ARKANSAS STATE UNIVERSITY

COLLEGE OF NURSING AND HEALTH PROFESSIONS

DEPARTMENT OF COMMUNICATION DISORDERS

ASTATE SPEECH & HEARING CENTER

CLINICAL PRACTICUM HANDBOOK

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Arkansas State University
Speech and Hearing Center

INTRODUCTION

The Arkansas State University Speech and Hearing Center (SHC) exists as a primary practicum component for the Department of Communication Disorders within the College of Nursing and Health Professions. The department's major goal is to provide scholarly and clinically appropriate opportunities for students enrolled in both the undergraduate and graduate studies in Communication Disorders (CD). Undergraduate and graduate students participate in observation, assessment and management of disorders of communication resulting from deficits associated with speech production (articulation, fluency, voice, or dysphagia), language reception and expression, hearing/aural rehabilitation, and related difficulties (English as a second language or accent reduction). The client population served by the SHC includes children and adults in the immediate Jonesboro area as well as the surrounding communities of Northeast Arkansas and Southeast Missouri. The major goals of the SHC include: 1) provision of a teaching center allowing student accumulation of practicum experiences required for certification purposes by the American Speech-Language-Hearing Association (ASHA), 2) provision of a teaching center allowing licensure by the Arkansas Board of Examiner's in Speech-Language Pathology and Audiology (ABESPA) or other state licensure/certification boards, and 3) provision of speech, language, and hearing services to the ASU Campus, the city of Jonesboro area and neighboring communities.

Policy Regarding Equitable Provision of Clinical Services

Arkansas State University is an Equal Opportunity/Affirmative Action institution and, thereby, complies with all applicable federal and state legislation regarding employment practices and admission/treatment of students without regard to race, color, religion, age, disability, gender, national origin, participation restriction, sexual orientation, veteran status, or status as a parent. As a single point-of-service entity within Arkansas State University, the Arkansas State University Speech and Hearing Center complies with all state and federal equal opportunity legislation in the provision of prevention, screening, diagnostic, and therapy services to all client populations served in the Center. Questions about this policy should be addressed to the Title 9 & Institutional Equity Coordinator 2105 Aggie Road, Human Resources Room 218A, P.O. Box 1500, State University, Arkansas 72467, phone (870) 972-2015

This handbook is intended to inform students of pertinent information and the numerous guidelines applicable to the SHC. Each student is expected to become familiar with the contents and will be held responsible for its review and application. As a result, the student will be responsible for verifying the record of courses, practicum clock hours and compliance to university, department, ASHA, ABESPA or other applicable licensure or certification requirements. Each student is also primarily responsible for his/her own

professional growth. Supervisors will, however, provide guidance and directions related to the development of clinical competencies and professional practice ethics.

All students involved in observation or practicum will be enrolled in appropriate coursework and will have completed all prerequisites. The general SHC guidelines for students are presented in the following text of information. Reference to "clinician" in this presentation pertains to all CD practicum students. Additionally, reference to treatment/instruction applies to client therapy. Specific requirements and/or samples are presented in the appendices.

The contents are subject to change without notification.

MISSION STATEMENT

Arkansas State University

Arkansas State educates leaders, enhances intellectual growth, and enriches lives.

College of Nursing and Health Professions

The mission of the College of Nursing and Health Professions is to provide quality education to students, graduates and health care providers in a variety of health disciplines. To fulfil this mission we foster collaboration with our larger community in education, research, and service. Recognizing our unique position in the lower Mississippi Delta region, the College provides educational programs that are designed to promote lifelong learning based on the expressed needs of its varied constituencies. The College assesses the attainment of this mission in terms of the contributions its graduates make to the health care in the Delta region and beyond.

Department of Communication Disorders

The mission of the Department of Communication Disorders is to prepare competent speech-language pathologists. Students are trained to provide ethical service delivery to a broad spectrum of individuals with communication disorders. In addition, students are trained to work with other professionals in a wide variety of service delivery settings.

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Arkansas State University
Speech and Hearing Center

I. THE CLINIC

A. Clinic Facility

The Arkansas State University Speech and Hearing Center (SHC) is located on the first floor of the Donald W. Reynolds Building on Danner Street in Jonesboro, Arkansas. The building is accessible for individuals with disabilities via both the Danner Street Entrance and the 2nd floor Caraway Road entrance. Access to the SHC facility and Department of Communication Disorders is provided by a centrally located elevator and stairways within the atrium of the Reynolds Building. The SHC area includes the office (serving the CD academic program and the SHC), waiting area, director's office, diagnostic or therapy rooms, audiology suite, clinician's workroom, library and equipment spaces, geriatric group room, and pediatric group room. Accessible restrooms are located just outside the SHC.

Parking for the SHC is managed by ASTATE Parking Services. Clients of the SHC who are not registered as an ASTATE student, staff, or faculty may park in any space reserved for the SHC or any visitor space. SHC spaces are located behind the Reynolds Building and are marked with appropriate signage. The SHC spaces require a hang tag to be displayed at all times in order to make use of those designated spaces. ASTATE visitor spaces are located in the parking garage on Caraway Road and marked with blue and white "V" signage. Clients parking in disability spaces must display a handicapped parking permit. Disability parking sites are located within the Caraway Road parking garage while additional spaces are located behind and west of the Reynolds Building. Failure to observe parking privileges appropriately or parking in restricted zones could result in fines by ASTATE'S Parking Services Department.

Therapy rooms in the SHC are equipped with a motion activated digital video & audio recording system for observation purposes. Additionally, each therapy room has an adjacent observation room for parental, student, and/or supervisor use. A quiet environment must be maintained to insure appropriate observation opportunities. Likewise, use of cell phones and other electronic devices (during SHC hours) is limited to supervisors with incoming emergency calls. Student clinicians may only use cell phones in the workroom or as permitted by the supervisor.

Each therapy room is furnished to accommodate both children and adults. Placement of furniture must accommodate remote observation. Therapy rooms and hallways must remain evacuation ready at all times.

Prior to room use, furniture should be arranged to ensure appropriate access to viewing

from the observation room. Blinds should be adjusted to accommodate specific client needs, activities, or temperature levels. Activity or instruction in the room must end at the appointed time to allow sufficient time for cleaning and arranging the room for the next occupant. At the close of each therapy session, the room should be free of all therapy/instructional materials, table and chairs should be properly positioned, and debris should be placed in receptacles or removed from the room. As a general rule, a five minute period of time near the end of a session should allow sufficient time for evacuation and clean-up of a room as well as set up for the succeeding session. Such care will provide each clinician the assurance of a desirable work space and maintain a professional clinic environment.

The CD/SHC office, waiting area, student/material workroom, or hallways are not to be used as a social gathering place. Because these spaces are in close proximity to both the diagnostic and treatment areas and offices it is imperative that activities maintain a safe and quiet environment. It is never appropriate for visitors to be present in any student/client areas unless accompanied by a student, supervisor, or member of the faculty/staff. Family and friends will have many opportunities to visit during scheduled open houses and similar events. An additional client accessible waiting area is available immediately outside the first floor SHC in the atrium of the Reynolds Building.

The communication system within the SHC includes written postings on a bulletin board located in the library. The bulletin board located in the library allows for posting of official treatment session cancellation notices. Clinician and supervisor mail files are also located in the library. Although faculty mailboxes are located on the second floor of the Reynolds Building in the Department of Communication Disorders office, communication pertaining to SHC matters should be limited to the mail files housed in the library. Communication with clinicians and supervisors may include the current SHC schedule, SHC events, practicum calendars, diagnostic information, therapy information, clinician messages, client cancellations as well as relevant SHC information. Each clinician is required to provide the Clinic Director with an e-mail address for SHC use and faculty/supervisor interactions. It is the clinician's responsibility to check both the mail file, bulletin boards, and e-mail on a daily basis.

B. Equipment/Materials

1. Diagnostic Material/Equipment.

The Diagnostics Inventory sheet is located in the reception office of the first floor SHC. Its revision is ongoing. Diagnostic tests and materials stored in the file room immediately adjacent to the SHC reception office are for student clinician use unless otherwise indicated. Tests may be checked out overnight (Monday through Thursday) 30 minutes prior to the close of the SHC or for the weekend after diagnostic evaluations are completed on Friday (or earlier if no evaluations are scheduled) and must be returned by 8:30 a.m. the following business day. Only the CD/SHC faculty/clinical supervisors, secretary, or a designated graduate assistant may enter the file room to secure diagnostic

tests and/or materials. Testing manuals, stimulus materials and manipulative objects must be replaced in the test housing (box, case, etc.) when finished with the assessment. Materials should also be disinfected before returning. Diagnostic tests and materials may be checked out for use at external practicum sites with permission of the Clinic Director and standard off-site check-out procedure (Appendix A-2). This check-out form is located in the SHC reception office and must be initialed by a faculty member, secretary, or GA.

Test protocol forms are located in the file room. Students are NEVER to take the final copy of a diagnostic record form or information sheet from the files, but are to inform the SHC secretary or Clinic Director to ensure supply replenishment. Due to cost factors, clinicians should use only one form per evaluation.

Note: Required SHC forms (client case history, informed consent and release of information) are housed in the library.

Portable audiometers are stored in the audiology room(#122). Audiometers are available for use in the SHC by signing the test/equipment reservation sheet posted in the SHC office (#147). Although overnight check out is allowed, specific time restrictions do apply. Audiometers may be checked out overnight (Monday through Thursday) 30 minutes prior to the close of the SHC. Check out of audiometers on Friday is dependent upon availability of units. Audiometers must be returned by 8:30 a.m. on the next business day. All off-site use requires completion of the External Check-Out form (Appendix A-2).

Note: Audiometers are calibrated instruments requiring attention to the storage/transport temperatures as well as careful handling. Thus, special attention must be provided to maintain the functional integrity of the equipment.

2. Clinic Materials

The Therapy Treatment Inventory sheet is posted in the SHC reception office. Its revision is ongoing. Speech-Language treatment materials are housed in the library (#146), or the file room (#145). Audiology materials are located primarily in the Audiology Suite (#122). Materials are to be returned immediately after use and should be disinfected. All pieces, parts, and/or sections of materials must be accounted for and must be in proper order. If only one part or a few pieces of a kit are needed, the entire kit should be taken. Do not remove cards and materials from a kit. Separate cards and materials into appropriate groups or classifications before returning them to the kits. As a general “rule of thumb”, return the materials to the location from which they were taken. These materials are to be used ONLY in the SHC.

3. Tapes and Recordings

The SHC has a closed circuit television system for clinical training and supervision.

Clinicians may record sessions with clients for self-evaluation and/or supervisory review provided written permission for such has been gained from the client. Sessions maybe saved to the computers in the supervision room. Written client permission is secured using the SHC Informed Consent form. All guidelines pertaining to confidentiality must be maintained with the use of all recordings.

4. Instrumentation

Computers and varied computer programs are available for diagnostic evaluations, treatment and instruction. In addition to access to computers in the AV Lab located on the second floor of the Reynolds Building, computer stations for clinician use are located in the clinic work room (#102). Other discipline specific equipment may be found in the materials/clinician workroom (#102), Audiology Suite (#122) and file room (#145). Articles of instrumentation include augmentative devices, computers, telephone, computerized speech lab, nasometer, laryngograph, portable audiometers, stop watches, assistive listening devices, musical keyboard, metronome, etc. A number of these instrumentation devices require reservation and/or check out through the SHC reception office. The majority of this equipment was purchased using student infrastructure fees.

5. Repair Costs/Replacement

Broken equipment, repair requests or replacement needs should be reported immediately to a clinical supervisor, CD/SHC secretary or Clinic Director. Please keep in mind that SHC equipment and materials are costly and fragile; caution should be taken to protect all items. If they are lost or abused, limited funding will not normally permit immediate replacement. In the event equipment, test items or treatment materials are abused or lost by a clinician, he/she will be assessed a replacement cost based upon age and/or replacement cost of the item.

C. Facility Use

The SHC hours of operation during the Spring and Fall semesters are from 1 p.m. to 6 p.m., Monday through Friday, except for ASTATE closings. The SHC hours of operation during Summer I and Summer II dates are from 1 p.m. to 5 p.m. Monday through Thursday and by appointment only on Friday, except for ASTATE closings. Scheduling of SHC operations may extend beyond these times by arrangement through the Clinic Director. Cancellation due to inclement weather parallels closings for the Jonesboro School District.

Client scheduling is arranged through the referral process by the SHC secretary and the Clinic Director. Initial referral information appears on a Referral form (Appendix B-4) which is placed in the clinician's box following clinician/supervisor and room assignments. This information is immediately shared with the assigned supervisor. All scheduling of room use is managed by the Clinic Director and a schedule is available for reference at the front desk on the first floor. Temporary use of any SHC space should be arranged through the Clinic Director or SHC secretary.

Note: Clinicians should refrain from removing clients from the SHC for any reason unless permission has been granted by the significant other and supervisor. Inquiries should be made of food allergies as well as likes and dislikes. The client and clinician should be accompanied by the supervisor or undergraduate observer in the event treatment requires therapeutic opportunities outside the designated SHC treatment area. Likewise, clinicians providing supervision of bathroom needs by the client (child or adult) should engage an additional individual to assist.

The use of food is acceptable within reasonable limits during treatment/evaluation activities. However, no food or drink is allowed in the SHC therapy rooms except for therapy purposes.

All faculty, staff, and students are expected to help maintain rooms in the SHC. This includes individual responsibility to help keep these areas clean and orderly at all times. Failure to do so will result in restricted or denied use of the clinic workroom.

D. Emergency Procedures

1. Medical emergency.

At the beginning of each semester, clients, student clinicians, and University faculty and staff must complete an Emergency Medical Status form (Appendix A-4). Information must be documented regarding medical history, pertinent medical problems, medications, physician and hospital preference, as well as authorization to contact 911 EMS should a life threatening situation occur while on the premises. Student information will be maintained by the Clinic Director and housed in the SHC office. Client information will be housed in the client's working file in the clinician/materials workroom. Faculty information will be presented to the CD Department Chair/designee and placed in the faculty personnel file. **Note**: An EMS waiver may be submitted in the event one of the above individuals prefers an alternative emergency procedure.

In the event that a medical emergency occurs during therapy, the following procedures should be followed:

1. Immediately call for help if alone with the client.

2. Immediately notify supervisor or faculty designee by sending another person for one of the above named individuals – STAT.

3. Notify family member, supervisor or faculty designee to come to the location of the emergency.

Do not overreact. Many situations can be handled without calling 911, but do not hesitate to call for emergency assistance if the condition merits.

4. If unable to reach family member or guardian, and emergency treatment is warranted:

a. If the EMS authorization has been signed, the supervisor or faculty designee will call ambulance (911) and accompany client to the hospital. Refer to the EMS card for pertinent information.

b. Supervisor or designee will continue to secure contact with significant others by phone to advise of medical status.

5. The supervisor will follow-up by calling family member or parent later to check on client.

Note: In the event any client should have medical conditions requiring specific emergency measures, the clinician and supervisor must be apprised of the condition at the initiation of services for that semester. They must also receive instruction by the client/family to become acquainted with the recommended measures. Family members

or persons designated by the family must remain on the premises while the client receives services in order to administer or assist with such emergency measures.

2. Medical injuries.

Reporting of student or client injuries should follow ASTATE specified guidelines.

1. Report injury to immediate supervisor and Clinic Director even if medical treatment is not necessary.

2. Report incident to Dean of CNHP and the office of Safety & Emergency Management. File report as instructed. The CNHP Incident Report Form may be found in both the undergraduate and graduate student handbooks.

3. Emergency situations should result in following the above medical emergency guidelines. Non-emergency incident may result in medical consult/treatment at the expense of the student or client.

3. Emergency evacuation.

Emergency evacuation may be necessary as a result of fire, tornado, earthquake, or threat of violence. General procedures for fourth floor or building evacuation are posted at various points in the SHC for reference should a fire, tornado, earthquake, or other emergency alert be given. Note: A copy of the routine evacuation routes and/or procedures appears in Appendix A-5. Sound and visual alerting devices are placed throughout the SHC. Use of the elevator during an emergency alert or incident is prohibited. All clinicians and supervisors must facilitate an evacuation process for appropriate and safe removal of disabled individuals via the stairs from the second floor of the Reynolds Building to the designated first floor emergency area or outside of the building. Undergraduate students must participate in a client evacuation in-service (as arranged by the Clinic Director) prior to participating in the initial undergraduate practicum.

The Clinic Director and supervisors are responsible for making sure all individuals have left the SHC and that appropriate fire, tornado, earthquake, or active shooter procedures are completed as outlined by the office of Safety & Emergency Management. If possible, families should be apprised of the emergency situation after reaching a safe area.

II. OPERATIONAL POLICIES AND PROCEDURES

A. Ethical Responsibility

All clinical students (including student observers), faculty/staff, and adjunct faculty are to conduct themselves according to the Code of Ethics of the American Speech-Language and Hearing Association (ASHA) and the College of Nursing and Health Professions. (These guidelines are found in the appendix B-1). The final page document should be printed, signed, and submitted to the Clinic Director.

