on the Speech and Hearing Clinic Consent for Services Form. This includes written, electronic, and verbal information regarding reports, diagnosis, progress, attendance, etc.
- Clients will not be released to any party other than parent/legal guardian unless specifically named on the Consent for Services Form.

PROCEDURES FOR OBSERVING IN THE SPEECH AND HEARING CLINIC

- No one is permitted to observe in the clinic without the permission of the Clinic Director, Clinic Supervisor, or designated faculty member.
- Anyone observing in the clinic MUST FIRST sign the Stockton University Speech and Hearing Clinic Confidentiality Agreement.
- The clinic schedule is posted in Room 112 approximately two weeks in advance but is subject to change.
- Only three (3) students may sign-up to observe a session at a time. If room needs to be made in the observation rooms for parents/family members, observing students (third student to sign up) may be asked to move to observe a different session or reschedule the observation.
- If a student cannot attend a session for which s/he is scheduled to observe, they are to call the clinic to cancel so that another student may observe instead.
- Students may read the client's chart before or after observing the session. Students need to enter their name and Z number on the Access Log located on the client's file along with the date they viewed the file and reason for review. Students are also welcome to speak with the Student Clinician for information regarding the session.
- **Under no circumstances may client records or copies of records be removed from the Speech and Hearing Clinic.**
- Arrive at the clinic prepared to observe at least 15 minutes prior to the start of the session.
- Keep the light in the observation room off at all times, as this can be seen through the window/mirror.
- There should be absolutely no talking in the observation room. Above all, the client should not be openly discussed in the observation room; **confidentiality is extremely important.**
- If observing parents or family members ask any questions, kindly refer them to the treating clinician(s) or supervisor.
- Students may use the headphones supplied by the clinic or bring their own. If the clinic's headphones are used, please be sure to wipe them off with the disinfecting solution available in the observation room or clinic workroom when finished.
- Students may refer to copies of the Student Clinician's treatment plans while observing and may take notes; however, if any information is left in the observation room following a session, it will be shredded.
- While observing in the clinic, students will dress and act professionally at all times.
- Recall that parents, family members, or significant others may also be observing; thus, students are expected to display professional behavior at all times when in the clinic.

CLINICIAN/CLIENT ASSIGNMENTS

The Clinic Director is responsible for making all clinician-client assignments. The Clinic Director may seek input regarding assignments from clinical supervisors and faculty. For the on-campus clinical practicum, the Student Clinician's prior clinical experiences (if applicable) will be reviewed to ensure they are getting a variety of clinical population experiences. In addition, the Student Clinician's coursework will be reviewed to be sure they have had the prerequisite courses. The Clinic Director will obtain Student Clinician, supervisor, and client availability and coordinate the schedule. Clients are scheduled for evaluations and therapy by the Clinic Director.

In the event that a student is assigned a client before the student has completed all relevant coursework, the student will receive preparation through:

- Individual meetings with the Clinic Director/Supervisor/Faculty
- Supplemental readings, videos, or other tutorials
- Opportunities to shadow/observe other Student Clinicians or Practicing Clinicians

CLIENT FILES

Confidentiality of Client Files

- No part of a client's file may be copied and/or removed from the clinic by the Student Clinician. Information is to be reviewed in the clinic student workroom/therapy room only.
- Information may only be accessed on a "need to know basis"; that is, information may only be reviewed and discussed by/with those involved in the client's care and only in the clinic.

Confidentiality of Client Electronic Data

In compliance with the *Health Insurance Portability and Accountability Act (HIPAA)*, which governs privacy and client confidentiality regulations, the following guidelines regarding electronic data of client information will be implemented:

- Student Clinicians have been granted access to an X drive on the Stockton network that will allow them to have access to established client files. These files include client case histories, diagnostic information, parent conference report(s), SOAP notes, and semester progress report(s). All information can be found hard copied in the client's permanent file, located in the locked black cabinet in Room 112.
- To electronically view any client files, Student Clinicians will be required to log onto a computer within one of the treatment rooms (using the designated speech log-on information indicated on the computer screen) and click on the file folder titled *Clinicians Shared Drive*.
 - You may not make any changes to existing documents, print out edits made to existing documents, or modify any documents on the X drive in any fashion.
- The data stored will be backed up nightly by Computer Services.
- Client information **may not** be stored on flash drives or discs.
- E-mail with clinical information may **only** be sent to other Stockton e-mail accounts. Student Clinicians may e-mail evaluation reports, treatment plans, and progress reports from the computer in the clinic to your supervisor at his/her Stockton e-mail address. Student Clinicians ***may not*** e-mail clinical information to external supervisors who do not have Stockton email accounts. Any documents sent electronically MUST be de-identified, as per the Safe Harbor Methods noted by the Department of Health and Human Services. Click for [Guidance on Satisfying the Safe Harbor Method](#)
- **The computers in the clinic are limited to official business of the speech-language services offered through the Stockton University Speech and Hearing Clinic. As a result, no IM, personal e-mail accounts, or personal uses of the computers are permitted.**

Client Charts (Hard Copy)

Clients' charts are maintained by the faculty and staff within the clinic. Any access by Student Clinician, student observers, and/or faculty and staff MUST be noted in the client's file on the Access Log Form. Notations include viewer's printed name, initials, Z number, and reason for access. If a client's chart is removed from the file cabinet to be viewed in an alternate secured location, the viewer MUST enter the removal on the Client File Sign-Out Sheet maintained by Office Assistant. Current clients' charts are maintained alphabetically in the clinic in the following manner, with all underlined documents available in Appendix B1:

Permanent Chart

a) Folder A

- The permanent file includes client demographic information, notices, consent forms, evaluation reports, and progress notes arranged as follows:
- Left Side – top to bottom
 - (1) Access Log Form
 - (2) New Client Information Form
 - (3) Case History (Adult/Child)
 - (4) Allergy Alert Form
 - (5) Acknowledgement of Receipt of Privacy Practices
 - (6) Consent for Services
 - (7) Consent to Use Video/Pictured Images
 - (8) Consent to Use Food
 - (9) Consent to Release/Receive Records
 - (10) Acknowledgement of Cancellation Policy
- Right Side – Evaluations and progress notes are arranged chronologically with most recent on top

b) Folder B (may include more than one)

- Left Side – top to bottom with most recent semester on top
 - (1) Client Attendance Calendar
 - (2) Communication Log
- Right Side – arranged chronologically with most recent on top
 - (1) Archived Treatment Plans

c) Optional Folder C (Occupational Therapy)

- Left Side – top to bottom with most recent documentation on top
 - (1) Occupational therapy intake information, case history paperwork, diagnostic information, protocols, etc.
- Right Side – arranged chronologically with most recent on top
 - (1) Archived Session Notes

Discharged clients' charts are maintained in the clinic in a locked file cabinet and are organized alphabetically separately from current clients' until disposition. They are the responsibility of the Clinical Director and/or clerical worker as delegated.

PROCEDURES FOR NEW REFERRALS

When a referral is made to the clinic, the New Client Information Form will be completed upon initial contact. Following this, the client will receive an intake packet via preferred means (email, U.S. Mail, fax, or face-to-face meeting) and will need to complete and return the packet prior to enrollment for services. Copies of the forms contained in the intake packet are found in Appendix B1 of this document.

CLIENT SATISFACTION SURVEYS

At the end of each semester, clients who were enrolled at the Speech and Hearing Clinic and who received therapy services will receive by mail a Client Satisfaction Survey sent out by the Clinic Director or clerical worker.

EVALUATION PROCEDURES

1. Clients who attend the clinic must be evaluated prior to treatment, either in the clinic or at an external facility.
2. Clients evaluated in the clinic are administered diagnostic instruments by Student Clinicians under the supervision of licensed, certified speech-language pathologists.
 - a) Students may be asked to perform diagnostic evaluations while enrolled in other courses in addition to their on-campus clinical practicum (e.g. Diagnostics – graduate level).
 - b) Diagnostic evaluations are assigned to Student Clinicians by the Clinic Director.
 - c) Student Clinicians are responsible for completing a thorough chart review and determining which assessment tools are appropriate to use for client evaluation.
 - d) Student Clinicians will meet with clinical supervisor prior to evaluation date to review testing procedures.
 - e) A parent/caregiver/client interview must be conducted as part of the initial evaluation.
 - f) Diagnostic Evaluation Reports are generated by Student Clinicians and approved by the clinical supervisor. The Diagnostic Report Template can be found in Appendix B2.
3. Clients who receive evaluations at an external facility must have the report sent to the Stockton University Speech and Hearing Clinic prior to the initiation of treatment.

Hearing Screenings

All clients new to the clinic must be administered a hearing screening by the treating clinician *if* evidence of a recent hearing screening/evaluation is not available.

Plans of Care

Plans of care are determined by the clinical supervisor based on results of formal evaluation and in discussion with the Student Clinician.

Re-evaluations

- Clients of the clinic may be re-evaluated as indicated by attainment of objectives or indication/concern of new areas of difficulty in an effort to determine need for continued services and plan of care.
- The need for re-evaluation is first discussed by Student Clinicians and the clinical supervisor, then the parent/client and clinical supervisor.
- Re-evaluations follow the Evaluation Procedures (1-3) above.

On-going Assessments

Student Clinicians should be aware that assessment is a dynamic process and should be ongoing. If necessary, changes in plans of care may be indicated based on a client's abilities and the nature and degree of communication deficits.

THERAPY PROCEDURES

General Requirements

All documents underlined can be found in Appendix B2

Infection Control and Universal Precautions

All Student Clinicians and clinical supervisors are responsible for using Universal Precautions when seeing clients.

1. Following therapy sessions, the Student Clinician(s) are required to wipe down all tables, chairs, doorknobs, toys/games/materials used during the session with 1:10 bleach/water solution, as recommended by the CDC.
2. Gloves are to be worn during any existing or potential contact with any body fluids.
3. Procedure for cleaning up bodily fluids such as vomit and urine: Section off the area. Sprinkle *Renown Odor Absorbent and Eater*. Then call Custodial staff for further clean up.
4. Clerical workers are responsible for wiping down tables in waiting room, toys in waiting area playroom, and headphones in observation rooms.
5. The following items are available in the following areas: Waiting Room, Therapy Rooms, and Observation Rooms
 - a) Hand sanitizer (All three areas)
 - b) Tissues (All three areas)
 - c) Waste baskets (All three areas)
 - d) Paper towels (Therapy Rooms)
 - e) Sanitizing solution (Therapy Rooms)

Clerical workers are responsible for maintaining stock of the above items in the appropriate areas, and Student Clinicians are responsible for replacing items if needed.

Therapy Sessions

Therapy sessions are 50 minutes in length, unless otherwise noted. The last 5 minutes of each session should be spent discussing session/progress with caregiver/client. Cancellations/rescheduling must adhere to the Clinic Cancellation Policy.

1. Scheduling
 - a) Therapy sessions for each semester are scheduled at the end of the previous semester based on client/caregiver request and schedules of the Student Clinician and supervisor.
 - b) Clients may schedule at any time during the semester and may request schedule changes at any time.
 - c) All initial scheduling and scheduling changes must be approved by Clinic Director.
 - d) Therapy sessions are scheduled during clinic operational hours. Times will vary depending on client availability and semester.
 - e) Therapy sessions are typically scheduled once or twice a week, depending on the needs of the client as determined by the clinical supervisor and/or client/caregiver request.

2. Supervision

- a) All sessions are observed by a licensed, certified speech-language pathologist.
- b) As regulated by the American Speech-Language-Hearing Association (ASHA), “the amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.” (Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2013). 2014 Standards for the Certificate of Clinical Competence in Speech-Language Pathology. Retrieved [date] from <http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>.)

3. Procedures

Immediately prior to a therapy session, the following procedures will be followed:

- a) Student Clinicians will maintain a working client file (pocket folder) for each client.
- b) The working client file will be submitted to the Clinic Supervisor before each session.
 - i) The Communication Log and Therapy Attendance Calendar will be placed on the left
 - ii) New treatment plans will be placed on the right
- c) When the Clinic Supervisor has finished grading the therapy session and treatment plan, the treatment plan and the grading form for that session will remain on the right, on top of old treatment plans ordered chronologically.

Once weekly, Student Clinicians are required to meet with their Supervisor in a conference to discuss their sessions, answer/ask questions, and engage in preparation for upcoming sessions.

Treatment Plan Procedure

Student Clinicians working with clients in the Stockton University Speech and Hearing Clinic are required to write a treatment plan for each session, which includes functional objectives and creative activities aimed at progressing clients toward those objectives.

Treatment plans will be reviewed to determine appropriateness based on client age, disorder, abilities, and preferences. Student Clinicians will make changes as needed based on the Clinic Supervisor's recommendations.

