# Table of Contents

<table>
<thead>
<tr>
<th>Introduction</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation</td>
<td>5</td>
</tr>
<tr>
<td>Faculty and Staff</td>
<td>6</td>
</tr>
<tr>
<td>Department Mission Statement</td>
<td>7</td>
</tr>
<tr>
<td>ASHA Standards for CCC</td>
<td>7</td>
</tr>
<tr>
<td>ASHA Code of Ethics</td>
<td>7</td>
</tr>
<tr>
<td>UNK Student Handbook</td>
<td>7</td>
</tr>
<tr>
<td>UNK Non-discrimination Policy Statement</td>
<td>8</td>
</tr>
<tr>
<td>Students with Disabilities or Those Who Are Pregnant</td>
<td>8</td>
</tr>
<tr>
<td>Sexual Harassment Policy Statement</td>
<td>8</td>
</tr>
<tr>
<td>Grievance Procedure</td>
<td>8</td>
</tr>
<tr>
<td>Graduate Student Appeal Policy</td>
<td>8</td>
</tr>
<tr>
<td>English Proficiency Standard</td>
<td>10</td>
</tr>
</tbody>
</table>

## Clinic Procedures

### Clinical Practicum Experience

#### Procedures

- Requirements  
- Assignments  
- Responsibilities  
- Clinic Grading  
- Clock hours  
- Supervisors  
- Action Plan  
- Bereavement Policy

### Internship Experience

#### Procedures

- Indicating Preferences  
- Application  
- Placement  
- Prerequisites  
- Clock hours  
- Preparing for Graduation

### Observer Overview

#### Procedures

- Observation hour requirements  
- Professionalism  
- Procedures at UNK Clinics  
- Procedures for Off-Campus Site  
- Responsibilities  
- Observation Record (template)  
- Observation Agreement form (template)
# Clinic Procedures

**Procedures for Student Clinicians**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prerequisites</td>
<td>21</td>
</tr>
<tr>
<td>HIPPA</td>
<td></td>
</tr>
<tr>
<td>Secure Computer Lab</td>
<td></td>
</tr>
<tr>
<td>Dress Code</td>
<td></td>
</tr>
<tr>
<td>Infection Control Procedures</td>
<td>22</td>
</tr>
<tr>
<td>Scheduling &amp; Client Attendance</td>
<td>23</td>
</tr>
<tr>
<td>Clinic Materials Room</td>
<td>24</td>
</tr>
<tr>
<td>Client Safety</td>
<td></td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
</tr>
</tbody>
</table>

**Procedures for SLH Clinic**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Files</td>
<td>25</td>
</tr>
<tr>
<td>Billing</td>
<td>26</td>
</tr>
</tbody>
</table>

**Procedures for RiteCare Clinic**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Files</td>
<td>26</td>
</tr>
</tbody>
</table>

**Evaluation Procedures**

**Procedures for Completing an Evaluation**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process</td>
<td>27</td>
</tr>
<tr>
<td>Supervision</td>
<td></td>
</tr>
<tr>
<td>Assessment Materials</td>
<td></td>
</tr>
</tbody>
</table>

**Forms/Templates**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>File Review <em>(form)</em></td>
<td>29</td>
</tr>
<tr>
<td>Evaluation Report <em>(template)</em></td>
<td>31</td>
</tr>
<tr>
<td>Diagnostic Observation Feedback Sheet</td>
<td>34</td>
</tr>
<tr>
<td>Off-Campus Supervision Agreement <em>(form)</em></td>
<td>35</td>
</tr>
<tr>
<td>Sex Offender Registry Search Permission <em>(form)</em></td>
<td>36</td>
</tr>
<tr>
<td>Weekly Therapy Plan <em>(template)</em></td>
<td>37</td>
</tr>
<tr>
<td>SOAP Note <em>(template)</em></td>
<td>38</td>
</tr>
<tr>
<td>Clinical Supervision Feedback Sheet <em>(form)</em></td>
<td>39</td>
</tr>
<tr>
<td>Semester Report Timeline</td>
<td>40</td>
</tr>
<tr>
<td>Progress Note <em>(template)</em></td>
<td>41</td>
</tr>
<tr>
<td>Discharge Summary <em>(template)</em></td>
<td>42</td>
</tr>
<tr>
<td>Clinical Writing Rubric</td>
<td>43</td>
</tr>
<tr>
<td>Videotape Review <em>(template)</em></td>
<td>45</td>
</tr>
<tr>
<td>Fee Schedule</td>
<td>47</td>
</tr>
<tr>
<td>Permission to Test and Treat <em>(form)</em></td>
<td>48</td>
</tr>
<tr>
<td>Youth Activity Safety Policy <em>(form)</em></td>
<td>49</td>
</tr>
<tr>
<td>Authority to Release/Obtain Information <em>(form)</em></td>
<td>50</td>
</tr>
<tr>
<td>Approved Client Pick-Up</td>
<td>51</td>
</tr>
</tbody>
</table>

**Appendix A**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requests for Reasonable Accommodation in Field Placements</td>
<td>52</td>
</tr>
<tr>
<td>Clinician Handbook Agreement</td>
<td>55</td>
</tr>
</tbody>
</table>
Introduction

The purpose of this handbook is to help orient you to the profession involved with communication disorders, to provide some insight into the requirements of the American Speech-Language-Hearing Association, and generally to inform you about undergraduate and graduate course work and clinical practicum.