Practicum students must demonstrate responsibility and respect for the client and their significant others. Likewise, the student must develop the same characteristics toward self and clinical personnel. Students are responsible for the evaluation and treatment of assigned clients. Evaluation and treatment are under the direct supervision and approval of the assigned supervisor. Ultimately, provision of services by the student fall within the legal privileges extended the immediate supervisor by the Arkansas Board of Examiners in Speech-Language Pathology and Audiology and American Speech-Language-Hearing Association. Utilization of every resource is necessary to develop and provide the most effective services. All clients and their significant others must be informed of the results of an evaluation, the nature of the disorder, recommendation for treatment, and prognosis for improvement. Likewise, ongoing treatment assessment results must be reviewed to determine treatment effectiveness and efficiency. Students should also demonstrate responsibility through maintenance of accurate and precise client records. Clinical extern students are required to uphold the Code of Ethics of ASHA and the College of Nursing and Health Professions. Additionally, clinical extern students shall uphold the policies and procedures of their assigned clinical site.

Professional discretion and confidentiality of client information must be maintained at all times. It is the responsibility of the clinician to facilitate a confidential environment for open and uninterrupted discussion. Both written and verbal client information (active and inactive) will be handled with respect and confidentiality. Information is not to be discussed outside of the professional environments. Similarly, clinicians must not discuss client difficulties or progress regarding treatment in the reception area or hallways. Client related discussions must be contained within a secure area that fosters confidentiality without interruption. In the event a treatment room or office is not available, confidential conversations should occur in the Reynolds Center building. Clients, or their significant others, must be made aware of both the SHC Consent for Release of Information form and Informed Consent form prior to the initiation of an evaluation or treatment and at the beginning of each semester of service.

No part of the permanent file and/or the working file should be removed from the SHC unless the file is taken to a supervisor's office.

Any clinical student who does not behave in an ethical manner, or does not follow the policies and procedures of their clinical site will be reprimanded by the Director of Clinical Services. Depending upon the circumstances, the student will be counselled and assigned an appropriate intervention to rectify the situation and to educate the student regarding ethical practice. If necessary, a Student Intervention Form(Appendix B-12) will be completed and the student will be informed of the misconduct during a meeting with the Director. At that time, any remediation strategy will be determined based upon the severity of the clinical misconduct.

B. Maintenance of Clinical Records

1. Permanent client files.

Procedures for permanent client file check out are to be followed when securing the permanent client file for review. Permanent client files are housed in the SHC file room and are released to appropriate personnel using a formal check-out procedure. Only the Clinic Director, SHC secretary, or designated graduate assistant may secure a permanent client file. A request for permanent client file requires the official client file number assigned by the SHC secretary upon completion of an evaluation and/or determination for receipt of clinical services. Permanent client files must be returned to the SHC reception office when the clinician leaves the SHC at the end of each day. Permanent client files should NEVER be placed in the clinician mail box or separated from the clinician's immediate possession for any reason.

Each permanent client file is arranged in a specific content order as designated on the front of each file. Additionally, each of the seven (7) content areas is organized from front to back or most current to initial sequence so that the latest information always appears at the front of each content area. Each client file should contain the required information pertinent to the designated disorder and be organized in the following content order from front to back:

1. Summary of contact – File Audit form
   EMS Care / Patient Information
   Contact Log

2. History – Referral
   Disposition forms
   Additional disorder history information packet (Case History)

3. Correspondence - In-coming and out-going written correspondence

4. Diagnostic - Original diagnostic report(s) and updates from ASU SHC (including protocols, language samples, etc.)
   Copies of outside diagnostic reports (SLP, psychological, audiological, etc.)
   Supporting test results and raw test data collected during a diagnostic evaluation

5. Treatment - Original Treatment Plan
   Original end of semester Treatment Summary/Discharge
   Discharge Summaries and Treatment Reports from other settings

6. Session Plans - Original Daily Session Plans/ Summaries

7. Consent/Release - Consent for Release of Information

Informed Consent
Receipt of Notice of Privacy Practices (HIPAA)
Patient Consent Form (HIPAA)
Authorization for Transport of Minor
Publicity Consent

Note: Clients receiving only speech-language or audiology evaluative procedures do require establishment of a permanent file and entries as appropriate. Upon arrival for the appointment, the SHC secretary will assign a file number and provide the clinician with the numbered folder. All diagnostic materials should be kept in the folder, and upon inclusion of completed and signed report, the folder should be turned in to the SHC secretary.

The clinician is responsible for maintaining appropriate organization and content of the permanent client file under the direction of the supervisor. At the conclusion of each semester and upon discharge, the clinician and supervisor will utilize the File Audit form as presented in Appendix B-2 to ensure proper transfer of semester information into the permanent file. The File Audit form will be placed in the front of the client file in the summary of contact section as noted on the audit form. As new information is added, it should be placed in the appropriate section and the proper chronological order. As previously indicated, the most current information is to be placed in front of or on top of each section, with the initial or oldest on the bottom.

Clinicians are bound by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Each clinician is required to complete the training in HIPAA regulations as provided by the Clinical Director. All protected health information is subject to the restrictions of the SHC Notice of Privacy Practices as found in Appendix C-6 and C-7.

All information in the files is CONFIDENTIAL and should never be discussed with anyone not professionally involved with the client, immediately related to the client, or legally responsible for the client. Client rights and professional ethics mandate confidential and secure record systems. Incomplete or problematic permanent client files should be reported to the Clinic Director or SHC secretary. Requests for forwarding of client information (reports, test results, etc.) must be submitted in writing to the SHC secretary. Subsequently, such requests will be forwarded by the SHC secretary based upon authorization from the client/SO.

2. Semester Client Work Files.

Semester work files for each client provide a short-term system for maintaining client information as described above. Each client enrolled in therapy at the SHC for a given semester should have a working file. Clients previously enrolled at the SCH will have the previously used working file in the back of the permanent file at the beginning of the semester, and clinicians should retrieve it upon initial file check-out. These client work files are arranged in alphabetical order by the clinician's last name in the file cabinet in the materials/clinician workroom. The establishment of a working file for new clients is

the responsibility of the assigned clinician. Each file should contain all semester relevant information as identified for the permanent client file. Likewise, its arrangement should closely resemble the overall compilation of the permanent work file sections. Timely placement of completed client information will be closely monitored by the supervisor on a regular basis throughout the semester. The clinician and supervisor are ultimately responsible for maintaining proper organization and content of the permanent and working client file material. Use of the File Audit sheet at the conclusion of each semester or upon discharge provides a systematic review of information or file material for transfer from the semester client work file to the permanent client file. The formal audit of the client work file must be initiated by the clinician and approved by the supervisor before actual transfer from the semester client work file to the permanent client file. Information or file material not transferred to the permanent file should be shredded in the paper shredder located in the materials/clinician workroom. All information in the files is CONFIDENTIAL and its existence as a professional and legal record will not be compromised.

C. Referral Process/Disposition Form

Referral for services at the SCH is documented on the client Referral form (Appendix B-4A & B4B). This request may be for a screening, specialized or comprehensive evaluation, and/or treatment related speech-language pathology and/or audiology. Initial information received may indicate a diagnostic evaluation be scheduled if none has been done or a significant period of time has lapsed since one has been completed. In every case, a diagnostic evaluation must be in place before treatment services are initiated. All scheduling of evaluations and treatment are based upon completion of paperwork, as well as client availability, SHC schedule or space, clinician or faculty/supervisor availability, etc.

The Clinic Director is directly responsible for scheduling of all speech-language screenings, evaluations and therapy sessions. Likewise, the Clinic Director assumes responsibility for scheduling of hearing screenings and comprehensive audiological assessments. The SHC secretary provides support related to appointment day, time, room and clinician/supervisor as requested by the Clinic Director. When a client, clinician, schedule, and/or room change occurs, the supervisor and clinician are notified via their mailbox or email.

The inability to schedule a client may result in placement on a waiting list or referral to an outside provider. In the event an outside referral is warranted following the initial evaluation, the supervisor and clinician should advise the client or significant other of available resources or alternatives. Likewise, an outside referral resulting during established or scheduled treatment should follow the same guidelines related to provision of information and assistance to the client and/or significant other. Referral recommendations should be documented in associated SHC reports or separate notation and housed in the permanent file.

Completion of a Disposition form at the conclusion of evaluations or each semester of intervention (Appendix B-5) serves as the major resource for subsequent scheduling of services. The clinician and supervisor are responsible for securing a completed Disposition form for each client upon completion of assessment or two weeks prior to the end of each semester for returning established treatment clients. For clients not returning for any reason, clinicians should complete the client information section and write “discharged” boldly across the face of the form. All Disposition forms must be presented to the Clinic Director for scheduling purposes.

D. Absenteeism/Tardiness

Student clinicians are responsible for informing the client or significant others of absenteeism procedures and policies. The importance of prompt, regular attendance and its favorable influence on client improvement should be emphasized. Client attendance is also critical to the student's accumulation of practicum clock hours.

When clients need to cancel therapy, they are to notify the SHC office as soon as possible. This information is then distributed to those assigned to the case via the session notices board located in the SHC library. Should the client or significant other not notify the SHC office when an absence is anticipated, it is determined to be an unexcused absence. Three unexcused absences should be brought to the attention of the supervisor and Clinic Director, and such cases could warrant dismissal from services based on supervisor and Clinic Director recommendations. The student clinician should make contact following the first and second unexcused absence to determine the reason for absence. All communication with the client regarding absences should be reported on the Contact Record form (Appendix B-6) as a matter of record.

Student clinicians are to meet clients promptly at the assigned time. The client should not need to wait beyond the appointed evaluation or treatment time. The student, however, is expected to wait **20 minutes** for a tardy client to arrive. An attempt should be made to contact the client by phone to investigate the absence. If the client does not arrive, the clinician may leave the SHC after notifying the supervisor. Follow-up discussion between the clinician/supervisor and the client regarding prompt, regular attendance and favorable opportunities for improvement are encouraged. Communication with the client regarding tardiness should also be documented on the Contact Record form as a matter of record. A treatment session should begin and end at the assigned time. Beginning early or ending later than scheduled can be problematic for a number of reasons.

SHC Clinician Attendance

Clinician attendance is mandatory. If a situation arises that may warrant that a clinician be excused from therapy, the clinician must obtain permission from both the supervisor and Clinic Director. The supervisor and/or Clinic Director may request that the clinician secure an appropriate substitute to assume responsibility for therapy. Failure to demonstrate commitment to the practicum experience will result in a reduction of the clinic grade or recommendation by the Department Chair for dismissal from practicum enrollment.

Extern Clinician Attendance

Once an external site schedule is established, clinician attendance is mandatory. In the event of an emergency, the clinician will contact the extern supervisor for advisement. If it is concluded that the clinician should be absent from the site, it is the student clinician's responsibility to notify the Clinic Director.

E. Dress Standard

Appropriate dress is required for all clinical practicum participants. All SHC students (including student observers), faculty and staff should be neat and professional in appearance when engaged in any SHC activity. Professional posture contributes to credibility when delivering professional information or services. Professional posture includes direct eye contact, pleasant facial expression, composed physical posture, personal hygiene, as well as selection and maintenance of garments worn while functioning in a professional capacity. Adherence to standards of professional posture as noted above are emphasized and expected. It is frequently necessary to adjust apparel and/or appearance based upon the nature of the client's disorder, type and place of activities, etc. It is extremely important to respect the dislikes or distracters for each client.

Students are required to adhere to certain personal standards both for their own safety and the comfort of the client. Jewelry is generally prohibited for health and safety reasons. A special note should be made regarding accessories such as scarves, ear rings, necklaces, etc. Care should be given to the choice of accessories as they can adversely impact safety for the clinician and provide a serious source of distraction for some clients. The display of "body art" such as tattoos, nose rings, tongue rings, and jewelry items that accentuate body piercing of other anatomical sites will be prohibited while students are engaged in clinical practicum experiences in both on and off-campus sites. Additionally, hair for both males and females must be short or else confinable so as not to hang loosely around the face during treatment. Any open lesions must be adequately covered and protected from contamination. Personal hygiene should be maintained at the highest level and students must pay attention to such potential problems as bad breath, body odor, excessive fragrances/scents, etc.

Student Observers - Student observers will adhere to a professional dress standard. Appropriate dress is "business casual." Clothing should be clean and neat. Inappropriate dress or apparel includes: jeans, shorts, beach or sport wear such as sweatshirts, t-shirts, tops with narrow straps, tops or slacks/jeans revealing the bare waist, short skirts, tennis shoes, etc.

SHC Student Clinicians - SHC student clinicians will abide by a uniform dress code. Clinicians will wear the prescribed SHC shirt. Student clinicians may wear either skirts or pants that are appropriate for therapy. No denim will be permitted. Tennis shoes are also prohibited.

External Site Clinicians - Student clinicians completing practicum at an external site will abide by the dress standard of that facility. Regardless of the accepted dress of a site, professional posture will be practiced by all ASU clinicians.

Consultation among the clinician, supervisor, and/or Clinic Director may result from inappropriate presentations of dress. Failure to implement appropriate professional posturing may result in the reduction of a clinic grade or recommendation to the Department Chair for dismissal from the clinical assignment.

F. Infection Control

Appropriate education and training with regard to communicable and infectious disease policies will be presented throughout the academic courses and clinical experiences. Minimal "Standard Precautions" such as hand washing and disinfection are expected when interacting with clients. Nail polish is allowed; however, it must be in good condition free of chips. Further, the CNHP has adopted additional policies and procedures which are found in Appendix B-7. Such policies and procedures include information related to admission, retention, appeals, counseling, transmission, exposure, etc. Additionally, a Hepatitis B Vaccine declination form (Appendix B-8) is available for completion following an in-service (arranged by the Clinic Director) regarding the occupational risks associated with the hepatitis B virus and the benefits of receiving the hepatitis B vaccine. A student may negotiate a new Hepatitis B Vaccine form at any time during their clinical experience by notifying the Clinic Director. Any vaccine or immunity status change should be reported to the Clinic Director immediately. All equipment and furniture must be disinfected prior to patient use. Masks may be required in situations that require a heightened level of precaution.

G. Substance Abuse

Detailed CNHP substance abuse policies have been developed in addition to those already in place at the university level. These policies are found in Appendix B-9.

The final page of the B-9 document is a signature page that must be signed and submitted to the Clinic Director prior to clinical practicum for both undergraduate and graduate levels.

H. Complaint Procedure

The formal complaint procedure provides the clinical students a mechanism for resolving written complaints against the ASTATE Department of Communication Disorders and/or personnel. The full complaint procedure is located in the Communication Disorders Undergraduate & Graduate Student Handbooks.

I. Smoking Policy

According to HB 1193 it is unlawful to engage in the use of tobacco products in and on the grounds of all medical facilities in Arkansas. Thus, the policy of the CD department and the SHC is that any CD student completing external observations or clinical practica abides by all state, local, and facility policies regarding the use of tobacco products.

J. Social Media Policy

Social media can be a way to share life experiences and opinions with others. Use of social media presents risks and carries with it certain responsibilities.

Social media includes all means of communicating or posting information or content of any sort via the Internet or other electronic communication method. Social media includes your personal or someone else's personal web log/blog, journal, website, or chat room, and group interchanges such as Facebook, Twitter, Snap Chat, YouTube, and social media anonymous sites. These applications are subject to having a content transmitted to others, with or without consent from the original author. Additionally, per Health Insurance Portability and Accountability Act of 1996(HIPPA) regulations https://www.hhs.gov/hipps/for-professionals/privacy/special-topics/de-identification/index.html, no information, pictures, videos, or descriptions of clients/families can be posted on social media sites.

You are solely responsible for what you post online. Inappropriate postings specific to patients, classmates, or faculty that include discriminatory remarks, harassment or threats, or violations of professional codes of conduct are subject to disciplinary action. Your actions could adversely affect your standing in your health professions program which could include program dismissal.

Patient information should never be shared on social media by clinicians. This includes names, description but is not limited to names, image, or description.

You should be aware that future employers may view potential candidate's websites. Students are advised to review their site (s) for any unprofessional images or language which could adversely affect successful employment upon graduation.

Please make responsible decisions about your use of social media.

K. Financial Compensation Policy

As part of the professional degree program, students will be required to enroll in clinical/field courses at various sites and locations. Students enrolled in clinical practicum courses are not to be financially compensated for these field or clinical courses by either Arkansas State University or the entity who operates the site and location where these field or clinical courses will take place.

L. Maltreament Reporting

Act 703 of 2007 (Arkansas Code Annotated 6-61-133) states that for each degree program at an institution of higher learning in this state that is a prerequisite for licensure or certification in a profession in which the professional is a child maltreatment mandated reporter under the Child Maltreatment Act, the Arkansas Department of Higher Education shall coordinate with all institutions to ensure that for before receiving a degree, each graduate receives training in 1) recognizing the signs and symptoms of child abuse and neglect; 2) the legal requirements of the Child Maltreatment Act and the duties of mandated reporters under the act; and 3) methods for managing disclosures regarding child victims.

All clinical students must complete the Child Maltreatment Reporter Training form(Appendix B-13) and return it to the Clinic Director.

