

HANDBOOK OF CLINICAL POLICIES AND PROCEDURES



NORTHERN MICHIGAN UNIVERSITY

**SPEECH, LANGUAGE, AND HEARING SCIENCES PROGRAM
NORTHERN MICHIGAN UNIVERSITY
MARQUETTE, MI 49855
(906) 227-2125**

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Table of Contents	1
List of Appendices	3
Introduction	4
Practical Experience in Communication Disorders	4
Northern Michigan University Speech and Hearing Clinic.....	4
Policy on Student Clinical Practice.....	4
Speech, Language, and Hearing Screening	5
Policy on Safe, Unprofessional or Weak Clinical Practice	5
Unsafe Practice.....	5
Unprofessional Practice.....	5
Weak Practice.....	6
Procedures	6
Policy on Criminal Background Checks and Drug Requirements and Immunizations... ..	7
SL 370: Observation Hour Requirements	7
SL 465: Methods of Treatment.....	11
Dress and Personal Appearance	12
Confidentiality and Ethical Responsibilities.....	14
Infection Control Policy	11
NMU Speech and Hearing Clinic Procedures.....	15
Master Schedule	15
Materials	16
Treatment and Observation Rooms	16
Risk Management Procedures.....	16
Student Files.....	17
Client Files	17
Keeping Appointments.....	17
Inclement Weather Policy	17
Late Clients.....	17

Clinic Forms	
Class and Work Schedule (Appendix C)	18
Diagnostic Evaluation Form (Appendix K)	19
Semester Treatment Summary (Appendix L)	19
Record of Clinical Clock Hours (Appendix G)	19
Therapy Attendance Record (Appendix O)	20
Therapy Plan (Appendix M)	20
Case Disposition (Appendix P)	20
Evaluation of Student Clinical Performance	20
Family/Parent Involvement	21
Special Experiences	21
Clock Hour Recording	21
Student Clinician's Evaluation of Supervision	21
Supervisory Conferences	21
Acknowledgment of Receipt of Clinical Handbook (Appendix B)	21
NMU Supervising Faculty and Faculty Supervision Responsibilities	22
Summary of Procedures: Observations	22
Summary of Procedures: Undergraduate Practicum	22

APPENDICES

A	Code of Ethics: American Speech, Language and Hearing Association
B	Acknowledgment of Receipt of Clinical Handbook Form
C	Class and Work Schedule
D	Time Conversion Chart
E.....	Record of Observation Hours
F.....	Clock Hour Descriptions
G	Record of Clinical Clock Hours
H	Adult Case History Form/Release Form
I	Child Case History Form/Release Form
J	Audiological Case History Form/Release Form
K	Diagnostic Evaluation Form
L.....	Semester Treatment Summary
M.....	Therapy Plan
N.....	Observation Notes Form
O.....	Therapy Attendance Record
P	Case Disposition Form
Q.....	Student Evaluation for Practicum Form
R	Student Clinician's Evaluation of Supervision
S.....	Policy on Speech and Language Screening of SL Majors
T	Speech and Hearing Clinic Privacy Policy

HANDBOOK OF CLINICAL POLICIES AND PROCEDURES

The Northern Michigan University Speech, Language, and Hearing Sciences Program offers a Bachelor's degree, academic and clinical preparation, for students who plan to pursue their Master's degree in Speech-Language Pathology. The full process of attaining the Certificate of Clinical Competence includes completion of both Bachelor's and Master's degrees from an American Speech-Language and Hearing Association (ASHA) accredited institution or the equivalent, the successful completion of a Clinical Fellowship Year (CFY), passing the national examination in the area in which the certificate is sought, and successful application for certification from ASHA.

This manual serves as a guide for Northern Michigan University students who are enrolled in any area of practical experience from the Speech, Language, and Hearing Sciences Program, and addresses policies and procedures for student clinical experiences here. It is applicable for all aspects of the clinical program and all student clinicians will be expected to comply with the following policies unless otherwise directed by a clinical supervisor.

Practical Experience in Speech, Language, and Hearing

The clinical program in Speech, Language, and Hearing at Northern Michigan University has been established to allow students the opportunity to fulfill requirements for practical experience at the academic level set forth by ASHA.

Students must attain a total of 400 clock hours of supervised practicum, of which 375 must be in direct client/patient contact and 25 in clinical observation. Speech-language pathology clock hours consist of observation and practice in prevention, assessment and intervention of the following types of disorders: articulation, fluency, voice and resonance, receptive and expressive language, hearing, swallowing, cognitive and social aspects of communication, and communication modalities (ex. augmentative communication systems).

Northern Michigan University Speech, Language and Hearing Clinic

The NMU Speech, Language and Hearing Clinic is housed within the Speech, Language, and Hearing Sciences Program in the West Science Building of the NMU campus. Children and adults receive speech, language, and hearing services provided by our undergraduate student clinicians under the supervision of a certified speech-language pathologist or audiologist. Normal hours of operation are 1:00 to 6:00 p.m., Mondays and Wednesdays, during the fall and winter semesters and at specified times during May-August. The Clinic is closed during holidays, vacations, and during such times as the University is officially closed due to inclement weather. The Clinical Coordinator will announce specific schedules at the beginning of each semester. Additional opportunities will be announced to students during the school year.

Policy on Student Clinical Practice

Faculty of the Speech, Language, and Hearing Sciences Program have a legal and professional responsibility to assure the public, other students, the university, and the profession of speech-

language pathology that students can practice safely, appropriately, and professionally in their various clinical practice settings commensurate with their educational experiences. Speech, Language, and Hearing students provide clinical services within the boundaries of the American Speech-Language Hearing Association statement on Scope of Practice and the Code of Ethics, current professional standards of practice, and Departmental and University policies, procedures, and protocols. While it is expected that clinical education is a process and that each clinical student will progress throughout his or her clinical education, this policy is written to protect the clients that our students diagnose and treat and to assure quality of care.

Speech, Language, and Hearing Screenings

It is of the utmost importance that clinical students in Speech, Language, and Hearing Sciences be able to provide appropriate modeling for clients with their articulation, voice, fluency, language comprehension and expression, and pragmatic abilities, and that they hear adequately in order to judge client speech and language behavior and communication. Speech, language, and hearing screenings are performed per Program policy (see Appendix S) on all students who have declared Speech, Language, and Hearing Sciences as their major. A student, who does not meet Program criteria for any area of communication during these screenings, will be advised of the findings, offered full evaluation, and be appropriately advised and counseled by the faculty supervisor responsible for the screening. It is expected that students will follow up on any recommendation pertaining to communication that is made by the supervisor.

Policy on Unsafe, Unprofessional, or Weak Clinical Practice

Students, who exhibit behavior that has been judged to be unsafe, unprofessional, or weak with potential to be unsafe or unprofessional, may be removed from the clinical experience. Descriptions of these types of behavior are described below.

Unsafe Practice

Unsafe practice is defined as behavior that causes harm or that has the potential to cause harm to a client or other person. Examples of unsafe practice include but are not limited to the following:

1. Practicing in a clinical experience under the influence of drugs and/or alcohol.
2. Acts of omission or commission likely to cause harm to clients, including, but not limited to, physical abuse, placing clients in hazardous positions or circumstances, mental, sexual, or emotional abuse, or the inability to provide appropriate treatment.
3. Failure to provide accurate, inclusive, written and verbal communication, or falsely documenting a clinical record, written assignment, or log.

Unprofessional Practice

Unprofessional practice is defined as behavior that fails to follow ASHA's Code of Ethics in matters pertaining to professionalism. Examples include, but are not limited to, the following:

1. Failure to notify the supervisor of absence or lateness.
2. Practicing in a clinical experience under the influence of drugs and/or alcohol.

3. Violating client privacy rights through breach of confidentiality or interactions or records or failure to protect the privacy in personal care.
4. Engaging in behavior that is disrespectful of a client's social or economic status, personal attributes, or health or communicative problems.
5. Engaging in behavior that is disrespectful or uncooperative with the supervisor and/or experience site.

Weak Clinical Practice with Potential for Unsafe and/or Unprofessional Practice

Weak clinical practice is defined as behavior that demonstrates difficulties in the areas of learning and applying academic information, communication, or interacting with others.

Examples include, but are not limited to, the following:

1. Difficulty or inability to apply theoretical knowledge to specific clinical situations or to demonstrate critical thinking skills.
2. Inability to successfully document clinical interactions.
3. Inability to interpret client responses and communicative behavior.
4. Difficulty in determining priorities in completing clinical assignments.
5. Difficulty in communicating or interacting with clients, families, peers, or health care or educational personnel, or the clinical supervisor.
6. Difficulty in carrying out or interpreting suggestions from the clinical supervisor.

Procedures

When unsafe, unprofessional, or weak clinical practice is noted in a clinical student's behavior, the following steps will be accomplished:

1. The student's supervisor will notify the Department Head in writing with a copy to the student. The documentation will include details of the behavior, a description of specific actions to be taken to improve the clinical practice, any support provided by faculty to promote improvement, the time period during which the specific improvement actions must be completed, and any other recommendations. Recommendations may include, but are not limited to, the following examples:
 - a. Review of academic course material
 - b. Independent research
 - c. Observation of clinical interactions
 - d. Improvement of behavior that reflects attitude
 - e. Removal of the student from the clinical experience until some appropriate goal has been reached.

Recommendations also must include how the student is to demonstrate that the actions specified have been completed satisfactorily.

2. The student will modify the specified behavior and provide any documentation required.
3. The supervisor and Department Head will review the documentation, determine the student's status with regard to clinical education, and notify the student in writing in a timely manner.

4. If the student does not complete the recommendation in the specified period of time or to an adequate degree, the student fails the course and will not be considered for further clinical assignment.
5. The student may make appeals to the Department Head and the Clinical Coordinator.

Policy on Criminal Background Checks and Drug Screenings and Immunizations

Criminal Background Checks:

All students, who are of junior standing at the beginning of each academic year (Fall semester) and are planning to enroll in SL 370 Observation, must complete a criminal background check (CBC). The CBC will be conducted one time during the student's final four semesters and will not be repeated. The criminal background check will be completed at cost to the student.

Students demonstrating a positive background check will be denied enrollment to the course. Students demonstrating a positive background check while enrolled in SL 370 observation and SL 465 Methods of Treatment will be dismissed from the course. Each positive background check will be reviewed by the SLHS faculty and Associate Dean of the School of Clinical Sciences a decision regarding continued enrollment in Speech, Language, and Hearing Sciences program will be made on a case-by-case basis.

Drug Screen:

For the protection of patients, employees, and students, all students, who are of junior standing at the beginning of each academic year (Fall semester) and are planning to enroll in SL 370 Observation, must complete a drug screen through Occupational Medicine Services in Marquette. The drug screening must be completed within 30 days of the start date of the clinical placement. The drug screen will be completed at cost to the student.

Please be advised: Students demonstrating a positive drug test will be denied enrollment in SL 370 Observation and SL 465 Methods of Treatment; however, they may have their enrollment reconsidered for the future to the courses at the Associate Dean's discretion if seats in the course are available.

Immunizations:

All students, who are of junior standing at the beginning of each academic year (Fall semester) and are planning to enroll in SL 370 Observation, must provide documentation of immunization record.

1. Please provide documentation of your immunization record by completion of the School of Clinical Sciences Verification of Immunization and Health Status Forms. All immunization information must be supplied and the form signed by a physician, nurse practitioner, registered nurse, or other licensed health official.
2. Hepatitis B. Please provide a copy of your Hepatitis B vaccination series completion or declination.
3. A two-step TB skin test to be completed after admission to the Program. Please provide a copy of your TB skin test results.
4. Tetanus within the last 10 years.
5. Influenza immunization
6. Covid-19 Vaccination or approved medical or religious waiver.

SL 370: Observation

The Observation requirement is traditionally the beginning of clinical experience for students in our program. Active observation is a useful means of developing clinical knowledge and skills, and typically precedes direct interactions with a client. Formal documented observation also is an ASHA certification requirement. As part of certification, students accrue a minimum of 25 observation hours. This course should be completed the semester immediately prior to your enrollment in SL 465 Methods of Treatment, i.e., if you are planning to complete SL 465 during the fall semester of your final year in the SLHS program then SL 370 should be completed the winter semester of the prior academic year. If you are planning to complete SL 465 during the winter semester of your final year in the SLHS program then SL 370 should be completed during the fall semester of that academic year.