Treatment plans should be completed using the Treatment Plan Template and submitted the Clinic Supervisor in a 2-pocket folder, or working client file. The working file should also contain the client's Therapy Attendance Calendar and Communication Log. Each folder should be presented to the supervisor ***prior to the beginning of that client's session.***

The Objectives, Activities, and Materials sections of each treatment plan ***must be complete*** when the plan is submitted. At least 3-4 objectives per session (as appropriate) should be planned. All objectives must include the following: a “do” statement, a condition (e.g., independently, no more than one prompt, etc.), and criteria (e.g., % or # of trials). Objectives should target behaviors that are **observable** and **measurable**.

Student Clinicians will track data (client's responses) during every session. A Session Objective Data Log (available in the clinic) may be used to complete the Results section after each session. Student Clinicians may also use their own form of documentation for data collection. When ALL sections of the treatment plan are complete, it should be resubmitted to the clinic supervisor for a final grade. Completed treatment plans should then be placed in the client's chart, where they will remain.

If the supervisor makes corrections or suggests revisions to a treatment plan, the treatment plan is not to be filed in the client's chart until the appropriate corrections and revisions have been made and are reviewed by the supervisor.

**** Upon completion of the semester, all treatment plans MUST be placed in the client's file(s)!**

Additionally, Student Clinicians will complete a Session Reflection Form (available in the clinic) after *each session* as a self-reflection of their clinical performance. This should be brought, along with the Treatment Plan and Session Objective Data Log, to the weekly conference with between the Student Clinician and the Clinic Supervisor to be discussed.

Clinicians will receive qualitative and quantitative feedback from the clinic supervisor via a therapy Session Observation Form, which will be completed for every session for clinicians to review and to be discussed at the supervisor conference.

Students are expected to meet with their supervisor weekly to discuss client progress and plans.

- A sign-up sheet for conference times for each Clinic Supervisor will be available through the Office Assistant weekly, as available time slots may change
- Arrangements for alternate conference times can be made by contacting the Clinic Supervisor.
- Session Reflection Forms and data calculations MUST be completed prior to each conference
- Bring all working client file information to each conference

SOAP Notes

Students will complete SOAP Notes using the SOAP Note Template for each client to document therapy progress during a specified treatment period (typically 2-3 weeks), depending on the start date of your client(s). Students are responsible for submitting each document in hard copy or via email on the specified due date to your supervisor for review. Students should plan to conference with the client or the client's family *the week following the submission and review*. Each SOAP note will be signed by the student, the clinic supervisor, and the client/parent/caregiver.

Semester Progress Report

A Semester Progress Report is written at the end of the semester for each client treated in the clinic. The report provides a brief history of the client and his/her disorder, as well as a detailed account of the objectives addressed during the semester, the therapeutic techniques implemented, the client's progress and the status, as well as future recommendations.

Self and Supervisor Evaluations

Student Clinicians are required to rate their own performance twice during the semester, once at mid-term and again at the end of the semester. This rating is completed using the Student Self-Evaluation

Guide and a self-generated written critique. Students will also have the opportunity to evaluate their clinical supervisor via the University's IDEA program and the Student Evaluation of Clinical Supervisor Form.

HIPAA Regulations

All documents created in reference to clients shall follow the procedures set forth for de-identification. Only de-identified documents may be transmitted electronically amongst Student Clinicians and Clinic Supervisors. Periodic reminders regarding HIPAA rules and regulations will be disseminated to Student Clinicians and documented to ensure compliance with its mandates.

Externship Practica **Policies and Procedures**

EXTERNSHIP PLACEMENT PROCEDURES

All documents underlined can be found in Appendix C.

Upon completion of an on-campus clinical practicum, Student Clinicians will complete two semesters of full-time clinical externship practica at participating approved off-campus facilities. Students must successfully complete a minimum of one semester of practicum on campus prior to externship clinical practicum placement.

1. All clinical practicum assignments will be made by the Clinical Externship Coordinator in collaboration with the Clinic Director/Supervisor, Program Director, and MSCD faculty.
2. The student's prior clinical experiences will be reviewed to ensure a variety of clinical experiences across the lifespan with culturally and linguistically diverse populations. Additionally, the student's coursework will be reviewed to be sure they have the academic prerequisites.
3. In the event that a student is assigned a placement before the student has completed all relevant coursework pertaining to that placement, the student will receive preparation through the following measures:
 - Individual meetings with the Clinic Director/Supervisor/Practicum Instructor/Faculty
 - Supplemental readings, videos, or other tutorials
 - Opportunities to shadow/observe other Student Clinicians or Practicing Clinicians
4. The student's academic and clinical performance, interaction and personal qualities, as well as professional behavior will be considered before recommending and/or assigning him/her to an off-site practicum. In addition, some off-campus facilities may require a Student Clinician to complete and submit the following prior to being selected for an externship: application, resume, portfolio, letters of recommendation, and/or competitive interview process. The off-campus facility will then decide if the student has been accepted for the externship at their facility.
5. Students are required to complete the Externship Interest Survey at least one semester prior to each off-site externship clinical placement. The student is required to list their current address and contact information that will be used to arrange and secure the placement. The student will have the opportunity to express *only* areas of interest via the Externship Interest Survey. Students are not permitted to request specific externship placement sites.
6. Students will be informed by the Clinical Externship Coordinator of their placement prior to the semester. If the student refuses the placement, then the student can drop the clinical practicum course and reenroll the next semester. Students should be aware that the choice to refuse a placement may prevent them from graduating on time.
7. The start and end dates for a clinical externship practicum will be set and finalized by the Clinical Externship Coordinator in collaboration with the off-campus clinical externship site. Start and end dates should not be arranged solely between off-campus clinical externship sites, externship sites and students.

Unless a site has arranged for a different start and/or end date before an off-campus clinical externship placement was finalized by the Clinical Externship Coordinator and off-campus clinical externship site, the start date for *all* students will be **the first day of the semester (when classes begin), and the end date will be the last day of class before the final exam period (not when the term ends)**, according to the Stockton University Academic Calendar*. Any exceptions to the predetermined start and end dates may only be considered for extenuating circumstances. Changes to the start and end dates must be approved by the Clinical Externship Coordinator in collaboration with MSCD program faculty and staff. Start and end dates should not be changed solely between off-campus clinical externship sites and students.

Students should be prepared to report to their site prior to the official start date of the semester to complete required preliminary site procedures such as completing paperwork, attending orientations/training or meetings as well as conducting observations or shadowing.

It is the responsibility of the Clinical Externship Coordinator to serve as the liaison between MSCD program and the School of Health Science and to keep a record of when all Student Clinicians are present or absent from an off-campus practicum site including orientations, observations, meetings, start, and end dates. The Clinical Externship Coordinator should be informed by both the off-campus externship site and Student Clinician if any changes to schedule or location occur at any time. This is to ensure the safety and liability of all Student Clinicians.

8. Prior to beginning of an off-campus practicum, Student Clinicians should complete the Student Practicum Preparation Checklist to ensure that all criteria for acceptance at their desired practicum are met. Students should complete this document and return it to the Externship Coordinator.

GENERAL EXTERNSHIP PRACTICUM RESPONSIBILITIES

As Student Clinicians entering a healthcare or educational profession, there are certain public health requirements to which our program expects students will adhere. All immunizations that are required by State law and that are also recommended by the Centers for Disease Control and Prevention (CDC) must be up to date when students enter our program. People who are not correctly immunized pose a significant public health risk to their patients, co-workers, and themselves. Seasonal flu shots are being required by many external clinical sites, and these sites will not accept Student Clinicians who have not had this immunization. It is best to try to obtain a flu shot early in the season.

The Student Clinician is expected to become familiar with the specific requirements of his/her anticipated externship site(s). If necessary documentation is not up to date – including criminal background checks, fingerprinting, and drug/substance abuse testing, and any other facility-specific requirements – acceptance at a medical and/or educational clinical rotation site cannot be guaranteed. This could affect a Student Clinician's timely progression through the program, prevent a Student Clinician from participating in a variety of clinical experiences, and ultimately prevent the Student Clinician from graduating.

The student clinician is expected to complete the MSCD Externship Plan within the first week of their Clinical Externship Practicum with all the clinical supervisors they will be working with at the off-campus facility.

While the specific requirements of the externship site are paramount, Student Clinicians must meet the following expectations during any externship clinical practicum:

- Be prepared to commute up to 90 minutes (each way) and have reliable transportation.
- Attend your practicum at the hours specified by the off-campus facility, which may be before 7 a.m. and after 5 p.m. Student Clinicians are also expected to follow the off-campus facilities calendar and not the Stockton academic calendar for the semester. Students are permitted no more than two absences per semester.
- Be prepared to complete all tasks as prescribed/assigned by the on-site supervisors in the areas of evaluation, intervention, and interaction and personal qualities. Preparation includes, but is not limited to:
 - client chart review;
 - collection and practice of therapy/diagnostic materials on or off-site;
 - actual administration of testing and/or therapy;
 - scoring and interpretation of testing/results/session data;
 - SOAP note/summary/report writing/goal selection; and
 - attend meetings related to clients on your caseload.
- Submit clinical clock hours and obtain your supervisor's signature/approval via Typhon, the electronic database.
- Accept, reflect, and use supervisors' feedback as a means of making clinical growth. Students should initiate discussion with the on-site supervisor(s) if questions, need for clarification, or

concerns arise with any aspect of the clinical practicum experience. Students may also contact the Clinical Practicum Instructor.

- Refer to *Clinic Professional Standards/Dress Code* for appropriate professional dress. Keep in mind, however, that each externship site will have its own dress code, and it is the Student Clinician's responsibility to follow that dress code as well.
- Adhere to the *ASHA Code of Ethics* and behave professionally – this includes outside the off-campus facility, on campus, and when utilizing any social media. The following are the professional behavior standards expected of Student Clinicians of Stockton University:
 - Abide by set policies and procedures set forth by facility
 - Demonstrate dependability/punctuality
 - Meet deadlines
 - Accept designated workload without complaint
 - Demonstrate time management skills
 - Display a positive and dedicated attitude towards learning
 - Take responsibility for own learning/shows initiative
 - Accept constructive criticism and feedback
 - Take measures to improve clinical skills based upon constructive feedback
 - Demonstrate intact organizational skills in all aspects of clinical practice
 - As applicable, written communication is considerate of proper grammar, spelling, is legible, and is complete
 - Balance personal and professional obligations
 - Abide by privacy criteria set forth through HIPAA and site-specific rules and regulations
- Recognize that it is ultimately the *Student Clinician's* responsibility to take the initiative to successfully complete all the course requirements of the off-campus externship practica – not the Off-campus, On-site Supervisors or Practicum Instructor.

SUPERVISION IN EXTERNSHIP PRACTICA

Once Student Clinicians begin any off-site clinical practicum, they must complete the Student Practicum Preparation Checklist and return it to the Externship Coordinator. During the first week of their practicum, Student Clinicians MUST meet with their on-site supervisor(s) and complete the MSCD Externship Plan. This document should then be turned in on the due date specified by the Practicum Instructor.

1. *On-Site Supervisor* – The On-site Supervisor(s) provide(s) direct supervision of Student Clinicians. Formal feedback is provided to students at least twice during the semester via the Evaluation of Clinical Competencies document for Evaluation (Diagnostics), Intervention (Treatment), and Interaction and Personal Behaviors/Professional Behavior. This document will be completed in Typhon by the On-site Supervisor(s) and subsequently reviewed formally with the student. This will be completed at mid-term, as well as at the end of the semester for the final. Supervisors are also given the option to take an anonymous survey, the On-Site Supervisor Program Evaluation, to provide feedback about the program. This will be completed in Typhon, the electronic database.
2. *Student* – Student Clinicians are expected to complete a paper copy of the Evaluation of Clinical Competencies at both mid-term and final as a means of self-reflection and should share these results with their supervisor. At the end of the Student Clinician's off-site clinical experience, Student Clinicians are to complete the Student Evaluation of Supervision and Facility in Typhon to provide feedback about their clinical experience.

ACCIDENT AND INJURY POLICY FOR GRADUATE STUDENTS

What to Do If You Are Injured During an Internship/Practicum

- Whenever you suffer an injury or become ill while at the host worksite, you should report immediately to the worksite supervisor.
- In the case of an apparent serious injury or illness, the worksite supervisor must either call 9-1-1 and arrange for transportation to the hospital, or drive you immediately to the nearest hospital Emergency Room if safe to do so.
- The worksite supervisor, or designee at the host worksite, must immediately notify by telephone the following people, as designated below by the intern, of the injury/illness and also the name and location of the destination hospital.
- The Accident and Injury Policy for Graduate Students in Clinical Practicum is provided in Appendix C.
- The worksite supervisor, or designee, should make sure an accident report is filled out and faxed to the Graduate Clinical Director. Refer to the document entitled Intern Accident/Illness/Injury Record Form for completion.

INSURANCE COVERAGE GUIDELINES

Q. What insurance would I use if I am injured while on an internship/clinical rotation and have to go to an emergency room or doctor?

A. **You would present either your medical card for your student health insurance policy, provided through the United Healthcare Insurance Co., or for your private policy provided by your employer's or parents' plan.**

Your accident or injury is not covered directly by the University, costs are not reimbursable, and you are not eligible for worker's compensation.