Philosophically, the Speech-Language and Hearing Clinic of the University of Nebraska Kearney has two objectives: the first is to provide superior instruction for speech-language pathologists and the second is to provide competent clinical services for clients with speech, language and/or hearing problems. It is the view of the faculty in the Department of Communication Disorders at the University of Nebraska Kearney that these two objectives are mutually compatible and attainable. In an effort to provide students with superior education that will enable them to assume professional responsibilities, students must be educated in a clinical setting in which exemplary standards and procedures are maintained. Consequently, the student and client both receive the best that the profession has to offer.

Clinic Contacts:

Mailing Address: UNK Communication Disorders Department  
College of Education, A103  
1615 W. 24th St.  
Kearney, NE 68849-5553

Phone: 308-865-8300

Fax: 308-865-8397
The Communication Disorders Program at the University of Nebraska Kearney is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association (ASHA).

If you have complaints or concerns about the program, please feel free to contact:
Council on Accreditation in Audiology and Speech-Language Pathology (CAA)

Written Complaints/Concerns
ASHA National Office
2200 Research Blvd.
Rockville, MD 20850

Telephone Complaints/Concerns: (301) 897-5700

E-Mail Complaints/Concerns: http://www.asha.org

Master of Science in Education degree in Speech Language Pathology Program at University of Nebraska Kearney is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association, 2200 Research Boulevard, #310, Rockville, MD 20850, 800-498-2071 or 301-296-5700

The University of Nebraska at Kearney declares and affirms a policy of equal educational and employment opportunities, affirmative action in employment, and nondiscrimination in providing its services to the public. Therefore, the University of Nebraska Kearney shall not discriminate against anyone based on race, age, color, disability, religion, sex (including sexual harassment), sexual orientation, national or ethnic origin, marital status or veteran status.

PLEASE NOTE: Individuals who wish to file a formal complaint should contact the Accreditation Office to obtain a copy of the complaint procedures.

http://www.asha.org/academic/accreditation/

Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA)
American Speech-Language-Hearing Association
2200 Research Boulevard, #310
Rockville, MD 20850
FACULTY AND STAFF

Department Chair
The department chair provides academic leadership for the department, and is responsible for the relationship between the department and the university administration. In addition, the chair will teach undergraduate and/or graduate courses in communication disorders, provide supervision of student practicum, conduct research and develop grants in areas of interest, serve on departmental and university committees, and advise students.

Coordinator of Speech/Language Pathology & Audiology Clinical Services
The clinic coordinator coordinates all clinic activities, schedules therapy, and assigns clients.

Academic Faculty
The academic faculty is responsible for providing the academic training in the area of communication disorders. Academic faculty will also be assigned to part-time diagnostic or supervisory duties. They will also be the major advisors for undergraduate and graduate students who are majoring in Speech-Language Pathology. Other duties may also be assigned, such as administrative functions, when they do not interfere with the primary purpose of providing academic education for the students.

Supervisors of Clinical Services and Training
Supervisors are members of the faculty and carry full authority and responsibility regarding all matters pertaining to clinical function and academic education. They are directly responsible to the Department Chair. For students in training in the clinic, the supervisor and/or appropriate faculty is/are the final authority in all matters of clinical procedures, such as interviewing and counseling of parents, initial evaluations, planning of therapy, and all therapy performed in all clinics. Students are encouraged to use all the resources of this institution, such as faculty members and professional literature, to obtain additional information and insight regarding the clients with whom they will be working. The supervisor and/or appropriate faculty member(s), however, is/are the final authority regarding the performance of clinical service and training.

Clinic Office Associate
The clinic office associate is responsible for the administrative procedures of initial intake of clients, maintaining all clinical records and files, photocopying and distributing diagnostic reports, and other duties assigned by the department chair, clinic coordinator and faculty.

Administrative Procedures Relative to Client Contacts
Usually clients telephone or write to the clinic requesting appointments or information. Regardless of the media used, our client’s first contact with the clinic is usually through our office associate. It is his/her responsibility to gather all vital information, such as name of client, names of parents, address, birthdate, school, referral source, and statement of the problem. The office associate will assist with the scheduling of all evaluations. A letter identifying location of the clinic and including a fee schedule, an authorization to obtain information, a permission to test and treat form, privacy policy information, and a case history form are then mailed to the family. When the case history has been completed and returned to the clinic, an appointment for the evaluation is scheduled. Fees are typically due at the time of evaluation.