Clinical observation is an important part of the education program for students of speech-language pathology and audiology, as students learn basic clinical methods and gain understanding of communication disorders and differences through watching others. The American Speech-Language-Hearing Association (ASHA) requires that students complete 25 hours of supervised observation. Students must observe clients receiving services from ASHA-certified professionals.

In this program, observation hours are accumulated in SL 370; the observation clock hours gained in these courses are valid for the ASHA requirement and must be recorded on the Record of Observation Hours. This form is available in the clinic reception office and must be submitted to and signed by the instructor of SL 370 at the end of the semester in which the experience was gained. The student will then submit the form to the Clinical Coordinator, who tracks all student clock hours.

SL 370 students will maintain a log of observations and obtain the signature of the clinician at the end of each observed session. Instructions for keeping the log are provided in the class meeting of SL 370. All individuals observing in the clinic will maintain a quiet, clean, dark environment in the observation rooms and will ensure that parents, family members, and faculty are able to observe comfortably and are treated with the utmost courtesy and respect. Food is not allowed in the observation room; beverages are allowed, however, containers must leave the room at the end of the session. Observation logs will be kept in a confidential manner. According to rules concerning standards of confidentiality (HIPAA), observers will refrain from commenting about clients, clinicians, family members, or supervisors while in the observation room. Any discussion of session specifics will be held in a confidential place. As a reminder, the rest rooms, hallways, and departmental offices are not appropriate places for clinical discussions.

In the event of a cancellation, the secretary is to post a notice on the office portion of the Clinic Reception Area, room 1504. In the event that Northern Michigan University is closed for breaks, holidays, or inclement weather, the Speech and Hearing Clinic is also closed and all client sessions are canceled.

All supervisors reserve the right to ask observers to vacate the observation rooms; this may become necessary because of the noise level, to make room for family members, or for an

exceptional need for family counseling while in the observation room.

The SL 370 instructor will advise students of the availability of opportunities for recorded sessions. In addition, students are reminded that they may take advantage of opportunities to observe sessions outside of the Clinic under the supervision of ASHA-certified professionals. A list of local observation opportunities will be provided to students in SL 370. Each site may have additional prerequisites such as additional background checks or orientation and training before being permitted to observe. Some sites do not permit observations. Students interested in off-campus observations are encouraged to talk with the clinic director. Students may not submit off-campus observation hours without department approval.

Before initiating observation, all students will read and agree to comply with the above-stated guidelines and the ASHA Code of Ethics (Appendix A) by signing the Acknowledgment of Receipt form (Appendix B) and submitting it to the Clinical Coordinator.

General Expectations of SLHS Students Observing Sessions

Students with observation privileges are expected to observe protocols that protect the client and enhance their clinical education. Many of these expectations are in line with conduct expected of interns and instructors in the clinic.

Expectations of Confidentiality and Conduct

1. **Conduct yourself in a professional manner.** When you contact a facility or when you enter any facility as an invited observer, you are a representative of the profession you are studying. As such, you are charged with conducting yourself in a professional and courteous manner. Be polite, appreciative of the opportunity to observe.
2. **Keep all client information confidential.** Whether the observation is live or from a recording, or from a chart review, all information is confidential. Under no circumstances is it appropriate to discuss observations or client information with individuals outside the clinic setting. Do not discuss your observation with other professionals or people in other agencies.
3. **Hold discussions behind closed doors.** It is appropriate to discuss observation and ask questions of the instructor or intern. Whether in a classroom, an office, or a therapy room, these discussions must take place in a secure location behind closed doors.
4. **No cell phones.** Turn off or silence your phones and put them away. Refrain from talking or texting in the facility and during your observations.
5. **Follow the clinic dress code.** Information on the Clinic dress code can be found in this manual. Your university clinic dress code is appropriate for most settings. Wear your university clinic name badge during observations, so faculty, staff, interns, clients and families know you have observation privileges.

Expectations Before the Observation

1. **Have a valid reason to observe.** Sometimes a student who has worked with a client in the past may be tempted to observe a session out of curiosity. Idle curiosity is not an acceptable reason to observe. If you have met the 25 observation hours and you wish to observe a client's session for a valid reason, please contact and gain permission from the instructor of that client. Valid reasons include learning a new approach or procedure, learning about a new communication disorder or difference, and learning about assessment procedures.

2. **Follow the established procedures for arranging observations.** The procedures for arranging observations are in place to support a positive observation experience for you, the intern, the instructor, and the client. It is not acceptable to observe clients if you have not made previous arrangements. Observation areas are small and are easily crowded. At times a session may be inappropriate to observe, as determined by the speech-language pathologist or audiologist providing the service. In those cases, the professional reserves the right to excuse you from the observation for the welfare of the client.
3. **Review the client file.** If possible, you are expected to review the client case history file in the clinic office before completing the evaluation. This will make your observations more meaningful and will reduce the number of questions you have for the professionals and student interns. You may be prepared for a richer experience because you will have a deeper understanding of the client history, goals, and objectives.
4. **Plan ahead for your learning.** Consider what knowledge and skills you would like to develop as part of your observation. Here are some questions to consider when observing:

Topic	Questions to address
General Information	<ul style="list-style-type: none"> Approximately how old is the client? What communication is typical for a person of this age? What do I know about the client's cultural/linguistic background, and how does that influence typical communication? What is the client's communication disorder or difference? How effective is the client's communication? How would the client's communication disorder affect everyday communication in the following domains: educational, vocational, social (family and friends), community (e.g., shopping, making appts, etc.)?
If you watch an assessment:	<ul style="list-style-type: none"> What tools and strategies did the professional or intern use? What communication or swallowing behaviors did the client present?
If you watch an intervention:	<ul style="list-style-type: none"> What were the goals the client worked on in the session? What data system did the professional use? What methods did the professional use to help the client? How did the client respond to the therapy? How did the professional or intern manage any behavioral issues?

Expectations During the Observation

1. **Arrive early.** By arriving early, you can get settled to observe and reduce the possibility of disrupting the session.
2. **Introduce yourself as a student observer fulfilling course requirements.** Be sure to wear your name badge and observe the dress code of the site in which you are observing. It is a safety expectation and a professional courtesy to do so. When you introduce yourself to instructors, interns, clients, and families, indicate you are an observer fulfilling course requirements.
3. **Observe silently and defer questions.** Avoid interjecting comments or questions in a session between the professional and the client or the client's family unless invited to do so. Questions and comments about a session should be held until the client has left. If family members or other observers ask you questions about the therapy or disorder, politely explain that you are a student observer and not qualified to answer their questions at this time. Encourage them to direct their question to the clinic instructor or the student intern who is working with the client.

4. **Observe without judgment and protect client privacy.** Notes should not contain private health information. When writing notes about clients' behavior or performance on observation sheets while observing, use descriptive, not judgmental statements. Be aware that family members may try to see what you are writing, so it is important to be professional and discrete.
5. **Document observation hours and submit for approval.** Document your observation hours in a timely manner according to the SL 370 procedures.

Documentation for Independent Observations

If you observe on your own, outside of a class assignment, this is considered an independent observation. The instructor for SL 370 is your contact for independent observations. If you observe independently (not as part of a class), you must complete additional documentation and keep additional records.

1. Complete an **Independent Observation Worksheet** at the time of the observation. **Submit the form to the instructor for SL 370.** No private or identifying client information should be recorded. Worksheets are available in the office of the Speech -Language-Hearing Clinic (SLHS Clinic) in 1513 West Science. A view of the worksheet is available at the end of this section of the handbook.
2. If your observation is off-campus, **contact the instructor for SL 370 before the observation** to make arrangements for submitting the hours. Failure to do so may result in the hours being discounted.
3. Submit your observation hours for approval. Students are responsible for keeping a record of all observation hours and for making sure observation documentation is accurately and thoroughly completed. All observations must be supervised by a speech-language pathologist or an audiologist who holds a Certificate of Clinical Competence. Submit your hours before the end of the semester. Best practice is to enter your time immediately after the observation.

Below is the sample worksheet for independent observations. The worksheet is available in the clinic office.

INDEPENDENT OBSERVATION DOCUMENTATION (worksheet)

Student Name: _____ **Semester/Year:** _____

If you complete an observation that is not a class assignment, you must keep notes on the session. No protected Health Information should be written on this document. You will turn in your observation notes to the Clinic Director at the end of the semester.

Type of Observation (circle all that apply)

Setting	Medical	Educational
Professional	Audiologist	Speech-Language Pathologist
Session Type (both may apply)	Assessment	Intervention

Client's approximate age: _____

Communication Disorder (s): _____

How easy was this client to understand when you first observed?

How would this client's communication disorder get in the way of everyday communication in the following domains:

- Educational
- Vocational
- Social (family)
- Social (friends)

Community contacts (e.g., shopping, making appointments, etc.)

Assessment Session Questions

If you watched an assessment, what tools did the professional use?

What communication or swallowing behaviors did the client present?

Intervention Session Questions

If you watched an intervention session, what were the goals the client work on in the session?

What data system did the professional use?

What methods did the professional use to help the client?
How did the professional or intern manage any behavioral issues?

SL 465: Methods of Treatment

Qualified students in the Speech, Language, and Hearing curriculum are able to gain some initial clinical experience. Criteria for acceptance into undergraduate practicum include all of the following:

1. Senior standing
2. Instructor permission

Students will apply to the Clinical Coordinator for permission to enroll. Placement will be in the NMU Speech and Hearing Clinic on a space-available basis.

Prerequisite: Senior Standing, grade of “B” or higher in all speech, language and hearing science courses; faculty committee permission for admission to NMU Clinic practicum.

Information on aspects of the treatment process which includes data keeping, designing behavioral objectives, counseling concepts, feedback systems, behavioral management and treatment methods for communication and swallowing disorders.

NMU Speech-Language and Hearing Clinic Procedures

Dress and Personal Appearance

Students are expected to dress in a manner fitting their status as professionals providing services to the public. Although a student’s physical appearance may have no relationship to the quality of treatment they provide, it is likely to influence a patient’s perception of quality and professionalism. We should always convey the finest possible impressions to our clients and parents/caregivers. While individual preferences are recognized, a clinic that deals with the public requires a conservative approach to grooming, hair, jewelry, fragrances, and dress. All students are required to wear a nametag during clinical practicum at the NMU Speech, Language and Hearing Clinic. The Clinic Director will furnish details on ordering and purchasing the nametags.

Dress Code: Appearance, Clothing, Accessories

Purpose of the dress code:

The SLHS Clinic dress code policy outlines how we expect our student interns and student observers to dress when they are engaged in activities at the SLHS Clinic. Students are representing their program and their future profession when they engage in activities in the clinic. Students also are setting the stage for a safe and inclusive environment by the choices of dress they wear. Our intention is to set a positive, inclusive, and professional tone that supports the purpose of the clinic. A dress code is a guide and cannot cover every potential circumstance. At times, students have questions about the dress code or who would like input on their choice of dress. In those circumstances, students should consult their clinic instructor or the clinic director.

Consequences for dress code violations:

If a student violates the dress code or if there is a complaint regarding a student's choice of dress, the supervisor will contact the student and inform the student of the concern. The supervisor will inform the student in the event of violations of the dress code. If your supervisor determines that your attire is unacceptable, you will be asked to change. If there is not time for you to change, you will be given something to wear. The student may be required to leave the clinic until the professional appearance is attained. Unprofessional appearance in the clinic will be reflected in your clinic grade with a second violation.

The test for clothing must include being able to sit cross-legged on the floor with no skin showing from the back of your waistband to the bottom of your shirt. Female clinicians must be able to bend over in front of the therapy room mirror without revealing cleavage.

The following dress code rules apply:

Appearance: Neat, clean

All clinic students and student observers in the clinic should be clean and well-groomed.

Hair

Hair should be clean and neat, and styled so the student's face is in clear view of the client. Beards and mustaches must be neatly trimmed and allow for clients to see the student's face. Hair must be combed and updos must be neat and combed. No "messy buns".

Fingernails

For safety, fingernails should be clean and short to prevent glove punctures, harboring of bacteria, or injury to the client.

Scents

As some clients have scent allergies or sensitivities, students should avoid wearing strong colognes or perfumes.

Tattoos

Tattoos must be covered with appropriate clothing. Visible tattoos which cannot be covered must be tasteful and unobtrusive.

Make-up

Make-up must be tasteful and discreet.

Clothing: Conservative, safe for the work of an intern

Clothing Color:

Clinic students and observers have full choice of any color of clothing they prefer. Some fabric colors or patterns may be distracting for certain clients. In those circumstances, students will work with their instructors to determine colors that are most appropriate.