III. STUDENT RESPONSIBILITIES

A. Scheduling Information

1. ASTATE SHC.

The SHC schedule for clients receiving treatment is established by the end of the first week for each academic semester. Every effort is made to accommodate client preference with regard to time and days. Student assignment is based upon a number of factors focusing upon acquisition of clinical skills. It is imperative that each student notify the Clinic Director of any courses they are enrolled in outside of the senior block of classes (undergraduates) or course rotation (graduates).

The clinician is directly responsible to the assigned supervisor regarding all client management decisions. Everything related to diagnostic evaluations, management, parent/significant other involvement, referral, etc., must be discussed and approved by the supervisor. Additionally, all decisions pertaining to changes in scheduling, room assignments, time, day, etc. must be approved first by the supervisor and finally the Clinic Director. As previously stated, all SHC schedule changes must be approved through the supervisor and then the Clinic Director's office. The clinician is not afforded the privilege of changing appointment times.

Decisions regarding client initiation of treatment and/or dismissal are primarily the responsibility of the assigned clinician and supervisor, however, consultation with the Clinic Director may be appropriate. Written notification of the decisions regarding client treatment and/or dismissal must be made to the Clinic Director. Recommendations for dismissal of a client must be reported to the client file in a final "Summary of Treatment/Discharge." Additionally, upon discharge, a Disposition Form (with client information completed at the top and "discharged" written boldly across the face of the form) must be presented to the Clinic Director.

The master SHC schedule is maintained in the Clinic Director's office. In addition, there are copies of the schedule in the SHC reception office and posted on the side of the student lockers in the clinician workroom (#102). Students should check the posted schedule on a daily basis for official revisions.

Speech-Language and Audiology evaluation and screening schedules are established within the first few weeks of each semester and are updated on an "as needed" basis. Clinicians may be assigned to diagnostic or screening teams based upon clock hour needs, availability of clinicians/supervisors, and SHC opportunities, etc. Subsequent to

individual or team assignments by the Clinic Director, client appointments are managed by the SHC secretary/receptionist. Assignment to a diagnostic team does not guarantee acquisition of clock hours equal to the time assigned.

2. External sites.

Practicum students are assigned from two to four external sites in order to gain clinical experience and the required clinical clock hours. Assignments are made by the Clinic Director prior to the beginning of each semester. All assignments are made after careful consideration of clock hour needs, student preferences, site and/or supervisor availability, disorders/ages of persons with disabilities, etc. A Clinical Affiliation Agreement (between Arkansas State University College of Nursing and Health Professions and the administration of the site) is initiated by the Clinic Director through the dean's office, which must be approved prior to beginning practicum at the site. Both students and external clinical supervisors receive information relative to introduction, overview of expectations and timelines for completion and submission of required documentation. Students assigned to external sites must secure and submit copies of the supervisor's state licensure and certification credentials, as determined by the Clinic Director, and an External Practicum Site Agreement (Appendix D-5), which is an agreement between the off-site supervisor and the clinician. All information is confidential.

B. Clinical service delivery

1. Utilization of stimulus materials.

The SHC provides a variety of therapy materials for use in treatment. However, students are strongly encouraged to have a personal collection of stimulus materials. Small mirrors, a small flashlight, stop watch, etc. are examples of frequently used items during assessment and treatment.

Students are responsible for insuring the cleanliness and safety aspects of all materials to be used. Particular consideration should be given to how materials will be housed during evaluation or treatment sessions. Attention should be given to Infection Control procedures described elsewhere in this publication. Likewise, it is imperative that general guidelines regarding use of the SHC materials and space be observed.

2. Parent/significant other involvement.

The quality and quantity of parent/significant other/client interactions are a major influencing factor affecting skill development. Professional literature has increasingly stressed the desirability of caregiver involvement in the treatment of clients. The practicum student is responsible for initiating involvement as determined appropriate for the disorder, etc. Extent and progression of involvement must always be approved by the clinical supervisor prior to initiation. Parent/significant other involvement may include:

a. discussion and clarification of history data
b. observation of treatment/service delivery as allowed by privacy policy (see Appendix C-6)
c. discussion of information relative to the client's progress
d. discussion of treatment objectives, materials, instructional strategies, etc.
e. explanation and/or demonstration of techniques and materials for use outside the treatment setting

3. Client/parent/significant other conferences.

The student and supervisor will discuss results of diagnostic information, treatment objectives, and/or recommendations prior to client/parent/significant other conferences. Students will not provide information that has not been approved by the supervisor. The supervisor will be available for all client-related conferences. The clinician will be thoroughly prepared to provide both verbal and written comprehensive reports regarding pertinent client information at the conference and offer meaningful explanations to questions.

C. Clinic procedures

1. Referral

Clinicians and supervisors should take advantage of information provided via the referral form. Such information is generated as the result of a request for evaluation or treatment. Most referrals are physician or parent/significant other generated. Although most referrals for the SHC are requests for treatment, an equally significant number of requests for evaluation are indicated or received during a semester. Scheduling of client evaluations and first time clients for treatment will generate a Referral form (Appendix B-4). The Referral form will be placed in the clinician's mailbox as clinical assignments are made. It is the responsibility of the clinician to immediately share this information with the assigned supervisor**.** The Referral form will then be placed in the client work file for future placement in the permanent client file.

2. Authorizations and Client Forms

All authorization forms must be signed by the client (or parent, if client is a minor) unless legal "Power of Attorney" has been provided to another individual, in which case the person holding "Power of Attorney" must be the authorizing signature. All initial client forms are to be submitted to the SHC office (immediately upon obtaining the signatures) for review and processing. After processing, the completed forms will be returned to the clinician for filing in the client work file and will be transferred to the permanent client file upon completion of the diagnostic evaluation or at the end of each semester during the file audit. Initial client authorizations forms are:

a. The Consent for Release of Information (Appendix C-3) is completed on an "as-needed" basis by the authorized individual, and provides official permission to ***obtain or release*** confidential client information from or to other service providers. All requests for release of information must clearly indicate what information is authorized to be obtained or released prior to presentation to client for signature, and should be forwarded to the SHC secretary or Clinic Director for review and processing of the request. This form is customarily printed on yellow paper.

b. The Emergency Medical Status/Patient Information form is detailed in Section I: D: 1 of this handbook and is customarily printed on blue paper.

c. The Informed Consent (Appendix C-4) provides release of liability for all professional parties providing services and must be completed prior to the initiation of assessment and/or treatment of any kind. Failure to do so increases the liability for the student, supervisor, and SHC. They are very important and must be handled responsibly. The Informed Consent form not only provides the SHC with permission to evaluate or treat an individual but identifies the conditions under which services may be provided or used for academic or clinical teaching. It is extremely important that the clinician review each consent item on

the form and secure authorized initials *and* date of initialing on each item. Although clients may refuse selected consent items, explanation regarding our clinical/academic training status frequently provides a better understanding of each item's intent. Thus, fewer clinical training restraints are placed upon the student, supervisor, and SHC. This form is customarily printed on pink paper.

d. The Privacy Practices Notice (Appendix C-6) and associated consent forms (Appendix C-7) are discussed in Section II: B: 1 and must be presented to and completed by the client along with the above mentioned forms. This form is customarily printed on green paper.

e. The Authorization to Transport Minor form (C-8) should be used for underage clients and is a safety feature intended to insure that non-custodial parents or other unauthorized persons are not allowed to remove a minor child without the written consent of the custodial parent/legal guardian. This form is customarily printed on purple paper.

Note: Advise parent/guardian that minor children will be released only to those individuals designated as transporters on the authorization form. Phone arrangements for unspecified transport of minor children are made only through the SHC secretary and will require an identifying code. The clinician is responsible for becoming apprised of the designated transporter and report exceptions to the SHC secretary or clinical supervisor prior to the release of the minor child to a non-designee of transport. Any changes or reassignment of authorized transporters should be made on the authorization form only, unless temporary, in which case the form instructs that a password will be required.

f. An additional Publicity Consent (Appendix C-5) statement must be completed for authorization of any video/audio tape recording, photographs or films taken of a client when not exclusively used for teaching purposes. The Clinic Director should be consulted prior to securing authorization using the Publicity Consent form. Such pictures or recordings may be used for teaching purposes and/or public relations publications or displays. Names of client and/or clinician will not be disclosed if used for these purposes. This form is customarily printed on tan paper.

3. Patient Information

Although it would be most helpful to have the "client history" intake information prior to the initial session, both time and cost have proven prohibitive in such an arrangement. Therefore, the clinician is responsible for punctually securing the information critically relevant to the disorder prompting the referral. The history intake packets are lengthy and comprehensive. It is not advisable to allow the client/parent/significant other to take the intake packet home for completion. Typically, this will delay collection of appropriate information or result in a failure to secure relevant information.

The clinician should inquire regarding the availability of current or previous evaluation or treatment information, and if available, complete the aforementioned Consent for Release of Information (C-3). Any history information received prior to the initial session will be forwarded immediately to the assigned clinician who will immediately share it with the assigned supervisor. All client information will be placed in the client working file for future transfer to the permanent client file.

Age and/or disorder specific client history intake information packets are housed with the clinic secretary.

D. Reports

All reports are considered legal documents usable for medical/educational and, if applicable, billing purposes. Ownership and liability of evaluation and/or treatment rests with the licensed and credentialed supervisor. Thus, all reports or plans must be approved. Such approval is indicated by supervisor signature and/or initials prior to the initiation of diagnostics and treatment as well as distribution of written information to the client/significant other.

1. Diagnostic Summary

A Diagnostic Summary will be generated for every client evaluation. The Diagnostic Summary formats (speech, language and hearing) are available for reference in Appendix C-9. Each diagnostic report is required to have a prognostic statement at its conclusion as well as an indication for frequency and duration of treatment. The initial draft of the diagnostic summary and test protocols is due *within 48 hours* following the evaluation. Upon submission to the clinical supervisor, the report will be critiqued regarding technical writing and report content. Following the return of the initial draft, the practicum student will submit two copies of the revised diagnostic report within 24 hours for approval and signature. (Submission of revisions must be accompanied by all previous submissions). Immediately following the affixing of the signatures, one copy is placed in the client's working file while the remaining copy is presented to the client or significant other during a subsequent treatment session, mailed in an official letterhead envelope (available in the office) with typed address, or may be presented to the SHC secretary for mailing. All requests for forwarding of diagnostic findings to others should be submitted on the Consent for Release of Information (C-3) to the SHC secretary. Subsequently, the SHC secretary will forward the information. Punctuality in submitting diagnostic reports to the supervisor and client is an important aspect of the student's demonstration of professionalism.

Frequently, a client may present to the SHC with formal diagnostic information resulting from a previous evaluation at another site. This formal reporting should be reviewed and placed in the working file for transfer to the permanent file during the end of semester file audit or discharge. Additional testing may be appropriate for diagnostic and/or programming purposes.

2. Treatment Plan

The Treatment Plan (Appendix C-10) must be prepared each semester for every client served in the SHC regardless of the length for enrollment. The purpose of the report is to outline a specific plan of treatment for an identified communication related disorder based upon previous formal and informal evaluation. Such plans of treatment represent individualized behavioral goals and objectives which clearly identify three major

components (condition, performance, and criterion) associated with the identification and acquisition of a skill. Further, the goals and objectives should reflect a hierarchical order for acquisition of speech and /or language skills. The major focus of the report is to formally record pertinent information regarding the remediation program. Goals and objectives for a particular client and an individual disorder are represented through personalized intervention goals/objectives, strategies, and/or modifications. Such plans provide the structure necessary for efficient and effective remediation of targeted skills acquisition.

The format used for the Treatment Plan should be followed carefully. It is important that each Treatment Plan clearly identifies specific individualized goals and objectives while supporting the prognosis for expected client outcomes for a specified period of time. Additionally, each Treatment Plan must record statements of frequency/duration and prognosis. It is equally important that the development of the Treatment Plan reflects client and/or significant other participation through both oral and written agreement as represented at the conclusion of each written Treatment Plan.

Critique of the student generated Treatment Plan includes determination of appropriate technical writing skills and report content. The initial draft of the Treatment Plan must be submitted for review within one week from the second therapy session. Frequently, individuals may be placed in a treatment slot prior to actual collection of evaluation information. Therefore, the Diagnostic Summary and Treatment Plan must be completed in a timely but accelerated manner. These two documents may be combined into a Diagnostic Summary/Treatment Plan. Procedurally, revisions are indicated by the supervisor and the copy is reviewed by the student for changes. Two copies of the final draft are returned to the supervisor (with original draft copy) for approval and signature. Immediately following the affixing of signature, one copy of the Treatment Plan is placed in the client's working file and the second one is immediately reviewed with/presented to the client or significant other during a subsequent treatment session or mailed. Punctuality in submitting written documentation to the supervisor and client is a primary aspect of ethical professionalism. Transfer of the Treatment Plan from the working file to the permanent file should occur at the end of semester file audit or upon discharge.

3. Weekly Intervention Plan/Summary

The Weekly Intervention Plan/Summary (Appendix C-11) must be prepared for each client served in the SHC using the designated format. Such a plan provides an opportunity to state or restate treatment goals and objectives as well as procedure and/or activities for remediation of disorders of communication. It also provides opportunities to record/report formal achievement of targeted tasks and informal statements relevant to the acquisition of specified deviant skills, levels of client participation, etc. Daily treatment objectives should be presented using the 3-part objective model. The C-11 will be presented to the assigned supervisor for approval prior to the session as determined by the supervisor. Each supervisor will provide a submission schedule to the supervisee during the initial clinician/supervisor meeting. Treatment results should be presented, in

the narrative "SOAP" format (Appendix C-12) is required by the supervisor.

4. Treatment Summary

The Treatment Summary (Appendix C-13) must be prepared for every client served in the SHC regardless of the length of enrollment. The purpose of the report is to record pertinent information regarding the client's disorder, remediation program goals and objectives, client response to therapy, progress achieved and recommendations for future maintenance or management. These reports also provide useful information for future clinicians as therapy goals/objectives are reviewed ensuring appropriate continuity of service.

The format for the Treatment Summary should be followed carefully. It is important that each client's behavior is accurately and specifically described. Provided the client continues services through the end of an academic semester, the Treatment Summary must be submitted on dates determined by the Clinic Director.

Note: In the event clients discontinue services prior to the end of an academic semester, the Treatment Summary and Discharge Summary formats may be combined resulting in a Treatment Summary/Discharge Summary.

Procedure for submission of the Treatment Summary is similar to those previously presented. It is imperative that reports be submitted in a timely manner as previously described. Students must comply with the submission guideline for initial completion, subsequent resubmission and acquisition of signatures. Client review and approval as well as inclusion procedures related to file documentation must be considered. Likewise, placement in the working file and presentation to the client/significant other must be completed in both a timely and professional manner. The Treatment Summary must be presented to the client/significant other on the last scheduled day of treatment in a given semester and placed in the working file prior to the final client file audit with the supervisor. It is essential that the final Treatment Summary be specific, concise, objective, and accurate. Transfer of the Treatment Summary from the working file to the permanent file should occur at the end of the semester file audit or upon discharge.

5. Discharge Summary

A Discharge Summary (Appendix C-14) will be generated for any client discontinuing receipt of services at the SHC. Reasons for discharge may include the following: 1) completion of a remediation plan, 2) referral to another provider, 3) entry into another provider setting, 4) personal choice to discontinue services, 5) provider recommendation for discharge related to decreased participation/attendance, or 6) maximized skill level although goals/objectives not met, and/or 6) other factors contributing to the need for cessation of treatment.

As previously stated or implied, the Discharge Summary format must be followed closely in order to convey an accurate accounting of a disorder as well as the intervening services

focusing on communication skill building and functional application. The Discharge Summary (although an abbreviated narrative) must provide a concise and objective picture of the client's communication levels at evaluation and initiation of treatment, advancing benchmarks throughout the treatment process, and the final point of function at discharge (regardless the reason). The client's communication strengths and weaknesses must be clearly stated and applied to the aspects of activities of daily living regardless the primary setting (school, home, community, etc.). It is extremely important that the Discharge Summary accurately reflect the client's communication abilities along with any strategies or modifications that facilitate or support the reported skill level.

The Discharge Summary must be submitted to the supervisor for review and approval no later than 48 hours after determination of discharge. Should the discharge occur at the end of an academic semester, the Discharge Summary or Treatment Summary/Discharge Summary must be submitted to the supervisor prior to the last treatment session as indicated by the Clinic Director. The approved signature copies (2) must be ready for presentation to the client and placement in the working file at the final treatment session. Placement in the working file is required prior to the end of semester file audit for transfer to the permanent file. Transfer of the Discharge Summary from the working file to the permanent file should occur at the end of semester file audit or upon discharge. Note: All permanent client files determined for discharge should be presented to the SHC secretary following file audit**.**

6. Survey of Clinical Services

The Survey of Clinical Services (Appendix C-15) must be presented to the client for completion at the end of each semester or upon discharge. This survey provides valuable quality assurance information for management of the SHC as well as documentation for CD accreditation purposes.