After the evaluation, the diagnostic report is corrected by the appropriate supervisor and given to the office associate for distribution. At this time the client is assigned a clinic file number, which is included in the initial evaluation report, as well as in subsequent reports. The office associate then sends the diagnostic report to the designated recipients.
MISSION STATEMENT

Consistent with the Mission of the University of Nebraska Kearney, the primary purpose of the Department of Communication Disorders is to provide a high quality instructional program in speech-language pathology. The Department engages students in research and professional activities that promote lifelong learning. The goal of the Department is to educate and prepare students to be responsive, reflective, and collaborative decision makers who have the requisite knowledge, skills, and technological expertise to earn appropriate credentials, licenses and/or certifications to practice ethically and successfully.

ASHA STANDARDS FOR CERTIFICATION OF CLINICAL COMPETENCY

The Department of Communication Disorders at UNK utilizes the ASHA Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology to educate and train undergraduate and graduate students for the field of speech-language pathology. To view these standards and implementation procedures, please visit the ASHA website:


ASHA CODE OF ETHICS

The Department of Communication Disorders at UNK adheres to the ASHA Code of Ethics and trains students to follow the ASHA Code of Ethics throughout their academic, pre-professional and professional careers. To view the full code of ethics, visit:

http://www.asha.org/Code-of-Ethics/

UNK STUDENT HANDBOOK

For current information about registration, tuition, and admission requirements go to UNK home page, clinic on Admissions tab and then Undergraduate or Graduate.

http://www.unk.edu/admissions/index.php

To view UNK's overall student code of conduct, please access this information on the UNK website link for Student Affairs, and the right hand side lists the Student Handbook:


To view UNK’s academic integrity policy followed by the Communication Disorders Department, please access this information on the UNK website link for the Graduate Catalog, then Academics, and finally Academic Integrity Policy:

http://catalog.unk.edu/graduate/academics/academic-regulations/expectations-in-the-classroom/academic-integrity-policy/

For current information about the UNK Youth Activities Safety Guidelines, visit:

www.unk.edu/academics/cdis/_files/clinic_forms/UNK%20Youth%20Activities%20Safety%20Policy.pdf
UNK NON-DISCRIMINATION POLICY STATEMENT

The University of Nebraska at Kearney declares and affirms a policy of equal educational and employment opportunities, affirmative action in employment, and nondiscrimination in providing its services to the public. Therefore, the University of Nebraska at Kearney shall not discriminate against anyone based on race, age, color, disability, religion, sex (including sexual harassment), sexual orientation, national or ethnic origin, marital status, or veteran status.

www.unk.edu/offices/human_resources/aaeo/policies/nondiscrimination_policy.php

STUDENTS WITH DISABILITIES OR THOSE WHO ARE PREGNANT

It is the policy of the University of Nebraska at Kearney to provide flexible and individualized reasonable accommodation to students with documented disabilities or those who are pregnant. To receive accommodation services for a disability, students must be registered with UNK Disabilities Services Coordinator, David Brandt, in the Academic Success Office, 163 Memorial Student Affairs Building, 308-865-8214 or by email unkdso@unk.edu. For those needing accommodation due to pregnancy, you need to visit with Student Health. The following link provides information for students and faculty regarding pregnancy rights.


SEXUAL HARASSMENT

The University of Nebraska at Kearney reaffirms that all women and men -- students, staff, faculty and administrators -- are to be treated fairly and equally with dignity and respect. Any form of discrimination, including sexual harassment, is prohibited. For information about sexual harassment and reporting incidents, please visit:

http://www.unk.edu/about/compliance/aaeo/sexual_harassment/index.php

GRIEVANCE POLICY FOR SEXUAL HARASSMENT AND DISCRIMINATION

http://www.unk.edu/about/compliance/discrimination-and-harassment/sexual_grievance.php

GRADUATE STUDENT APPEAL POLICY

Appeal Of Grades In Graduate-Level Courses

I. Appeal of grades in graduate-level courses shall be made through the graduate student grade appeal procedures of the campus through which the grade was awarded.

Graduate students holding admission with Non-degree status in the Graduate College, admission with a Master's objective, or a Specialist's objective should appeal as follows:

a. Students who believe their evaluation in a course has been prejudiced or capricious must first attempt to resolve the matter with the course instructor.

b. If denied, the student should then appeal to the Graduate Program Chair or Director through which the course was offered. The appropriate Graduate Program Committee will meet to consider the student's appeal.

c. If denied, the appeal may be made to the UNK Graduate Council. The appeal should be filed with the UNK Dean of Graduate Studies and Research. The Dean will forward the appeal to the Faculty/Student Affairs Committee of the Graduate Council. Since awarding grades in courses occurs at the individual campus level, the decision of the Faculty/Student Affairs Committee of the Graduate Council on
II. If a student feels the grade he/she received in a class is incorrect, he/she must contact
the instructor of record or in the absence of the instructor, the appropriate Graduate
Program Chair or Director, within 30 days of the end of the term for which the grade was
assigned. Failure to notify the instructor/department of record within the allotted time will
render the initial grade final and no changes will be permitted. If the grade appeal cannot
be resolved with the instructor, a formal, written appeal must be filed with the Graduate
Program Chair or Director within 60 days of the end of the term for which the grade was
assigned. If the instructor of record is also the Graduate Program Chair or Director, the
formal appeal should be made to the UNK Dean of Graduate Studies and Research.