Clothing Fabric:

Clinic students and observers should choose clothing fabric that is opaque (not sheer or see-through), non-clinging, and easily cleaned.

Clothing style:

Clinic students and observers are to select clothing styles for supporting a safe and professional therapy environment.

- Select clothes that are neat, clean, and in good repair.
- Clothing should allow for freedom of movement, provide sufficient coverage, and *not be form-fitting*. It can help to do the reach and bend test, to ensure clothing covers the body during varied therapy activities (ex. sitting on the floor with a child).
- Depending on the client and the therapy, some generally permissible types of dress may be inappropriate. For example, a clinic student would need to use judgement to select pants over a dress if therapy task were to involve floor playtime with a child.

Examples of clothes to choose:

- Choose tops with a conservative neckline (no cleavage showing when bending forward) and sleeves that cover the shoulder, and that cover the midriff when the stretch and bend test is employed.
- Choose pants, including dress jeans, that are in good repair (e.g., free of holes, rips, patches, fading, stressed or stonewashed appearance). Waist-lines should be high enough to cover undergarments.
- Choose dresses with hemlines that come close to the knee, are non-clinging, have a conservative neckline, cover the midriff, and have a sleeve that covers the shoulder.
- Choose dress shorts and skorts with hemlines no higher than 4 inches above the knee.
- Choose leggings as undergarments for a knee-length dress or for shorts or slacks. *Leggings are considered undergarments and are not pants.*
- Males should wear dress, collared or polo styled shirts that are tucked in. Turtleneck, v-neck or crewneck sweaters may also be worn.

Examples of clothing to avoid:

- Avoid low-cut tops, halter tops, tank tops, midriff tops, tube tops, t-shirts, tops with low necklines.
- Avoid shirts and sweatshirts with messages, lettering, or logos.
- Avoid casual jeans or pants in disrepair (e.g., holes, rips, patches, fading, stressed or stonewashed appearance, frayed pant cuffs).
- Avoid leggings being worn as pants. They are considered undergarments.
- Avoid clothing that is work-out wear. No sweat pants or shirts. No tennis shoes/sneakers.

Accessories: Conservative, safe for the work of an intern

Shoes: Safety first

- Style: Select shoes and sandals that stay firmly on the feet, especially when providing care to children or vulnerable adults. Business attire slingbacks and sandals are acceptable when they stay firmly on the wearer's foot. Avoid tennis shoes, flip-flop sandals, and thong sandals.
- Heels: For safety, a general rule is to select shoes with heels that are 2 inches or lower (0 to 2 inches), though there may be circumstances where only a flat shoe is safe. Clinic students and

instructors will use their judgement for determining situations where a more conservative heel is needed for safety of the clinic student and the client.

- Condition: Select shoes that are clean and in good condition.

Name badges:

For public safety, interns, SLHS student observers, and instructors are to wear nametags when engaged in activities in the clinic. Clinic students and observers purchase nametags that help the public recognize them as part of the clinic staff.

Jewelry:

Clinic students and observers may choose to wear small jewelry items that are not distracting to the client. Clinic students and instructors will use their discretion in those circumstances, and refrain from wearing jewelry if it is determined they are distracting to the client. Because tongue piercing jewelry may distort articulation, clinic students are to avoid wearing tongue piercing jewelry in therapy sessions. Any other facial piercings should be removed prior to therapy.

It is important that students in our clinic be aware of their dress even when they are observing in clinic. Our clinic is a public place of business and students should dress accordingly.

All students participating in clinical activities are expected to dress and act in an appropriately “professional” manner. This includes a neat and clean appearance and appropriate verbal language. Eating and/or drinking of beverages within the clinical areas during a therapy session are not acceptable, unless it has immediate relevance to the activity being conducted. If there are any questions regarding what is appropriate, students should check with the clinical supervisor.

Confidentiality and Ethical Responsibilities

Confidentiality of client information is of the utmost importance and must be maintained. To help ensure confidentiality, the client’s master file may not be removed from the clinic. Photocopying of information in the file is not allowed. Documents containing identifying personal client information, such as rough drafts, should be shredded once no longer needed.

In the course of observing and offering clinical services, it is important to remain non-judgmental, to maintain confidentiality, and to show respect for clients and their families. A few specific behaviors to keep in mind:

1. Make no judgmental comments about clients and their families. Our task is to find and enhance our clients’ and families resources, not to criticize their efforts, beliefs, or lifestyle. They are doing what they do because they believe that it is helpful and useful. They are doing their best.
2. Do not discuss any client in the hallways of the Clinic. Our space is small and clients and families as well as other clinicians who are uninvolved with your particular clients abound. Step into the supervisor’s office or into a therapy room and close the door (and shut off the sound system) to talk. Make neither positive nor negative remarks in the hallways. **Student clinicians will not talk about information in the halls, observation rooms, waiting room, bathroom, etc., to assure that conversations are not overheard.**

In a like manner, written or typed documentation must be monitored so that it is not left unattended or open to public viewing or listening.

3. Keep private notes, completed test forms, lesson plans, videotapes of sessions, audiotapes, language transcripts, case history intakes, assignment sheets, etc. in your hanging file in the Audiology office. These must not be left in observation rooms, the lounge, the reception office, or anywhere else. They **cannot** be taken home. To do so constitutes a breach of client confidentiality.
4. Audiotapes and videotapes of client sessions must be turned in to the supervisor at the end of the semester. They should by no means leave the clinic.
5. Leave all individual identifying information off private notes if you need to work on them at home. This includes address, phone number, name, date of birth and any other information that could identify your client. Refer to the client as client or client 12, etc.
6. Do not include any individual identifying information pertaining to your clients in either e-mail or e-mail attachments to our faculty supervisor.
7. Do not write last names of clients on posted lists. This, too, is a breach of confidentiality.
8. You may discuss issues related to specific cases with faculty, provided you do not reveal any identifying information about a client. Do not hold these discussions in the hallways of the clinic or Program office. The purpose of these discussions should be to expand your knowledge base and better serve your clients.
9. Do not share information about clients with anyone, including other professionals, (e.g., to name a referral or to convey information to someone who also sees the client) without expressed written permission from the client, parent, or legal guardian.
10. . Client reports are to be submitted to the supervisor's mailbox in the Speech-Language and Hearing clinic office. Revised copies will be submitted to the student's mailbox or to the student directly.

Case file (formal and informal reports, audiotapes, videotapes, pictures, test forms, etc.) information is made available to student clinicians in order to support assessment and treatment. These files are stored in the Clinic Reception Area, room 1504. Students may sign out files on the clipboard above the file cabinets. The sign-out sheet must include the student's name, client's name, and the date the file was checked out. Under no circumstances may a case file or portions of a formal case file be taken out of the clinic. Students may read case files within the Audiology office. They may not be transported out of the Clinic in any other manner. Students must treat files in a confidential manner; they must be checked back into the file drawer during the same business day in which they were checked out. The student will then sign off that the file was returned.

Lesson plans are required for each session. If a faculty member requires that lesson plans be present in the observation window of your therapy room, it is the student's responsibility to see that the plan is removed immediately after the session, since it contains information of a confidential nature.

All students are expected to perform according to the standards, practices and guidelines established by ASHA as described in the Code of Ethics. A copy of the Code of Ethics is attached and students are advised to become familiar with this document (Appendix A).

Infection Control Procedures

In addition to disinfecting the environment at the end of the session, student clinicians are expected to thoroughly wash their hands before and after each session. Disposable gloves, as well as individually-wrapped tongue depressors, are available in the Materials Room for oral procedures. Non-sterile, bulk-packaged tongue depressors are to be used only for craft projects. Gloves and tongue depressors are to be disposed of immediately after the session. In the event that the student clinician contracts a communicable illness, he or she must inform the supervisor as soon as possible to make alternate arrangements for scheduled appointments. If the student clinician observes signs of communicable illness in his or her client or if such illness is reported to the clinician, this must be reported to the supervisor at once. The supervisor will advise the student/family of subsequent steps to be taken.

Master Schedule

At the beginning of each semester, after the treatment schedule is compiled, the Master Schedule will be posted in the Clinic Office. For the benefit of observation, practicum, and internship students as well as faculty and staff, a copy will also be maintained in the Speech, Language, and Hearing Program Office, room 1513. Diagnostic schedules will also be posted in these areas, as well as announcements for special clinical experiences.

Materials

Program-owned materials and equipment available for use in diagnosis and therapy are stored in the Clinic Materials Room, room 1524. All materials must be signed out, with the **student held responsible for the replacement of the material** if its return is not recorded on the sign-out sheet. Please note that in signing out materials, the student must enter his/her full name, the name of the material(s) checked out, and the date. *Materials may be kept out overnight if a Speech, Language, and Hearing faculty member countersigns for them.* When materials are returned to the Materials Room, the student must indicate this by completing the entry for the checked out materials with the date they were checked back into inventory.

Students are asked to notify the Departmental Secretary when *Materials Room Form* supplies are running low.

In no case may the student check out only portions of a test, including manuals, or check out therapy materials for a full semester. This is to ensure that materials are available to all students who may need them.

Treatment and Observation Rooms

Please check with your supervisor to see if there are any special considerations for room choice for your client. You will be assigned a therapy room for the semester. Part of the clinical student's responsibilities lays in the maintenance of the physical environment your clients and their families will use. You are asked to make sure that this environment is clean and in reasonable shape before and after each session. This includes appropriate disposal of trash and removal of therapy equipment, toys, and other materials from the treatment room. In addition, students will disinfect all surfaces with the Clinic-provided solution and paper towels. **Under no circumstance is the disinfectant solution to be stored in locations in therapy, observation, or other public rooms that are accessible by clients or young family members.** Notify the student receptionist when bottles of disinfectant or window spray need to be refilled.

At times the student may wish to hold a therapy session outside of the therapy rooms of the Clinic. Please check with your supervisor prior to making such plans, and notify observers of the change by leaving a notice in the Clinic Reception Area. When seeing clients outside of the Clinic, students should take every precaution for the client's safety. In no case is a student to take the responsibility of transporting clients.

Risk Management Procedures

Clinicians are constantly to be aware of safety issues concerning their clients, to include environmental hazards, threats to personal safety, and any potential for the client to threaten the safety of others. In the event of an emergency, the supervisor will be notified at once; if necessary Public Safety will then be contacted by the supervisor for an ambulance, police services, etc.

It is the clinician's responsibility to review with parents at the beginning of the semester the lists of persons to whom we may release a child and who to contact in the event of an emergency and to assure that no child is released to an individual not listed. As always, if necessary, see your supervisor for guidance. The clinician will also review any client allergies and assure that the client is not exposed to these materials during the course of services.

A shredder is located in the Clinic Reception Area for disposing of confidential paper materials. Instructions are printed on the machine.

Student Files

Each student majoring in Speech, Language, and Hearing Sciences has a two-part, permanent record file that is maintained within the SL Program office. The first part contains academic (application, enrollment, grade, etc.) information. The second part contains all of the student's supervisor-signed and Clinic-recorded clock hour forms. The Clinical Coordinator will record the hours for compilation by the Clinic's computer program, and the original clock hour forms and the most recent computer-generated summary are filed in the second portion of the student's permanent record. A copy of the summary is provided to the student as it is updated.

Each student is strongly urged to retain photocopies of the supervisor-signed clock hour forms in his or her own files. Students should notify the Clinical Coordinator at once of any perceived discrepancies between their records and the official record.

Client Files

Please see the section on Ethical Responsibilities for information regarding confidentiality of client files.

All information in the client file must be in chronological order with the most current information on top. All forms, reports and notes must be dated and signed by the student clinician preparing the report. Reports must also be signed by the supervisor approving the report. Approved, supervisor-signed reports are to be submitted to the program secretary for copying and distribution. Each client file must remain intact; in no case will the student remove portions of the client file.

Keeping Appointments

Clinicians are expected to arrive ahead of time to prepare and be on time for all clinical assignments and therapy sessions. If the clinician knows that he/she will not be able to meet

with a client at the regularly scheduled appointment time (illness, family death, accident), it is the clinician's responsibility to apprise the supervisor of this fact and, if instructed, to reschedule the appointment or cancel the session. No clients are to be canceled without the consent of the supervisor. Notification is also necessary to the Clinic Reception area. In no case will a clinical session take place without the prior knowledge and consent of the supervisor.

Inclement Weather Policy

In the event that Northern Michigan University's classes are canceled for reasons of inclement weather, the Clinic also will be closed.