By state law, every student enrolled as a full-time student must present evidence of health insurance coverage to the University. The University is required to offer health insurance coverage on a group or individual basis for purchase by students.

All undergraduate and graduate matriculated students are required to be enrolled in this plan on a waiver basis. All non-matriculated students are eligible to enroll in the plan on a voluntary basis.

Students who have other coverage available [private policy, employer's policy, parents' policy] can waive out of the University-provided student health insurance plan if they submit a waiver within the first 30 days of classes. If you do not waive coverage, the health insurance charge will remain on your account and you will be automatically enrolled.

The [Healthcare Professional Liability Policy for Matriculated Students at Stockton University](#) (declaration page) can be found in Appendix C.

Appendix A

ASHA Code of Ethics



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Code of Ethics

Reference this material as: American Speech-Language-Hearing Association. (2016). Code of Ethics [Ethics]. Available from www.asha.org/policy.

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Preamble

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as “The Association”) has been committed to a framework of common principles and standards of practice since ASHA’s inception in 1925. This commitment was formalized in 1952 as the Association’s first Code of Ethics. This Code has been modified and adapted as society and the professions have changed. The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions.

The ASHA Code of Ethics is a framework and focused guide for professionals in support of day-to-day decision-making related to professional conduct. The Code is partly obligatory and disciplinary and partly aspirational and descriptive in that it defines the professional’s role. The Code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinician, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is applicable to the following individuals:

- A member of the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
- A member of the Association not holding the Certificate of Clinical Competence (CCC)
- A nonmember of the Association holding the Certificate of Clinical Competence (CCC)
- An applicant for certification, or for membership and certification

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one’s professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the professional and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

Terminology

ASHA Standards and Ethics – The mailing address for self-reporting in writing is American Speech-Language-Hearing Association, Standards and Ethics, 2200 Research Blvd., #313, Rockville, MD 20850.

Advertising – Any form of communication with the public about services, therapies, products, or publications.

Conflict of interest – An opposition between the private interests and the official or professional responsibilities of a person in a position of trust, power, and/or authority

Crime – Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another. For more details, see the “Disclosure Information” section of applications for ASHA certification found on www.asha.org/certification/AudCertification/ and www.asha.org/certification/SLPCertification/.

Diminished decision-making ability – Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

Fraud – Any act, expression, omission, or concealment – the intent of which either actual or constructive – calculated to deceive others to their disadvantage.

Impaired practitioner – An individual whose professional practice is adversely affected by addiction, substance abuse, or health-related and/or mental health-related conditions.

Individuals – Members and/or certificate holder, including applicants for certification.

Informed consent – May be verbal, unless written consent is required; constitutes consent by persons served, research participants engaged, or parents and/or guardians of persons served to a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks.

Jurisdiction – The “personal jurisdiction” and authority of the ASHA Board of Ethics over an individual holding the ASHA certification and/or membership, regardless of the individual’s geographic location.

Know, Known, or Knowingly – Having or reflecting knowledge.

May vs. Shall – May denotes an allowance for discretion; shall denotes no discretion.

Misrepresentation – Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false or erroneous (i.e., not in accordance with the facts); any statement made with conscious ignorance or a reckless disregard for the truth.

Negligence – Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s); failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

Nolo contendere – No contest.

Plagiarism – False representation of another person’s idea, research, presentation, result, or product as one’s own through irresponsible citation, attribution, or paraphrasing; ethical misconduct does not include honest error or differences of opinion.

Publicly sanctioned – A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

Reasonable or reasonably – Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

Self-report – A professional obligation of self-disclosure that requires (a) notifying ASHA Standards and Ethics and (b) mailing a hard copy of a certified document to ASHA Standards and Ethics (see term above). All self-reports are subject to a separate ASHA Certification review process, which, depending on the seriousness of the self-reported information, takes additional processing time.

Support personnel – Those providing support to audiologists, speech-language pathologist, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders).

Telepractice, teletherapy – Application of telecommunication technology to the delivery of an audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the services should be equivalent to in-person service.

Written – Encompasses both electronic and hard-copy writings or communications.

Principle of Ethics I

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

Rules of Ethics

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may not delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for client welfare of those being served remains with the certified individual.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee – directly or by implication – the results of any treatment or procedure.
- M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidenced-based clinical judgement, keeping paramount the best interests of those being served.
- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with the professional standards and state and federal regulations.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists, and, otherwise, externally.
- T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

Principle of Ethics II

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

Rules of Ethics

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within their scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with the current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
- D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide series or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
- G. Individuals shall make use of technology and instrumentations consistent with accepted professional guidelines in their areas of practice. When such technology is not available, and appropriate referral may be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

Principle of Ethics III

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

Rules of Ethics

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
- C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.
- D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
- E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.

Principle of Ethics IV

Rules of Ethics

G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

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

- A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of the persons served paramount.
- C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
- M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- N. Individuals shall report members of other professionals who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violations compromise the welfare of persons served and/or research participants.
- O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- P. Individuals making and responding to complaints shall comply fully with the

policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.

- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws and regulations applicable to the professional practice, research ethics, and the responsible conduct of research.
- S. Individuals who have been convicted, been found guilty, or have entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty or physical harm – or the threat of physical harm – to the person or property of another or (2) any felony shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.
- T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA standards and Ethics within 30 days of self-reporting.

Appendix B1

Stockton University **Speech and Hearing Clinic**

Documentation



101 Vera King Farris Drive | Galloway NJ 08205-9441
stockton.edu

Speech and Hearing Clinic
P: 609.652.4920 • F: 609.404.4546
10 West Jimmie Leeds Road | Galloway NJ 08205
speechclinic@stockton.edu

CONFIDENTIALITY AGREEMENT

I, the undersigned Stockton University student, confirm the following:

- (1) I have completed an approved training regarding the rules and regulations of the Health Insurance Portability and Accountability Act (HIPAA)

OR

- (2) I will maintain confidentiality in reference to any and all clients in the Stockton Speech and Hearing Clinic in accordance with the minimum necessary policies and procedure guidelines set forth by the Department of Health and Human Services by:

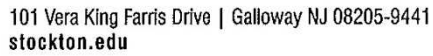
- a. De-identifying any documents created regarding any and all clients in the Stockton Speech and Hearing Clinic;
- b. Keeping confidential all protected health information (PHI) regarding any and all clients in the Stockton Speech and Hearing Clinic; and
- c. Limiting how much protected health information (PHI) is disclosed for any purpose.

Printed Name (please write legibly)

Z Number

Signature

Date



P: 609.652.4920 • F: 609.404.4546
10 West Jimmie Leeds Road | Galloway NJ 08205
speechclinic@stockton.edu

[illegible]



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Access Log

Client: _____

<u>Date of Access</u>	<u>Your Name</u>	<u>Initials</u>	<u>Z Number</u>	<u>Reason for Access</u>

* By initialing next to your name in this log, you agree to abide by the confidentiality agreement developed by the Stockton University Speech and Hearing Clinic in an effort to keep confidential the Protected Health Information (PHI) for this client.



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New Client Information Form

Client: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Presenting Difficulties: _____

Contact Person: _____

Relationship: _____

Phone Number: _____

Previous Evaluation Y N If yes, facility name: _____

New Evaluation Required Y N

Available Day(s) M T W R F

Available Time(s) _____

Scheduled Appointment Day(s) M T W R F _____

Start Date/Time: _____

Clinician(s): _____

Date of Initial Contact: _____

Notes: _____

Client Information Packet:

	<u>Sent</u>	<u>Received</u>
Letter of interest	_____	_____
Initial appointment letter	_____	_____
Case history form	_____	_____
Consent for services	_____	_____
Consent to record	_____	_____
Consent to use food	_____	_____
Notice of HIPAA Privacy Policy	_____	_____
Acknowledgement of Receipt of HIPAA Policy	_____	_____
Calendar/Fee Schedule	_____	_____
Directions/Map	_____	_____
Clinic Brochure	_____	_____
Return Envelope	_____	_____
Evaluation	_____	_____

Date: _____



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Adult Case History Form

General Information

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ Zip Code: _____

Occupation: _____ Business Phone: _____

Employer: _____

Referred by: _____ Phone: _____

Address: _____

Family Physician: _____ Phone: _____

Address: _____

Single _____ Widowed _____ Divorced _____ Spouse's Name: _____

Children (include names, gender, and ages):

Who lives in the home?

What languages do you speak? If more than one, which one is your dominant language?

What was the highest grade, diploma, or degree you earned?

Describe your speech–language problem.

What do you think may have caused the problem?

Has the problem changed since it was first noticed?

Have you seen any other speech–language specialists? Who and when? What were their conclusions or suggestions?

Have you seen any other specialists (physicians, audiologists, psychologists, neurologists, etc.)? If yes, indicate the type of specialist, when you were seen, and the specialist's conclusions or suggestions.

Are there any other speech, language, learning, or hearing problems in your family? If yes, please describe.

Medical History

Provide the approximate ages at which you suffered the following illnesses or conditions:

Adenoidectomy_____	Asthma_____	Chicken pox_____
Colds_____	Croup_____	Dizziness_____
Draining ear_____	Ear infections_____	Encephalitis_____
German measles_____	Headaches_____	Hearing loss_____
High fever_____	Influenza_____	Mastoiditis_____
Measles_____	Meningitis_____	Mumps_____
Noise exposure_____	Otosclerosis_____	Pneumonia_____
Seizures_____	Sinusitis_____	Tinnitus_____
Tonsillectomy_____	Tonsillitis_____	Other_____

Do you have any eating or swallowing difficulties? If yes, describe.

List all medications you are taking.

Are you having any negative reactions to these medications? If yes, describe.

Describe any major surgeries, operations, or hospitalizations (include dates).

Describe any major accidents.

Provide any additional information that might be helpful in the evaluation or remediation process.

Person completing form (Please print):_____

Relationship to client:_____

Signed:_____ Date:_____



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Child Case History Form

General Information

Child's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ Zip Code: _____

Does the child live with both parents? _____

If no, please explain and provide legal documentation. _____

Mother's Name: _____ Age: _____

Mother's Occupation: _____ Business Phone: _____

Father's Name: _____ Age: _____

Father's Occupation: _____ Business Phone: _____

Referred by: _____ Phone: _____

Address: _____

Pediatrician: _____ Phone: _____

Address: _____

Family Doctor: _____ Phone: _____

Address: _____

Brothers and Sisters (include names and ages):

What languages does the child speak? What is the child's dominant language?

What languages are spoken in the home? What is the dominant language spoken?

With whom does the child spend the most of his or her time?

Describe the child's speech–language problem.

How does the child usually communicate? (gestures, single words, short phrases, sentences?)

When was the problem first noticed? By whom?

What do you think may have caused the problem?

Has the problem changed since it was first noticed?

Is the child aware of the problem? If yes, how does he or she feel about it?

Have any other speech–language specialists seen the child? Who and when? What were their conclusions or suggestions?

Have any other specialists (physicians, audiologists, psychologists, special education teachers, etc.) seen the child? If yes, indicate the type of specialist, when the child was seen, and the specialist's conclusions or suggestions.

Are there any other speech, language, or hearing problems in your family? If yes, please describe.

Prenatal and Birth History

Mother's general health during pregnancy (illnesses, accidents, medications, etc.).

Length of pregnancy: _____ Length of labor: _____

General condition: _____ Birth weight: _____

Circle type of delivery: head first feet first breech Caesarian

Were there any unusual conditions that may have affected the pregnancy or birth?

Medical History

Provide the approximate ages at which the child suffered the following illnesses and conditions:

Asthma_____Chicken pox_____Colds_____

Croup_____Dizziness_____Draining ear_____

Ear infections_____Encephalitis_____German measles_____

Headaches_____High fever_____Influenza_____

Mastoiditis_____Measles_____Meningitis_____

Mumps_____Pneumonia_____Seizures_____

Sinusitis_____Tinnitus_____Tonsillitis_____

Other_____

Has the child had any surgeries? If yes, what type and when (e.g., tonsillectomy, tube placement)?

Describe any major accidents or hospitalizations.

Is the child taking any medications? If yes, identify.

Have there been any negative reactions to medications? If yes, identify.

Developmental History

Provide the approximate age at which the child began to do the following activities:

Crawl _____ Sit _____ Stand _____

Walk _____ Feed self _____ Dress self _____

Use toilet _____

Use single words (e.g., *no, mom, doggie*) _____

Combine words (e.g., *me go, daddy shoe*) _____

Name simple objects (e.g., *dog, car, tree*) _____

Use simple questions (e.g., *Where's doggie?*) _____

Engage in a conversation _____

Does the child have difficulty walking, running, or participating in other activities that require small or large muscle coordination?

Are there or have there ever been any feeding problems (e.g., problems with sucking, swallowing, drooling, chewing)? If yes, describe.

Describe the child's response to sound (e.g., responds to all sounds, responds to loud sounds only, inconsistently responds to sounds).

Educational History

School: _____

Grade: _____

Teacher(s): _____

How is the child is doing academically (or pre-academically)?