7. Self-Reflection

Each student will rate their own clinical performance for each client assignment at mid-term and at the end of each semester using the Self-Reflection form (Appendix C-16). The C-16 will be presented to the supervisor prior to the end of each grading period according to the clinical calendar. Upon review, the supervisor will present these documents and grades to the Clinic Director.

8. Supervisor Evaluation

Each student will rate each supervisor using the Evaluation of Supervision form (Appendix C-17). Narrative comments are encouraged. It will be presented directly to the Departent Chair via the faculty mailbox located in the faculty office on the second floor. The evaluations will remain anonymous and will not be read until all clinic grades have been posted. An over-all rating will be calculated and available to the ASU SHC supervisors during the subsequent semester. Over-all ratings for off-site supervision will be calculated and available upon request or as determined by the Department Chair.

9. Grades

Evaluation of clinical performance is provided throughout the semester using the Clinical Observation/ Consultation form (Appendix C-18), Mid-Term/End of Term Evaluation of Intervention form (Appendix C-19) and Mid Term/End of Term Evaluation of Diagnostic form (Appendix C-20). Both mid-term and end of semester grades are submitted by the assigned supervisor to the Clinic Director according to the clinical calendar. Grades are averaged by the Clinic Director prior to official submission to the Registrar and/or Graduate School office. Failure to comply with designated time lines for submission of client documentation, clock hour reports, grades, etc. may result in lowering of the overall clinical practicum grade. Note: Students at external sites are responsible for monitoring submission of grades in a timely manner as outlined by the clinical calendar. The original grade form(s) must be submitted subsequent to a faxed grade report.

IV. PRACTICUM

A. Guidelines

1. Clinical Observation

All Communication Disorder (CD) majors are required to complete 25 clock hours of supervised observation prior to engaging in a direct practicum experience. The purposes of clinical observation are two-fold. Clinical observation affords acquisition of 1) clinical experience and 2) accumulation of clinical clock hours. Student observations are currently completed at the undergraduate level, generally during the first year of the undergraduate CD program. Transfer students, or those who have changed majors, will begin observation and practicum upon completion of required academic prerequisites.

The academic and clinical faculty agree that every opportunity must be presented to make observation a meaningful aspect of the total CD program. Cooperation and compliance with established clinical procedures will help the student have a positive learning experience. Failure to comply will result in cancellation or restriction of observation privileges. Such action may adversely impact timely completion of required course work or delay eligibility for application to a graduate program.

Currently, clinical observations are required within the framework of two (2) academic courses: 1) Introduction to Communication Disorders – CD 2653, and 2) Clinical Observation in CD – CD 3553. After each observation, students in CD2653 will complete an Observation Summary. The Observation Record (Appendix D-2) will be completed immediately upon completion of the observations. Supervisor initials should also be secured immediately upon completion of the observation activity. Both the original Observation Summary and Observation Record will be presented to the appropriate academic professor at the conclusion of the academic offering for inclusion into the appropriate permanent student file. Observations will be documented to meet ASHA requirements. Clinical observers should maintain a copy of all originals presented for verification purposes.

2. Admittance to Graduate Practicum

All speech-language pathology practicum students must have completed their undergraduate degree with the normal progression of academic coursework. The student must have completed 25 clock hours of observation and have documentation of these hours in their student (advising) file for transfer to the CD clinical practicum file. The student will be registered in the appropriate clinical practicum course as identified in the graduate catalogue. Actual clinical assignments allow students to acquire diagnostic and

treatment experiences for a variety of prescribed disorders, settings and ages. The graduate practicum student must complete one (1) undergraduate practicum in the ASTATE SHC prior to enrollment as a graduate clinician. The graduate practicum experience involves four (4) practicum enrollment semesters with varied clinical clock hour requirements. The first three (3) practica suggest accumulation of at least 50 clinical clock hours provided in the ASU SHC and external practicum sites. Each clinical experience will afford various amounts of clock hours based on multiple factors, including site productivity, course schedules, and weather. The final or fourth (4th) practicum experience provides a full semester of clinical experience resulting in the accumulation of a minimum 200 clinical clock hours. Students are advised that the minimum total number of clinical hours specified by ASHA is 400.

3. Required Documentation

Prior to participating in the appropriate clinical practicum course, the undergraduate and graduate student must have completed the following items as evidenced each year:

a) **Professional liability insurance**. Professional liability insurance may be secured through any provider chosen by the student. However, group policy information offered to NSSLHA members through ASHA is available.

b) **Tuberculosis skin test**. Proof of tuberculosis testing may be obtained from any provider chosen by the student. Testing is also available through the ASU Student Health Services for a reduced fee. An appointment is required.

c) **CPR training**. Proof of CPR training may be obtained from any provider chosen by the student. However, provision of such training is frequently provided to students at a reduced cost through the CNHP's Nursing Program or the Red Cross prior to the beginning of the Fall semester.

d) **Hepatitis B** inservice. A brief in-service related to the occurrence and effects of Hep B will be provided. Each student will be provided the documentation to indicate their current Hep B immunization record, desire to receive immunizations, or declination of immunization. Provision of injections may be secured through the ASU Student Health Services for a reduced fee. Appointments are required. In addition, Appendix B-8 includes the CNHP infection control policy.

e) Act 703 of 2007 (Arkansas Code Annotated § 6-61-133) states that for each degree program at an institution of higher learning in this state that is prerequisite for licensure or certification in a profession in which the professional is a child maltreatment mandated reporter under the Child Maltreatment Act, the Arkansas Department of Higher Education shall coordinate with all institutions to ensure that before receiving a degree, each graduate receives training in 1) recognizing the signs and symptoms of child abuse and neglect; 2) the legal requirements of the Child Maltreatment Act and the duties of mandated reporters under the act;

and 3) methods for managing disclosures regarding child victims.

Prompt submission of the required documentation will ensure participation in the appropriate clinical experience as well as providing documentation to meet program requirements. All information will be housed in the CD clinical practicum file.

4. Practicum Objective

Participation in the clinical practicum allows pre-professional clinical experience involving direct client contact. Clinical practicum provides an opportunity to apply concepts, theories, and methods of assessment and management learned in academic coursework. Performance in clinical practicum usually reveals individual strengths and weaknesses in the student's ability to apply academic knowledge to the clinical situation. Therefore, the practicum experience is perceived as an on-going learning experience for the clinician. The student clinician is not expected to possess full knowledge and proficiency in client assessment and management, but is expected to continually seek answers to clinical questions. A primary responsibility of the clinical supervisors is to facilitate student growth in this special learning situation. Students are encouraged to draw on talents, knowledge and expertise of the supervisors and fellow students, in addition to pursuing library research pertaining to clinical questions and challenges.

Further, students should respect and honor the professional autonomy of each supervisor. Valuable experience may be gained through the implementation of a variety of supervisor models imposed through practice information, guidelines, procedures, strategies, activities, etc.

5. Clinic Calendar

Students are provided a calendar of events at the beginning of each semester. The calendar will list the beginning and/or termination of services for the semester as well as closings and special events. Students assigned to external sites will frequently experience additional service related events. Meetings scheduled by the Clinic Director or supervisors, regularly scheduled clinical activities and special events are mandatory. Such mandatory meetings do not typically appear on the events calendar.

Note: Students assigned to external sites will observe the closings/holidays determined by the assigned supervisor/site. For example, the student will observe holidays and/or "spring break" according to the site calendar and not ASU's calendar. Likewise, an offsite clinical assignment may require week-end, evening, or holiday service delivery.

6. National Student Speech-Language-Hearing Association

All undergraduate and graduate communication disorders majors are strongly encouraged to become members of NSSLHA. Additional hand-out materials pertaining to fees and membership requirements may be obtained from the faculty advisor or NSSLHA officers.

B. Supervisor Guidance

The responsibilities of the Clinic supervisors are to work within the framework of SHC operations as outlined in the Supervision Handbook including:

1. Guide and direct student clinician growth in client assessment and arrangement during the practicum experience.

2. Observe, supervise, and demonstrate (as required) the clinical activities of assigned student clinicians in accordance with established policies and procedures.

3. Observe and evaluate in written form the performance of the assigned student clinician during each treatment session. Supervisors are encouraged to provide more than the minimum requirement of 50% supervision for evaluations and 25% supervision for treatment as prescribed by ASHA.

4. Conduct regularly scheduled conferences with each assigned student clinician to discuss client and clinician progress.

In regard to supervision relating to Speech-Language screenings and diagnostic evaluations, Audiological screenings and diagnostic evaluations, and Language-Reading evaluations, supervisors are responsible for each evaluation as follows:

1. Reviewing and instructing the student clinician in the use of current assessment procedures and instruments.

2. Assisting the student in selecting client-appropriate assessment tools.

3. Observing, directing, and performing (as required) a portion of the evaluation. Direct observation must be no less than 50% minimum.

4. Directing discussion of the results and recommendations with the student clinician prior to the exit conference.

5. Participating in the client exit conference discussion as needed.

6. Critiquing each student's performance during the evaluation and giving feedback in written and verbal form.

7. Editing the student's rough draft of the diagnostic evaluation report and signing the final report. Each supervisor is responsible for timely completion and presentation of reports.

8. Guiding finalization of the diagnostic evaluation process.

C. Clock Hours

Guidelines for discipline-specific clinical clock hours required by ASHA are as follows:

Practicum area	**Hours needed**
Total observation and practicum required	400
a. Observation required	25
b. Practicum required	375
Total graduate practicum required	325

Supervised practicum must include experience with client populations across the lifespan from culturally diverse backgrounds. Practicum must include experience with client populations with various types and severities of communication and/or related disorders, differences, and disabilities.

Guidelines for discipline-specific clinical clock hours established by the ASU Communication Disorders Program are:

Intro	25 hrs
I	50 hrs
II	50 hrs
III	50 hrs
IV	200 hrs

Each practicum student is responsible for maintaining an accurate accounting of diagnostic evaluation and treatment clinical clock hours. Students must submit a monthly account of accrued hours using the Daily Clinical Clock Hour record (Appendix D-3) and Cumulative Clinical Clock Hour record (Appendix D-4). Since the Cumulative Clinical Clock Hour form serves as a record for a variety of time periods (monthly, semester and final), it must be completed so as to reflect its specific use. Direct client contact time is calculated using the "8-minute rule." Time will be rounded up or down to the nearest quarter-hour. For example, clients seen for either nine minutes or 22 minutes will be recorded as .25 hours. Original Daily Clinical Clock Hour records and Cumulative Clinical Clock Hour records are due monthly to the Clinic Director no later than the fifth (5th) or within three (3) days of the final treatment day in a semester. Students involved in externships are also responsible for keeping an accurate record of practicum clock hours. **Note: Proof of participation in clinical practicum from other academic institutions must be provided to the Clinic Director prior to enrollment in graduate clinical practicum.**

Clinical practicum assignments will be subject to change by the Clinic Director until all original clock hour forms have been reviewed.

The original Daily Clinical Clock Hour records and Cumulative Clinical Clock Hour records are housed in each student's practicum file in the CD program office. These

forms are constructed to allow concise categorical recording of all assessment and management practicum hours. Failure to maintain an accurate record of hours will result in time loss. Therefore, it is imperative that all forms be completed in a timely and accurate manner. The student is responsible for retaining a copy of the submitted clinical clock hour records for their personal files.

The student will participate in mandatory clock hour file audits at the end of each semester and at the conclusion of their undergraduate and graduate practicum. The final clock hour audit will result in verification of the fulfillment of clinical requirements by the CD Program, ASHA and state licensure boards. The concluding clock hour documentation will be forwarded to the graduate school for verification of completion for graduation purposes and posting on the official transcript.

VI. SIGNATURE PAGE

I have received a copy of the Arkansas State University Speech and Hearing Center *Clinical Handbook*. My signature below indicates that I have read the Arkansas State University Speech and Hearing Center *Clinical Handbook* and understand the policies and procedures outlined therein. Further, my signature below indicates that I will comply with the policies and procedures set out in the Arkansas State University Speech and Hearing Center *Clinical Handbook.*

_____ _____

Student Clinician Name Date

This sheet must be on file in the student clinician's clinical practicum file before the student clinician will be allowed to have contact with clients.

V. APPENDICES

Note: The documents contained in each Appendix are listed on the following index pages. The actual documents are individual files kept separate from the handbook text due to the need for easy revision and expeditious distribution, and must be viewed separately.

Appendix A

A-2 Check Out Form

A-4 Emergency Medical Status

A-5 Reynolds Building Exit Plan

ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788

DIAGNOSTIC TEST, MATERIAL, & EQUIPMENT CHECK OUT FORM

- MATERIALS, TESTS, AND EQUIPMENT MAY ONLY BE CHECKED OUT IF NOT RESERVED BY A STUDENT CLINICIAN OR FACULTY MEMBER.
- All diagnostic materials may be checked out overnight, but cannot leave the 1st floor until 4:30 pm.
- Tests may be checked out for the weekend after diagnostics on Friday.
- ALL materials MUST be checked back in by 8:30 am the next morning unless other arrangements have been made with the office.

PLEASE READ THE ABOVE PARAGRAPH REGARDING CHECK-OUT OF EQUIPMENT AND TESTS!!!!

Name of Borrower	VALID Phone #	Student I.D. Or D.L. #	Test or Equipment Name and Number	Rec'd Date / Time	Office Initials	Ret. Date / Time	Office Initials	Restocked by:

ASTATE SPEECH AND HEARING CENTER **A-4**
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EMERGENCY MEDICAL STATUS & PATIENT INFORMATION

Date completed:_____
Name:_____ Age:_____
Current Address: _____
Local Telephone #: _____

EMERGENCY CONTACT INFORMATION

Name (parent/significant other):_____
Address:_____
Home Ph #:_____Cell Ph #: _____Work Ph #:_____

EMERGENCY MEDICAL INFORMATION

Primary Care Physician:_____
Address:_____
Telephone #:_____

Medical Conditions (including allergies to prescription medications or other allergic conditions):

_____
_____

Current Prescription Medications:

_____
_____

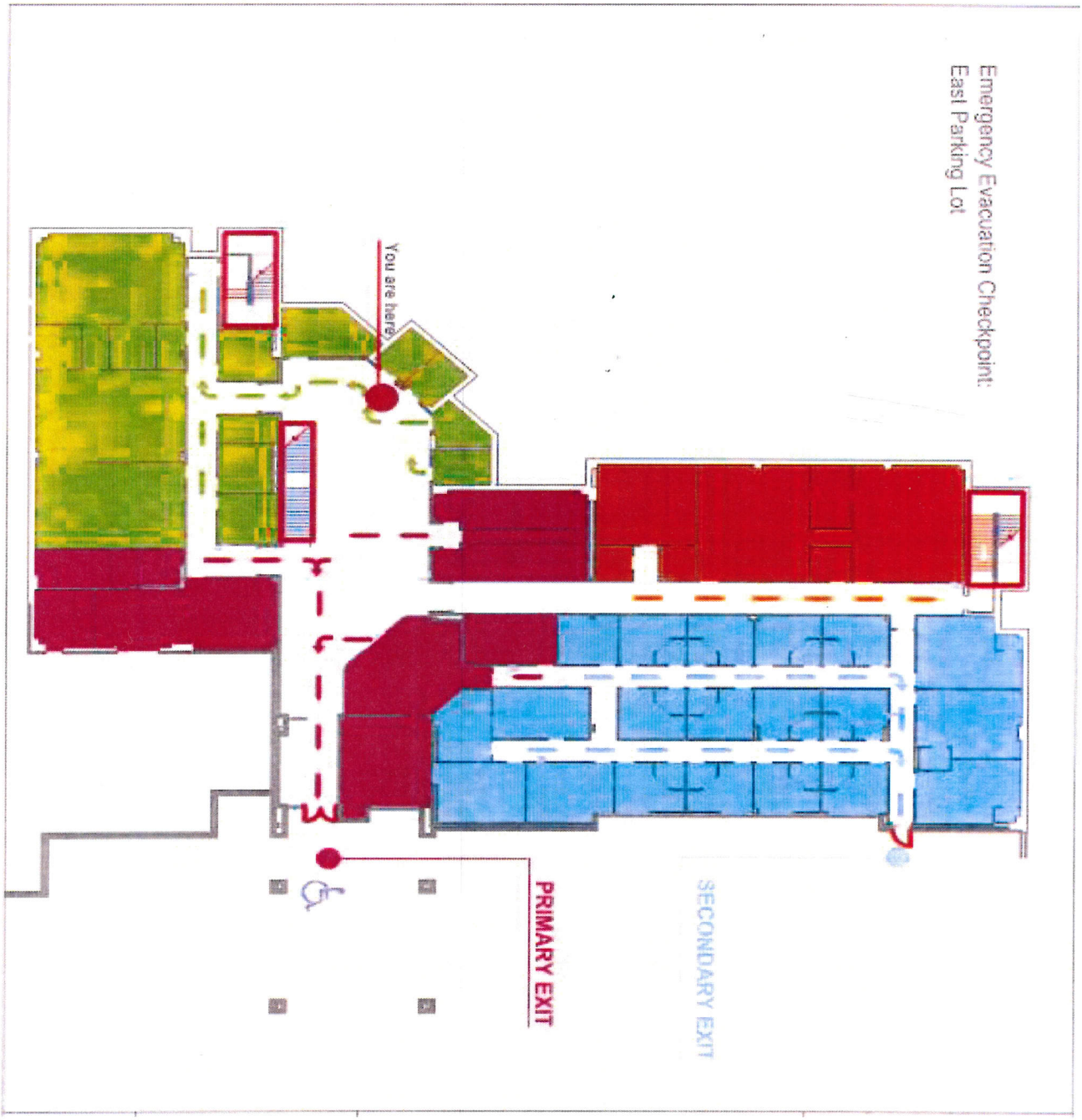
Living will: yes no

In the event of an emergency situation, I understand that every effort will be made to communicate with the identified emergency contact individual. If the individual is not immediately available I understand that emergency services may be secured using 911 and that charges for such services are the responsibility of the client/parent/significant other.