Late Clients

Clinicians should wait a minimum of ten minutes past the scheduled appointment time for late clients. At this point, the student must attempt to phone the client/parent. If the client does not arrive within thirty minutes of the scheduled time, then the clinician is free to leave after notifying a supervisor.

Clinic Forms

Preliminary forms are generated by Clinic faculty/staff and mailed by the program secretary to the client or responsible party for completion and to be returned prior to the initiation of clinical interaction. These include an age-appropriate *case history form* including a release form for speech and language therapy services (see Appendices H and I) or an *Audiological Case History form* for audiology cases (see Appendix J). At the time of the initial assessment, the diagnostician may wish to acquire more specific information about the client through a personal interview. The accompanying release of information form, when signed by the responsible party, ensures that written permission is provided for all agencies and/or individuals who are to receive information from the NMU Speech and Hearing Clinic. They also allow faculty and students to audiotape, videotape, and observe, and to use this recorded information for educational purposes; this is a necessary part of clinical education. Student-generated forms include the previously mentioned *Record of Observation Hours* (Appendix E) and the following:

<i>Class and Work Schedule</i>	(Appendix C)
<i>Diagnostic Evaluation Form</i>	(Appendix K)
<i>Semester Treatment Summary</i>	(Appendix L)
<i>Record of Clinical Clock Hours</i>	(Appendix G)
<i>Therapy Attendance Record</i>	(Appendix O)
<i>Therapy Plan</i>	(Appendix M)
<i>Case Disposition</i>	(Appendix P)

Each of these forms are available to the student in the clinic Reception Area, room 1504. Each form is discussed below, along with instructions for distribution.

NOTE: In the case of student-generated formal reports (Appendices K and L), students are responsible individually for the typing of these reports. It is important in these reports to be clinically accurate; it is equally important to display clear and concise narrative skills, neatness, and accurate use of vocabulary, grammar, spelling, and punctuation. Use complete sentences. Limit abbreviations. Proofread your report before submitting it to the

supervisor. Report-writing skills are considered to be a significant area of our professional development, and will accordingly be evaluated by supervisors. Again, all formal, supervisor-signed and approved reports are to be submitted to the program secretary for copying and distribution. If re-writes of any formal report are required, the student must submit both the original and the revised drafts to the supervisor. Please make sure all forms are filled in completely, including complete dates and handled in a confidential manner.

Class and Work Schedule (Appendix C)

Students must submit school and work schedules to their supervisors at the first class meeting each semester.

This form is used to assign clients; therefore, the form must contain the student's current class schedule, work schedule, phone numbers, etc. The student will complete, legibly and in pencil or pen, all blocks of time that have been previously committed by work or classes. It is necessary to leave several blocks of time in your schedule to allow for travel to the Clinic, setup, treatment or diagnostic time, cleanup, and travel to other classes or work. Students not allowing such time in their schedules may have difficulty being matched to client schedules.

Diagnostic Evaluation Form (Appendix K)

Students typically generate this form as part of SL 465: Methods of Treatment. Your supervisor will determine and inform you of the due dates for the initial and final draft; however, it is considerate to the people being served that this report and/or summary letter be mailed out as soon as possible following the evaluation. This is a formal, typewritten report that will become part of the client's permanent file.

All test forms are to be filed, as soon as they are generated, in the client's file.

See the Appendix for the outline format to be used for evaluation reports. The supervisor will inform the student of any deviations from the established format that he/she desires for particular reports. **When the supervisor has given final approval for a report, the student must transfer the approved report to NMU letterhead (available from the Clinic Director).**

Semester Treatment Summary (Appendix L)

This formal, typewritten report is generated by students at the end of each semester of treatment and will eventually find its way to the client's permanent file. Its purpose is to inform the reader of the client's intended plan of treatment for the semester, the client's progress, status of the case at the end of the semester, and recommendations for the future. The student should detail the report with information as to methods that were both successful and unsuccessful with the client, as well as behavior programs and reward systems, if appropriate. See the Appendix for the outline format to be used. The supervisor will inform the student of deadlines for rough and/or final drafts. **When the supervisor has given final approval for a report, the student must transfer the approved report to NMU letterhead (available from the Clinic Director).**

Record of Clinical Treatment and Diagnostic Hours (Appendix G)

Students reporting clinical clock hours gained at the end of each semester, use this form. Because these are a part of your clinical record, you should be careful to follow the instructions and submit them in as professional form as possible.

1. See the example in the Appendix. Fill in all information requested, including the semester, therapy setting, Speech, Language, and Hearing disorder type found in the client, complete dates, including the year, of each therapy session, and the totals at the bottom of the columns. Do not record dates that the client was NOT seen. Use first and last initials for recording client names.
2. All time is to be recorded in decimal portions of an hour. See Time Conversions on clock hour summary page of the Excel spreadsheet. If the client is being treated for multiple disorders, the student may record portions of one session in each area treated. In no case may the student gain credit for more clock hours than were actually spent in clinical interaction.
3. Print and submit the pertinent pages of the spreadsheet at the end of the semester to your supervisor for approval and signature.
4. It is advised that you photocopy the signed original clock hour summary for your own files. A hard copy of clinical clock hours to date will be filed in your permanent student file along with the signed clock hour forms for the semester.
4. *Clinical Clock Hour forms* that are inappropriately completed will be returned to the student for correction.

Therapy Attendance Record (Appendix O)

Students in SL 465 will generate this form for each client seen for therapy or diagnosis during the semester. Its purpose is to assist the Clinical Coordinator in compiling statistics for the semester for various purposes. It should be handwritten in either black ink and but must be legible. At the beginning of the semester, students should fill in the information at the top of the form completely (except for number of sessions attended) and write all possible therapy dates down the left hand side of the form. During the semester, the form should be kept up to date by indicating ONLY those sessions that were missed, and the reason. At the end of the semester, the clinician must count the number of sessions attended and enter the sum at the top of the form. This form must be submitted to his or her supervisor after the last session with the client for the semester. Again, see the Appendix for an example.

Therapy Plan (Appendix M)

Information concerning how to write therapy plans will be discussed in the SL 465 (Methods of Treatment) class meetings. These therapy plans are to be placed in the observation room for all sessions by the clinician and removed by the student immediately after the session to preserve confidentiality. Your supervisor will specify further requirements, if any, for therapy plans, or may wish you to use a different style.

Case Disposition Form (Appendix P)

Students in SL 465 will generate this form for each client seen for treatment services during the semester. Its purpose is to assist the Clinical Coordinator in tracking the client and placement in future caseloads. It will be completed at the end of the semester. Always begin by discussing the disposition with your supervisor. Together you will

determine if recommendations will be made to continue treatment, and if so, where. This information will be useful in writing the *Semester Treatment Summary Report*. NEVER promise to a client or a responsible party that a client will be seen in any given semester, even if such a recommendation has been made. Your supervisor will instruct you as to whether you or the supervisor will be discussing the recommendations with the client or responsible party.

Evaluation of Student Clinical Performance

Your clinical performance will be evaluated in collaboration with your supervisor at the middle and end of the semester using the *Student Evaluation for Practicum form* found in Appendix Q. Feedback may be provided to you on the daily therapy plan and or by using the *Observation Notes form* (Appendix N).

The Student Evaluation for Practicum form Appendix Q will be filed in the student's permanent file after meeting with the supervisor to generate its contents.

Each student should review the form in Appendix Q, since it reflects the philosophy the Program has adopted regarding clinical education. It details important aspects of the clinical experience and its rating scale demands that the student grow in each area with each successive semester of clinical experience.

Family/Parent Involvement

Family and parent involvement is a critical factor affecting a client's progress in the treatment process. It is strongly recommended that the clinician involve the family members in the treatment process. Involvement could occur in a variety of ways: weekly parent conferences to discuss objectives and client progress, providing information relevant to the client's problem, providing reading materials, involving a parent in the therapy session, training a family member to work with a client, devising a home program for the family to carry out, etc. Discuss with your supervisor the appropriate method of family/parent involvement for your client. It is expected that at the end of the semester, the clinician will provide appropriate recommendations and methods for the caregiver or client to utilize during the vacation period to ensure stabilization of the progress made during the preceding semester. Copies of all information, suggestions, and materials given to the parents of supporting documentation must be kept in the client's folder.

Special Experiences

At times during the semester, there may be special clinical experiences offered to the student clinician. The supervisor will then dictate the procedures to be followed. Remember to always include your therapy and diagnostic hours on the appropriate forms so credit will be obtained for these experiences. Some of the experiences may include hearing screenings, speech/language screenings or evaluations or co-treatment with another clinician.

Student Clinician's Evaluation of Supervision

At the end of each practicum experience, student clinicians will be evaluate their supervisor. The form is found in Appendix R. The Program secretary will collect all data and

submit summary comments to the Clinical Coordinator.

Supervisory Conferences

Student clinician should schedule regular, weekly conferences with his or her supervisor immediately upon assignment of a client for the semester. At this meeting, the clinician should be prepared to ask questions, discuss problems, review lesson plans from the previous week, discuss client and clinician progress, review clinician evaluation reports, develop and plan effective parent involvement programs, discuss and devise systems for recording and charting progress, etc. The student clinician should bring to the meeting all information relevant to the case and formulated plans for the next week.

Acknowledgment of Receipt of Clinical Handbook Form (Appendix B)

Upon receipt and after reviewing this Clinical Handbook, each student clinician must sign and date the attached Acknowledgment of Receipt (Appendix B) and submit it to the Program Secretary for filing in the student's permanent file. No client will be assigned without a completed *Acknowledgment of Receipt* present in the student file. The Clinical Coordinator will announce the deadline each semester for new clinical students to submit this form.

Students are expected to review this handbook and refer to it throughout the semester to assure compliance with the Program policies and procedures.

NMU Supervising Faculty and Faculty Supervision Responsibilities

The current NMU Speech and Hearing Clinic Supervising Faculty include:

Lori Nelson, M.A., SLP.D, CCC-SLPAssociate Professor

Diane Jandron CCC-SLP, LP Clinic Director

Heather Isaacson, M.A., CCC-SLPAssistant Professor

Clinical and observational supervision, whether at or external to the NMU Speech, Language and Hearing Clinic, will be provided by an individual who holds a current Certificate of Clinical Competence in the appropriate area (speech-language pathology or audiology) in accordance with ASHA standards. A supervisor must directly observe at least 50% of diagnostic time and 25% of treatment time. Observations may also be accomplished via closed circuit TV, if available, or video/audio recording. Supervisors hold overall responsibility for the welfare of clients and their progress, and ensuring implementation of ASHA's Code of Ethics and Departmental or agency clinical procedures.

Summary of Procedures: Observations

1. All students will read this Handbook and sign the *Acknowledgment of Receipt form* (Appendix B) prior to observing in the Clinic.
2. Students will consult the master schedule located in the Clinic Reception Area throughout the semester. Those students who wish to observe and are not currently enrolled in SL 370 will obtain permission from the supervisor of the session prior to observing.
3. Students will observe rules of confidentiality pertaining to clinical cases they have observed.

4. Students enrolled in SL 370 will keep records of the experience as instructed in class meetings.
5. Students will fill out and submit for signature the *Record of Observation Hours* (Appendix E), and then submit the signed form to the SL 370 Instructor.

Summary of Procedures: Undergraduate Practicum (SL 465)

1. Upon notification by the Clinical Coordinator of acceptance, students will enroll in SL 465 and will purchase a nametag and for use in all clinically related activities. The Clinical Coordinator will furnish details on the nametags.
2. All clinical students should obtain and review the Clinical Handbook. New clinical students will sign and submit the *Acknowledgment of Receipt form* as directed.
3. Students will be informed of their assigned clients the second week of class. In the first day of class they learn supervisory expectations, and schedule a weekly supervisory conference time.
4. During the semester, students will be responsible for:
 - daily *Therapy Plans*
 - weekly conferences with the supervisor
 - recording *attendance*
 - recording clinical *clock hours*
 - maintaining infection control and risk management procedures and presentable therapy and adjacent observation rooms
 - checking out/in materials appropriately and maintaining them appropriately
 - other activities as directed by the supervisor
5. At the end of the semester, students will submit to the supervisor:
 - the *Semester Treatment Summary* (with home programs attached, if appropriate)
 - the *Case Disposition form*
 - the *Therapy Attendance Record*
 - the *Clinical Clock Hour Spreadsheet*
 - all audiotapes and videotapes pertaining to the case

Students should also check to see that therapy and observation rooms are in presentable condition and that all therapy equipment/materials are returned.

Good luck to you all!