Does the child receive special services? If yes, describe.

How does the child interact with others (e.g., shy, aggressive, uncooperative)?

If enrolled for special education services, has an Individualized Educational Plan (IEP) been developed? If yes, describe some of the goals.

Provide any additional information that might be helpful in the evaluation or remediation of the child's problem.

Person completing form (Please print):_____

Relationship to client:_____

Signed:_____ Date:_____



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Allergy Alert Form

Date: _____ Client's Name: _____

Person to Contact in Case of Emergency: _____

Relation to client: _____ Phone: _____

Does the client have any known allergies (e.g., to foods, medicines, environmental agents)? If yes, please list each allergen and describe the client's response to contact with the allergen(s).

Please describe immediate action to be taken in case of contact with allergen(s).

Signature of Person Completing Form: _____

Relationship to Client: _____



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NOTICE OF PRIVACY PRACTICES

As Defined by the Privacy Regulations of the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA)

PLEASE REVIEW THIS NOTICE CAREFULLY

I. OUR COMMITMENT TO YOUR PRIVACY

The Stockton University Speech and Hearing Clinic is dedicated to maintaining the privacy of your protected health information (PHI). PHI is individually identifiable health information about you that relates to your past, present, or future physical or mental health or other condition, as well as any related health care services. This Notice of Privacy Practices provides you with the following important information: our obligations concerning your PHI, how we may use and disclose your PHI, and your rights with regard to your PHI.

A. **OUR OBLIGATION** The Speech and Hearing Clinic has chosen to abide by federal and state laws requiring that the privacy of your PHI be maintained. By complying with these laws, we are required to provide you with this notice regarding our privacy practices, our legal duties, and your rights concerning your PHI. Except for student records and certain records the University creates or receives in its role as an employer, this Notice of Privacy Practices applies to all records containing your PHI that are created or retained by the Stockton Speech and Hearing Clinic. A copy of the Notice of Privacy Practices will be posted in a visible location in the Speech and Hearing Clinic waiting room at all times, and you may request a copy of the Notice at any time.

B. **WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS (NOT ALL POSSIBLE SITUATIONS ARE COVERED)**

- *For treatment, payment, and health-care operations, to third-party business associates (e.g., billing services), for health-related services, to individuals involved in your care, under some circumstances for research purposes, when required or allowed by law, with your written authorization*

II. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding your PHI, and you may request any of the following:

- *Confidential communications, restriction of communication to individuals otherwise permitted by law to inspect your PHI, inspection and copies of personal records, amendments to your PHI if you believe the information is incorrect or incomplete, a list of disclosures we have made of your PHI, and a copy of this Notice.*

III. IMPLEMENTATION, COMPLAINTS, AND QUESTIONS

A. **IMPLEMENTATION** This Notice provides a general overview of our privacy practices. This Notice and our privacy practices are implemented in accordance with applicable University policies and procedures and the requirements of HIPAA and other federal and New Jersey laws, as applicable.

B. **COMPLAINTS** If you believe your privacy rights have been violated; you may file a complaint with the Speech and Hearing Clinic. All complaints must be submitted in writing. We will not retaliate against you in any way if you file a complaint with us.

IV. CONTACT INFORMATION

If you have any questions regarding this Notice or our health information privacy practices, please contact:

Amanda Copes, M.A. CCC-SLP Amanda.Copes@stockton.edu
Stockton University Speech and Hearing Clinic
101 Vera King Farris Drive
Galloway, NJ 08205
(609) 652-4920

(FORM MODIFIED PER AUTHORS' PERMISSION FROM ROTH & WORTHINGTON, 2010)



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ACKNOWLEDGEMENT OF RECEIPT
SPEECH AND HEARING CLINIC NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the *Stockton University Speech and Hearing Clinic's Notice of Privacy Practices*.

Printed Name

Signature

Date

.....

FOR INTERNAL USE ONLY

Client declined to provide signature for acknowledging receipt of privacy practices

Clinic staff signature and date

Client was not able to provide signature for acknowledging receipt of privacy practices

Clinic staff signature and date



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CONSENT FOR SERVICES

Client's Last Name

First Name

Date of Birth

Who else, besides you, has your permission to provide transportation for the client to and from the Stockton University Speech and Hearing Clinic?

Who else, besides you, has your permission to have access to your/your child's health information, whether verbal or written?

The Stockton Speech and Hearing Clinic allows for both graduate and undergraduate student observers. Student observers may be required to document sessions they have observed using protected health information to the minimum necessary to accomplish the intended purpose; names will always be excluded.

I consent to the following:

- ☐ Student observers, documentation allowed
- ☐ Student observers, no documentation allowed
- ☐ No student observers

Statement of Consent for Treatment:

I (we) the undersigned give the personnel of The Stockton University Speech and Hearing Clinic permission to administer diagnostic and/or therapeutic procedures as deemed necessary to my child/myself. I understand that all the work will be done by students under the supervision of certified speech-language pathologists and/or audiologists.

Signature of Client (if over 18 years of age)

Date

Signature of Parent/Guardian (if under 18 years of age)

Date

(I understand that I must remain on the premises during my child's therapy session)



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CONSENT TO USE FOOD IN TREATMENT SESSIONS

I give my permission for The Stockton University Speech and Hearing Clinic to use food in my/my child's therapy sessions. If food is to be used, I understand that it will be explained to me in what manner, and how the use of food may benefit the success of therapy.

_____ I have/my child has no known food allergies or intolerance.

_____ I am/my child is allergic to certain foods. Please do not use these foods in therapy sessions. *

***Please see Allergy Alert Form in Case History packet for details regarding this allergy and treatment.**

Client's Name

Signature of Client (if over 18 years of age)

Date

Signature of Parent/Guardian (if less than 18 years of age)

Date



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CONSENT TO USE VIDEO OR PICTURE IMAGE

I give my permission for The Stockton University Speech and Hearing Clinic to use the image and/or video recordings of myself/my child in the following settings/conditions.

Please check only the options with which you are comfortable:

- _____ within the clinic setting for therapeutic purposes (data collection, clinician review)
- _____ for educational purposes/training of Student Clinicians
- _____ in conference settings to educate fellow parents and professionals about how to implement therapy techniques
- _____ for research purposes
- _____ for marketing purposes (brochures, program webpage, etc.)

Client's Name

Signature of Client (if over 18 years of age)

Date

Signature of Parent/Guardian (if less than 18 years of age)

Date



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CLIENT NAME: _____

Please Print

CONSENT TO RELEASE RECORDS

I hereby give permission to The Stockton University Speech and Hearing Clinic to send my child's/my records to:

I hereby give permission to The Stockton University Speech and Hearing Clinic to receive my child's/my records from:

Date

Signature of Client or Parent (if client under age 18)



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Please be advised of our cancellation policy:

If your scheduled appointment time is before 12:00pm, notice of cancellation is required by the previous day.

If your scheduled appointment time is after 12:00pm, notice of cancellation is required by 10:00am the same day.

Of course, we appreciate as much notice as possible if you know ahead of time that you will not be able to attend a session.

If we do not receive notice of cancellation within the required time period, you will be charged for the missed session.

I acknowledge that I have received a copy of the Speech and Hearing Clinic's cancellation policy.

Client Name _____

Client/Parent/Guardian Signature _____

Date _____

<http://intraweb.stockton.edu/eyos/page.cfm?siteID=197&pageID=65>



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stockton.edu

Speech and Hearing Clinic
P: 609.652.4920 • F: 609.404.4546
10 West Jimmie Leeds Road | Galloway NJ 08205
speechclinic@stockton.edu

COMMUNICATION LOG

Client's Name: _____

Date: _____

Time: _____

Comments: _____

_____ Initials: _____

Date: _____

Time: _____

Comments: _____

_____ Initials: _____

Date: _____

Time: _____

Comments: _____

_____ Initials: _____

Date: _____

Time: _____

Comments: _____

_____ Initials: _____



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Client/Caregiver Satisfaction Survey

Client's Name	Client's Date of Birth	Age
---------------	------------------------	-----

Person Completing Form	Relationship to Client	Date
------------------------	------------------------	------

Please circle "Y" for yes or "N" for no.

Have you noticed improvement since therapy began? Y N
If yes, where have you noticed improvements?

Have others beside you noticed improvements? Y N
Whom? _____

What have they noticed? _____

Did the clinician address areas that were important to you? Y N
If yes, what were they? _____

If no, what would you like to see addressed? _____

Did the clinician provide you with activities to do at home? Y N
If *no*, would you want activities to do at home? Y N
If *yes*, were they beneficial? Y N

Please describe the activities: _____

Please answer the following questions with either:

Strongly Agree (SA) Agree (A) Neutral (N) Disagree (D) Strongly Disagree (SD) Not Applicable (NA)

	SA	A	N	D	SD	NA
The clinician seemed competent in the areas in which the client needed to improve.						
The attending clinician was well prepared and organized.						
Services were explained in a manner I could understand. <i>Please explain services:</i>						
The parent/client conference was beneficial.						
The clinician(s) informed me of any progress made on an ongoing basis.						
The clinic provided satisfactory billing procedures.						
The clinic staff members and clinicians were courteous.						
Waiting room conditions were satisfactory.						
The clinician(s) began sessions on time.						
My appointment time(s) was/were scheduled and/or rescheduled at a time convenient for me.						
I would recommend the Stockton Speech and Hearing Clinic to others. <i>Why or Why not?</i>						

Overall, I would rate the program services as: *Excellent* *Good* *Average* *Fair* *Poor*

What improvements would you like to see within the clinic? _____

Please list any additional comments or concerns that you may have.

The time and effort you put into completing this form is greatly appreciated. Your insight and suggestions are beneficial for helping us continue to improve our level of service. On behalf of the clinic, it has been our pleasure working with you this past semester, and we look forward to continuing this working relationship with you.

Appendix B2

Stockton University **Speech and Hearing Clinic**

Clinician/Course Documents



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DIAGNOSTIC EVALUATION REPORT

Name:

Parents:

Date of Birth:

Address:

Chronological Age:

Evaluator(s):

Phone:

Supervisor:

Date of Evaluation:

Date of Report:

Statement of the Problem

Begin with a statement of/reason for the referral followed by a brief statement of the problem as described by parent, child, physician, or referral source.

History

If information is not available, include a statement to that effect. Do not purposefully leave out any component below because of a lack of information.

General Background History

Birth and Developmental History

Medical History

School History

Family History

Speech and Language History (if any)

Examinations

Be sure to include a description of what each test administered is designed to evaluate. See test Handbooks for wording. Include descriptions of each subtest administered as well.

Use tables as necessary to present "at-a-glance" information regarding standard/scaled scores, percentile ranks, and age equivalents (where appropriate).

Relate all scores you reported on to the normative data for each particular test administered (where appropriate for standardized measurements).

Include an analysis of the results obtained in ALL AREAS ASSESSED, including strengths AND weaknesses so that goals/objectives can be derived from the information. 101 Vera King Farris Drive

The following information can be reported on subjectively or objectively, depending on whether a standardized test was administered to evaluate these components. All components listed below should be addressed in your report

Language – expressive and receptive

Speech – articulation; subjective rating of speech intelligibility; vocal quality, pitch, and intensity; fluency of speech

Hearing – report on actual results, if available, or subjectively if hearing appeared appropriate for testing purposes

Oro-facial – movements of lips, tongue, jaw; integrity of the oral structures and functions; coordinated movements of puh/tuh/kuh (diadochokinetic rate), etc.

Clinical Observations

Include statements regarding the client's behavior during the assessment (and whether you think it affected his/her performance); clinical impressions of client's communication skills/function/status (pragmatics – turn taking, eye contact, topic maintenance, etc.).