III. The appeal must be the student's written statement specifying what the appeal is, the
reason(s) for the appeal, and what outcome he/she is requesting. The student must also
include documentation of course work pertinent to the course under appeal.

Appeal Of General Academic Matters Related To Student
Programs (Other Than Grade Appeals)

I. Graduate students holding admission with Non-degree status in the Graduate College,
admission with a Master's objective, or a Specialist's objective should appeal as follows:

II. Initially, the appeal may be submitted to the student's advisor.

III. If denied, the appeal may be submitted to the UNK departmental Graduate Program
Chair or Director responsible for the student's graduate program. The Student's
Graduate Program Committee will meet to consider the appeal.

IV. If denied, the appeal may be made to the UNK Graduate Council. The appeal should be
filed with the UNK Dean of Graduate Studies and Research. Normally, this will be the
final appeals body (for exceptions, see section IV).

V. When a student's graduate program consists of registrations essentially or entirely on
the UNK campus, the UNK Graduate Council will constitute the appeal board. When a
student's graduate program includes substantial registrations on a campus other than
the one administratively responsible for the program, three members of the Graduate
Council for the other campus will be designated by the Dean for Graduate Studies on
that campus to augment the Graduate Council on the campus administratively
responsible for the program. In this case, the augmented Council will constitute the
appeal board. The decision concerning augmentation of a campus Graduate Council for
a specific appeal involving registrations on a campus other than the one administratively
responsible for the student's program will be made by the Deans for Graduate Studies
on the campuses involved.

VI. In all cases, appeals should be made in writing to the appropriate advisor, committee or
council. In those cases where the appeal concerns graduate-level qualifying exams,
comprehensive exams or final oral exams, the following deadlines must be observed. It
is the responsibility of the student to make reasonable efforts to ascertain the results of
the examination within 30 days after its completion.

The initiation of the appeal, in writing, by the student must be filed within 30 days
following the student's receipt of notification of the evaluation. In those cases involving
an appeal of termination of program, initiation of the appeal, in writing, by the student
must be filed within 30 days following the student's receipt of the official written
notification by the campus Office for Graduate Studies.
VIII. There is no absolute right of appeal to the University of Nebraska Executive Graduate Council. The Executive Graduate Council will accept appeals only in those cases where in the exercise of its sole discretion it shall first find that one or more of the following grounds for accepting the appeal exist:<br>That the campus Graduate Council has violated some element of fair procedure (example: has failed to allow the parties concerned to present their cases fully to their campus Graduate Council); That the campus Graduate Council has failed to examine or give adequate weight to important evidence relevant to one party's position; That the campus Graduate Council has given undue weight to evidence not pertinent to the case; or That some gross miscarriage of justice would be perpetrated if the decision of the campus Graduate Council is allowed to stand. Appeals to the Executive Graduate Council must be made in writing to the University of Nebraska Office of the Executive Vice President and Provost and must specifically outline the grounds for the appeal. Such appeal must be made within 20 working days of the day the decision of the campus Graduate Council is received (working days shall not include those days the University is not in session.)

IX. The Executive Council must make a decision to hear the appeal or not to hear the appeal within 30 working days after receipt of the appeal. Acceptance or denial of jurisdiction over the appeal will be made in writing.

X. The decision of the Executive Graduate Council on the merits of the case will be made and transmitted to the concerned parties within 40 working days after the decision to hear the appeal.

XI. No person who was a member of the department or campus Graduate Council involved in the case will be eligible to participate in the decisions of the Executive Graduate Council either to decide whether the case should be heard or to decide the merits of the case. However, the Dean for Graduate Studies may replace members of the Executive Graduate Council not eligible for participation in the decision to hear the appeal or in the appeal itself.

ENGLISH PROFICIENCY STANDARD

International students must submit an official TOEFL score sent directly from the Educational Testing Service to the Office of Graduate Studies & Research. This aligns with the policy stated in the Graduate Course Catalog for International Student admission.

Minimum TOEFL score of 550 on paper-based test or 79 on the internet based test (scores over 2 years old cannot be reported or validated)

Minimum IELTS score of 6.5

http://catalog.unk.edu/graduate/admissions/international-students/
CLINICAL PRACTICUM EXPERIENCE
CDIS 860, 861, 862, 863

Graduate students will be assigned to clinical practicum and receive training and experience in counseling, interviewing, evaluation, staffing, and therapy, provided that at least 25 hours of observation have been completed and verified by the Clinic Coordinator.