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Code of Ethics

Reference this material as: American Speech-Language-Hearing Association. (2023). *Code of ethics* [Ethics]. Available from www.asha.org/policy/.

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Preamble

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as “the Association”) has been committed to a framework of common principles and standards of practice since ASHA’s inception in 1925. This commitment was formalized in 1952 as the Association’s first Code of Ethics. This code has been modified and adapted to reflect the current state of practice and to address evolving issues within the professions.

The ASHA Code of Ethics reflects professional values and expectations for scientific and clinical practice. It is based on principles of duty, accountability, fairness, and responsibility and is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions. The Code of Ethics is a framework and a guide for professionals in support of day-to-day decision making related to professional conduct.

The Code of Ethics is obligatory and disciplinary as well as aspirational and descriptive in that it defines the professional’s role. It is an integral educational resource regarding ethical principles and standards that are expected of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

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 ASHA holding the Certificate of Clinical Competence
- a member of ASHA not holding the Certificate of Clinical Competence
- a nonmember of ASHA holding the Certificate of Clinical Competence
- an applicant for ASHA certification or for ASHA membership and certification

ASHA members who provide clinical services must hold the Certificate of Clinical Competence and must abide by the Code of Ethics. By holding ASHA certification and/or membership, or through application for such, all individuals are [subject to the jurisdiction](#) of the ASHA Board of Ethics for ethics complaint adjudication.

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; (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 of Ethics is designed to provide guidance to members, certified individuals, and applicants as they make professional decisions. Because the Code of Ethics is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow its written provisions and to uphold its spirit and purpose. Adherence to the Code of Ethics and its enforcement results in respect for the

professions and positive outcomes for those who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

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.

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 age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; or veteran status.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, students, research assistants, 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, 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 audiologist or speech-language pathologist.
- 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, 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 audiologist or speech-language pathologist.
- 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 legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations/simulations 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, including humane treatment of animals involved in 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 who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- M. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- N. Individuals who hold the Certificate of Clinical Competence may provide services via telepractice consistent with professional standards and state and federal regulations, but they shall not provide clinical services solely by written communication.
- 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 legally authorized or required by law.
- P. Individuals shall protect the confidentiality of information about persons served professionally or participants involved in research and scholarly activities. Disclosure of confidential information shall be allowed only when doing so is legally authorized or required by law.
- Q. Individuals shall maintain timely records; shall 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 shall not allow personal hardships, psychosocial distress, substance use/misuse, or physical or mental health conditions to interfere with their duty to provide professional services with reasonable skill and safety. Individuals whose professional practice is adversely affected by any of the above-listed factors should seek professional assistance regarding whether their professional responsibilities should be limited or suspended.
- 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 such a mechanism exists and, when appropriate, externally to the applicable professional licensing authority or board, other professional regulatory body, or professional association.
- T. Individuals shall give reasonable notice to ensure continuity of care and shall provide information about alternatives for 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. ASHA 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 provide clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- D. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research.

- 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 use technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is warranted but not available, an appropriate referral should 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

In their professional role, individuals shall act with honesty and integrity when engaging with 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, or scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby a personal, professional, financial, or other interest or relationship could influence their objectivity, competence, or effectiveness in performing professional responsibilities. If such conflicts of interest cannot be avoided, proper disclosure and management is required.
- C. Individuals shall not misrepresent diagnostic information, services provided, results of services provided, products dispensed, effects of products dispensed, or research and scholarly activities.
- D. Individuals shall not defraud, scheme to defraud, or engage in any illegal or negligent conduct related to obtaining payment or reimbursement for services, products, research, or grants.
- E. Individuals' statements to the public shall provide accurate information regarding the professions, professional services and products, and research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional standards and shall not contain misrepresentations when advertising, announcing, or promoting their professional services, products, or research.
- 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 with members of their own profession and/or members of other professions, when appropriate, to deliver the highest quality of care.

- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative directive, referral source, or prescription prevents them from keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, products, or research results 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, deceit, or misrepresentation.
- F. Individuals who mentor Clinical Fellows, act as a preceptor to audiology externs, or supervise undergraduate or graduate students, assistants, or other staff shall provide appropriate supervision and shall comply—fully and in a timely manner—with all ASHA certification and supervisory requirements.
- G. Applicants for certification or membership, and individuals making disclosures, shall not make false statements and shall complete all application and disclosure materials honestly and without omission.
- H. Individuals shall not engage in any form of harassment or power abuse.
- I. Individuals shall not engage in sexual activities with persons over whom they exercise professional authority or power, including persons receiving services, other than those with whom an ongoing consensual relationship existed prior to the date on which the professional relationship began.
- J. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- K. 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.
- L. 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.
- M. Individuals shall not discriminate in their relationships with colleagues, members of other professions, or individuals under their supervision on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; socioeconomic status; or veteran status.
- N. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to either work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its [established procedures](#).
- O. 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.
- P. 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.
- Q. 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.
- R. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- S. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice and to the responsible conduct of research.
- T. Individuals who have been convicted of, been found guilty of, 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 the ASHA Ethics Office in writing within 60 days of the conviction, plea, or finding of guilt. Individuals shall also provide a copy of the conviction, plea, or nolo contendere record with their self-report notification, and any other court documents as reasonably requested by the ASHA Ethics Office.

- U. Individuals who have (1) been publicly disciplined or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body; or (2) voluntarily relinquished or surrendered their license, certification, or registration with any such body while under investigation for alleged unprofessional or improper conduct shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the final action or disposition. Individuals shall also provide a copy of the final action, sanction, or disposition—with their self-report notification—to the ASHA Ethics Office.

Terminology

The purpose of the following Terminology section is to provide additional clarification for terms not defined within the Principles of Ethics and Rules of Ethics sections.

ASHA Ethics Office

The ASHA Ethics Office assists the Board of Ethics with the confidential administration and processing of self-reports from and ethics complaints against individuals (as defined below). All complaints and self-reports should be sent to this office. The mailing address for the ASHA Ethics Office is American Speech-Language-Hearing Association, attn: Ethics Office, 2200 Research Blvd., #309, Rockville, MD 20850. The email address is ethics@asha.org.

advertising

Any form of communication with the public regarding services, therapies, research, products, or publications.

diminished decision-making ability

The inability to comprehend, retain, or apply information necessary to determine a reasonable course of action.

individuals

Within the Code of Ethics, this term refers to ASHA members and/or certificate holders and applicants for ASHA certification.

informed consent

An agreement by persons served, those with legal authority for persons served, or research participants that constitutes authorization of a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks. Such an agreement may be verbal or written, as required by applicable law or policy.

may vs. shall

May denotes an allowance for discretion; *shall* denotes something that is required.

misrepresentation

Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false, erroneous, or misleading (i.e., not in accordance with the facts).

negligence

Failing to exercise a standard of care toward others that a reasonable or prudent person would use in the circumstances, or taking actions that a reasonable person would not.

nolo contendere

A plea made by a defendant stating that they will not contest a criminal charge.

plagiarism

Representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing.

publicly disciplined

A formal disciplinary action of public record.

reasonable or reasonably

Being 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 the ASHA Ethics Office in writing and (b) sending a copy of the required documentation to the ASHA Ethics Office (see definition of "written" below).

shall vs. may

Shall denotes something that is required; *may* denotes an allowance for discretion.

telepractice

Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient/student or by linking clinician to clinician for assessment, intervention, consultation, or supervision. The quality of the service should be equivalent to that of in-person service. For more information, [see Telepractice](#) on the ASHA Practice Portal.

written

Encompasses both electronic and hard-copy writings or communications.

Index terms: ethics

Reference this material as: American Speech-Language-Hearing Association. (2023). *Code of ethics* [Ethics]. Available from www.asha.org/policy/.

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Disclaimer: The American Speech-Language-Hearing Association disclaims any liability to any party for the accuracy, completeness, or availability of these documents, or for any damages arising out of the use of the documents and any information they contain.

Acknowledgement of Receipt of Clinical Handbook

I have received and read a copy of the Handbook of Clinical Policies and Procedures and will comply with the guidelines stated during any clinical education taking place at the Northern Michigan University Speech and Hearing Clinic or any site affiliated with Northern Michigan University for purposes of clinical education.

I further agree to abide completely with the ASHA Code of Ethics, as reproduced in the Handbook, during all clinical interactions while I am a student of the Speech, Language, and Hearing Sciences Program.

I understand that this form must be signed and dated and must be present in my student file prior to the initiation of any clinical work. I also understand that failure to comply with the Handbook guidelines and ASHA Code of Ethics will result in counseling and/or disciplinary action by the Faculty Committee of the Whole.

Handbook Revision Date: _____

Student's Signature

Date Handbook Received

CLASS AND WORK SCHEDULE

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-8:30					
8:30-9:00					
9:00-9:30					
9:30-10:00					
10:00-10:30					
10:30-11:00					
11:00-11:30					
11:30-12:00					
12:00-12:30					
12:30-1:00					
1:00-1:30					
1:30-2:00					
2:00-2:30					
2:30-3:00					
3:00-3:30					
3:30-4:00					
4:00-4:30					
4:30-5:00					

Note below those tests and/or treatment procedures with which you are familiar:

Note below clients with whom you have already worked:

Note below any comments to the supervisor about clients or scheduling:

TIME CONVERSION CHART

Minutes

Decimal Conversion

5	.08
10	.17
15	.25
20	.33
25	.42
30	.5
35	.58
40	.67
45	.75
50	.83
55	.92

Ex. 1 hour 20 minutes = 1.33

3 hours 10 minutes = 3.17

4 hours 40 minutes = 4.67

Spreadsheet: Clinical Observation Hours

Name: _____

Dates: (mm/dd/yy)

Sites:

Clinican:

Decimal Time:

										0.00

Dates: (mm/dd/yy)

Sites:

Clinican:

Decimal Time:

										0.00

Cumulative
Total

0.00

Student Signature: _____

NMU Supervisor Signature: _____

	Articulation	Fluency	Voice	Language	Hearing	Swallowing	Congition	Social Aspects	Alternative Modalities	Cumulative Total
Child Evaluation										0
Adult Evaluation										0
Child Treatment										0
Adult Treatment										0
Total	0	0	0	0	0	0	0	0	0	0

Time Scale		- Decimal Conversion			
minutes	decimal	minutes	decimal	minutes	decimal
5	= 0.08	25	= 0.42	45	= 0.75 = 3/4
10	= 0.17	30	= 0.50 = 1/2	50	= 0.83
15	= .25 = 1/4	35	= 0.58	55	= 0.92
20	= 0.33	40	= 0.67	60	= 1.00



CLOCK HOUR DESCRIPTIONS

Articulation Disorders

Fluency Disorders: Stuttering, cluttering

Voice and Resonance Disorders: includes respiration and phonation

Language Disorders: phonology, morphology, syntax, semantics, and pragmatics. This includes problems in speaking, listening, reading and writing and manual modalities

Hearing Disorders: includes the impact on speech and language

Swallowing Disorders: oral, pharyngeal, esophageal, and related functions including oral function for feeding, orofacial myofunction

Cognitive Aspects of Communication: attention, memory, sequencing, problem-solving, executive functioning

Social Aspects of Communication: ineffective social skills, challenging behavior, lack of communication opportunities

Communication Modalities: oral, manual, augmentative and alternative communication techniques and assistive technology.