Conclusions and Recommendations

*Begin with a general description of the problem to indicate why client was evaluated. Include a summary of all formal and informal testing measures completed. Indicate current strengths and weaknesses of client as related to test results. **Do not include any information regarding etiology, contributing factors or prognosis.** Finally, make any recommendations for therapy, including guiding goals and objectives for treatment (with criterion, prompt/cue levels etc.), and/or referrals to outside agencies.*

Your Name and Signature
Graduate Student Clinician

Supervisor's Name and Signature/Initials
Clinical Supervisor



TREATMENT PLAN TEMPLATE

Client's Initials: _____

Session Date: _____

Time of Session: _____

Student Clinician(s) _____

Clinical Supervisor _____

	Behavioral Objectives	Results	Activities	Materials (Listed)
1				
2				
3				

Subjective/Comments: _____

SESSION OBJECTIVE DATA LOG

Response Key

+	Appropriate Response	CR+	Cued Response (correct)	CR-	Cued Response (incorrect)	M	Modeled
-	Incorrect Response	/	Approximation	HOH	Hand over hand assistance	SC	Self Corrected Response

Client: _____

[illegible]



Treatment Plan/Session Feedback Form

Clinician: _____ Client: _____ Date: _____ Time Observed: _____

Points

1 Component is noted appropriately $\frac{1}{2}$ Component is partially noted **0** Component is missing

Observation Codes

+ Exceeds expectations **✓** Consistent with clinician level **N** Needs development

Points:

Objectives

Target behavior is observable/measurable _____
Condition: _____
Cue level is included _____
Stimulus presentation is included _____
An appropriate criteria is included _____
Appropriate to client's need _____
Professionally written _____

Tools/Materials

Listed and/or discussed as to use _____
Appropriate for client/target behavior _____
Examples of stimuli are included _____

Activities

Adequately outlined (start/finish) _____
Appropriately addresses target behaviors _____
Targeted stimuli are reviewed _____
Age-appropriate/creative/effective _____
Type of reinforcement is stated _____
Reinforcement schedule is discussed _____
Consequential statement is included _____
Data collection methodology is described _____

Data

Data is quantified according to objective _____
Data indicators are appropriate/specific _____
Data is marked as intervention/monitored _____

Subjective Comments/Reflection

Subjective comments reflect session _____
Session Reflection form is completed _____

Codes: Management/Organization

Communicates expectations _____ Feedback is target-specific _____
Provides motivation/reinforcement _____ Process is dynamic/flexible _____
Reinforcement is appropriate/effective _____ Proxemics are appropriate _____
Pace and organization are appropriate _____ Behavior is managed effectively _____
Client has sufficient time to respond _____ Elicits maximum responses _____
Amount/level/type of client support is adequate/effective _____

Clinical Supervisor

ASHA Number

Points

SOAP NOTE

Name:

Date: (of last session in the interval)

Student Clinician:

Supervisor:

- S: (Subjective Information):** Impressions of the client's behavior. These impressions can be the client's, clinician's or the parents. Indicate the time period covered by the note and the number of sessions the client was seen. If sessions were missed, comment as to why.
- O: (Objective Data):** Measurable information is reported in this section of the note. Include accuracy of client performance as recorded on the Session Objective Data Log. Ranges should not be included, only highest percentage achieved. If applicable, compare the client's performance with that reported in the previous SOAP Note. Data from any additional testing administered for screening or re-evaluation purposes should be included.
- A: (Assessment/Analysis):** The remaining diagnosis should precede the overall progression of goals. Goals met and increases noted should be listed. Date that information will be reviewed with client or client's family and whether they are in agreement with results and recommendations should also be included in this section. Lastly, a prognostic statement regarding anticipated improvements should be included.
- P: (Plan):** State the overall therapy goals for the next treatment period (1 month). Specific behavioral objectives should be listed for what you feel will be completed within four weeks.

Insert your name here with highest degree obtained
Graduate Student Clinician

Insert clinic supervisor's name with credentials
Clinic Supervisor

Insert client/parent/caregiver name here
Client/Parent/Guardian



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Semester Progress Report

Client:	Parents/Guardians:
Diagnosis:	Phone:
Date of Birth:	Address:
Chronological Age:	
Clinician:	Number of Sessions:
Supervisor:	Cumulative Sessions:
Date:	Period Covered by Report:

Diagnosis: This section should include the referral source, date of referral, and a brief statement of the speech-language diagnosis. Medical diagnosis, if any, must be substantiated.

History:

- History of the Problem; information relevant to an understanding of the etiology and development of the problem.
- Diagnostic Information; results/findings of the initial diagnostic session and any changes in status or added information obtained since the initial testing.
- Therapy History; a synopsis of preceding therapeutic intervention and the effectiveness of that therapy.

Objectives: List all objectives for the present semester including criteria, cue levels, prompts, etc.

Therapy: A report of the therapeutic procedures engaged in during this semester. Include behaviors specific to the client, likes/dislikes, any behavior plan that may have been used, materials that lead to client success and engagement, etc.

Results: A description of therapy schedule (number of sessions, number of absences, length of sessions, group vs. individual). List current status of all corresponding objectives stated in the Objectives section above. Indicate if any goals have been discontinued due to mastery or any other reason.

Recommendations: A short statement regarding further therapy needs (continue, terminate, refer, etc.). List the objectives – with cue levels, criteria, and prompts – you recommend be addressed next semester.

xxxxxxxxxxxxx
Graduate Student Clinician

xxxxxxxxxxxxx, M.A. CCC-SLP
Clinical Supervisor



STUDENT SELF-EVALUATION GUIDE (Adapted from Dwight, 2006)

Clinician: _____

Date: _____

Each of the components listed below encompass favorable characteristics of a good clinician. Consider all descriptors within each component and assign a rating of your own performance as a student clinician. Then, **use your rating to write a critique (narrative) of yourself as a student clinician.** Ratings should be on a scale of 1 – 5 with a score of five (5) being the highest. Please note that *supervisors are not evaluating your ability to perform these tasks, but rather your ability to judge your own performance of these tasks.*

- **Communicates expectations effectively** Rating: _____
 - Explains what is relevant in therapy to both the client and in the written treatment plan
 - Sets and explains behavioral parameters clearly; enforces effectively
- **Provides motivation and reinforcement for learning and performance** Rating: _____
 - Helps facilitate intrinsic motivation in clients
 - Provides extrinsic motivation in a variety of forms (e.g. enthusiasm, tangible rewards)
 - Reinforcement is appropriate and effective
- **Considers appropriate proxemics** Rating: _____
 - Develops and utilizes appropriate therapeutic space
 - Recognizes and acknowledges forms of nonverbal communication
- **Sessions have therapeutic momentum** Rating: _____
 - Clinician clearly prepares appropriately for sessions
 - Sessions are appropriately paced; time management is evident
 - Clinician is confident and fluent in service delivery
 - Materials are planned out prior to and well-organized during sessions
- **Learning modalities are considered and used appropriately** Rating: _____
 - Antecedents (e.g. cues/prompts, models, direct imitation, etc.)
 - Multimodal stimuli: visual, auditory, tactile-kinesthetic
 - Highly responsive teaching modalities are used
 - New skills are taught before performance expectations are made
- **Clinician assistance is provided appropriately and effectively** Rating: _____
 - Cues, shaping, successive approximations from learned skills
 - Proper wait-time is given to allow for client responses
 - Provides corrective feedback that is effective and target-specific
- **Therapy process is dynamic and flexible** Rating: _____
 - Appropriate use of baseline measures
 - Appropriate use of probes to assess generalization of target skills
 - Clinician meaningfully deviates from plan when appropriate

For Self-Evaluation #1

- How have you shown improvement since you began your clinical experience?
- What are your Clinical Development Goals for the remainder of the semester (provide at least 2)?

For Self-Evaluation #2

- Specifically address each Clinical Development Goal you provided in Self-Evaluation 1.
- What is/are your Clinical Development Goals for the future (provide at least 1)?

CLINICAL SUPERVISOR EVALUATION FORM

Clinical Supervisor: _____

Semester: _____

Each of the items below deals with a characteristic of the clinical supervisor. Indicate your rating of your supervisor by circling the appropriate number on the scale. One (1) indicates the lowest rating while five (5) indicates the highest rating. Please circle the appropriate number beside each item. If an item is NOT applicable, circle NA. Please return this form to the Clinic Office Assistant, Linda Boyd.

Appeared sensitive to my feelings and problems	1	2	3	4	5	NA
Reflected interest, enthusiasm, and a professional attitude	1	2	3	4	5	NA
Gave moral support	1	2	3	4	5	NA
Helped to build my self-confidence	1	2	3	4	5	NA
Attempted to make me feel at ease in my role as a clinician	1	2	3	4	5	NA
Made suggestions aimed at improving therapy methods	1	2	3	4	5	NA
Gave me deserved compliments and constructive criticism	1	2	3	4	5	NA
Discussed problems with me at appropriate times	1	2	3	4	5	NA
Demonstrated knowledge of the relevant diagnostic areas	1	2	3	4	5	NA
Gave evidence of being knowledgeable of therapeutic methods and techniques	1	2	3	4	5	NA
Referred me to the appropriate resources, materials, people, and ideas (where needed)	1	2	3	4	5	NA
Provided suggestions for therapeutic alternatives, when appropriate	1	2	3	4	5	NA
Expressed opinions and ideas clearly	1	2	3	4	5	NA
Helped me to become self-reflective	1	2	3	4	5	NA
Was available for advice or help	1	2	3	4	5	NA
Observed a sufficient amount of time	1	2	3	4	5	NA
Gave enough verbal feedback	1	2	3	4	5	NA
Using the above scale, please indicate a composite rating of your Clinical Supervisor	1	2	3	4	5	

Please address any additional comments in the space below.

Appendix C

Externship Practica Documents

STOCKTON UNIVERSITY MSCD EXTERNSHIP INTEREST SURVEY

Name: _____ Cell Phone: _____

Stockton Email: _____ Personal Email: _____

Semester: Summer Fall Spring Address I will be traveling from (house #, street, town, zip code):

Read the following list of and: **CIRCLE the top TWO types of facilities that you are the MOST interested in. ~~CROSS-OUT~~ the ONE type of facility that you are the LEAST interested in.**

Educational Setting (Birth to Pre-K)

Educational Setting (K-5)

Educational Setting (K-8)

Educational Setting (Middle and High School Only)

Educational Setting-Special Services for students with significant intellectual or medical needs

Read the following list of specialty areas and: **CIRCLE the top TWO areas that you are the MOST interested in. ~~CROSS-OUT~~ the ONE area that you are the LEAST interested in.**

AAC (Augmentative and Alternative Communication)

Aphasia

Autism Spectrum Disorder

Cognitive Disorders (Dementia, Traumatic Brain Injury)

Dysphagia/Feeding

Hearing Loss

Motor speech Disorders (apraxia, dysarthria)

Trach/Vent

Voice Disorders

Language & Literacy (reading and writing)

Read the following list and: **CIRCLE the top TWO types of facilities that you are the MOST interested in. ~~CROSS-OUT~~ the ONE type of facility that you are the LEAST interested in.**

Developmental Center (young adults 18-21 or adults with congenital/developmental disorders)

Neurodevelopmental Center (adults with acquired neurocognitive disorders)

Inpatient Medical Center-acute or subacute care

Outpatient Medical Center

Private Practice

Residential Rehabilitation Center/ Skilled Nursing Facility (SNF) – long-term care

Are you able to report prior to 7 a.m.? YES NO

Please list any extenuating circumstances that may impact your ability to commit to your placement:

I understand that this survey is neither a request for a specific placement, nor a guarantee of a specific placement. I understand that the goal of any placement is to provide me with experience *to develop knowledge and skills with culturally and linguistically diverse populations across the lifespan that meet the certification standards of the American Speech-Language Hearing Association (ASHA).*

Student Signature

Date

STUDENT PRACTICUM PREPARATION
CHECKLIST
(AS APPLICABLE)

STUDENT NAME: _____
PLACEMENT SITE: _____
SLP ON-SITE SUPERVISOR: _____

PROJECTED LOGISTICAL INFORMATION

-Fall (Early Sept.-Mid-Dec.) -Spring (Jan.-end of April) -Summer (Early May-Mid-Aug.)

START DATE: _____ DAYS (circle) M T W TH F

ARRIVE TIME(S): _____ LEAVE TIME(S): _____

AGE RANGE OF CLIENTS: _____

REQUIRED PRIOR TO START DATE (check all that apply):

__ INTERVIEW __ MEETING __ BOARD APPROVAL __ SITE ORIENTATION

__ CRIMINAL BACKGROUND CHECK (type or service provider) _____

__ CHILD ABUSE SCREENING __ DRUG SCREENING __ FINGERPRINTING

__ CPR CERT __ HIPAA COURSE

__ OTHER COURSES/INFO TO PREPARE PRIOR _____

__ FLU SHOT __ PPD/MANTOUX __ HbsAG __ MMR __ RUBELLA __ VARICELLA __ HEP B

__ RECENT MEDICAL HISTORY/ PHYSICAL __ PROOF OF MEDICAL INSURANCE

__ PROOF OF LIABILITY INSURANCE (Stockton will provide if needed)

__ UNIFORM/DRESS CODE: _____

__ SIGNED CONFIDENTIALITY FORMS __ SIGNED CONSENT FORMS

__ SITE ORIENTATION __ BADGE

OTHER REQUIREMENTS _____

***Due date for requirements:** _____

QUESTIONS:

What are the three most important expectations of this placement?

- 1.
- 2.
- 3.

What will be the most challenging aspect of the placement?

MASTER OF SCIENCE IN COMMUNICATION DISORDERS EXTERNSHIP PLAN



Dear Student Clinician and Externship Supervisors,

The externship plan is intended to establish clear, outlined goals and expectations between the student clinician and his/her supervisors. This plan will also help for me as externship coordinator to be informed of the site expectations, monitor the externship experience, and provide support as needed. Prior to completing the plan, it is strongly recommended that you review the attached ASHA Certification Standards and evaluated clinical competencies. The clinical competencies are specific goals in evaluation, intervention, and interaction and personal qualities that the student clinician is expected to develop. These areas assessed at midterm and final and make up 70% of the student clinician's clinical practicum grade.