_____
Client Name (please print)

_____ _____
Client Signature Date

_____ _____ _____
Witness Signature Date File #



Reynolds Center
Evacuation Routes

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 clinicians, 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 professions 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 is 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 holders, 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 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.

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

support personnel – Those providing support to audiologists, speech-language pathologists, 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 telecommunications technology to the delivery of 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 service 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 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 the 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 the 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 evidence-based clinical judgment, 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 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 the 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 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 services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an 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.
G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

PRINCIPLE OF ETHICS IV

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.

RULES OF ETHICS

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 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 professions 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 violation compromises 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 professional practice, research ethics, and the responsible conduct of research.

S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, 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.

ASTATE SPEECH AND HEARING CENTER **B-1**
P.O. BOX 910 STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788

CODE OF HONOR

PROCEDURES FOR COLLEGE STUDENT CODE OF HONOR

The College Student Code of Honor exists in addition to the University Code of Conduct and the Academic Integrity Policy found in the Student Handbook. An honor offense by the college code is defined as an act of lying, cheating or stealing. These terms are defined as follows:

Lying - a false statement (written or oral) made with the deliberate intent to deceive; something intended to or serving to convey a false impression.

Cheating - to practice fraud or deceit; academic fraud is a form of cheating and includes such things as plagiarism (including Internet resources), false citation, false data and submission of the same work to fulfill academic requirements in multiple classes.

Stealing - to take the property of others without permission or right; to take ideas, credits, words without right or acknowledgement; to accept credit for another's work.

These honor code violations apply whether they are performed individually or in groups. They apply to didactic, laboratory and clinical experiences of the program as well as in situations where you are representing your program/college.

PROCEDURES:
If a student is aware of an honor offense, the student should report that offense to their ethics committee representative. The representative will accompany the student to the faculty member, program director or chair's office OR will direct the student to the faculty member of the class in question, the program director or the department chair. An investigation will result.

If there is evidence to bring forward, the student will be notified, in writing, of the specific charges, who the hearing body will be and the time and place of the hearing. Such notification will be delivered at least two working days in advance of the hearing. The date of the hearing, if possible, must be set within 10 working days from the date of notification to the student.

The College Code of Ethics Committee will hear the case. The Ethics Committee will be selected each fall and will be comprised of six CNHP student representatives and two CNHP faculty appointed by the dean. A committee of alternate representatives will be selected by the Dean to include six (6) students and two (2) faculty members*. Actions by the Ethics Committee may include: 1) dismissal of the case, 2) sanction the student, 3) refer the case to the Dean of Students, Student Affairs. Disciplinary sanctions by the committee may include educative, reprimand, restrictions and restitution. The committee does not have the authority to suspend or expel the student. However, the committee may forward the case to the faculty member or director/chair with a recommendation of suspension or program dismissal. The Dean of Students, or designee, will educate the committee and their alternates on the hearing process and sanctions in the fall semester of each year.

Student rights in this committee process are outlined in the ASU Student Handbook under the caption "Disciplinary Hearings". The student is entitled to one appeal rendered by the Associate Dean for Judicial Affairs. The process for appeal is found in the section on "Appeal Process.

*On our distance campuses, one student will be designated as an ethics representative.

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CODE OF HONOR SIGNATURE PAGE

Each student admitted to a professional program in the College of Nursing and Health Professions is charged with the responsibility of honorable conduct. A student is assumed honorable until his/her actions prove otherwise. An honor offense is defined as an act of lying, cheating, or stealing. Formal procedures exist for violations of the honor code.

As a student in a health program, it is fundamental that you act in an honorable and virtuous way so that a community of trust is established among members of the college and your clients. Honor is a practiced ideal that will positively impact your relationship with fellow students, faculty, administrators, patients and other members of the community. As you live an honorable life, you will find that you cannot live without it.

All students in this college are bound by the Honor Code and all are needed to make it work. The atmosphere of trust and integrity that is created by an honor system enables the student to know his/her word will be taken as true, to compete fairly in the classroom and to keep what is rightfully his/hers. The system functions best when all members of the college not only take responsibility for their own actions, but hold their peers to the same standards.

As a student admitted to a health professions program, you must agree to live by and support the basic principles of honesty - no lying, cheating or stealing; be accountable for your actions; and share information about honor offenses. If you are not prepared to accept these responsibilities, you should select a program outside this college.

I have read the explanation of the College Student Code of Honor. I understand that as an admitted student in one of the programs in the college, I have accepted the pledge of honesty and will be expected to meet the standards as set forward.

_____ _____

Signature Date

ASTATE SPEECH AND HEARING CENTER **B-2**
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PH. (870) 972-3301 FAX (870) 972-3788

FILE AUDIT

Information for inclusion into the permanent file will be reviewed by each supervisor.
Completion of each permanent file will be indicated by the signature of the supervisor and clinician.
This file audit procedure must be completed prior to assignment of a clinical grade.

Check mark = Present N/A = Not Applicable

Client Name:_____ File #:_____

SUMMARY OF CONTACT
- _____File Audit Form
- _____EMS / Patient Information
- _____Telephone Logs

HISTORY
- _____Referral
- _____Disposition Forms
- _____Case History Forms

CORRESPONDENCE
- _____Written Correspondence

DIAGNOSTIC
- _____Diagnostic Materials (protocols, language samples, etc)
- _____Evaluation Reports
- _____Diagnostic Updates
- _____Diagnostic Reports From Other Settings

TREATMENT
- _____Treatment Plans
- _____Treatment Summaries
- _____Discharge Summaries
- _____Treatment Reports From Other Settings

SESSION PLANS
- _____Daily Session Plans and Summaries
- _____ Data Sheets (Optional)

CONSENT/RELEASE
- _____Informed Consent Form
- _____Receipt of Privacy Practices (HIPAA)
- _____Patient Consent Form (HIPAA)
- _____Consent for Release of Information
- _____Transportation of Minor
- _____ Publicity Consent
- _____Other Permission Forms

_____ _____

Student Signature/Credentials
Date_____

Supervisor Signature/Credentials
Date_____

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P.O. BOX 910 STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788

REFERRAL

Date:_____

Client: _____Date of birth:_____Age:_____

Parents:_____ Called in by:_____

Address:_____ Referred by:_____

Home Phone:_____ Work Phone:_____

Cell # :_____ E-Mail: _____

___Hearing Screening
___Audiological Evaluation
___Language/Reading Evaluation
__Speech Evaluation
__Speech and Language Eval
__Therapy_____

PRESENTING COMPLAINT

_____
_____
_____
_____

PERTINENT HISTORY

Medical_____
_____
Psychological_____
_____
Previous Diagnostic _____
_____
Previous Therapy _____
_____
Other_____

HAVE YOU EVER TESTED POSITIVE FOR TB? (Circle one) YES NO

Form completed by:_____

ASSIGNMENT:
SUPERVISOR_____

CLINICIAN_____

DAY/TIME_____ROOM___

\

REVERSE SIDE FOR OFFICE USE

FORMS MAILED or FAXED:

FORM NAME (Be specific)	DATE	INITIALS

PHONE CONTACT:

DATE	REASON	RESPONSE	INITIALS

ASTATE SPEECH AND HEARING CENTER
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PH. (870) 972-3106 FAX (870) 972-3788

DISPOSITION: INTERVENTION

Diagnostic clients being referred for services at ASTATE SEIC, or current clients near semester end, should complete this form for scheduling in the subsequent semester. Forward the form to the Clinic Director.

Client's Name:_____ Date: _____ File #: _____
Client's Age: _____ Type of Therapy: _____
Parent/Guardian (if minor): _____
Home Address:_____ Phone: _____
Work Address: _____ Phone: _____

PLEASE COMPLETE THE FOLLOWING TO ASSIST US IN SCHEDULING

Semester of Service (circle one) Spring Summer Fall YEAR ____
Check days you prefer to be scheduled for therapy.
No preference
___ Prefer to be scheduled on Monday and Wednesday
___ Prefer to be scheduled on Tuesday and Thursday
___ Prefer to be scheduled on Monday, Tuesday, Wednesday and Thursday

Note: Morning therapy times will be dependent upon availability of student clinicians and/or supervisors. Please indicate if interested in morning therapy and two (2) choices of days and times available.

1. 2.

Indicate your 1st and 2nd choices of times to be scheduled for therapy.

Mon/Wed	Tues/Thursday	Mon. Thru Thurs.
____1:00-2:00	____1:00-2:00	____1:00-2:00
____2:00-3:00	____2:00-3:00	____2:00-3:00
____3:00-4:00	____3:00-4:00	____3:00-4:00
____4:00-5:00	____4:00-5:00	____4:00-5:00
____5:00-6:00*	____5:00-6:00*	____5:00-6:00*

* This time slot is not available for the Summer term.

Return this form to: CLINIC DIRECTOR

ARKANSAS STATE UNIVERSITY

ASTATE SPEECH AND HEARING CENTER
P.o. BOX 910 STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3106 FAX (870) 972-3788

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Semester of Service (circle one) Spring Summer Fall YEAR ____
Check days you prefer to be scheduled for therapy.
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___ Prefer to be scheduled on Monday and Wednesday
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Mon/Wed	Tues/Thursday	Mon. Thru Thurs.
____1:00-2:00	____1:00-2:00	____1:00-2:00
____2:00-3:00	____2:00-3:00	____2:00-3:00
____3:00-4:00	____3:00-4:00	____3:00-4:00
____4:00-5:00	____4:00-5:00	____4:00-5:00
____5:00-6:00*	____5:00-6:00*	____5:00-6:00*

* This time slot is not available for the Summer term.

Return this form to: CLINIC DIRECTOR

ARKANSAS STATE UNIVERSITY

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PH. (870) 972-3301 FAX (870) 972-3788

CONTACT RECORD

Client:____ Client File #:__________________

Record each contact with client whether by phone, email, letter, etc.

Date	Time	Purpose	Response	Initials

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College of Nursing and Health Professions
Policy/Procedure Guidelines for Infection Control

INTRODUCTION
The policy guidelines herein are of a general nature and deal with HIV-related infections as well as other blood borne pathogens. They apply to all students/faculty in the College of Nursing and Health Professions (CNHP). Due to differences in the various programs, individual CNHP programs may have specific rules and/or guidelines that are modifications of those in the general policy; however, the specific policies of the various programs will be consistent in their intent with the guidelines noted herein. This policy shall be reviewed annually and modified as necessary based on the current information from the CDC and other resources.

ADMISSIONS
The HIV/HBV (Human Immunodeficiency Virus/ Hepatitis B Virus) or any significant blood borne pathogen status of an applicant should not enter into the application process. Applicants applying for healthcare programs should, however, be informed that certain diseases may necessitate either a modification of their program, or in the extreme may necessitate their dismissal from a program if they cannot perform procedures and/or tasks that are considered essential to their educational experience.

RETENTION
If it is determined that a student is sero-positive for HIV/HBV, or any other significant blood borne pathogen, or is clinically manifesting symptoms of a related disease process, that student should receive counseling about personal health care concerns and about interaction with others, especially clients. The student should be counseled by a designated faculty member in his/her respective program. The function of the designated faculty member is to counsel the student as to whether the program of education should be modified, another educational program considered, or in the extreme, whether the student should be dismissed from a program because of the inability to perform procedures and/or tasks crucial to the educational program. When considering the possibility of modifying clinical experiences or whether to dismiss, the designated faculty member will request that the Infection Control Committee convene to consider the specific student situation.

COUNSELING
It is the responsibility of the programs to provide counseling to a student/faculty member who is determined to be sero-positive for HIV/HBV, or any significant blood born pathogen, or who manifests symptoms of a related disease process. The counselor interaction with the student/faculty member should be reported to the Infection Control Committee only when the person's health status necessitates a modification in the clinical program or dismissal. It will be the responsibility of the counselor to verify that the student is aware of options for testing, counseling and health care. In addition, the counselor will verify that the student has been provided with specific information that relates to client contact.

The following information is provided in order to refer students when necessary to outside agencies for assistance and follow-up. This information should be reviewed and updated annually.

<u>HIV Infection Services provided by ASTATE Student Health Center:</u>

Students at Arkansas State University who desire HIV testing will be referred to the Craighead County Public Health Department for testing. This insures privacy and integrity of specimen collection.

The Student Health Center has developed a media library (videos, pamphlets) for persons coming in with questions about HIV infection. The Center is located adjacent to the football stadium and can be reached at ext. 2054

Services offered by the Public Health Department

The Craighead County Public Health Department is open from 8:00 a.m. until 4:30 p.m. for testing. The department offers pre- and post-test counseling as well as HIV testing. The cost of the service is $5.00 which pays the record maintenance fee. The Public Health Department can be contacted by calling 933-4585. Offices are located in the Arkansas Services Center on 611 E Washington Ave, Ste B, Jonesboro, AR 72401.

An individual who desires testing should allow about one hour for the procedure because pre-counseling is extensive.

The Public Health Department will provide the Hepatitis B vaccine for persons up to age 19. They will not provide testing for Hepatitis B.

The Public Health Department will provide follow-up care for any individual with a positive TB skin test or one with a diagnosis of tuberculosis.

Services offered by Northeast Arkansas Regional AIDS Network (NARAN)

This organization offers free confidential testing. Pre- and post-counseling is provided by certified counselors. They also provide direct care services to those persons who need them, including financial counseling. NARAN is also a network agency for persons living with AIDS. A referral can be made by contacting the office at 931-4HIV (4448).

The counselor should not neglect to refer the student/faculty member to his/her private physician for guidance.

Students and faculty outside of Craighead County should seek specific referral information from the Chair of the Infection Control Committee or from a faculty member designated as counselor at the distant site.

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College of Nursing and Health Professions

HIV/HBV GUIDELINES FOR ON-CAMPUS LABORATORY AND CLINICAL SETTINGS

In accordance with sections 503 and 504 of the Rehabilitation Act of 1973, schools must provide equal treatment to persons who have contracted the HIV/HBV virus. Furthermore, schools may not discriminate against any individual based on the perception that he/she is infected.

TRANSMISSION INFORMATION

All CNHP students and faculty will employ Standard Precautions while in the clinical setting. CNHP students will receive instruction and annual evaluation regarding transmission of blood-borne pathogens and the use of Standard Precautions. The Infection Control Committee will coordinate instruction on Standard Precautions for faculty on an annual basis. It will be the responsibility of faculty members to document annual instruction through the Infection Control Committee.

POLICY

Students, faculty, and staff with HIV/HBV, or any significant blood borne pathogen, should be allowed equal access, as long as their medical condition permits, to university facilities or campus activities, including participation in clinical experiences or other academic and social activities offered by the university.

All confidential medical information is protected by statute and any unauthorized disclosure may create legal liability. The duty of the health care providers to protect this confidentiality is superseded by the necessity to protect others in very specific circumstances.

An infected student/faculty who is symptomatic may be excluded from providing direct client care, determined on a CASE-BY-CASE basis by the Infection Control Committee. In addition, should an individual sero-convert and express concern regarding clinical practice, the committee will convene to review the case.

Students may be asked to serve as source partners in on-campus laboratories for procedures involving needle sticks or other forms of vascular access. For criteria related to laboratory participation, see the specific program handbook.

EXPOSURE (Laboratory and Clinical Settings)

Students and faculty in the College of Nursing and Health Professions may be exposed to blood borne pathogens such as HIV and HBV. In the clinical and classroom laboratory settings, students/faculty are expected to utilize Standard Precautions, hand washing and protective clothing/gear to prevent contact with blood and other potentially infectious materials.

Exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from one's duties as a CNHP student or faculty member. An exposure incident involving a student/faculty member in the CNHP, while in a clinical facility or campus laboratory is treated in a similar manner to any type of accident occurring within the agency.

On-Campus Laboratory or Clinical Setting: Blood Born Pathogen Post Exposure Protocol

Should a student or faculty member be exposed to blood borne pathogen in an on-campus laboratory or clinical setting, the following post-exposure protocol is recommended:

1. The student will notify the faculty member supervising the learning experience. If the exposed individual is a faculty member, he/she will notify the chairperson of the specific program in the CNHP.