Clock Hours For Child Treatment

[illegible]

P.S.= Preschool

S.A.= School Age

Conversion Table

<u>Min.</u>	<u>Dec.</u>	
5 =	0.08	35 = 0.58
10 =	0.17	40 = 0.67
15 =	0.25	45 = 0.75
20 =	0.33	50 = 0.83
25 =	0.42	55 = 0.92
30 =	0.50	60 = 1.00

Clinician's Name:

Supervisor's Signature:

Clock Hours For Child Evaluation

[illegible]

P.S.= Preschool

S.A.= School age

Conversion Table

<u>Min.</u>	<u>Dec.</u>	
5 =	0.08	35 = 0.58
10 =	0.17	40 = 0.67
15 =	0.25	45 = 0.75
20 =	0.33	50 = 0.83
25 =	0.42	55 = 0.92
30 =	0.50	60 = 1.00

Clinician's Name:

Supervisor's Signature:

Clock Hours For Adult Treatment

[illegible]

Conversion Table

<u>Minutes</u>	<u>Decimal</u>			Clinician's Name:
5 =	0.08	35 =	0.58	Supervisor's Signature:
10 =	0.17	40 =	0.67	
15 =	0.25	45 =	0.75	
20 =	0.33	50 =	0.83	
25 =	0.42	55 =	0.92	
30 =	0.50	60 =	1.00	

Clock Hours for Adult Evaluation

[illegible]

Conversion Table

<u>Minutes</u>	<u>Decimal</u>		
5 =	0.08	35 =	0.58
10 =	0.17	40 =	0.67
15 =	0.25	45 =	0.75
20 =	0.33	50 =	0.83
25 =	0.42	55 =	0.92
30 =	0.50	60 =	1.00

Clinician's Name:

Supervisor's Signature:

Student Name: _____

NMU Supervisor Signature: _____

Supervisor ASHA Certification Number: _____

Site:

Semester and Year:

Date:

	Articulation	Fluency	Voice	Language	Hearing	Swallowing	Cognitive Aspects	Social Aspects	Alternative Modalities	Cumulative Total
Child Treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Child Evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Adult Treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Adult Evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
										0.00

Conversion Table

Minutes	Decimal		
5 =	0.08	35 =	0.58
10 =	0.17	40 =	0.67
15 =	0.25	45 =	0.75
20 =	0.33	50 =	0.83
25 =	0.42	55 =	0.92
30 =	0.50	60 =	1.00



NORTHERN MICHIGAN
UNIVERSITY



Speech, Language, Hearing Sciences Program
1401 Presque Isle Avenue Marquette, MI 49855-5301
906-227-2125
FAX: 906-227-2178
Web site: www.nmu.edu

ADULT CASE HISTORY FORM

Please complete this form as completely as possible and have copies of all pertinent medical, speech, language, and hearing reports sent to us. All information disclosed to us is kept strictly confidential.

Date: _____

Date of Birth _____ Age _____ Email _____ address: _____

_____ Client's Name _____

_____ Home Address _____

_____ City _____

_____ State _____ ZIP _____

Phone # (Home) _____ Phone # (Work) _____

Where do you work? _____

Referred by: _____

Name

Address

If other than client, name and relationship to client of person filling out this form

Who lives with you in your residence? _____

Who will be transporting you to our facility?

Name

Phone Number

What is your highest educational level? _

What is your occupation? _

What languages do you speak? _____ What is your dominant language? _____

MEDICAL HISTORY

Month/year of last physical exam _____ Doctor _____

Results _____

Do you wear glasses? _____ Do you wear a hearing aid? _____

Month/year of last hearing test _____

_____ Where? _____

_____ Results _ Do you currently take medication

_____ If yes, please list the medication and its purpose

MEDICAL HISTORY (continued)

Have you ever suffered from or been diagnosed with any of the following conditions? Please check any that apply to you.

- | | |
|--|--|
| <input type="checkbox"/> alcohol/substance abuse | <input type="checkbox"/> head injury, concussion |
| <input type="checkbox"/> allergies | <input type="checkbox"/> hearing loss |
| <input type="checkbox"/> ALS (amyotrophic lateral sclerosis) | <input type="checkbox"/> heart attack |
| <input type="checkbox"/> Alzheimer's Disease/Dementia | <input type="checkbox"/> hepatitis |
| <input type="checkbox"/> asthma | <input type="checkbox"/> HIV positive/AIDS |
| <input type="checkbox"/> Bell's Palsy | <input type="checkbox"/> learning disability |
| <input type="checkbox"/> breathing difficulties | <input type="checkbox"/> Meniere's Disease |
| <input type="checkbox"/> cancer | <input type="checkbox"/> MS (multiple sclerosis) |
| <input type="checkbox"/> cleft palate | <input type="checkbox"/> Myasthenia Gravis |
| <input type="checkbox"/> CVA or TIA (stroke) | <input type="checkbox"/> paralysis |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> eating/swallowing difficulties |
| <input type="checkbox"/> drug abuse | <input type="checkbox"/> stuttering |
| <input type="checkbox"/> encephalitis | <input type="checkbox"/> trauma to face, mouth, throat, or chest |

Explain any checked conditions _____

Describe any major surgeries or hospitalizations in recent years: _____

Have you previously been seen by a speech pathologist? _____ When? _____

Results _____

Describe any present difficulties with speech, language, or hearing. (When and how they began, have they changed recently?)

State the types of services you are seeking at this time and why _____

If there is anything else you would like to explain that hasn't been covered in this questionnaire, please use this space to explain. _____

In case of an emergency, we should contact:

Name	Relationship	Phone	Address
------	--------------	-------	---------

AUTHORIZATION TO RELEASE INFORMATION

I hereby grant permission to the Speech, Language, Hearing Sciences Program of Northern Michigan University, Marquette, Michigan, to release to appropriate professional agencies and individuals formal reports contained in the clinical record of:

(Name of Client)

Specify the agencies/professionals, along with their addresses, to whom we should release information:

1. _____

2. _____

3. _____

I also authorize the Speech, Language, Hearing Sciences Program to make the necessary and constructive use of verbal and written information, sound and video recordings, and other records pertaining to the evaluation, treatment and other services rendered the above person and/or his or her family by said department. It is understood that the Speech, Language, and Hearing Sciences Program will exercise due discretion in making use of these materials for educational, recruiting, and professional purposes only and will protect the identity of the person or persons to whom the materials pertain in accordance with the Electronic Data Interchange (EDI) Rule of the Federal Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).

It is the responsibility of the client or his/her responsible party to obtain and provide copies of related reports to the NMU Speech-Language and Hearing Clinic. Each client's faculty supervisor will indicate which reports are necessary.

Date: _____

Signature: _____

Relationship to the client: _____

CHILD CASE HISTORY FORM

All questions contained in this questionnaire are strictly confidential and will become part of the child's record.

Name: _____ DOB _____ / _____ / _____
(Last, First, MI)

Address: _____ Home/cell phone: _____

City, State, ZIP _____ Work phone: _____

Best time to phone: _____

Previous or Referring Doctor: _____

FAMILY INFORMATION

Parents	Name	Age	Occupation	Highest Education Level

Name _____ of _____ person _____ completing _____ this _____ questionnaire: _____

Relationship to _____ child: _____

If the address of either parent is different from that of the child, please indicate below.

Other children in the family:			
Name	Gender	Age	Any speech, language or hearing problems? Please explain.

Who referred you to the Speech, Language and Hearing Clinic? _____

Has your child received speech or language therapy in the past? _____

If so, who was the child's speech-language pathologist? _____

Is the child currently enrolled in therapy? _____ If so, where? _____

Child's doctor(s) _____

Why are you seeking our services at this time? _____

What do you expect to achieve from our services? _____

When was the speech or language difficulty first noticed? _____

Who noticed it?

Has the problem changed since it was first noticed?

How?

PRE-NATAL /BIRTH HISTORY

Biological mother's age at time of pregnancy: _____

Any medical problems before this pregnancy: Yes ☐ No ☐ If yes, please explain. _____

Did the mother have any of the following during the pregnancy? German Measles ☐ Toxemia ☐
Accidents/Injuries ☐ Anemia ☐ Hospitalization ☐ Other ☐

Please explain above complications: _____

Please check and explain all that apply:

- ☐ Mother took medication during pregnancy _____
- ☐ Child was born prematurely _____
- ☐ Prolonged labor _____
- ☐ Forceps used _____
- ☐ Caesarean Section _____
- ☐ Breech birth _____
- ☐ Mother given drugs during labor/delivery _____
- ☐ Low birth weight _____
- ☐ Small for gestational age _____
- ☐ Rh Factor _____
- ☐ Child received oxygen at birth _____
- ☐ Other complications _____

DEVELOPMENTAL HISTORY

Please give age when the following first occurred:

MILESTONE	AGE FIRST OCCURRED	MILESTONE	AGE FIRST OCCURRED
Held up head		Sat up unsupported	
Crawled		Reached for an object	
Stood		Walked unaided	
Ran		First tooth erupted	
First word		Put two words together	
Bladder trained		Bowel trained	
Night trained		Fed self	

Which hand does the child use most frequently? Right ☐ Left ☐ No preference ☐

Does your child have difficulty walking, running, or participating in other activities which require small or large muscle coordination? _____

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

Describe the child's response to sound (please check all that apply):

Responds to all sounds ☐ Responds to loud sounds ☐ Inconsistently responds to sounds ☐

MEDICAL HISTORY

Surgeries:	Reason:	Hospital:
Check all that apply: indicate age and describe where appropriate.	Age Describe:	
Condition:		
<input type="checkbox"/> Adenoidectomy		
<input type="checkbox"/> Allergies		
<input type="checkbox"/> Asthma		
<input type="checkbox"/> Blood disease		
<input type="checkbox"/> Cataracts		
<input type="checkbox"/> Chickenpox		
<input type="checkbox"/> Chronic colds		
<input type="checkbox"/> Convulsions		
<input type="checkbox"/> Croup		
<input type="checkbox"/> Dental problems/ Orthodontia		
<input type="checkbox"/> Ear aches		
<input type="checkbox"/> Ear infections		
<input type="checkbox"/> Encephalitis		
<input type="checkbox"/> Headaches		
<input type="checkbox"/> Head injuries		
<input type="checkbox"/> Heart problems		
<input type="checkbox"/> Influenza		
<input type="checkbox"/> Mastoidectomy		
<input type="checkbox"/> Measles		
<input type="checkbox"/> Muscle disorder		
<input type="checkbox"/> Pneumonia		
<input type="checkbox"/> Tonsillectomy		
<input type="checkbox"/> Tonsillitis		
<input type="checkbox"/> Other (please specify)		

Is your child's health: Good ☐ Fair ☐ Poor ☐

Is your child now under medical treatment or on medication? Yes ☐ No ☐

List your child's prescribed drugs and over-the-counter drugs, (ex. Medications, Vitamins, Inhalers) _____

Date of last vision test: _____ Results: _____

Date of last hearing test: _____ Results: _____

Does your child wear a hearing aid? Yes ☐ No ☐ Glasses? Yes ☐ No ☐ If yes, please explain.

Date of comprehensive or behavioral evaluation(s): _____

EVERYDAYINFORMATION

Is English the primary language in the home? Yes ☐ No ☐ If not, what is the primary language? _____

Please describe how your child interacts with others? (e.g., shy, aggressive, uncooperative, etc.) _____

How does your child get along with other children? _____

Does your child prefer to play alone? _____

Does your child have pretend play (pretends to go to work like mom/dad, drinks pretend tea, etc.) _____

What are your child's favorite TV shows? _____

Does your child have a favorite stuffed animal or cartoon character? _____

How does your child get along with brothers and sisters? _____

What kinds of activities are engaged in by the whole family? _____

What things does your child do particularly well? _____

EDUCATIONALINFORMATION

Child's current grade level: _____

School: _____

Teacher(s): _____

How is your child doing academically? _____

If enrolled for special services, has an Individual Educational Plan (IEP) been developed? If yes, please describe your child's goals or attach a copy of his/her IEP. _____

Please provide any additional information that may be helpful in the evaluation or treatment of your child.

AUTHORIZATION TO RELEASE INFORMATION

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(Name of Client)

Specify the agencies/professionals, along with their addresses, to whom we should release information:

1. _____

2. _____

3. _____

I also authorize the Speech, Language, Hearing Sciences Program to make the necessary and constructive use of verbal and written information, sound and video recordings, and other records pertaining to the evaluation, treatment and other services rendered the above person and/or his or her family by said department. It is understood that the Speech, Language, and Hearing Sciences Program will exercise due discretion in making use of these materials for educational, recruiting, and professional purposes only and will protect the identity of the person or persons to whom the materials pertain in accordance with the Electronic Data Interchange (EDI) Rule of the Federal Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).

It is the responsibility of the client or his/her responsible party to obtain and provide copies of related reports to the NMU Speech-Language and Hearing Clinic. Each client's faculty supervisor will indicate which reports are necessary.