The externship plan should be completed as a result of a discussion between the student and all the participating supervisors. The plan can be completed at one time with all responsible parties present or as the result of separate discussions with the student and each supervisor. All parties are required to initial at the bottom of each page and sign the last page to acknowledge their commitment to the outlined externship plan. The plan must be photocopied by the student clinician and a copy given to each supervisor, as well as the externship coordinator on the specified due date. The student should keep the original. The externship plan does not need to remain static in that aspects of the plan may change over time. Any changes to the plan should be documented in writing on the original and new copies should be made for the supervisors and externship coordinator as needed.

If there is more than one supervisor responsible for signing off on case logs (direct client contact hours) in Typhon, the following specifications apply:

Primary onsite supervisor responsibilities: supervising the student clinician, signing off on case logs in Typhon, maintaining contact with the externship coordinator, a mid-term contact call/site visit with the externship coordinator, and submitting the midterm and final ECC evaluation to the externship coordinator by the specified due dates.

Onsite supervisor responsibilities: supervising the student clinician, signing off on case logs in Typhon, and maintaining contact with the externship coordinator.

If you have any questions or concerns, do not hesitate to contact me at Lynne.Telesca@stockton.edu or (516) 659-2676.

Thank you,

Lynne Telesca

Lynne Telesca, Ph. D., CCC-SLP

Instructor of Communication Disorders/Clinical Externship Coordinator
Stockton University, Master of Science in Communication Disorders

STOCKTON UNIVERSITY MASTER OF SCIENCE IN COMMUNICATION DISORDERS
EXTERNSHIP PLAN

Student Clinician Name: _____

Section I: CONTACT, PROCEDURES, LOGISTICS, & SCHEDULE

Semester: FALL SPRING SUMMER Year: _____

Site: _____

Address: _____

Site: _____

Address: _____

Site: _____

Address: _____

Site: _____

Address: _____

Primary On-site Supervisor: _____

Phone: _____ Email: _____

Preferred contact: PHONE EMAIL

ASHA #: _____

LICENSE List state and #: _____

On-site Supervisor: _____

Phone: _____ Email: _____

Preferred contact: PHONE EMAIL

ASHA #: _____

LICENSE List state and #: _____

On-site Supervisor: _____

Phone: _____ Email: _____

Preferred contact: PHONE EMAIL

ASHA #: _____

LICENSE List state and #: _____

INITIALS: Student _____ Primary Supervisor _____ Supervisor _____ Supervisor _____

STOCKTON UNIVERSITY MASTER OF SCIENCE IN COMMUNICATION DISORDERS
EXTERNSHIP PLAN

Student Clinician Name: _____

Section I: CONTACT, PROCEDURES, LOGISTICS, & SCHEDULE

Important site procedures (e.g. parking, sign-in and sign-out procedures, dress code, or badge)

--

Student-ASHA Certification Expectation: *The student will demonstrate direct intervention/treatment with clients from **culturally and linguistically diverse** populations across the lifespan.*

CULTURALLY DIVERSE POPULATIONS

LINGUISTICALLY DIVERSE POPULATIONS (types and severities of communication disorders)

What is the age range of the clients at the site?

What is the approximate percentage of caseload that are low socio-economic status?

Student-Stockton Expectation: Student clinicians should be committed to a **full-time** schedule. **Minimum of four full time days unless the site has arranged for less.** The student should be given 2 hours from end time to arrive at Stockton for night classes.

Commute time from home to site is _____ minutes.

Commute time from site to Stockton is _____ minutes.

DAY	Report time	Total amount of possible client contact time	End time	Stockton class time
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

INITIALS: Student _____ Primary Supervisor _____ Supervisor _____ Supervisor _____

STOCKTON UNIVERSITY MASTER OF SCIENCE IN COMMUNICATION DISORDERS
EXTERNSHIP PLAN

Student Clinician Name: _____

Attendance & Inclement Weather

Student-Stockton MSCD Expectation-students should attend externship whenever their supervisor is present. Students should contact their primary supervisor immediately if they are ill. Students are also REQUIRED to contact Dr. Telesca via email if they will be missing externship unexpectedly (e.g., student or supervisor illness or cancellation, inclement weather). In the case of inclement weather, the Stockton MSCD program encourages their students to use caution and maintain their safety during extreme weather conditions. The student and supervisors should determine an inclement weather plan. This should include (1) initial contact method, and (2) inclement weather options such as delayed arrival and make-up days. **State your determined inclement weather plan here:**

INITIALS: Student _____ Primary Supervisor _____ Supervisor _____ Supervisor _____

STOCKTON UNIVERSITY MASTER OF SCIENCE IN COMMUNICATION DISORDERS
EXTERNSHIP PLAN

Student Clinician Name: _____

Section II: ASHA CERTIFICATION SKILLS

Skill Area: EVALUATION

Student-ASHA Certification Expectation: *The student will demonstrate direct assessment/evaluation with clients from culturally and linguistically diverse populations across the lifespan.*

Student & Supervisor- Stockton MSCD Expectation: *Ideally, a student should aim to complete at least 5 hours of evaluation direct contact time, as well as goal and report writing during the semester. Evaluations can include such activities as dynamic assessment, formative or informal assessment (e.g., language sample, site checklists, unstandardized measures), and patient intake or discharge evaluations.*

_____ **Check here if the site does NOT complete any type of evaluations. (The externship coordinator will need to contact the primary on-site supervisor to arrange and plan for possible evaluation experiences during the semester).**

Check off all applicable types of evaluations that may occur during the semester:

_____ artic/phon. screening/assessment _____ voice or fluency screening _____ language screening
_____ cognitive screening assessment _____ dysphagia screening/assessment _____ hearing screening
_____ other _____

SITE-SPECIFIC EXPECTATIONS/OPPORTUNITIES THIS SEMESTER:

GOAL WRITING
REPORT WRITING
EDUCATION PLAN/PLAN OF CARE WRITING

INITIALS: Student _____ Primary Supervisor _____ Supervisor _____ Supervisor _____

STOCKTON UNIVERSITY MASTER OF SCIENCE IN COMMUNICATION DISORDERS
EXTERNSHIP PLAN

Student Clinician Name: _____

Section II: ASHA CERTIFICATION SKILLS

Skill Area: EVALUATION/ASSESSMENT

STUDENT

Strengths in evaluation:	Need more experience/support in evaluation:

STUDENT

3 goals to achieve in evaluation:	I expect my supervisor(s) will:

SUPERVISORS

will support the student clinician in evaluation by:	feel the following is a non-negotiable for evaluation:

INITIALS: Student _____ Primary Supervisor _____ Supervisor _____ Supervisor _____

STOCKTON UNIVERSITY MASTER OF SCIENCE IN COMMUNICATION DISORDERS
EXTERNSHIP PLAN

Student Clinician Name: _____

Section II: ASHA CERTIFICATION SKILLS
Skill Area: INTERVENTION/TREATMENT

Student-ASHA Certification Expectation: *The student will demonstrate direct intervention/treatment with clients from culturally and linguistically diverse populations across the lifespan.*

Student & Supervisor-Stockton MSCD Expectation: *Ideally, 175 – 200 hours of direct contact time (100 – 200 summer) in treatment or diagnostics, for the semester (15 hours per week by week 3). **It is recommended that case logs be logged weekly.***

Student clinician will begin observation on (date) _____ and **gradually** take over the caseload by (date) _____.

SITE-SPECIFIC EXPECTATIONS/OPPORTUNITIES THIS SEMESTER:

TREATMENT PLAN WRITING
DATA COLLECTION

STUDENT

Strengths in intervention:	Need more experience/support in intervention:

STUDENT

3 goals to achieve in intervention:	I expect my supervisor(s) will:

INITIALS: Student _____ Primary Supervisor _____ Supervisor _____ Supervisor _____

Student Clinician Name: _____

SUPERVISORS

STUDENT & SUPERVISOR(S)

INITIALS: Student Primary Supervisor Supervisor Supervisor

STOCKTON UNIVERSITY MASTER OF SCIENCE IN COMMUNICATION DISORDERS
EXTERNSHIP PLAN

Student Clinician Name: _____

Section III: OBSERVATION & FEEDBACK

Observation-The supervisor(s) will observe*:

_____ for *all* sessions _____ for an amount of time that will decrease throughout the semester
_____ for *most* sessions

Student's preferred *method* of feedback:

_____ verbal only _____ verbal & written
_____ written only

Student's preferred *frequency* of feedback:

_____ often _____ intermittently as needed
_____ daily

Supervisor will most likely use the following feedback method(s): check all that apply

_____ prompting and feedback *during* sessions _____ immediate feedback at the *end* of session
_____ supervisor modeling *during* sessions _____ delayed feedback at end of the day or other time
_____ other _____ _____ other _____
—

After receiving feedback, the student clinician is expected by the supervisor(s) to:

List here any other information the student or supervisors feel need to be documented in this plan

--

INITIALS: Student _____ Primary Supervisor _____ Supervisor _____ Supervisor _____

Section IV: SIGNATURES

I, _____ (name), have discussed, developed, and documented my externship plan with each of the supervisors below. I understand that I am responsible for adhering to the outlined externship site's policies and procedures and implementing the externship plan to achieve the certification standards in evaluation, intervention, and interaction and personal qualities, as outlined by the American Speech-Language Association. In addition, I need to keep the original copy of the plan and make copies for all my supervisors and the externship coordinator. I further understand that this plan may need alterations and that I am responsible for documenting these changes.

Student Clinician Signature

Date

I have discussed, developed, and documented the student clinician's externship plan. I understand that as the primary externship supervisor, I am responsible for supporting and guiding the student in the implementation of this plan for the student clinician to achieve the certification standards in evaluation, intervention, and interaction and personal qualities, as outlined by the American Speech-Language Hearing Association. As the primary on-site supervisor, I acknowledge that I am responsible for supervising the student clinician, signing off on case logs in Typhon, maintaining contact with the externship supervisor, completing a mid-term contact call/site visit with the externship coordinator and submitting the midterm and final evaluation to the externship coordinator by the specified due dates.

Primary On-site Supervisor Signature

Date

I have discussed, developed, and documented the student clinician's externship plan. I understand that as an on-site supervisor, I am responsible for supporting and guiding the student in the implementation of this externship plan for the student clinician to achieve the certification standards in evaluation, intervention, and interaction and personal qualities, as outlined by the American Speech-Language Hearing Association. As an on-site supervisor, I acknowledge that I am responsible for supervising the student clinician, signing off on case logs in Typhon, and maintaining contact with the externship supervisor.

On-site Supervisor Signature

Date

On-site Supervisor Signature

Date

**STOCKTON UNIVERSITY MASTERS OF SCIENCE IN COMMUNICATION DISORDERS
EVALUATION OF CLINICAL COMPETENCIES-ECC**

This evaluation is to constructively evaluate the student in their clinical practicum based Certification Standard required by the American Speech-Language Hearing Association (ASHA):

Completed a program of study that included experiences sufficient in breadth and depth to achieve skill outcomes in the areas of evaluation, intervention, and interactional and personal qualities.

IN EACH SECTION, PLEASE RATE THE STUDENT NUMERICALLY ACCORDING TO THE DESCRIPTIONS BELOW.

5: A+ to A= A skill that: is INNATE; is at a level that EXCEEDS the student's level of experience; or the student can initiate and execute INDEPENDENTLY, but may seek CONSULT to further refine skills.

4: A to A- = A skill that: the student has made STRONG progress and INCREASED independence; will become refined with additional PRACTICE and REFLECTION; **or** requires MINIMAL assistance from the supervisor.

3: A- to B+= A skill that: would be considered "AVERAGE" at this student's level of experience; the student has made STEADY progress and effort; or the student still needs SOME assistance from the supervisor to either initiate, execute, or complete the skill CORRECTLY or EFFECTIVELY.

2: B+ to B= A skill that: is BELOW what would be expected at the student's level of experience; the student has NOT taken initiative, NOR made considerable effort; or the student has made SLOW PROGRESS even with practice and guidance and requires SIGNIFICANT assistance from the supervisor.

1: B- = A skill that requires academic, clinical, or professional remediation; **or** the student requires MAXIMUM assistance and is dependent on the supervisor.

NA = Not applicable or not observed.

ASHA Certification Standard V-B Evaluation/Assessment

(Total of 20 subskills rated within the 7 skill areas listed below)

- a. Conduct screening and prevention procedures (including prevention activities).
- b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including 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.