Procedures for Completing Clinical Practicum

I. Practicum Requirements Graduate students are required to register for four semesters of speech pathology practicum (CDIS 860, 861, 862, 863) on the graduate level. Once enrolled in clinical practicum, it is expected that the student will continue to enroll in practicum each semester.
   A. Background Check – completed annually, beginning at the first semester of graduate school.
      Graduate clinician will be responsible for:
      i. Completing the online process required to initiate the background check for University of Nebraska Kearney Communication Disorders Department. The direct link is: https://www08.8f7.com/4DACTION/WebAppOrderEntryZCustom/OneSource/PLUS3484CD
      ii. Paying the $27.82 (subject to change) background check fee. Payments will be made directly to the vendor (OneSource) via PayPal with debit or credit card. The link above give the option to contact OneSource to make other payment arrangements.
   C. HIPAA Training – each graduate student will receive a HIPAA training manual, HIPAA Handbook for Healthcare Staff: Understanding the Privacy and Security Regulations, and complete a quiz to demonstrate competency each semester (Borten, 2013).
   D. Compliance/Immunization Records – Graduate students will demonstrate proof of updated vaccines in Calipso. Log into Calipso www.calipsoclient.com/unk, select Student Information, select Compliance/Immunizations, select Files, upload electronic files to demonstrate proof of:
      i. Medical Insurance
      ii. CPR Training
      iii. Drug Screening
      iv. Criminal Background Check
      v. MMR
      vi. Varicella
      vii. Tetanus
      viii. TB test (2 steps)
      ix. Flu Vaccine (once available)
      x. Hep B
      Clinic Coordinator will confirm evidence and update compliance in Calipso.

II. Assignments The clinical practicum experience will be divided among children and adult clients in accordance with the caseload of the clinic, the observed needs of the student clinician, and the current requirements for ASHA certification. The student clinician is expected to translate his academic knowledge into clinical skills.
A. On Campus – At the beginning of each semester, the clinic coordinator will assign clients to student clinicians.

B. Off Campus – An off-campus placement may be available after a student’s second semester of clinical practicum per clinic coordinator discretion.

III. Responsibilities The clinician is responsible for all notices either posted on Canvas or through e-mail.

IV. Clinic Grading All grading will be completed in Calipso through midterm and final evaluations. The following grading system recognizes that students new to clinical practice need more guidance and do not perform as well as students about to leave the program. Students are expected to move toward increased initiative and improved clinical performance. Therefore, as a student moves through practicum assignments, they are expected to achieve higher ratings on the scale in order to maintain an acceptable grade.

<table>
<thead>
<tr>
<th>1st Semester Mean rating</th>
<th>2nd Semester Mean rating</th>
<th>3rd Semester Mean rating</th>
<th>4th Semester Mean rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.00 or better =A</td>
<td>3.50 or better =A</td>
<td>4.00 or better =A</td>
<td>4.50 or better =A</td>
</tr>
<tr>
<td>2.50 – 2.74 =B+</td>
<td>3.00 – 3.24 =B+</td>
<td>3.50 – 3.74 =B+</td>
<td>4.00 – 4.24 =B+</td>
</tr>
<tr>
<td>2.00 – 2.24 =B-</td>
<td>2.50 – 2.74 =B-</td>
<td>3.00 – 3.24 =B-</td>
<td>3.50 – 3.74 =B-</td>
</tr>
<tr>
<td>1.75 – 1.99 =C+</td>
<td>2.25 – 2.49 =C+</td>
<td>2.75 – 2.99 =C+</td>
<td>3.25 – 3.49 =C+</td>
</tr>
<tr>
<td>1.50 – 1.74 =C</td>
<td>2.00 – 2.24 =C</td>
<td>2.50 – 2.74 =C</td>
<td>3.00 – 3.24 =C</td>
</tr>
<tr>
<td>1.25 – 1.49 =C-</td>
<td>1.75 – 1.99 =C-</td>
<td>2.25 – 2.49 =C-</td>
<td>2.75 – 2.99 =C-</td>
</tr>
</tbody>
</table>

Rating Scale

1 - Not evident: skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling. (skill is present <25% of the time).

2 - Emerging: Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services. (skill is present 26-50% of the time).

3 - Present: Skill is present and needs further development, refinement or consistency. Student is aware of need to modify behavior, but does not do this independently. Supervisor provides on-going monitoring and feedback; focuses on increasing student’s critical thinking on how/when to improve skill. (skill is present 51-75% of the time).

4 - Adequate: Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives (skill is present 76-90% of the time).

5 - Consistent: Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor serves as consultant in areas where student has less experience; Provides guidance on ideas initiated by student (skill is present >90% of the time).

V. Clockhours The first 50 hours accrued at the graduate level must be completed at the UNK Speech, Language, and Hearing Clinic or UNK RiteCare Clinic. Clinicians
should complete a minimum of 100 clock hours (including observation, diagnostic, and intervention time) prior to beginning any internship.