2. As soon as possible following the exposure, the college incident form will be completed by the faculty member/student.
3. The exposed individual will be referred to the Student Health Center for evaluation if the event occurs during operating hours. If the exposure occurs when the Health Center is closed, the faculty member will determine the individual's primary care options and refer the person to those resources.
4. It is suggested that the post-exposure protocol be managed by the individual's primary care provider at the individual's expense.
5. If there is a delay in reporting an exposure incident, it is recommended that the same protocol be followed.

Off-Campus Laboratory or Clinical Setting: Blood Borne Pathogen Post Exposure Protocol
If a student/faculty member is exposed to blood or other potentially infectious materials in the off campus setting, this Blood Borne Pathogen protocol is to be followed.
1. The student will notify the clinical faculty. If the exposed individual is a faculty member, s/he will notify the chairperson of the specific program at the CNHP.
2. The student, clinical faculty or chairperson will notify the supervisor of the area where the exposure occurred. Thereafter, post-exposure protocols for the clinical institution will be followed.
3. The infection control staff member/epidemiologist of the clinical facility will be notified of the exposure immediately by the student or if possible by the clinical faculty member. If a faculty member has been exposed, this individual will notify the infection control staff/epidemiologist.
4. As soon as possible following a report of an exposure incident the clinical faculty and infection control staff/epidemiologist should provide the student with counseling about an immediate confidential medical evaluation and follow-up at the student's expense. In the case of a faculty member's exposure, the individual is expected to communicate directly with the infection control staff/epidemiologist. The medical evaluation and follow-up should include, at a minimum, the following requirements:

(a) Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.

(b) Identification and documentation of the source individual unless the clinical facility staff establishes that the identification is infeasible or prohibited by state or local law.
(1) The source individual's blood shall be tested as soon as possible after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the clinical facility shall establish that the source individual's consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood shall be tested and the results documented.
(2) When the source individual is already known to be infected with HIV or HBV, testing for the source individual's HIV or HBV status need not be repeated.
(3) Results of the source individual's testing shall be made available to the exposed individual who should also be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(c) The exposed student/faculty member's blood should be tested as soon as possible.

(d) It is suggested that the post-exposure protocol be managed by the student/faculty member's personal healthcare provider.

CNHP
Infection Control Committee
8/18/2006

The ASTATE Speech and Hearing Center and Department of Communication Disorders will provide in-service to clinical practicum students regarding the Hepatitis-B vaccine and, as stated in Section II.F. of the Clinic Handbook, if a student declines the Hepatitis vaccine, the following form is required (see next page).

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PH. (870) 972-3301 FAX (870) 972-3788

Hepatitis-B Vaccination Declination

Date: _____
Student Clinician Name: _____
Social Security Number: _____

I understand that due to my occupational exposure to blood and other potential infectious materials, I may be at risk of acquiring the Hepatitis-B Virus (HBV). I have been given the opportunity to be vaccinated with the Hepatitis vaccine. I decline the Hepatitis-B vaccination offered through the Communication Disorders Program at Arkansas State University (at a reduced charge) at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis-B, a serious disease. If, in the future, I continue to have occupational exposure to blood and other infectious materials and I want to be vaccinated with the Hepatitis-B vaccine, I can retract this declination and receive the vaccination series through the Communication Disorders Program of ASTATE according to their academic/clinical vaccination schedule or acquire the series privately.

_____ _____
Student Clinician Signature Date

_____ _____
Departmental Designee Date

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Substance Abuse Policy
(aka NHP Handbook APPENDIX N)

Substance Abuse Policy & Procedures
College of Nursing and Health Professions
Arkansas State University

POLICY

The College of Nursing and Health Professions recognizes its responsibility to provide a healthy environment within which students may learn and prepare themselves to become members of a health occupation. Within each profession there are codes and standards for conduct by which all members of the profession are expected to function. Thus, when engaged in educational activities whether on campus or in the clinical setting health professionals are expected to be free from the abusive influence of chemical substances/drugs[1]. When students are under the influence of drugs and alcohol, they present a threat to patients, other students and the employees and visitors of clinical facilities. It is the responsibility of the student to report any medication/s taken which would adversely effect his/her ability to perform safely in class or clinic. Written documentation will be required for verification of medications taken and will be placed in the student's file. As a condition of admittance and retention in any professional program in the Arkansas State University College of Nursing and Health Professions all students must sign a SUBSTANCE ABUSE COMPLIANCE CONTRACT agreeing to adhere to the *Substance Abuse Policy & Procedures* when conducting any activity associated with their educational program. As the contract notes, it is inclusive of testing for substances and appropriate release of that information.

PROCEDURES

1. If a faculty member or supervisor observes a student demonstrating behavioral changes giving probable cause to believe the student is under the influence of drugs or alcohol while performing course activities the student will immediately be asked to submit to body fluid testing for substances at a lab designated by the College of Nursing and Health Professions (in Jonesboro, Occupational Health) who have identified procedures for collection (see attached). The cost of the test will be borne by the student. Refusal to submit for testing warrants immediate program dismissal.

At the time the specimen is released to the testing lab, the student will sign a release statement requesting that the test results be sent to the Dean's Office, College of Nursing and Health Professions, and to the student. If the results are negative, no further action will be taken and the student will only be allowed to make up work missed. If the results are positive (and substantiated by a second or confirmation test), the student will be dismissed from the professional program. Laboratory results will be disclosed to individuals whose duties necessitate review of the test results and confidentiality will be adhered to as stringently as possible.

2. This policy applies only to a student exhibiting behavior creating probable cause to believe drug or alcohol abuse is present. A student may be removed from the clinical environment or educational program for any prohibited behaviors as set out in the university or program handbooks, rules and regulations, whether or not related to substance abuse.

3. Readmission of the student to the program is contingent upon the following conditions:
a. Formal application for readmission to the program.
b. Meeting specific program admission criteria as noted in the Undergraduate/ Graduate Bulletin
c. Clinical space availability.
d. Documentation that a prescribed treatment program has been completed by the student related to the drug/alcohol condition. The documentation is to be submitted to the Dean's Office, College of Nursing and Health Professions by the designated treatment facility.

---

[1] The generic meaning of the term "drug" is broadly defined as any chemical substance which affects living systems. For the purposes of this policy, substance and/or drug abuse are used interchangeably and defined as socially unacceptable use of drugs or other chemical substances for non-therapeutic purposes. The substance alcohol (ethanol), by its properties and actions, is a drug and is used as such in this policy. Drugs prescribed by a physician licensed to practice medicine and surgery, as long as the drug is taken in accordance with the provider's instructions and do not impair the student's ability to perform his/her duties, are exempt from this policy.

Reference:

Reiss, B. & Melick M. (1987). Pharmacological Aspects of Nursing Care (2nd Ed.). Albany, NY: Delmar Publishers, pp. 2, 627, 631-633.

e. Follow-up program as suggested by the treatment facility which may include, but is not limited to, one or more relapse prevention procedures. The follow-up program will be individual specific and written as part of a contractual agreement with the student.

4. Arkansas State University may be required by state or national regulatory boards to submit information regarding a student's substance abuse history when he/she applies to take the examination for licensure. There is no guarantee that these boards will allow individuals with a substance abuse history to take the examination. Each case is judged individually by each board.

5. Students will be required to abide by individual institutional policies relating to substance abuse in clinical agencies to which they are assigned.

BEHAVIORAL CHANGES ASSOCIATED WITH DRUG ABUSE

The College of Nursing and Health Professions has developed the following list of behaviors that are not all inclusive but, when observed, can be used as indices to identify an individual who at the moment of observation could be under the influence of a "drug" (see the *Substance Abuse Policy* for definition of the term "drug" and for the mechanisms to operationalize the policy). The College of Nursing and Health Professions is guided by behavioral descriptors that are stated in the latest edition of Diagnostic & Statistical Manual of Mental Disorders.

* Observation of any of these behaviors will result in dismissal from the learning environment (clinical or classroom).

Attention Deficit/Cognitive Impairment
- ataxia
- tremors, especially of the hands
- slowed response time in a familiar skill
- diminished from the usual in coordination/dexterity

Social Impairment
- inappropriate verbal remarks (subjects/words/expletives)
- inappropriate behaviors or those beyond the societal norm such as:
  - angry outbursts/unrestrained agitation
  - crying that cannot be explained
  - euphoria
  - paranoia
  - hallucinations
- behaviors that are markedly changed from that individual such as
  - introversion
  - extroversion
  - sullen/irritable
  - giddy
  - defensiveness

Somatic Manifestations/Discomforts
- odor of alcohol on breath
- nausea/vomiting/thirst
- frequent trips to bathroom/complaint of urinary frequency or diarrhea
- hiccoughs
- reddened sclera (bloodshot eyes)
- pupil changes/drooping eyelids
- complain of blurred vision or inability to focus

Speech/Communication Impairment
- slurred (thick tongue)
- rapid/choppy communication pattern
- incoherent speech

BEHAVIORAL PATTERNS ASSOCIATED WITH SUBSTANCE ABUSE

The following is a list of behavioral patterns that may surface when drugs have been abused. While these patterns have many causes, thorough assessment and detailed documentation is needed over a period of time to determine if there is any relationship to drug abuse. Patterns of behavior to observe and validate are:

- repeated tardiness
- frequent absenteeism
- numerous and chronic somatic complaints (colds/GI problems/lack of sleep/weight loss/sluggishness/low energy)
- untidy personal appearance or deterioration in quality of grooming
- lack of attention to hygiene (hair, nails, skin, oral)
- multiple crises in personal life
- avoidance/lack of eye contact
- isolation/lack of peer support
- repeated excuses for below standard performance
- forgetfulness with appointments/assignments
- slowed response time in familiar activities
- behavior shifts/mood swings
- lack of trust and suspicious of the motives of others
- needle tracks on body surface
- behaviors surrounding the administration of narcotics: frequent need to waste "unused" medications; recording the administration of larger doses than ordered; unauthorized possession of the narcotic key; unsupervised entry into narcotic cabinet; volunteering to be in situations to gain greater access to narcotics; taking frequent breaks/numerous occasions when whereabouts unknown

CRITERIA FOR URINE DRUG SCREENS

NOTICE: PROVIDE LAB WITH THIS CRITERIA

ANY DRUG SCREENS SUBMITTED TO ARKANSAS STATE UNIVERSITY, COLLEGE OF NURSING AND HEALTH PROFESSIONS SHALL HAVE MET THE FOLLOWING CRITERIA:

1. Specimen collection is witnessed.

2. BASIC 10-PANEL* DRUG SCREEN INCLUDING ALCOHOL, MEPERIDINE AND DRUG OF CHOICE (SEE #7).

3. To ensure the accuracy and fairness of our testing program, all testing will be conducted according to DHHS/SAMHSA guidelines where applicable and will include a screening test; a confirmation test; review by a Medical Review Officer, including the opportunity for students who test positive to provide a legitimate medical explanation, such as a physician's prescription, for the positive result; and a documented chain of custody. All DHHS/SAMHSA labs are CLIA[1] certified but not all CLIA labs are DHHS/SAMHSA certified.

4. Confirmation of positive results is done by GCMS[2]. If specimen must be sent to another laboratory for confirmation, the chain of custody is maintained.

5. Report, in addition to results, will include:
   a. Chain of custody;
   b. Drug history;
   c. List of drugs screened;
   d. Confirmation of method used; and
   e. Specific gravity.

6. The laboratory will retain negative specimens for a minimum of two (2) weeks and positive specimens for a minimum of one (1) year.

*10-PANEL INCLUDES:

Amphetamines	Benzodiazepines
Cannabinoids	Cocaine
Opiates	PCP
Barbiturates	Methadone
Methaqualone	Propoxyphene

7. THE DRUG SCREEN SHALL TEST FOR THE FOLLOWING:

Amphetamines	Methaqualone
Barbiturates	Phencyclidine
Benzodiazepines	Propoxyphene
Cannabinoids	Alcohol
Cocaine	Meperidine
Opiates	Drug of choice _____
Methadone	

DRUG SCREENS WHICH DO NOT TEST FOR THE ABOVE WILL BE CONSIDERED NON-COMPLIANT WITH THE ORDER.

1 Clinical Laboratory Improvement Act: Set of Federal Regulations which clinical labs must meet for certification.
2 Gas Chromatography Mass Spectrometry.
Adopted from Arkansas State Board of Nursing, January 1997.

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
SUBSTANCE ABUSE POLICY AND PROCEDURES
Waiver of Release of Medical Information

I, _____, am a professional health student at Arkansas State University and have previously received, read and understand the College of Nursing and Health Professions' *Substance Abuse Policy & Procedures.*

I hereby consent to having a sample of my body fluid collected on this _____ day of _____, 20___, according to the terms set forth in the policy for the purpose of testing for identified substances at my own expense.

I understand that a positive test result will require a subsequent confirmation test. If that result remains positive, it will affect my status in the professional program. I understand that if I am taking any medications which would adversely effect the results of the test, that I should disclose those immediately. Written medical documentation from my physician will be required by me for verification of those medication/s taken.

I authorize the release of test results related to the screening or testing of my blood/urine specimen to the Dean, College of Nursing and Health Professions at Arkansas State University, and to myself. I understand that my body fluid specimen will be sent to _____ for actual testing.

I hereby release Arkansas State University, its Board of Trustees, officers, employees, and agents from legal responsibility or liability arising from such a test, including but not limited to, the testing procedure, analysis, the accuracy of the analysis, or the disclosure of the results.

_____	_____	_____
Student's signature	Date	Time

_____	_____	_____
Witness		

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Substance Abuse Policy Signature Page

SUBSTANCE ABUSE COMPLIANCE CONTRACT
COLLEGE OF NURSING AND HEALTH PROFESSIONS
ARKANSAS STATE UNIVERSITY

I, _____, have read the Board of Trustee approved *Substance Abuse Policy & Procedures* of the Arkansas State University College of Nursing and Health Professions and agree, as a student in the professional health program, to comply with all aspects of the policy as written, including testing for substance abuse and appropriate release of that information. Furthermore, I agree to abide by the provisions for determining dismissal and to follow the conditions of readmission as outlined.

_____ _____
Student's Name Student's Signature

_____
Date

*For Student File

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PH. (870) 972-3301 FAX (870) 972-3788

CAA COMPLAINT PROCEDURE

I. Purpose: The purpose of this procedure is to provide the students in the Department of Communication Disorders at Arkansas State University a mechanism for resolving written complaints against the aforementioned program and/or it's personnel.

II. Rationale: It is expected that students in the Department of Communication Disorders will support the program's procedures and policies. However, when a student's grievance about a policy, program, or practice is not resolved with informal discussion, a more formal complaint procedure is to be followed.

III. Procedure: All formal complaints against the personnel, policies, and/or procedures of the Department of Communication Disorders must be submitted in writing within a reasonable period of time following the incident or initial concern. Written complaints lodged against the Department of Communication Disorders will be resolved through a process listed in the procedure.

a. Student complaints lodged against the program regarding grading, disciplinary action, probation, or continuation in the program shall follow the student grievance procedure found in the Arkansas State University Student Handbook.
b. Written complaints about CD personnel including faculty, on site supervisors, off site supervisors, part time instructors, and staff shall be submitted to the Department of Communication Disorders Director. If the grievance directly concerns actions or policies of the Department of Communication Disorders Director, written complaints are to be submitted to the program's clinic director. The recipient of the written grievance will then investigates the complaint, propose solutions, and notify those involved of the findings.
c. Written complaints regarding curriculum and instructional design shall be submitted to the appropriate program curriculum committee chairperson. The committee will investigate the concern, propose solutions, and notify those involved of the findings.

IV. Record: All written grievances and the actions taken to resolve the complaint will be collected and filed in the Department of Communication Disorders office.

V. Individuals wishing to provide input about the Department of Communication Disorders compliance with accreditation standards may do so in two ways: a) submitting written comments in accordance with the procedures specified below, or b) attending and providing comments at a public meeting during the Department of Communication Disorders scheduled site visit. Faculty, students,

program administrators, CAA site visitors, related organizations, or individuals receiving clinical services are invited to submit comments. Comments provided must meet the following criteria:

- Relate to a program's compliance with the published Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology (Standards), effective January 1, 1999.
- Identify the specific program and standard(s) being addressed and a description of the circumstances related to the program's alleged non-compliance with the standards.
- Comments that do not meet these requirements will not be considered, and the individual or group commenting will be so notified.
- Copies of the Standards and /or CAA's policy on public comment may be obtained by contacting

  CAA Office at ASHA
  10801 Rockville Pike
  Rockville, MD 20852
  Action Line – 1-800-498-2071
  http://professional.asha.org

VI. Receipt of Procedure: The CD program will document that all accepted students have received and understand the grievance policy by requiring submission of Appendix form B-11.

ASTATE SPEECH AND HEARING CENTER **B-11**
P.O. BOX 910 STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788

RECEIPT OF CAA COMPLAINT PROCEDURE SIGNATURE PAGE

I, _____ have received a copy of the Complaint Procedure for the Department of Communication Disorders. I have read the document and understand all steps involved in the formal grievance process.