[illegible]

5	4	3	2	1	N/A
a3. Communicates recommendations for further assessment appropriately					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a4. Identifies prevention issues and shares appropriate information with client/caregivers					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1. Develops appropriate diagnostic questions for a case history based on available information					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b2. Plans appropriate interview questions for client/patient disorder area and age					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b3. Adapts the planned interview based on information the client provides					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b4. Conducts the interview efficiently and in a professional manner					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c1. Assembles appropriate formal and informal assessments for answering diagnostic questions					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c2. Administers formal tests according to procedures					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d1. Explains test procedures and rationales clearly and accurately					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d2. Demonstrates appropriate flexibility during testing					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d3. Makes use of informal testing procedures, including observation					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e1. Interpret test results accurately					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e2. Integrates all information to form an impression and diagnosis					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e3. Develops appropriate and thorough recommendations					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f1. Writes with technical accuracy (e.g., grammar, vocabulary, punctuation)					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f2. Presents information in a logically sequenced, organized manner and with sufficient detail					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f3. Revised version of report reflects supervisory feedback					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g1. Refer clients/patients for appropriate services					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(ANSWER REQUIRED FOR EACH OPTION)

ASHA Certification Standard VB

Intervention/Treatment

(Total of 18 subskills rated within the 7 skill areas listed below)

- 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

[illegible]


	5	4	3	2	1	N/A
d1.4 Accepts designated workload without complaint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d1.5 Demonstrates time management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d1.6 Displays a positive and dedicated attitude towards learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	5	4	3	2	1	N/A
d1.7 Takes responsibility for own learning/shows initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d1.8 Is accepting of constructive criticism feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d1.9 Takes measure to improve clinical skills based upon constructive feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d1.10 Demonstrates intact organizational skills in all aspects of clinical practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d1.11 As applicable, written communication is considerate of proper grammar and spelling, as well as legible and complete	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d1.12 Balances personal and professional obligations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d1.13 Abides by privacy criteria set forth through HIPAA and site-specific rules and regulations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(ANSWER REQUIRED FOR EACH OPTION)

In a written narrative, please offer some additional information and insights regarding your student. Feel free to include strengths as well as areas in need of improvement:

**Declaration Page: HealthCare Professional Liability Policy for Matriculated Students
at Stockton University**

Client # 780373

MEMORANDUM OF INSURANCE				Date Issued August 15, 2015	
Producer Mercer Consumer, a service of Mercer Health & Benefits Administration LLC P.O. Box 14576 Des Moines, IA 50306-3576 www.proliability.com			This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend, or alter the coverages afforded by the Certificate listed below.		
Insured The Students of Stockton University The Student of Stockton University 101 Vera King Farris Drive Galloway, NJ 08205			Company Affording Coverage Liberty Insurance Underwriters Inc.		
This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.					
Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability	AHV-100447004	09/01/2015	09/01/2016	Per Occurrence	\$1,000,000
				Aggregate	\$3,000,000
General Liability	AHV-100447004	09/01/2015	09/01/2016	Per Occurrence	\$1,000,000
				Aggregate	\$3,000,000
Evidence of Insurance Faculty is only covered while instructing the students. The school is named as an additional insured.					
Memorandum Holder: The Students of Stockton University The Student of Stockton University 101 Vera King Farris Drive Galloway, NJ 08205			Should the above described Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.		
			Authorized Representative  Mark Brostowitz Principal		



Accident and Injury Policy for Graduate Students

What to Do If You Are Injured During an Internship/Practicum

- Whenever you suffer an injury or become ill while at the host worksite, you should report immediately to the worksite supervisor.
- In the case of an apparent serious injury or illness, the worksite supervisor must either call 9-1-1 and arrange for transportation to the hospital, or drive you immediately to the nearest hospital Emergency Room if safe to do so.
- The worksite supervisor, or designee at the host worksite, must immediately notify by telephone the following people, as designated below by the intern, of the injury/illness and also the name and location of the destination hospital.

Please fill in the following names and phone numbers:

Parent/Guardian* _____ _____ Relationship to student	Phone:
Spouse/Partner* _____ _____ Relationship to student	Phone:
Clinical Supervisor _____	
Clinical Instructor or Professor _____	
Graduate Clinical Director _____	Phone: Fax:

*optional, at the discretion of the student

The worksite supervisor, or designee, should make sure an accident report is filled out and faxed to the Graduate Clinical Director.

INTERN ACCIDENT/ILLNESS/INJURY RECORD

Name of Host Agency	Name of Host Agency Supervisor	Date Reported
Name of Injured	Name of Intern's Professor	Date of Accident
Intern's Address	Intern's Field of Study	
Nature of injury and part of body	Name and address of physician	Name and address of hospital
Time of Injury	Severity of Injury (circle) <div> <div>Fatality</div> <div>First aid</div> <div>Medical treatment</div> <div>Other, specify _____</div> </div>	
Describe how the accident occurred: Description of Event: What was the person doing at the time of the incident? <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
What happened or what work conditions contributed to the incident? <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
Object/Equipment/Substance Inflicting Injury or Damage:		
Did injured party or other personnel come in contact with any body fluids: <div> <input type="checkbox"/> Yes <input type="checkbox"/> No If so, specify: _____ </div>		
If outerwear was contaminated, what measures were taken for disposal?		
Nature and Extent of Property Damage:		
Estimated Repair/Replacement Cost:	Location of Damaged Property:	
Task and Activity at Time of Accident General type of task: _____	Posture of employee	

Specific activity: _____ Employee was working: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Alone <input type="checkbox"/> With another person </div>	Supervision at time of accident <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Directly supervised <input type="checkbox"/> Indirectly supervised </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Not supervised <input type="checkbox"/> Supervision not feasible </div>
---	--

Factors that contributed to incident/illness/injury – Please check all that apply

<p><u>Hazard</u></p> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Not recognized/identified <input type="checkbox"/> Identified, but not addressed <input type="checkbox"/> Inadequate repair </div> <p><u>Work Procedures</u></p> <div style="margin-bottom: 10px;"> <input type="checkbox"/> None developed <input type="checkbox"/> Not followed <input type="checkbox"/> Partially followed <input type="checkbox"/> Not understood <input type="checkbox"/> Not appropriate <input type="checkbox"/> Not communicated <input type="checkbox"/> Other _____ </div> <p><u>Training & Certification</u></p> <div> <input type="checkbox"/> Insufficient training <input type="checkbox"/> Circumstances not covered <input type="checkbox"/> Ineffective training <input type="checkbox"/> Worker not authorized <input type="checkbox"/> Outdated Training </div>	<p><u>Communication</u></p> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Breakdown in verbal communication <input type="checkbox"/> Breakdown in written communication <input type="checkbox"/> Confusion after communication <input type="checkbox"/> Other _____ </div> <p><u>Other</u></p> <div> <input type="checkbox"/> Weather/temperature <input type="checkbox"/> Extended work hours <input type="checkbox"/> Worker fatigue <input type="checkbox"/> Physical overexertion <input type="checkbox"/> Work in elevated area <input type="checkbox"/> Chemical Use <input type="checkbox"/> Biological agent <input type="checkbox"/> Radiation <input type="checkbox"/> Electricity <input type="checkbox"/> Mechanical <input type="checkbox"/> Animals </div>	<p><u>Facilities/Equipment</u></p> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Personal protective equip. (see below) <input type="checkbox"/> Faulty equipment <input type="checkbox"/> Poor/inadequate maintenance <input type="checkbox"/> Inappropriate use <input type="checkbox"/> Missing guards <input type="checkbox"/> Obsolete/antiquated <input type="checkbox"/> Inadequate design <input type="checkbox"/> Ergonomic factors <input type="checkbox"/> Equipment failure <input type="checkbox"/> Trip hazard <input type="checkbox"/> Slip hazard <input type="checkbox"/> Struck by <input type="checkbox"/> Other _____ </div> <p><u>PPE Requirements</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Reg.</th> <th style="text-align: center;">Used</th> <th style="text-align: center;">Type</th> </tr> </thead> <tbody> <tr><td>Eye</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;">_____</td></tr> <tr><td>Face</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;">_____</td></tr> <tr><td>Hearing</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;">_____</td></tr> <tr><td>Skin/Glove</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;">_____</td></tr> <tr><td>Foot</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;">_____</td></tr> <tr><td>Other</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;">_____</td></tr> </tbody> </table>		Reg.	Used	Type	Eye	<input type="checkbox"/>	<input type="checkbox"/>	_____	Face	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hearing	<input type="checkbox"/>	<input type="checkbox"/>	_____	Skin/Glove	<input type="checkbox"/>	<input type="checkbox"/>	_____	Foot	<input type="checkbox"/>	<input type="checkbox"/>	_____	Other	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Reg.	Used	Type																											
Eye	<input type="checkbox"/>	<input type="checkbox"/>	_____																											
Face	<input type="checkbox"/>	<input type="checkbox"/>	_____																											
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	_____																											
Skin/Glove	<input type="checkbox"/>	<input type="checkbox"/>	_____																											
Foot	<input type="checkbox"/>	<input type="checkbox"/>	_____																											
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____																											

Witnesses

Last Name	First Name	Job Title	Statement Obtained? (see attached)	
1)			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
2)			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
3)			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>

(Please make two (2) copies. One copy stays with the Host Agency and the other is returned to the Intern.)

WITNESS STATEMENT

Name _____ Date _____

Incident Regarding _____

(List names of persons involved in incident/injury)

I witnessed the above incident and make this statement regarding the incident:

“Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree”.

Witness Signature

(Please make two (2) copies. One copy stays with the Host Agency and the other is returned to the Intern.)

On-Site Supervisor Program Evaluation

Dear On-Site Clinical Externship Supervisor,

This is an ANONYMOUS survey. The results will help us to evaluate the effectiveness of our Masters of Science in Communication Disorders program at Stockton University.

Thank you for your time and dedication to our students.

Please check all the age groups for which the student acquired experience at your setting:

- ☐ Birth to 3
- ☐ Preschool
- ☐ School Age Elementary
- ☐ School Age Middle School
- ☐ School Age High School
- ☐ Adult
- ☐ Geriatric

Please rate your satisfaction with the background preparation of the student.

Strongly Agree Agree Neutral Disagree Strongly Disagree

My student had sufficient academic preparation.

☐ ☐ ☐ ☐ ☐

My student had sufficient clinical therapeutic preparation for this placement

☐ ☐ ☐ ☐ ☐

My student exhibited sufficient diagnostic preparation for this placement.

☐ ☐ ☐ ☐ ☐

My student exhibited sufficient professional skills (ethics, confidentiality, professionalism).

☐ ☐ ☐ ☐ ☐

What aspect of your student's performance were you most pleased?

What would prepare our students better for clinical placements in the future?

Please rate your satisfaction with the clinical coordination of this placement.

Strongly Agree Agree Neutral Disagree Strongly Disagree

Communication with the college was effective for the purposes of completing required paperwork and meeting deadlines.

☐ ☐ ☐ ☐ ☐

Requests for information were handled effectively and efficiently.

☐ ☐ ☐ ☐ ☐

Requests for student management were handled effectively and efficiently.

☐ ☐ ☐ ☐ ☐

I would recommend supervising a student from Stockton University to a colleague.

☐ ☐ ☐ ☐ ☐

How could we improve our efficiency or effectiveness of our clinical coordination for externship placements?

Additional Comments:

Student Evaluation of Supervision and Facility

**Please rate your on-site clinical supervisor and externship site using the following scales.
Only the course instructor will see this information.**

SUPERVISOR

How satisfied were you generally with the supervision you received from your on-site supervisor this semester?

Very Unsatisfied Unsatisfied Neutral Satisfied Very Satisfied

☐ ☐ ☐ ☐ ☐

Additional Comment:

The supervisor provided verbal and/or written feedback of sessions observed.

Never Seldom Occasionally Frequently

☐ ☐ ☐ ☐

Additional Comment:

The supervisor provided suggestions and/or demonstrated techniques that enabled me to improve my clinical skills in the area of evaluation.

Strongly Disagree Disagree Neutral Agree Strongly Agree

☐ ☐ ☐ ☐ ☐

Additional Comment:

The supervisor provided suggestions and/or demonstrated techniques that enabled me to improve my clinical skills in the area of treatment.

Strongly Disagree Disagree Neutral Agree Strongly Agree

☐ ☐ ☐ ☐ ☐

Additional Comment:

The supervisor served as a role model of professionalism (interaction and person qualities and professional behavior), as well as provided guidance and feedback in this area.

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

☐

Additional Comment:

Opportunities were provided by the supervisor to discuss overall clinical concerns and clinical progress.

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

☐

Additional Comment:

Overall, my clinical skills have improved under this supervisor.

Strongly Disagree

☐

Disagree

☐

Neutral

☐

Agree

☐

Strongly Agree

☐

Additional Comment:

What areas of supervision did you feel were most helpful?

Supervisory expectations of your capabilities were:

SELECT ONE:

☐ TOO HIGH

☐ APPROPRIATE

☐ TOO LOW

Would you recommend another Stockton student be placed with this supervisor?

If yes, please list the attributes of the future student that would match best with this supervisor such as their personality, initiative, background, academic preparation, work habits etc. If no, please state why.

☐ Yes

☐ No

EXTERNSHIP SITE

Was there opportunity to receive an adequate amount of experience in evaluation?

- ☐ Yes
☐ No

Additional Comment:

Was there opportunity to receive an adequate amount of experience in treatment?

- ☐ Yes
☐ No

Additional Comment:

Did you feel as though the externship site was able to providing you the best experience possible?

Please comment as to why or why not.

- ☐ Yes
☐ No

Additional Comment:

Would you recommend another Stockton student be placed at this site?