A. Calipso – Students are required to maintain accurate documentation of their clinical clock hours in Calipso. Calipso will maintain these hours for 8 years following graduation, after which they will be deleted per Calipso standards. Students are responsible for downloading final copies of all hours for their personal records.

B. Counting hours – Only direct contact with the client or the client’s family for assessment, intervention, and/or counseling can be counted toward practicum (ASHA, 2014, V-C). When more than one student is involved with a session, clock hours should be assigned only to the student(s) who provide(s) direct services to the client or caregivers/families. For example, during the 60-minute intervention session, if one student provides treatment for 25 minutes, and the second student provides treatment for 35 minutes, each receives credit for the time he/she/they actually provided services (25 and 35 minutes respectively), not for 60 minutes. Students may not count time spent in supervisory conferences, preparation, chart review, test scoring, report writing, or other documentation activities as clock hours.

VI. Supervisors To assist the graduate clinician with application of academic knowledge, the supervisors will guide the clinician’s clinical performance through observations and conferences and assist them in achieving clinical competencies. The student clinician is directly responsible to their supervisor. In the absence of the primary supervisor, other faculty members will be available for consultation.

A. Observation – The supervisor will observe a minimum of 25% of overall services provided in a given semester, in accordance with ASHA guidelines. Observation time will be consistent with the amount of feedback and guidance the student needs based on their clinical performance and competencies. Supervisors are responsible for adjusting the amount of supervision to meet each student’s individual needs. Time observed will be recorded in Calipso when approving clinicians’ clock hours.

B. Session Feedback – When a clinical supervisor observes a therapy or diagnostic session, they may complete a clinical supervision feedback sheet and/or provide verbal comments relative to areas of strengths and weaknesses.

C. Weekly Conference – Regular weekly conferences are held between the student clinician and their supervisor(s) throughout the semester to discuss progress, intervention strategies, and difficulties with clients.

D. Video Review – Each semester, the clinician may be requested to videotape or burn a disk of at least one therapy session for self-evaluation purposes. Frequently, students are asked to complete a self-evaluation with each client they are seeing. This is at the discretion of the individual supervisors. Although a student may request help in setting up the recording equipment, it is the student’s responsibility to see that the required self-evaluations are completed. *See Videotape Review form

E. Midterm Conference – Supervisor(s) will complete a midterm evaluation in Calipso for each student they supervise with a weekly, ongoing client/group and/or in a Diagnostic Team (fall semester). Clinicians will meet with each of their supervisor(s) to discuss the midterm evaluation, including strengths and areas to grow. The score at midterm is a benchmark and does not numerically factor into the end of semester grade.
F. Midterm Faculty Review – Faculty meet at midterm each fall and spring semester to review all graduate students’ progress regarding both academic and clinical performance. Recommendations from this review may include:
   i. On-track: moving toward independence appropriately
   ii. Consultation: having been identified as a developing clinician with a few key areas to target
   iii. Action Needed: at-risk, develop action plan to support growth in identified areas *See VI. Action Plan below

G. Final Conference – At the end of the semester, each clinician schedules a final conference with the appropriate supervisor(s). Strengths and weaknesses and overall performance levels are discussed with the student clinician. Recommended clinic grades are discussed with each student clinician at this time.

VII. Action Plan  
Student clinicians who experience difficulty acquiring and/or demonstrating satisfactory clinical skills may be required to develop a clinic action plan. These plans are individualized for the student. The goals and objectives of the plan are determined based on specific feedback from the clinical faculty. The process for remediation is as follows:
   A. Clinical faculty identify need for an Action Plan at midterm review of students in faculty meeting.
   B. Department Chair, Clinic Coordinator, and relevant Clinical Supervisor(s) develop Action Plan to address goals and objectives to facilitate growth during specified time period.
   C. Student is notified to meet with appropriate personnel (Dept. Chair, Clinic Coord., Supervisor(s)).
   D. Concerns are discussed, student provides input into plan, plan is modified and agreed upon.
   E. Final Action Plan signed by student and relevant parties.
   F. Distribute signed plan to student and all involved parties to facilitate support and achievement of goals.
   G. Action Plan reviewed with student and relevant individuals around midterm of specified period of time for individual plan with documentation of meeting outcomes.

VIII. Bereavement Policy  Up to five days of funeral leave may be granted to clinicians for each funeral in the immediate family. For each funeral of persons not in the immediate family, one day of leave may be granted at the discretion of the immediate supervisor. Make-up sessions for these absences must be offered to clients. Immediate family includes wife, husband, children, parents, grandparents, grandchildren, guardian, ward, foster child, brother, sister, daughter-in-law, son-in-law, stepfather, stepmother, stepdaughter, stepsen, or persons being in the same relationship to the spouse.
INTERNSHIP EXPERIENCE
CDIS 894, 895

Graduate students are required to enroll in two graduate internships. The student is required to obtain a minimum of 50 clinical clock hours within each internship. An internship will be completed in one medical and one school setting at the successful completion of course work. It is expected that student clinicians have access to transportation for such off-campus practice.