_____

Print Name

_____ _____

Signature Date

A-State Jonesboro Department of Communication Disorders
Student Intervention Form

Student Name: _____ Semester/Year: _____

Course: _____ Instructor: _____

This student is completing an intervention plan for the following reason(s): *Check all that apply*

_____ Student scored below 75% on a formative assessment

_____ Student scored below 75% on a class assignment

_____ Student did not meet clinical expectations

_____ Absent from class

_____ Absent from clinic without permission from supervisor and clinic director

_____ Ethical violations

The following plan of action will be employed: *Check all that apply and indicate date intervention should be completed by. Use back for notes, communication logs, and re-test data if needed.*

_____ Oral Exam Date: _____

_____ Write a paper Date: _____

_____ Oral Presentation Date: _____

_____ Other: _____ Date: _____

Interventions not completed or not completed in a competent manner may result in a letter grade deduction for each occurrence.

Your signature indicates that you have read this document.

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

_____ Student has attained expected level of performance following intervention.

Other recommendation(s): _____

_____

_____

Date	Faculty Signature
Date	Student Signature

ORIGINAL should be completed, signed, and placed in student advising file, and a COPY should be given to the student

ASTATE SPEECH AND HEARING CENTER **B-13**
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CHILD MALTREATMENT REPORTER TRAINING
STUDENT VERIFICATION OF TRAINING FORM

Act 703 of 2007 (Arkansas Code Annotated § 6-61-133) states that for each degree program at an institution of higher learning in this state that is a prerequisite for licensure or certification in a profession in which the professional is a child maltreatment mandated reporter under the Child Maltreatment Act, the Arkansas Department of Higher Education shall coordinate with all institutions to ensure that before receiving a degree, each graduate receives training in 1) recognizing the signs and symptoms of child abuse and neglect; 2) the legal requirements of the Child Maltreatment Act and the duties of mandated reporters under the act; and 3) methods for managing disclosures regarding child victims.

Student Name (please print) Student I.D. Number

Student Signature Date

Advisor Signature Date

I have been trained in 1) recognizing the signs and symptoms of child abuse and neglect; 2) the legal requirements of the Child Maltreatment Act and the duties of mandated reporters under the act; and 3) methods for managing disclosures regarding child victims.

Student Name (please print) Student ID Number

Student Signature Date

Advisor Signature or Designated School Official Signature Date

Date of Child Maltreatment Reporter Training_____

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C-3a

CONSENT FOR RELEASE OF INFORMATION
(Release TO ASTATE)

I hereby authorize_____ to release to the

ASTATE Speech and Hearing Center diagnostic and/or treatment information for

_____ _____.
(Client's Name) (Date of Birth)

The following information is requested:
□ Most recent evaluation report
□ Most recent treatment report and / or I.E.P.
□ Other _____

_____

_____

_____

Signature: _____ Date: _____

Address: _____

File #: _____ Relationship to Client: _____ self _____ parent/guardian/designee

ASTATE SPEECH AND HEARING CENTER **C-3b**
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PH. (870) 972-3301 FAX (870) 972-3788

CONSENT FOR RELEASE OF INFORMATION
(Release FROM ASTATE)

I hereby authorize ASTATE Speech and Hearing Center to release records for

_____ _____ to the following facility:
(Client's Name) (Date of Birth)

Facility name: _____

_____
(Street or P.O. Box) (City) (State) (Zip)

Authorization includes:
□ Most recent evaluation report
□ Most recent treatment report and / or I.E.P.
□ Other _____

Signature: _____ Date: _____

Address: _____

File #: _____ Relationship to Client: _____ self _____ parent/guardian/design

ASTATE SPEECH AND HEARING CENTER **C-4**
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INFORMED CONSENT

The Arkansas State University Speech and Hearing Center has two purposes; to train student speech-language pathologists, and to provide the best possible assessment and treatment services to clients and families enrolled in its programs. Because we train students, it is important for them to be able to observe assessment and treatment sessions by direct observations, by listening to audiotapes, and/or by watching videotapes of those sessions. These observations and tapes may be used as part of the assessment or treatment process, as teaching demonstrations to students and other professionals, or to collect and report data for research analysis.

CLIENT'S NAME: _____ FILE #:_____

INITIALS AND DATED NEEDED ON EACH LINE

CONSENT IS REQUESTED FOR:	CONSENT GRANTED	CONSENT NOT GRANTED	DATE
ASSESSMENT			
1. Assessment of speech, language, and/or hearing disorders	_____	_____	_____
2. Direct observation of assessment by students and their instructors	_____	_____	_____
3. Audiotaping/Videotaping for assessment purposes	_____	_____	_____
4. Audiotaping/Videotaping for indirect observation of assessment	_____	_____	_____
5. Audiotaping/Videotaping for workshop/ professional demonstration of assessment	_____	_____	_____
6. Use of assessment data for statistical/ research analysis	_____	_____	_____
TREATMENT			
7. Treatment of speech, language, and/or hearing disorders	_____	_____	_____
8. Direct observation of treatment by students and their instructors	_____	_____	_____
9. Audiotaping/Videotaping for treatment purposes	_____	_____	_____
10. Audiotaping/Videotaping for indirect observation of treatment	_____	_____	_____
11. Audiotaping/Videotaping for workshop/ professional demonstration of treatment	_____	_____	_____
12. Use of treatment data for statistical/ research analysis	_____	_____	_____

Signature of person granting consent:_____
Name of person granting consent (please print):_____
Relationship to client: _____self _____parent/guardian/designee
Student Clinician Signature:_____ Date:_____

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C-5

PUBLICITY CONSENT

Client/Student (circle one)

The Department of Communication Disorders and the Arkansas State University Speech Hearing Center (ASTATE SHC) are frequently involved in professional or community activities which require visual presentation of our service delivery opportunities. Both written and picture/video displays facilitate increased awareness of disorders, ages, and intervention available to individuals with communication disorders.

The Department and ASTATE SHC desire your participation in such professional and community activities through the use of a photograph/video image. The photographs/video images will provide valuable insight into the clinical training aspects associated with communication disorders in the academic setting. No names will be associated with any photographs/video images.

I, _____, give permission for photographs and/or video images to be taken and used as described above.

_____ _____
Name (print) Date

_____ _____
Signature (Parent/Guardian if minor) Date

_____ _____
Witness Signature Date

Client File # (if applicable) _____

ASTATE SPEECH AND HEARING CENTER
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Phone 870-972-3301 Fax 870-972-3788

NOTICE OF PRIVACY PRACTICES

I authorize the use and/or disclosure of my protected health information as described below:

1. My authorization applies to the information described below. Only this information may be used and/or disclosed pursuant to this authorization:

   Patient Name, File Number, Diagnosis and Treatment at the Arkansas State University Speech and Hearing Center (ASTATE SHC)

2. I authorize the following persons (or class of persons) to make the authorized use and/or disclosure of my protected health information:

   Communication Disorders Faculty, Clinicians, Supervisors, and Student Observers

3. I authorize the following persons (or class of persons) to receive my protected health information:

   Communication Disorders Faculty, Clinicians, Supervisors, and Student Observers

4. I understand that, if my protected health information is disclosed to someone who is not required to comply with the federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.

5. I understand that I have a right to revoke this authorization at any time. My revocation must be in writing addressed to the ASTATE SHC Director of Clinical Services at P.O. Box 910, State University, AR 72467

6. This authorization expires each academic semester.

7. I understand that I do not have to sign this authorization and that my refusal to sign will not affect my abilities to obtain treatment from ASTATE SHC, nor will it affect my eligibility for benefits.

8. My protected health information will be used or disclosed upon request for the following purposes:

   See "Informed Consent" (C4) and "Consent For Release of Information" (C3)

9. I understand that I have a right to inspect and copy my own protected health information to be used or disclosed (in accordance with the requirements of the federal privacy protection regulations found under 45 C.F.R. 164.524).

10. I understand that ASTATE SHC will receive compensation for its use and/or disclosure of my protected health information.

*This page **ONLY** may be retained by the client if desired.*

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RECEIPT OF NOTICE OF PRIVACY PRACTICES

I certify that I have received a copy of the Notice of Privacy Practices.

_____ _____
Signature Date

_____
Name

_____ _____
Name of Personal Representative Relationship to Patient

Part 1
Part 2

PATIENT CONSENT FORM

By signing this form, you are granting consent to Arkansas State University Speech and Hearing Center to use and disclose your protected health information for the purposes of treatment, payment, and health care operations. Our Notice of Privacy Practices provides more detailed information about how we may use and disclose this protected health information. You have a legal right to review our Notice of Privacy Practices before you sign this consent, and we encourage you to read it in full.

You have a right to request us to restrict how we use and disclose your protected health information for the purposes of treatment, payment, or health care operations. We are not required by law to grant your request. However, if we do decide to grant your request, we are bound by our agreement.

You have the right to revoke this consent in writing, except to the extent we already have used or disclosed your protected health information in reliance on your consent.

Client Name: _____

Signature of
Responsible Party: _____

Date: _____

File#_____

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AUTHORIZATION TO TRANSPORT MINOR

For the safety of our minor clients, we are asking that you provide the name and phone number of three (3) people that are authorized to pick up your child from this facility in addition to you.

We will only allow you and these three people to take your child from this facility. If a situation arises that you need a different person (other than the three you list) to pick up your child, you will need to call our office and let us know the situation and provide a password that the person picking up your child will be required to give us before your child will be allowed to leave with them.

Child's name: _____ File #_____

1. _____ _____
   name phone

2. _____ _____
   name phone

3. _____ _____
   name phone

_____ _____
SIGNATURE OF PARENT/GUARDIAN DATE

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Speech-Language-Hearing Evaluation Report

Name:
Birthdate:
Parents/Caregiver
Address:
Clinician:

File Number:
Date of Evaluation:
Telephone:
Referred by:

Background Information:

Evaluations and Observations:

Hearing Screening

Oral Peripheral Examination

Language: (List formal and informal assessment instruments and results)

Articulation: (List formal and informal assessment instruments and results)

Voice: (List formal and informal assessment instruments and results)

Fluency: (List formal and informal assessment instruments and results)

Clinical Impressions:

(State exactly the diagnosis, level of severity, and salient characteristics of the disorder/delay. Include a prognostic statement regarding the potential for therapeutic improvement in the condition.)

Recommendations:

(Include specific therapy targets to be addressed along with the most appropriate therapy strategies to achieve the targeted objectives. Specify the number of sessions per week that are recommended.)

_____
(Include student's name and credentials)
Student Clinician

_____
(Include Supervisor's name and credentials)
Clinical Supervisor

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Phone: 870-972-3301 Fax: 870-972-3788

Treatment Plan

NAME:
BIRTHDATE:
PARENTS/CAREGIVER
ADDRESS:
CLINICIAN:

CASE NUMBER:
THERAPY PERIOD:
FREQUENCY:
DATE:

Summary of Present Level of Functioning:
Include date of diagnosis, place, tests given, and results. Identify the primary and secondary diagnoses and severity. List previous treatment (where, how long, goals, and results). Level of functioning should be in objective, measurable functional terms, and may need to compare initial to current status.

Long Range Goals:
Should be appropriate for disorder, severity, and cognitive level and reflect client's greatest needs.

Short-Term Objectives:
Use behavioral language including given (conditions, materials, etc.); knowledge (area/skill); behavior (observable/countable); and level of proficiency.
Rationale for Treatment Methods

Method:
Explain the evidence based method of treatment proposed for this semester.

Frequency of Treatment:
State number of sessions per week and length of sessions. Include statement of treatment plan ie: 4 weeks, Fall semester, etc. Include statement of prognosis, identifying rational for that prognosis.

_____ _____
Student Clinician Supervisor (ask for their degree and CCC-)

I agree/do not agree with this plan of treatment. (Circle one)

_____
Client/Parent/Guardian

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Plan Approved _____
Summary Approved _____

Session Plan / Summary

Client _____ Clinician _____ File # _____
Session Length _____ Type of Problem _____
Supervisor _____ Date _____

Goals and Procedures: # correct / # attempted % correct

1.

Schedule of reinforcement:
Reinforcers:

2.

Schedule of reinforcement:
Reinforcers:

3.

Schedule of reinforcement:
Reinforcers:

4.

Schedule of reinforcement:

Reinforcers:

5.

Schedule of reinforcement:
Reinforcers:

6.

Schedule of reinforcement:
Reinforcers:

Materials: Reinforcers:

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PHONOLOGICAL SESSION PLAN

Plan Approved _____
Summary Approved _____

Client:_____ File #_____ Clinician: _____
Supervisor: _____ Diagnosis: Phonological Disorder
Date(s): _____ Target Process: _____(phoneme)_____

Daily Objectives:	Target words/ activity:	Accuracy:
1. Review preceding session		
2. Listen to 15 new target words		
3. Draw/color 4-5 picture cards of target words.		
4. Produce the target by naming the picture cards while participating in 2-4 experimental play activities.		
5. Probing within the target pattern for next session's target phoneme		
6. Metaphonological activity		
7. Listen to target words (repeat #2)		
8. Home Assignment		N/A

Refer to next page

1. Review: Child names preceding session's production-practice words.

2. Listening Activity: Child ***listens*** (with slight amplification) to target list words.

3. Draw/color Activity: Clinician will select 4 or 5 words that the child can produce (with assists/cues, but without struggle behavior).

4. Experimental play activities: Experimental-play activities to help child develop new kinesthetic image to match with auditory image. Goal is 100% for production of target in the carefully selected words; (clinician uses tactile cues, modeling, etc).

5. Probing: Have the client imitate the clinician to determine the next session's target.

6. Metaphonological Activity: (e.g. rhyming) Manipulating phonemes to increase phonological awareness

7. Listening Activity: Repeat listening activity (#2 above) with amplification. List is given to parent for home program.

8. *Home Assignment:* Word listening auditory bombardment and home cards once per day

SOAP NOTES

S Subjective statements that positively reflect on the patient's communication status.

O Objective statements that are written in measurable skilled terms to report the patient's weekly progress toward achieving treatment goals and functional outcomes noted by staff and family. This section is used to document conferences with staff and family, attendance at care planning meetings, and other services billed.

A Assessment of progress based on the subjective and objective data. Note the factors that affected performance during the week. Include prompts and cues used during therapy. This section answers the question "why".

P Plan the focus of treatment for the next week. If minimal progress, how will you change cues or goals to facilitate success? Introduce new goals? New recommendations? If need discharge, develop maintenance or restorative nursing program.

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Treatment Summary

Name: **File #:**
Birth date: **Referral Source:**
Parents/ Caregiver: **Therapy Period:**
Address: **No. of Sessions:**
Clinician: **Date of Report:**
History:

_____'s most recent speech/language evaluation on _____ indicates a: _____mild_____moderate_____severe_____ disorder characterized by:

Previous therapy at _____ emphasized remediation of:

Therapy results:_____ was enrolled at the ASUS&HC from ____to _____ with the following therapy program:

Long Range Goals:
Long range goals were identified on _____'s most recent IEP (__/__/__) were as follows:

Short Range Goals:

Short Range Goals	Pre-Therapy Baseline in % of Correct Response	Post-Therapy Baseline in % of Correct Response	Date Completed
1.1xxxxxxxxxxxx	10%	90%	04/03/93
1.2xxxxxxxxxxxx			
2.1xxxxxxxxxxxx			
2.2xxxxxxxxxxxx			

End of semester testing: (Indicate tests given, scores, and results)

Summary:
Given _____ pre-therapy condition, the progress noted above is felt to be significant/not significant:
_____'s lack of notable progress may be explained by:
Include the result of the proposed method of treatment.

Recommendations:
Based on _____'s progress during this therapy period, the following recommendation(s) are made:
1. (continue therapy with emphasis on : [specific long range/short range goals and objectives])
2. (discontinue therapy) [reason; follow-up?])

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Discharge/Termination Summary

File Number:_____

Name:_____DOB:_____

Address:_____

Referral Source:_____

Diagnosis:_____

_____

Date First Seen at ASU SHC:_____

Period (s) Seen at ASU SHC:_____

Summary of Services:_____

_____

Date Last Seen at ASU SHC:_____

Reason ForDismissal:_____

_____

_____

_____ _____

Student Clinician Date Clinical Supervisor Date

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SURVEY OF CLINICAL SERVICES

Child / Adult (circle one) Semester:_____

Circle the number which best represents your feelings/perceptions with regard to the following statements.

3=Above Average 2=Average 1=Below Average

3	2	1	Requests for information and/or appointment scheduling addressed promptly.
3	2	1	Reports were forwarded efficiently and promptly.
3	2	1	Clinical personnel were courteous.
3	2	1	Considerate answers were provided.
3	2	1	Special problems were noted and assistance provided.
3	2	1	Appointments began at the scheduled time.
3	2	1	Diagnostic information was clearly communicated and a copy of the results was provided.
3	2	1	A clear statement of recommendations was presented which included a prognosis statement and/or referral as indicated.
3	2	1	Opportunities to ask questions were provided.
3	2	1	Over-all therapy was performed professionally and appeared to be focused upon the previously identified disorder.
3	2	1	The clinician presented in professional attire.
3	2	1	Conferences were conducted privately and away from the presence of non-professional individuals.
3	2	1	Collectively, services provided at the ASTATE Speech and Hearing Center were acceptable and appropriate.