Date: _____

Signature: _____

Relationship to the client: _____



Audiological Case History Form

Name _____ Sex _____ Birthdate _____

Address _____ City/State _____

Home Phone _____ Work phone _____ Zip _____

Occupation (now) _____ (formerly) _____

Referred by _____ File # _____

I. Subjective: Hearing History

A. Do you have any problem hearing? ☐ Yes ☐ No

Which ear? ☐ Right ☐ Left ☐ Both

When _____ did _____ you _____ first _____ notice _____ it? _____

Has the hearing loss been: ☐ Gradual ☐ Sudden ☐ Fluctuating

B. Have you ever had a hearing test? ☐ Yes ☐ No

Where _____

When? _____

Results (if known) _____

C. Do you wear a hearing aid? ☐ Yes ☐ No

How long have you worn it? _____

Are you satisfied with it? _____

D. If no, have you ever thought about using a hearing aid? ☐ Yes ☐ No

E. Do you have trouble hearing in any of these situations? Please circle the appropriate response.

On the telephone	Always	Sometimes	Never
With background noise	Always	Sometimes	Never
Watching television	Always	Sometimes	Never
Children talking	Always	Sometimes	Never
Women talking	Always	Sometimes	Never
Men talking	Always	Sometimes	Never
In movies	Always	Sometimes	Never

In concerts	Always	Sometimes	Never
At parties	Always	Sometimes	Never
At church	Always	Sometimes	Never

F. Do you hear any noises in you ears? ☐ Yes ☐ No

Describe: ☐ Ringing ☐ Roaring ☐ Buzzing ☐ Chirping ☐ Pulsing ☐ Hissing
☐ Humming ☐ Other _____

These noises are in ☐ Right ear ☐ Left ear ☐ Both ears

The noises are present ☐ Always ☐ Often ☐ Sometimes

When did you start having the noises? _____

G. Have you had any dizziness? ☐ Yes ☐ No

Which of the following describes your dizziness?

1. The room seems like it' s spinning and I' m still

2. I feel like I' m spinning and the room is still

3. I feel lightheaded

4. I feel like I' m going to fall down

5. I feel sick to my stomach

6. I feel off-balance in space

7. Other (describe) _____

8. When did you start feeling dizzy _____

Is your dizziness caused by any particular body movement? ☐ Yes ☐ No

What movement? _____

The dizziness is present ☐ Always ☐ Often ☐ Sometimes

H. Do you have a feeling of fullness or pain in your ears? ☐ Yes ☐ No

That feeling is present ☐ Always ☐ Often ☐ Sometimes

The feeling is present in ☐ Right ear ☐ Left ear ☐ Both

When did you start having that feeling? _____

I. Otologic History

A. Have you had repeated ear infections? ☐ Yes ☐ No

If yes, have you had tubes in your ears (Myringotomy)

Which ear? ☐ Right ☐ Left ☐ Both ☐ Can't Remember

B. Are you presently being treated by an ear specialist? ☐ Yes ☐ No

For what reason? _____

Physician's name _____

C. Have you ever had surgery on your ears? ☐ Yes ☐ No

Type of surgery _____

Date of surgery _____

D. Have you ever been exposed to loud noises? ☐ Yes ☐ No

Please indicate the types of noise:

- | | |
|--|--|
| <input type="checkbox"/> Gunfire _____ | <input type="checkbox"/> Motorcycles _____ |
| <input type="checkbox"/> Explosions _____ | <input type="checkbox"/> Power lawn mowers _____ |
| <input type="checkbox"/> Factory noise _ | <input type="checkbox"/> Aircraft _ |
| <input type="checkbox"/> Power tools _ | <input type="checkbox"/> Loud music _ |
| <input type="checkbox"/> Heavy equipment _ | <input type="checkbox"/> Military tanks _____ |
| <input type="checkbox"/> Other types _ | |

Have you served in the military?

☐ Yes ☐ No

Do you think that noise has affected your hearing?

☐ Yes ☐ No

III. Family History

Has any blood relative that you know of had a hearing loss? ☐ Yes ☐ No

What was the cause of the hearing loss? _____

How was the(se) person(s) related to you? _____

- | | |
|--|--|
| <input type="checkbox"/> Father _____ | <input type="checkbox"/> Grandfather _ |
| <input type="checkbox"/> Mother _____ | <input type="checkbox"/> Aunt _ |
| <input type="checkbox"/> Sister _____ | <input type="checkbox"/> Uncle _ |
| <input type="checkbox"/> Brother _____ | <input type="checkbox"/> Cousin _____ |
| <input type="checkbox"/> Grandmother _____ | <input type="checkbox"/> Child _ |

IV. General Medical History

A. Health at present can best be described as _____

B. Do you have diabetes? ☐ Yes ☐ No

Age at onset _____

Treatment (diet, drugs, etc.) _____

C. Do you have high blood pressure? ☐ Yes ☐ No

Approximate age at onset _____

Treatment _____

D. Do you have heart or kidney disease? ☐ Yes ☐ No

Type and age of onset _____

Treatment _____

E. Do you have vision problems? ☐ Yes ☐ No

Please indicate which of the following diseases/disorders you have had. State approximate age or date of onset.

___ Measles
___ Mumps

___ Rheumatic fever
___ Scarlet fever

___ Malaria
___ TB

___ Chickenpox
___ Polio

___ Diphtheria
___ Meningitis

___ Cancer
___ Venereal Disease

___ Pneumonia
___ Jaundice

___ Severe burns
___ Valley fever

___ Epilepsy
___ Concussion, head injury

Other:

F. Do you take any medication regularly? ☐ Yes ☐ No

If yes, type and dosage _____

G. Do you smoke cigarettes or cigars? ☐ Yes ☐ No

How much do you smoke per day (packs)? _____

How long have you been smoking (years)? _____

H. Do you drink alcohol: ☐ Regularly ☐ Socially ☐ Never

V. Communication History

A. Does your hearing loss interfere with communication? ☐ Yes ☐ No

B. Have you been enrolled in an aural rehabilitation program? ☐ Yes ☐ No

Did it seem to help you? ☐ Yes ☐ No

C. Has your hearing problem affected your relationships with family or friends?

☐ Yes ☐ No

D. Are you able to use lipreading efficiently? ☐ Yes ☐ No

To whom should we send a report of this evaluation?

Name: _____

Address: _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby grant permission to the Speech, Language, and Hearing Sciences Program of Northern Michigan University, Marquette, Michigan, to release to appropriate professional agencies and individuals formal reports contained in the clinical record of:

(Name of Client)

Specify the agencies/professionals, along with their addresses, to whom we should release information:

1. _____

2. _____

3. _____

4. _____

I also authorize the Speech, Language, and Hearing Sciences Program to make the necessary and constructive use of verbal and written information, sound and video recordings, and other records pertaining to the evaluation, treatment and other services rendered the above person and/or his or her family by said department. It is understood that the Speech, Language, and Hearing Sciences Program will exercise due discretion in making use of these materials for educational, and professional purposes only and will protect the identity of the person or persons to whom the materials pertain in accordance with the Federal Health Insurance and Portability Act (HIPAA) and the Electronic Data Interchange (EDI) Rule. This authorization is made in consideration of the service rendered by the Department.

It is the responsibility of the client or her/her responsible party to obtain and provide copies of related reports to the NMU Speech-Language and Hearing Clinic. Each client's faculty supervisor will indicate which reports are necessary.

Date: _____

Signed: _____

Relationship to the client (if applicable) _____

DIAGNOSTIC EVALUATION

Client's Name: _____ Dates of Treatment: _____
Address: _____ Date of Birth: _____
_____ Age: _____
Phone: _____ Clinician: _____
Parents: _____ Supervisor: _____

Referral Source: _____

Statement of the Problem:

- State client name, age, gender, referral source, reason for referral, client and/or significant other's statements about the problem.

Background Information:

- Include information on client's typical environments (work, family, school, social, etc.) and the impact of the problem on these areas.
- History of the problem
- Other professional contacts for the problem (when, where, by whom and results); environments or occasions when symptoms are better or worse.
- For children and for adults with congenital or childhood onset difficulties, include developmental history; history of mother's pregnancy and delivery, early childhood feeding/cognitive/gross motor and motor development/speech and language development.
- Describe progress in school and academic-related activities; list current therapies received, including their frequency.
- List social development history, family history or related problems.

Evaluative Data:

- List the dates when tests were administered. List all standardized tests and informal tasks used in the assessment.
- By skill area (hearing, oral-motor, intelligibility, receptive language, expressive language), describe all test scores, results of informal tasks, and observations related to that skill area.
- Note all skills areas that were not tested and give reasons for not testing those areas.

Summary:

- Summarize the evaluation, including a repetition of the client's name, age, and gender.
- State a communication disorder diagnosis and severity level
- State your rationale for reaching this conclusion
- State the prognosis for treatment and reasons for the prognosis

Recommendations:

AFTER SUPERVISORY APPROVAL IS OBTAINED:

- State general recommendations including treatment requirement, frequency and duration of treatment, and a list of alternative sites where treatment can be obtained. Include referrals to related professionals.
- If treatment is to take place at the NMU Speech-Language and Hearing Clinic, supply the semester recommended (ex. Winter 20__ semester).
- Make other recommendations as discussed with your supervisor (for example, the child should be enrolled in Head Start; the client has been referred to the American Heart Association for information on free blood pressure checks; etc.)

Signature lines of the student and the faculty supervisor should take this form:

John Smith
Student Clinician

Joseph Johnson, Ph.D., CCC-SLP
Clinical Supervisor

Additional Information Placed Under Signature Lines:

- It is customary for the client (if an adult) or parents (if client is a child) to automatically receive a copy of the report. The referral source also receives a copy unless the parent or client specifically refuse. Designate that copies should be sent to those individuals indicated by the client or the parent(s) under the last signature line in this manner (discuss with your supervisors, examples follow):

cc: Mary Ellen Jones, TSLI, Marquette-Alger Intermediate School District
James White, M.D., Upper Peninsula Medical Center
Sue Stone, Speech Therapist, Head Start

- Designate what attachments should accompany copies of this report and list their titles in this manner (discuss with your supervisor, examples follow):

att: Home Program
Samples of client responses
Language sample
Summary of signs learned this semester
Summary of words used verbally
etc.

General Comments:

1. Pages after the first one should have the client's name and page number. This can be done easily with a header.
2. Please paper clip (do not staple) the pages to be copied.
3. The summary, signatures, and cc: should all be on the same page.

SEMESTER TREATMENT SUMMARY

Client's Name: _____ Dates _____ of _____ Treatment: _____
Address: _____ Date of _____ Birth: _____
_____ Age: _____
Phone: _____ Clinician: _____
Parents: _____ Supervisor: _____

Referral Source: _____

Client Background:

- State client name, age, sex, referral source, reason for referral, communication disorders and other conditions presented.
- Provide brief background history.

Summary of Treatment:

- State treatment schedule (frequency and duration of planned treatment) and total individual group therapy hours (if applicable).
- Describe client motivation, attendance, support systems.
- By goal/objective area, state:
 - Baseline and final data
 - Variables and affecting progress
 - Methods/strategies used and effectiveness of each
- State changes in plan of treatment during the semester and rationale for each; treat each new goal/objective as above.
- Describe (and attach – see below) any home program administered.

Recommendations:

(SUPERVISORY APPROVAL IS OBTAINED BEFORE YOU LIST THESE):

- Make a recommendation to continue treatment, transfer to another facility or terminate treatment.
- If treatment is to continue at the NMU Speech-Language and Hearing Clinic, supply the semester recommended (ex. Winter 20__ semester).
- Make other recommendations as discussed with your supervisor (for example, the child should be enrolled in Head Start; the client has been referred to the American Heart Association for information on free blood pressure checks; etc.)

Signature lines of the student and the faculty supervisor should take this form:

John Smith
Undergraduate Clinician

Joseph Johnson, Ph.D., CCC-SLP
Clinical Supervisor

Additional Information Placed Under Signature Lines

- Designate that copies should be sent to those individuals indicated by the client or the parent(s) under the last signature line in this manner (discuss with your supervisors, examples follow):

cc: Mary Ellen Jones, TSLI, Marquette-Alger Intermediate School District
James White, M.D., Upper Peninsula Medical Center
Sue Stone, Speech Therapist, Head Start

- Designate what attachments should accompany copies of this report and the title of each attachment (discuss with your supervisor, examples follow):

att: Home Program
Samples of client responses
Language sample
Summary of signs learned this semester
Summary of words used verbally
etc.

General Comments:

1. Pages after the first one should list the client's name and page number. This can be done easily with a header.
2. Please paper clip (do not staple) the pages to be copied.
3. The summary, signatures, and c: should all be on the same page. The last page cannot contain only signatures.