Procedures for Completing Internship Experiences

I. **Indicating Preferences** Students will indicate their preferences for location and work setting for their internship placements during the second semester of their graduate program. Please see Appendix A for more information about requests for reasonable accommodations in field placement.

II. **Application** Students must complete their Internship Applications by the first Tuesday in September prior to the spring semester of their placement.

   A. **School Placement**
      Go to [http://www.unk.edu/academics/certification/](http://www.unk.edu/academics/certification/), select Student Teaching.
      i. Complete **Student Teaching Application**
      ii. Submit application folder to Education Certification Office C128
      iii. Application folder includes: manilla folder, 1 copy of Application for Student Teaching, 2 copies of **Personal Data Sheet** (cannot exceed 2 pages), and 2 copies of transcript.

   B. **Clinical Placement**
      Go to [http://www.unk.edu/academics/cdis/internships.php](http://www.unk.edu/academics/cdis/internships.php), select Student Information.
      i. Download, fill in application, and print.
      ii. Submit application folder to Clinic Coordinator B132 or Office Associate A103.
      iii. Application folder includes: red folder, 1 copy of Application for Clinical Student Internship, and 2 copies of transcript.

III. **Placement** The Internship Coordinator arranges placements and assigns students to each placement available. Students are notified in October prior to the spring semester of their placement. At that time, cooperating SLPs and matched students receive internship packets with information outlining the internship experience, expectations, and procedures.

IV. **Prerequisites**
   A. Clinicians should accrued **95-100 clock hours** (including observation, diagnostic, and intervention time) prior to beginning any internship.

V. **Clock Hours**
   B. Clinicians must accrue a minimum of 50 practicum clock hours in three different settings. Generally, the University of Nebraska Kearney Speech, Language, and Hearing Clinic, a public school setting, and a medical setting are used.
   C. Remember that clinical clock hours obtained during internship are counted as regular clock hours; therefore, the student must continue to maintain their Calipso clock hour documentation.
VI. Preparing for Graduation
   A. All who intend to become licensed with the state of Nebraska must register with 1) ASHA and 2) the licensing board BEFORE beginning the Clinical Fellowship. For forms, contact:
      Nebraska Health and Human Services
      Regulations and Licensure
      Credentialing Division
      P.O. Box 94986
      Lincoln, NE 68509-4986
      Phone: (402) 471-2299
      http://dhhs.ne.gov/publichealth/pages/crlAudSLPAppsFeesReqs.asp

   B. All who intend to work in a school setting in the state of Nebraska must apply for a Teaching Initial Certificate with the Nebraska Department of Education (NDE). Go to www.unk.edu/academics/certification (and click on +Certification) to learn more about the process and find the appropriate forms from the UNK Education Certification Office.
      i. Submit an application to the NDE for your Initial Teaching Certificate.
         http://www.education.ne.gov/tcert/ >Teaching Certificates & Permits under Section A > Teaching Initial Certificate
      ii. Submit an Institutional Verification Consent form to the UNK Educational Certification Office so they can release your records to NDE.
      iii. Request your transcripts from UNK to be sent to NDE.
OBSERVER OVERVIEW

Undergraduates, typically in the senior year, enroll for CDIS 312 Field Experience, a companion course to CDIS 311 Clinical Methods and Procedures in Communication Disorders, to observe in the Speech-Language and Hearing Clinic or an approved off-campus location.

Procedures for Completing Observations

I. Observation Hour Requirements
   A. CDIS 311/312 – Twenty-five hours of observation are required to be completed before students will be allowed to initiate the practicum experience, CDIS 860. During enrollment in CDIS 312, students are required to also observe five hours of treatment with an allied health professional (e.g., a physical therapist, occupational therapist, respiratory therapist, social worker, or school psychologist) in order to appreciate the role these professionals play with clients that will be on an SLP’s caseload. Students are encouraged to obtain at least ten observation hours in an off-campus setting.
   B. Observations from Other Courses – Some observation hours in speech and hearing will be included as part of other course requirements. With appropriate documentation, these hours can be counted toward the 25 hours total.
   C. Allied Health Observations – During enrollment in CDIS 312, students are required to also observe five hours of treatment with an allied health professional (e.g., a physical therapist, occupational therapist, respiratory therapist, social worker, or school psychologist) in order to appreciate the role these professionals play with clients that will be on an SLP’s caseload. Students are encouraged to obtain at least ten observation hours in an off-campus setting.