If yes, please list the attributes of the future student that would match best with this site such as their personality, initiative, background, academic preparation, work habits etc.

If no, please state why.

- ☐ Yes
☐ No

Additional Comment:

Rate the overall quality of this placement (all things included).

Poor

☐

Adequate

☐

Average

☐

Great

☐

Excellent

☐

Additional Comment:

Rate the effect of this placement on your desire to become a speech-language pathologist.

Poor

☐

Adequate

☐

Average

☐

Great

☐

Excellent

☐

Additional Comment:

Appendix D

HIPAA Violation Sanctions Policy

In the event that you, a Student Clinician, are responsible for a violation of the Speech and Hearing Clinic's Privacy Practices and/or violate the Health and Insurance Portability and Accountability Act of 1996 (HIPAA), the following sanction guidelines would apply:

DEFINITION OF OFFENSE:

Level I offenses

1. Accessing information that you do not need to know to complete coursework, practica assignments, etc.;
2. Sharing PHI/identifying information with another person (e.g. classmate, clinical supervisor, etc.) without authorization;
3. Copying or changing PHI/identifying information without authorization;
4. Transmitting PHI/identifying information electronically;
5. Discussing confidential information in a public area or in an area where the public could overhear the conversation;
6. Discussing confidential information with an unauthorized person; or
7. Failure to cooperate with privacy officer.

Level II offenses

1. Second offense of any Level I offense (does not have to be the same offense)
2. Unauthorized use or disclosure of PHI/identifying information
3. Failure to comply with a resolution or recommendation made by the course instructor, Clinic Director, or any faculty member of the MSCD program.

Level III offenses

1. Third offense of any Level I offense (does not have to be the same offense)
2. Second offense of any Level II offense (does not have to be the same offense)
3. Obtaining PHI/identifying information under false pretenses; or
4. Using and/or disclosing PHI/identifying information for commercial advantage, personal gain, or malicious harm.

SANCTIONS

Level I offenses shall include, but are not limited to:

- (a) Verbal reprimand;
- (b) Points deduction from course assignment;
- (c) Retraining on HIPAA awareness; or
- (d) Retraining on the proper use of PHI/identifying information

Level II offenses shall include, but are not limited to:

- (a) Points/Letter grade deduction from final grade in course;
- (b) Written reprimand in the Student Clinician's clinic file;
- (c) Retraining on HIPAA Awareness;
- (d) Retraining on the proper use of PHI/identifying information;

Level III offenses shall include, but are not limited to:

- (a) Dismissal from program
- (b) Civil penalties as provided under HIPAA or other applicable Federal/State/Local law; or
- (c) Criminal penalties as provided under HIPAA or other applicable Federal/State/Local law.

MSCD ePortfolio Rubric

Documentation of ASHA Knowledge and Skills: Academic Requirements for Certification
Based upon 2014 Certification Standards for SLP Certification

Student: _____

Reviewer: _____

Directions to the Reviewer: Below, indicate the numerical values within each respective rubric that represent the inclusion of artifacts necessary to demonstrate this student's knowledge/skills.

→ *Keep in mind that one artifact may satisfy more than one standard.*

Reflections: Students are encouraged to include reflections across their portfolio. Reflections should be reviewed according to the following criteria:

Reflection shows thorough thoughtfulness; is clearly written with no errors; addresses learning related to one or more of the Knowledge and Skills Outcomes across their portfolio.	Reflection shows some thoughtfulness; is clearly written but with 1-2 errors; addresses examples of learning but does not connect directly to evidence in portfolio.	Reflection shows little thoughtfulness; contains few details or examples; contains more than 2 errors.	Shows poor reflection attempt; is incomplete or missing.
3	2	1	0

Notes: _____

Standard IV: Knowledge Outcomes

Standard IV-A: The applicant must have demonstrated knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences.

→ *Not required in MSCD Portfolio. Much of this work will be completed prior to admission to MSCD Program.*

Standard IV-B: The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate _____ biological, _____ neurological, _____ acoustic, _____ psychological, _____ developmental, and _____ linguistic and _____ cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

→ *Reviewer should mark a ✓ or X next to each base if appropriately represented in artifacts interspersed across the portfolio.*

Rubric 1 (Circle score)

Contains at least one artifact/sample for <u>each</u> component of the standard.	Contains at least one artifact/sample for <u>at least 5 of the 7 components</u> of the standard.	Contains at least one artifact/sample for <u>at least 4 of the 7 components</u> of the standard.	Contains artifacts/samples for <u>3 or fewer components</u> of the standard. OR No artifacts/samples or ineffective/inappropriate documentation.
3	2	1	0

Standard IV-C: The applicant must have demonstrated **knowledge of communication and swallowing disorders and differences**, including the appropriate etiologies, characteristics, psychological, acoustic, anatomical/physiological, developmental, and linguistic and cultural correlates.

Standard IV-D: The applicant must have demonstrated current **knowledge of the principles and methods of prevention, assessment, and intervention** for people with communication and swallowing disorders, including consideration of psychological, anatomical/physiological, developmental, and linguistic and cultural correlates.

→ Reviewer should tally the number of appropriate artifacts included for each of the Big 9 areas below for both standards and award points based on the level of evidence provided, as indicated by the rubric.

Big 9 Areas	Standard IV-C		Standard IV-D	
	Number of Artifacts	Rubric 2 Points	Number of Artifacts	Rubric 3 Points
Articulation				
Fluency				
Voice/Resonance (Including respiration and phonation)				
Receptive and Expressive Language <ul style="list-style-type: none"> In speaking, listening, reading, and writing Phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, paralinguistic communication 				
Hearing (Including the impact on speech and language)				
Swallowing <ul style="list-style-type: none"> Oral, pharyngeal, esophageal, and related functions Oral function for feeding and orofacial myology 				
Cognitive Aspects of Communication <ul style="list-style-type: none"> Attention, memory, sequencing, problem-solving, executive functioning 				
Social Aspects of Communication <ul style="list-style-type: none"> including challenging behavior, ineffective social skills, and lack of communication opportunities 				
Augmentative and Alternative Communication Modalities				

Total Rubric Points _____

	Substantial Evidence	Sufficient Evidence	Minimal/No Evidence
Rubric 2 Demonstrate knowledge of communication and swallowing disorders and differences	Contains 2 or more artifacts/ samples	Contains at least 1 artifact/ sample	No artifacts/ samples OR ineffective/ inappropriate documentation
Rubric 3 Demonstrate the knowledge of principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders			
	3	2	0

Standard IV-E: The applicant must have demonstrated knowledge of standards of ethical conduct (in accordance with current ASHA Code of Ethics).

Standard IV-F: The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice. *Examples include therapy plans or article reviews that indicate evidence-based practice, course assignments from research methods course, documentation from a student's completed research project, etc.*

Standard IV-G: The applicant must have demonstrated knowledge of contemporary professional issues. *This may include artifacts reflecting trends in professional practice, academic accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures.*

→ Reviewer should tally the number of appropriate artifacts included for each of the standards above and award points based on the level of evidence provided, as indicated by the rubric.

Standard IV-E	Standard IV-F	Standard IV-G
Number of Artifacts	Number of Artifacts	Number of Artifacts
Rubric 4 Score:	Rubric 5 Score:	Rubric 6 Score:

Substantial Evidence	Sufficient Evidence	Marginal Evidence	Minimal/No Evidence
Contains 3 or more artifacts/samples	Contains at least 2 artifacts/samples	Contains at least 1 artifact/sample	No artifacts/samples OR ineffective/inappropriate documentation
3	2	1	0

Standard IV-H: The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.

→ *Examples may include certificates of eligibility for speech-language specialist, temporary state license/licensing procedures, summary of entry level requirements for clinical practice, assignments aligning speech-language goals with core curriculum content standards for therapy, updates on Medicaid/Medicare law including reimbursement and billing.*

Rubric 7 (Circle score)

Substantial Evidence	Sufficient Evidence	Marginal Evidence	Minimal/No Evidence
Contains at least 2 artifacts/samples	Contains at least 1 artifact/sample	Inappropriate documentation	No documentation
3	2	1	0

Standard V: Skills Outcomes

Skills may be developed and demonstrated by direct client/patient contact in clinical experiences, academic course work, labs, simulations, examinations, and completion of independent projects.

→ *Keep in mind that one artifact may satisfy more than one standard, and artifacts may be interspersed throughout the portfolio.*

Standard V-A: The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

Rubric 8 (Circle score)

Substantial Evidence	Sufficient Evidence	Marginal Evidence	Minimal/No Evidence
Contains 3 or more artifacts/samples	Contains at least 2 artifacts/samples	Contains at least 1 artifact/sample	No artifacts/samples OR ineffective/inappropriate documentation
3	2	1	0

Standard V-B: The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. Evaluation

- Conduct screening and prevention procedures (including prevention activities).
- Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
- Select and administer appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures.
- Adapt evaluation procedures to meet client/patient needs.
- Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
- Complete administrative and reporting functions necessary to support evaluation.
- Refer clients/patients for appropriate services.

2. Intervention

- 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. Implement intervention plans (involve clients/patients and relevant others in the intervention process).
- Select or develop and use appropriate materials and instrumentation for prevention and intervention.
- Measure and evaluate clients'/patients' performance and progress.
- Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
- Complete administrative and reporting functions necessary to support intervention.
- Identify and refer clients/patients for services as appropriate.

→ *Reviewer should tally the number of appropriate artifacts included for each of the Big 9 areas below for both standards and award points based on the level of evidence provided, as indicated by the rubric.*

Big 9 Areas	Standard V-B1	Standard V-B2
	Number of Artifacts	Number of Artifacts
Articulation		
Fluency		
Voice/Resonance (Including respiration and phonation)		
Receptive and Expressive Language <ul style="list-style-type: none"> In speaking, listening, reading, and writing Phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, paralinguistic communication 		
Hearing (Including the impact on speech and language)		
Swallowing <ul style="list-style-type: none"> Oral, pharyngeal, esophageal, and related functions Oral function for feeding and orofacial myology 		
Cognitive Aspects of Communication <ul style="list-style-type: none"> Attention, memory, sequencing, problem-solving, executive functioning 		
Social Aspects of Communication <ul style="list-style-type: none"> including challenging behavior, ineffective social skills, and lack of communication opportunities 		
Augmentative and Alternative Communication Modalities		

Rubric 9 (*Circle score*)

Contains at least one artifact/sample of evaluation for <u>each</u> of the Big 9 areas.	Contains at least one artifact/sample of evaluation for <u>at least 8 of the 9 areas</u> .	Contains at least one artifact/sample of evaluation for <u>at least 7 of the 9 areas</u> .	Contains artifacts/samples of evaluation for <u>6 or fewer of the 9 areas</u> . OR No artifacts/samples or ineffective/inappropriate documentation.
3	2	1	0

Rubric 10 (*Circle score*)

Contains at least one artifact/sample of intervention for <u>each</u> of the Big 9 areas.	Contains at least one artifact/sample of intervention for <u>at least 8 of the 9 areas</u> .	Contains at least one artifact/sample of intervention for <u>at least 7 of the 9 areas</u> .	Contains artifacts/samples of intervention for <u>6 or fewer of the 9 areas</u> . OR No artifacts/samples or ineffective/inappropriate documentation.
3	2	1	0

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.

Artifacts may include externship supervisor narratives, ECC documents, emails of support from supervisors/other professionals, sample SOAP notes, etc.

→ Reviewer should award points based on the level of evidence provided, as indicated by the rubric.

Rubric 11 (Circle score)

Substantial Evidence	Sufficient Evidence	Marginal Evidence	Minimal/No Evidence
Contains 3 or more artifacts/samples	Contains at least 2 artifacts/samples	Contains at least 1 artifact/sample	No artifacts/samples OR ineffective/inappropriate documentation
3	2	1	0

Standard V-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. Reviewer Initials _____

Standard V-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. Reviewer Initials _____

Standard V-E: Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient. Reviewer Initials _____

Standard V-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. Reviewer Initials _____

→ Reviewer should review student clock hours in Typhon and initial next to each standard if met.

Rubric Summary:

Reflections	_____	(Out of 3 points)	Rubric 6	_____	(Out of 3 points)
Rubric 1	_____	(Out of 3 points)	Rubric 7	_____	(Out of 3 points)
Rubric 2	_____	(Out of 27 points)	Rubric 8	_____	(Out of 3 points)
Rubric 3	_____	(Out of 27 points)	Rubric 9	_____	(Out of 3 points)
Rubric 4	_____	(Out of 3 points)	Rubric 10	_____	(Out of 3 points)
Rubric 5	_____	(Out of 3 points)	Rubric 11	_____	(Out of 3 points)

Total Number of Points Earned (Rubrics + Reflections): _____

(Circle one)

Max total points = 84

80% level = Proficient (minimum of 68 points)

70% level = Approaching proficiency (minimum of 59 points)

Below 59 points = Additional documentation of knowledge and skills needed

Semester Reviewed: _____

Reviewer Initials _____