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MID TERM/END OF TERM GRADE FORM
SELF-REFLECTION

Submit answers in essay form to your immediate supervisor. The format for this document should include the question and subsequent response.

1. How would you characterize your performance with developing and implementing the treatment plan?
2. How well did you write your session plans and SOAP notes?
3. How independent were you when making recommendations for your client?
4. What would you do to improve your professional writing?
5. How would you evaluate your clinical interaction skill?
6. What interesting, novel, or effective treatment approach have you learned/ implemented this semester?
7. Have you included technology into your sessions?
8. How well have you completed administrative functions?

Supervisors:
Submit this form to Clinic Director accompanied by the Evaluation of Intervention and/or Evaluation of Diagnostic forms as applicable.

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EVALUATION OF SUPERVISION

Supervisor _____ Term/Year _____

Please rate the quality of supervision you received on the following tasks of supervision (ASHA, 1985). Base your rating on the following scale: 5= strongly agree; 4= agree; 3= neutral; 2= disagree; 1= strongly disagree; NA= not applicable. Any comments you would like to make may be written on the back.

1. Facilitated independent thinking and problem solving by the supervisee
   5 4 3 2 1

2. Maintained a positive attitude in helping the supervisee develop as a professional
   5 4 3 2 1

3. Interacted objectively with the supervisee
   5 4 3 2 1

4. Assisted in planning and prioritizing effective client goals and objectives
   5 4 3 2 1 NA

5. Assisted in determining a rationale for assessment procedures
   5 4 3 2 1 NA

6. Assisted in assimilating diagnostic findings to determine recommendations
   5 4 3 2 1 NA

7. Provided direct suggestions for therapeutic intervention when appropriate
   5 4 3 2 1

8. Encouraged student-initiated strategies for therapeutic intervention/ diagnostic procedure
   5 4 3 2 1

9. Motivated the supervisee to develop clinical management skills
   5 4 3 2 1

10. Demonstrated sufficient clinical expertise with the disorder for which supervision was provided
    5 4 3 2 1

11. Fostered a professional partnership spirit throughout supervision
    5 4 3 2 1

12. Assisted the supervisees in learning and executing methods of data collection
    5 4 3 2 1

13. Returned paperwork in a timely manner as to ensure that the clinician had an opportunity to meet clinical deadlines
    5 4 3 2 1

14. Showed evidence of having reviewed session plans, reports, etc., when appropriate
    5 4 3 2 1

15. Held a sufficient number of formal or informal supervisory conferences
    5 4 3 2 1

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DEPARTMENT OF COMMUNICATION DISORDERS
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PERCENTAGE OF SUPERVISION_____
CONSULTATION REQUIRED_____

CLINICAL SUPERVISION/CONSULTATION

CLINICIAN: _____ SUPERVISOR: _____

DATE: _____ CLIENT(S): _____

OBSERVATION:

ADDITIONAL COMMENTS:

Clinical Supervisor **Student Clinician**

Please sign and return to your supervisor. Thank you.

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MID TERM/END OF TERM SUPERVISION FORM

EVALUATION OF DIAGNOSTIC

CLINICIAN_____ SUPERVISOR_____ DATE____-____-____

DESCRIPTION OF CLIENT _____Child/Adult (circle one) DISORDER(S) _____

Score using the following scale:
C5- Clinician demonstrates competency at the level of a CF.
E4-Skill is emerging. Student required only minor consultation from supervisor.
E3- Skill is emerging. Student required assistance from the supervisor to administer and/score diagnostic tools.
E2- Modeling was required, and student was unable to make clinical decisions without the supervisor.
E1- Modeling was required. Student was unable to perform independently.
N0- Skill needs remediation. Student performance was not satisfactory.

1. _____ Student came to the pre-evaluation supervisory conference with an appropriate diagnostic plan.
2. _____ Student collected a thorough case history as to gain relevant information.
3. _____ Student integrated case history information from clients, family, caregivers, teachers, professionals, etc. as needed. Cultural and linguistic needs of the client were respected.
4. _____ Student adapted the evaluation procedure to meet the immediate client needs
5. _____ Student interpreted, integrated, and synthesized information/ data to develop an appropriate diagnosis.
6. _____ Student administered evaluation tools appropriately and in a timely manner.
7. _____ Student used alternate forms of assessment to evaluate the client including formal observation and non-standardized tests.
8. _____ Student formulated appropriate recommendations (specific therapy recommendations if needed).
9. _____ Student completed administrative and reporting functions as necessary to support the evaluation. This includes collecting and submitting paperwork to the billing office, supervisors, and clients as needed.
10. _____Student made appropriate referrals as needed.

Minimal Expectation Items:

Minimal Expectation Items (MEI) are expected of each clinician ***regardless*** of clinical experience, amount of needed supervision, or clinical expertise. Each MEI occurrence will result in the lowering of one letter grade.

Supervisors: If the clinician did not demonstrate the MEI's, leave the blank empty and elaborate upon the situation resulting in the violation.

1. _____ Observed clinic/site rules
2. _____ Prepared for diagnostic session
3. _____ Prepared for supervisory conferences
4. _____ Personal factors were removed from the clinical session
5. _____ Clinical record keeping was organized
6. _____ Interactions with significant others and other professionals were respectful
7. _____ Written work was timely

Comments:(required)

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Grading Scale:

Intro to Clinic and Clinical Practice I	**Clinical Practice II and Clinical Practice II**	**Clinical Practice IV**
A- 40-50 points	**A- 40-50 points**	**A- 45-50 points**
B- 30-39 points	**B- 35-39 points**	**B- 40-44 points**
C- 25-29 points	**C- 30-34 points**	**C- 30-39 points**
D- 20-24 points	**D- 20-29 points**	**D- 20-29 points**
F- 0-19 points	**F- 0-19 points**	**F- 0-19 points**

If a clinician violates any of the minimal expectation items, a letter grade may be deducted.

Total Points Earned: _____

Letter Grade Earned: _____

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MID TERM/END OF TERM SUPERVISION FORM

EVALUATION OF INTERVENTION

CLINICIAN_____ SUPERVISOR_____ DATE____-____-____

DESCRIPTION OF CLIENT _____Child/Adult (circle one) DISORDER(S) _____

Score using the following scale:
C5- Clinician demonstrates competency at the level of a CF.
E4-Skill is emerging. Student required only minor consultation from supervisor.
E3- Skill is emerging. Student required assistance from the supervisor to administer and/score diagnostic tools.
E2- Modeling was required, and student was unable to make clinical decisions without the supervisor.
E1- Modeling was required. Student was unable to perform independently.
N0- Skill needs remediation. Student performance was not satisfactory.

1. _____ Developed setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Cultural and linguistic needs of the client were respected.
2. _____ Collaborated with SO and other professionals as needed to develop goals
3. _____ Implemented intervention plans effectively
4. _____ Selected appropriate materials for prevention and intervention
5. _____ Developed appropriate measurable daily session objectives
6. _____ Developed weekly (or as required by a site) written session summaries that were professional and included information regarding ongoing assessment activities as reflected in session summaries.
7. _____ Modified intervention plans, materials, and/or instrumentation as appropriate to meet the clients' needs
8. _____ Completed administrative and reporting functions necessary to support intervention. This includes collecting and submitting paperwork to the billing office, supervisors, and clients as needed.
9. _____ Appropriate referrals to other professionals were made
10. _____ Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
11. _____ Collaborated with clients/patients and relevant others in the planning process and case management
12. _____ Provided counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.

Minimal Expectation Items:

Minimal Expectation Items (MEI) are expected of each clinician ***regardless*** of clinical experience, amount of needed supervision, or clinical expertise. Each MEI occurrence will result in the lowering of one letter grade.

Supervisors: If the clinician did not demonstrate the MEI's, leave the blank empty and elaborate upon the situation resulting in the violation.

1. _____ Observed clinic/site rules
2. _____ Prepared for each therapy session
3. _____ Prepared for supervisory conferences

4. _____ Personal factors were removed from therapy
5. _____ Clinical record keeping was organized
6. _____ Interactions with SO and other professionals were respectful
7. _____ Written work was timely

Comments:(required)

Grading Scale:

Intro to Clinic and Clinical Practice I	**Clinical Practice II and Clinical Practice II**	**Clinical Practice IV**
A- 50-60 points	**A- 53-60 points**	**A- 55-60 points**
B- 40-49 points	**B- 45-49 points**	**B- 50-54 points**
C- 35-39 points	**C- 40-44 points**	**C- 40-49 points**
D- 30-34 points	**D- 30-39 points**	**D- 30-39 points**
F- 0-29 points	**F- 0-29 points**	**F- 0-29 points**

If a clinician violates any of the minimal expectation items, a letter grade may be deducted.

Total Points Earned: _____

Letter Grade Earned: _____

ASTATE SPEECH & HEARING CENTER
P.O. BOX 910, STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788

OBSERVATION SUMMARY

Date: _____

Student:_____ Student I.D. _____
Supervisor:_____ Instructor/Course:_____
Client Initials:_____ Site:_____

OBSERVATION

_____
Student Observer

_____
Student Clinician

DEPARTMENT OF COMMUNICATION DISORDERS
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OBSERVATION RECORD

Student: _____ Student I.D. _____
Instructor/Course: _____ Semester: _____

Date	Client Initials or Facility	Age	Disorder	Activity	Site	Group Yes/No	Supervisor's Last Name	Supervisor's Initials	Observation Time

AGE:
C = Child
A = Adult

DISORDER:
LANGUAGE
L = Language Disorder
(syntax, semantics, pragmatics, aphasia)

SPEECH
SA = Articulation
SV = Voice
SF = Fluency
D = Dysphagia

AUDIOLOGY
AS = Audiological Screening
AE = Audiological Evaluation
ARA = Aural Rehab Amplification
ARC = Aural Rehab Communication

R = Related Disorders (accent /dialect reduction, etc)

ACTIVITY:
T = Treatment
E = Evaluation
O = Observation
C = Consult

_____
TOTAL HOURS
_____
_____

ARKANSAS STATE UNIVERSITY DEPARTMENT OF COMMUNICATION DISORDERS **D-3**
104 N. Caraway Rd., P.O. Box 910, State University, AR 72467
Ph. (870) 972-3301 Fax (870) 972-3788

Daily Clinical Clock Hour Record

Page ____ of _____

Student: _____ Service Period Ending: _____
Primary Practicum Site: _____ Clinic Enrolled: Intro I II III IV (circle one)
(do not abbreviate here)

Date	Client Initials or Facility	Age	Disorder	Activity	Site (abbreviate)	Group Yes/No	Supervisor's Last Name	Supervisor's Initials	Percentage Supervised	Clinician's Direct Contact Time (Hours)

AGE:
C=Child
A = Adult

DISORDER:
LANGUAGE
L = Language Disorders (syntax, semantics, pragmatics, aphasia)

SPEECH
SA=Articulation
SV=Voice
SF =Fluency
D = Dysphagia

ACTIVITY:
RELATED DISORDERS
R-Related Disorders (Accent/Dialect Reduction)

AUDIOLOGY
AS = Audiological Screening
AE= Audiological Evaluation
ARA= Aural Rehabilitation Amplification
ARC= Aural Rehabilitation Communication

T=Treatment
E=Evaluation
O=Observation
C=Consult

TOTAL

ARKANSAS STATE UNIVERSITY

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D-4

Cumulative Clinical Clock Hour Record

Monthly Semester Final (circle one)

Student: _____ Service Period Ending :_____

Primary Site Assignment:_____ Clinic Enrolled: Intro I II III IV (circle one)

SPEECH ASSESSMENT

TYPE OF ASSESSMENT	CHILD (20)	ADULT (20)
ARTICULATION		
FLUENCY		
VOICE		
DYSPHAGIA		
TOTAL		

SPEECH INTERVENTION

TYPE OF INTERVENTION	CHILD (20)	ADULT (20)
ARTICULATION		
FLUENCY		
VOICE		
DYSPHAGIA		
TOTAL		

LANGUAGE ASSESSMENT

	CHILD (20)	ADULT (20)
LANGUAGE ASSESSMENTS		

LANGUAGE INTERVENTION

	CHILD (20)	ADULT (20)
LANGUAGE INTERVENTION		

AUDIOLOGY/AURAL REHABILITATION (20 Hours)

AUDIOLOGY-SCREENING	
AUDIOLOGY - EVALUATION	
AURAL REHABILITATION-AMPLIFICATION	
AURAL REHABILITATION-COMMUNICATION	
TOTAL	

RELATED DISORDERS

(TOTAL ALLOWED=20 HOURS)

ACCENT/DIALECT REDUCTION	

CONSULT/STAFFING

(TOTAL ALLOWED = 25 HOURS)

TOTAL CONSULT/**STAFFING HOURS**	

OBSERVATION: *TOTAL REQUIRED=25*
(DO NOT INCLUDE IN TOTAL)

TOTAL OBSERVATION HOURS	

TOTAL # OF HOURS FOR PERIOD SPECIFIED ABOVE:_____

STUDENT SIGNATURE:_____ DATE:_____

VALIDATION SIGNATURE: _____ CCC-_____ DATE: _____

Arkansas State University **D-5**
Department of Communication Disorders
P.O. Box 910, State University, AR 72467
Phone (870) 972-3301 Fax (870) 972-3788

EXTERNAL PRACTICUM SITE AGREEMENT

_____ will engage in a clinical practicum with
(student clinician)
_____ at _____
(clinical supervisor) (official site name)
beginning _____ and ending _____.
(month/ day/year) (month/day/year)

Site Information:
Address_____
Telephone_____
E-mail_____
Fax_____

Clinical Supervisor Information:
Home Address_____
Mobile Telephone_____
Home E-mail_____

Site Schedule:
Monday_____
Tuesday_____
Wednesday_____
Thursday_____
Friday_____

Student Clinician Information:
Home Address_____
Mobile Telephone_____
Home E-mail_____

Student Clinician **and** ***Clinical Supervisor*** **Responsibilities/Guidelines:**
(Initials of participants required in the appropriate section.)

Student Clinician:

____ 1. Provide to the clinical supervisor a list of the academic course work and clinical practicum completed and those currently attending.
____ 2. Provide a copy of TB screening, Hepatitis B acceptance/declination, CPR training and/or liability insurance as requested.
____ 3. Provide supervisor information related to ASHA clock hour requirements. Identify possibilities for acquisition of hours at the assigned site. Specifically, develop a plan for acquiring speech and language diagnostics, speech/language and hearing screenings, and aural rehabilitation hours.
____ 4. Be on time for every scheduled session.
____ 5. Notify the supervisor **and** clinical director of emergencies requiring an absence prior to a scheduled session.
____ 6. Follow accepted protocol enabling the supervisor to evaluate my performance.
____ 7. Facilitate timely evaluation of my performance by securing and/or disseminating the necessary forms to the supervisor.
____ 8. Make daily entries on the required clock hour form and secure both the supervisor

signature and percentage of time supervised.

____ 9. Complete a monthly and/or semester composite clock hour form. Attach to the above mentioned daily clock hour form and forward to the Clinical Director, Communication Disorders Program at Arkansas State University no later than the 5th day of each month subsequent to delivered services. Clinical clock hour forms require original entries and signatures and may not be faxed. Failure to submit appropriate clock hour forms in a timely manner will be considered by both the clinician supervisor and clinical director during the performance evaluation. Student clinicians should maintain a copy of all clock hour forms submitted.

____ 10. Assume responsibility for ensuring that clinical evaluations are received by the Clinical Director, Communication Disorders Program at Arkansas State University on the prescribed dates.

____ 11. Uphold the ASHA Code of Ethics, ASTATE NHP Honor Code, and act at all times in a moral and ethical manner.

Clinical Supervisor:

____ 1. Provide on-site, direct supervision to the assigned student clinician according to the American Speech-Language-Hearing Association standards. Specifically, **25%** direct supervision for **treatment** and **50%** direct supervision for **diagnostics.**

____ 2. Assume the clinical educator role by providing instruction/demonstration as related to the clinical skill/competency level of the student clinician during both treatment and diagnostic situations.

____ 3. Provide daily oral and/or written evaluation of the clinical skills/competencies demonstrated by the student clinician. Identified weaknesses should be provided to the student clinician in writing. A written record of improvement should also become a part of the student clinician file.

____ 4. Provide a mid-term and final evaluation (objective and subjective) for the assigned student clinician using a prescribed format furnished by the Communication Disorders Program at Arkansas State University.

____ 5. Forward all pages of the mid-term and final student clinician evaluation to the Clinical Director at Arkansas State University.

____ 6. Initial/sign required clinical clock hour forms verifying the students direct client/patient contact time **and** record the percentage of direct supervision time provided. Consult and/or staffing time may be counted on a limited basis. Paperwork time may **not** be counted.

The student clinician and clinical supervisor have completed the information items, reviewed the responsibilities/guidelines, and mutually agree to the conditions identified within the external practicum site agreement.

Student Clinician_____ Date_____

Clinical Supervisor _____Date_____
License #_____State_____ ASHA #_____

(Attach copies of all current credentials.)

Retain a copy and forward the original to the Clinical Director within **5 days**.