THERAPY PLAN

Client' Name: _

Date of Session: _____

Clinician: _____

GOALS	OBJECTIVES	STRATEGIES (ACTIVITIES)	SUPERVISOR'S NOTES

Observation Notes

Date: _____

Clinician: _____

Client: _____

Supervisor: _____

Setting: [] NMU
[] Other _____

Exceptional	Suitable	Needs Improvement	No Opportunity or Not Applicable	
[]	[]	[]	[]	Use of reinforcement
[]	[]	[]	[]	Stimulus-Response Ratio
[]	[]	[]	[]	Feedback provided to client
[]	[]	[]	[]	Clarity in expectations
[]	[]	[]	[]	Preparation of lesson plan
[]	[]	[]	[]	Ability to carry out lesson plan

Comments:

THERAPY ATTENDANCE RECORD

Client: _____

Semester: _____

Clinician: _____

Number of Sessions Attended: _____

Dates of Scheduled Session	Client Absent	Clinician Absent	Reason for Canceling Session

NORTHERN MICHIGAN UNIVERSITY
Speech, Language, and Hearing Sciences Program

CASE DISPOSITION

(FOR INTERNAL USE ONLY. Retain most recent form in file.)

Client's Name: <i>Billy Brown</i>	Date: <i>9/16/06</i>
Client's D.O.B.: <i>4/14/01 (5.5 years)</i>	Clinician: <i>John Student</i>
Client's Address: <i>1414 W. Fair Avenue Marquette, MI 49855</i>	Supervisor: <i>Diane Jandron</i>
Client's Phone: <i>228-0000</i>	
Parents' Names: <i>Gerald and Karen Brown</i>	Diagnosis: <i>Mild hearing impairment; mild language delay; mild fluency dis- order</i>
Disposition of Case: <i>Parents wish services for fall, 2006 and winter, 2007.</i>	
Comments: <i>Many absences due to illness; otherwise client and parents are compliant.</i>	

Student Practicum Evaluation

Student: _____

Supervisor: _____

Setting: _____

Course Number: _____

Rating Key:

- 5 **Student** performs at a level exceeding supervisory expectations considering clinical experience and academic level.
- 4 **Student** performs at a level commensurate with supervisory expectations considering clinical experience and academic level.
- 3 **Student** must improve to meet supervisory expectations considering clinical experience and academic level
- 2 **Student's** performance falls significantly below supervisory expectations considering clinical experience and academic level. Practice is unsafe, unprofessional, or weak.
- 1 **Student's** clinical practice is detrimental to clients or the site and must be removed immediately.

Other Notations:

+P When added to numerical ratings, this indicates that the student is improving in this area.

NA Not applicable.

Dates:

Clinical Education Outcome Area: Professionalism				
Student demonstrates ability to keep confidentiality.				
Student demonstrates appropriate regard for client's best interests.				
Student demonstrates efficient time management skills.				
Student demonstrates dependability in clinical matters.				
Student demonstrates appropriate follow-through with clinical responsibilities.				
Student demonstrates appropriate interest in self-development and clinical education.				
Student demonstrates appropriate effort in gaining clinical education.				
Student demonstrates appropriate resourcefulness in preparation for clinical interactions.				
Student demonstrates appropriate independence and decision-making skills.				
Student adheres to the ASHA Code of Ethics.				

Dates:

Clinical Education Outcome Area: Documentation Skills				
Student demonstrates appropriate timeliness in submitting documentation.				
Student demonstrates completeness in reporting.				
Student demonstrates accuracy in reporting.				
Student demonstrates accuracy and appropriate use of clinical language.				
Student demonstrates general written language skills appropriate for the field.				

Dates:

Clinical Education Outcome Area: Clinical Skills				
Student demonstrates appropriate knowledge of diagnostic tools and methods.				
Student demonstrates appropriate application of diagnostic tools and methods.				
Student demonstrates appropriate knowledge of treatment tools and methods.				
Student demonstrates appropriate application of treatment skills and methods.				
Student demonstrates appropriate application of behavior management principles.				
Student demonstrates appropriate planning skills.				
Student utilizes appropriate materials and activities.				
Student demonstrates appropriate analysis of the patient's performance.				
Student modifies activities according to the patient's needs.				
Student demonstrates appropriate analysis of self-skills.				
Student demonstrates application of academic knowledge.				
Student provides counseling to patient and/or appropriate significant others in an effective manner.				

Dates:

Clinical Education Outcome Area: Verbal Communications				
Student demonstrates appropriate verbal skills.				
Student demonstrates appropriate use of clinical terminology.				
Student demonstrates ability to relate appropriately to clients.				
Student demonstrates the ability to relate appropriately to other students, professionals, and family members.				
Student demonstrates the ability to appropriately explain clinical information to the client and/or family appropriately.				

Dates:

Clinical Education Outcome Area: Supervisory Use				
Student demonstrates acceptance of supervisory suggestions.				
Student easily translates supervisory suggestions into action.				
Student attends supervisory meetings dependably.				
Student recognizes when additional help is necessary and seeks it appropriately.				
Student demonstrates an appropriate attitude toward the supervisory process.				

Comments by Supervisor:

Comments by Student Clinician:

Supervisor's Signature and Area of Certifications)

_____ Date

Student's Signature Acknowledging Receipt of this Evaluation

_____ Date

Student Speech-Language Therapy Assistant Practicum of Evaluation

Student: _____

Supervisor: _____

Setting: _____

Course Number: _____

Rating Key:

- 5 **Student** performs at a level exceeding supervisory expectations considering clinical experience and academic level.
- 4 **Student** performs at a level commensurate with supervisory expectations considering clinical experience and academic level.
- 3 **Student** must improve to meet supervisory expectations considering clinical experience and academic level
- 2 **Student's** performance falls significantly below supervisory expectations considering clinical experience and academic level. Practice is unsafe, unprofessional, or weak.
- 1 **Student's** clinical practice is detrimental to clients or the site and must be removed immediately.

Other Notations:

+P When added to numerical ratings, this indicates that the student is improving in this area.

NA Not applicable.

Dates:

Clinical Education Outcome Area: Professionalism				
Student demonstrates ability to keep confidentiality.				
Student demonstrates appropriate regard for client's best interests.				
Student demonstrates efficient time management skills.				
Student demonstrates dependability in clinical matters.				
Student demonstrates appropriate follow-through with clinical responsibilities.				
Student demonstrates appropriate interest in self-development and clinical education.				
Student demonstrates appropriate effort in gaining clinical education.				
Student demonstrates appropriate resourcefulness in preparation for clinical interactions.				
Student demonstrates appropriate independence and decision-making skills.				
Student adheres to the ASHA Code of Ethics.				

Student collaborates with other professionals in case Management.				
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Dates:

Clinical Education Outcome Area: Documentation Skills				
Student demonstrates appropriate timeliness in submitting documentation.				
Student demonstrates completeness in reporting.				
Student demonstrates accuracy in reporting.				
Student demonstrates accuracy and appropriate use of clinical language.				
Student demonstrates general written language skills appropriate for the field.				

Dates:

Clinical Education Outcome Area: Clinical Skills				
Student demonstrates appropriate knowledge of diagnostic tools and methods.				
Student demonstrates appropriate application of diagnostic tools and methods.				
Student demonstrates appropriate knowledge of treatment tools and methods.				
Student demonstrates appropriate application of treatment skills and methods.				
Student demonstrates appropriate application of behavior management principles.				
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Student modifies activities according to the patient's needs.				
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Student demonstrates application of academic knowledge.				
Student provides counseling to patient and/or appropriate significant others in an effective manner.				

Dates:

Clinical Education Outcome Area: Verbal Communications				
Student demonstrates appropriate verbal skills.				
Student demonstrates appropriate use of clinical terminology.				
Student demonstrates ability to relate appropriately to clients.				
Student demonstrates the ability to relate appropriately to other students, professionals, and family members.				
Student demonstrates the ability to appropriately explain clinical information to the client and/or family appropriately.				

Dates:

Clinical Education Outcome Area: Supervisory Use				
Student demonstrates acceptance of supervisory suggestions.				
Student easily translates supervisory suggestions into action.				
Student attends supervisory meetings dependably.				
Student recognizes when additional help is necessary and seeks it appropriately.				
Student demonstrates an appropriate attitude toward the supervisory process.				

Comments by Supervisor:

Comments by Student Clinician:

Supervisor's Signature and Area of Certifications)

Date

Student's Signature Acknowledging Receipt of this Evaluation

Date



Policy on Speech and Language Screening of SLHS Majors

The following policy became effective winter semester, 1999 and applies to all Speech, Language, and Hearing Science majors.

1. All undergraduate students, declaring Speech, Language, and Hearing Sciences as their major, and all post-baccalaureate students will undergo speech, language and hearing screenings from Northern Michigan University's Speech, Language, and Hearing Clinic.
2. Screening dates and times will be posted at the beginning of fall and winter semesters and will be announced in class.
3. Screenings will be conducted by student clinicians under ASHA certified supervisors or by ASHA certified faculty.
4. Students identified as exhibiting speech, language, and/or hearing difficulties judged to pose potential academic, clinical, or vocational limitations will be referred for full assessment with other appropriate recommendations being made at that time.

Diane Jandron-, CCC-SLP
Clinic Director

Lori A. Nelson, SLP.D, CCC-SLP
Associate Professor

Heather Isaacson, M.A. CCC-SLP
Assistant Professor

APPENDIX T
Northern Michigan University
Speech and Hearing Clinic Privacy Policy
The Science Building Room 1504
Marquette, MI 49855
Phone: 906-227-2125

This notice describes how medical information about our patient/clients may be used and disclosed and How they can obtain access to this information. Please review it carefully.

Clients who have questions or require additional information should ask the Clinic Director. Clients who have complaints can submit them Sherida Riipi, the program secretary. The Clinic Director will review the complaint. Clients who have complaints that require immediate attention should ask for the Clinic Director or Paul Mann, Department Chair. Clients whose complaints have not been resolved to their satisfaction can address complaints to the Secretary of the United States Department of Health and Human Services. The Speech and Hearing Clinic will not retaliate against any individual for filing a complaint.

Terms:

Any medical information which could in any way identify an individual client, is considered **Protected Health Information (PHI)**. PHI will be used and disclosed only as needed for the Speech and Hearing Clinic to perform continuity of care regarding **Treatment, Payment and Health Care Operations (TPO)**. Any other disclosure will require the written authorization of the client. In general, use or disclosure of PHI for purposes other than treatment, or a disclosure requested by the client, is limited to the **Minimum Necessary** to accomplish the intended purpose.

Access:

The following people will have access to PHI:

- The client.
- Any person to whom the client has authorized in writing the release of information.
- Speech and Hearing Clinic staff who are involved in providing care to the client will have access as indicated below:
 - Audiologists, speech/language pathologists, speech/language supervisors, faculty and student clinicians (graduate and undergraduate).
 - Secretarial staff need access to the entire medical record in order to file all components of the chart.
- Public Health Services and regulatory officials, when required by law.
- Research that contributes to the public good; with individual authorization, or without individual authorization under limited circumstances set forth in the Privacy Rule 45 CFR 164.501, 164.508, 164.512(i).
- Courts, when the request is accompanied by a duly executed subpoena and reviewed by NMU legal counsel.
- Parents or legal guardians of a minor.
- Referring physicians and/or therapists, and physicians and/or therapists involved in continuity of care.

**Custodial staff do not have access to PHI*

Minimum Necessary:

Requests for disclosure of PHI for all purposes will be reviewed by the Clinic Director to assure that they meet the minimum necessary requirement.

Patent/Client Rights:

- Clients have a right to see and obtain a copy of their PHI.
- Clients have a right to request limitations to the routine use of PHI for TPO.
- Clients have a right to request changes in their PHI.
- Clients have a right to choose someone to act for them (Medical POA or Legal Guardian).
- Clients have a right to request confidential communications about their PHI.
- Clients have a right to choose to participate in Clinic marketing/media.
- Clients have the right to see a list of all people to whom PHI has been disclosed. In order to meet this requirement, the Speech and Hearing Clinic must keep a disclosure log. The log must record all disclosures, both written and verbal.
- Clients have a right to file a complaint if they believe their rights have been violated.

Privacy and Security:

- The NMU Speech and Hearing Clinic is required by law to maintain the privacy and security of your PHI.
- Faculty, staff and student clinicians will not use or share your information other than as described here unless authorized in writing. Changes/revisions may be made at any time by written request.
- All faculty, staff, and student clinicians will receive instruction about and be familiar with the Speech and Hearing Clinic Privacy Policy.
- Faculty, staff, and student clinicians will exert due diligence to avoid being overheard when discussing PHI.
- All records will be kept secured. When the Clinic is open, exposed patient records are not left unattended in unlocked offices. When the Speech and Hearing Clinic is closed, all files are placed in cabinets inside a locked room.
- The NMU Speech and Hearing Clinic will provide prompt notification if a breach occurs that may have compromised the privacy or security of a client's PHI.
- Faculty, staff and student clinicians must follow the duties and privacy practices described in this notice and give you a copy of it.