II. Professionalism
   A. Confidentiality - As a part of CDIS 311, the observer will be introduced to clinical procedures, including lesson planning, organizing and writing clinical logs, report writing, available therapy materials, and professional ethics. Client confidentiality must be maintained. Lesson plans are NOT be photocopied.
   B. Dress Code – All students must dress in a professional manner for all therapy interactions. (Please see the descriptions of appropriate attire as described for the clinic dress code, which shall apply to both observers and clinicians.) Chewing gum is not allowed during therapy out of respect for the client. Purses and other valuables should be kept in safe and inconspicuous places. It is recommended that observers do not leave items unattended.

III. Observation Procedures at the UNK Speech, Language, and Hearing Clinic and RiteCare Clinic
   A. Arrangements – Observers must notify student clinicians of their intent to observe prior to the observation time. The observer must notify the clinician if he/she cannot make the scheduled observation time.
   B. Cancellations – Giving phone and e-mail contact information to the clinic office associate, student clinician, and clinical supervisor allows any of these people the ability to let the observer know if a client cancels a scheduled session.
   C. Documentation – Complete Obervation Record form for each observation. Initials of graduate clinicians to verify observer attendance should be obtained
immediately after sessions are observed. Signatures of supervisors with ASHA number must be obtained for ASHA credit.

IV. Observation Procedures for Off-Campus Sites
   A. Arrangements – Observers must contact the speech-language pathologist to obtain permission to observe them in their worksetting. Observe only ASHA certified SLPs who maintain their ASHA Certification of Clinical Competency (CCC).
   B. Agreement – Complete the Observation Agreement Form with the cooperating SLP once for all observations completed in a single semester.
   C. Documentation – Complete Observation Record form with signature of certified SLP with ASHA number.

V. Responsibilities
   A. Observers will observe therapy practice. Observers will have no therapy responsibility, and student clinicians will not permit an observer to conduct any of the therapy. Permitting an inexperienced person to work with a client violates the philosophy and professional standards of the Communication Disorders Department and the professional ethics of the American Speech-Language-Hearing Association.
   B. The Observer is responsible for keeping accurate records of their observations including: amount of time, type of session, age of client, and disorder addressed during the sessions.
   C. The observer must obtain the appropriate signatures, including the certified SLP’s ASHA number. Observers are to keep a copy of observation hours for their personal record and give a copy of these records to the Office Associate to be placed in their academic file.

The observation experience should be exciting and educationally rewarding. It is an important preparation for the day when the student himself assumes responsibility for therapy.
### UNIVERSITY OF NEBRASKA KEARNEY
**SPEECH, LANGUAGE, AND HEARING CLINIC**

### OBSERVATION RECORD

<table>
<thead>
<tr>
<th>Date</th>
<th>Client's Initials</th>
<th>Age (See Below)</th>
<th>Disorder (See below)</th>
<th>Amount of Time Obs (in decimal)</th>
<th>Observation Site</th>
<th>Graduate Clinician's Initials</th>
<th>Speech-Language Pathologist's Signature with Current ASHA Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Age:** **P** = Preschool, **S** = School Age, **A** = Adult

**Disorder:** **A** = Articulation, **AAC** = Augmentative Alternative Communication, **C** = Cognition, **D** = Dysphagia, **F** = Fluency, **H** = Hearing, **L** = Language, **S** = Social Aspects, **V** = Voice

Total number of observation hours certified for permanent record _________________________

DIAG: ___________________ THERAPY: ___________________

Instructor's Signature __________________________________________ Date _______________________

---

**UNIVERSITY OF NEBRASKA KEARNEY**
**SPEECH, LANGUAGE, AND HEARING CLINIC**

**OBSERVATION RECORD**

<table>
<thead>
<tr>
<th>Observer: __________________________</th>
<th>Semester: __________________</th>
<th>Course: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

---

**UNIVERSITY OF NEBRASKA KEARNEY**
**SPEECH, LANGUAGE, AND HEARING CLINIC**

**OBSERVATION RECORD**

<table>
<thead>
<tr>
<th>Observer: __________________________</th>
<th>Semester: __________________</th>
<th>Course: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

---

**UNIVERSITY OF NEBRASKA KEARNEY**
**SPEECH, LANGUAGE, AND HEARING CLINIC**

**OBSERVATION RECORD**

<table>
<thead>
<tr>
<th>Observer: __________________________</th>
<th>Semester: __________________</th>
<th>Course: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

---

**UNIVERSITY OF NEBRASKA KEARNEY**
**SPEECH, LANGUAGE, AND HEARING CLINIC**

**OBSERVATION RECORD**

<table>
<thead>
<tr>
<th>Observer: __________________________</th>
<th>Semester: __________________</th>
<th>Course: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

---

**UNIVERSITY OF NEBRASKA KEARNEY**
**SPEECH, LANGUAGE, AND HEARING CLINIC**

**OBSERVATION RECORD**

<table>
<thead>
<tr>
<th>Observer: __________________________</th>
<th>Semester: __________________</th>
<th>Course: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

---

**UNIVERSITY OF NEBRASKA KEARNEY**
**SPEECH, LANGUAGE, AND HEARING CLINIC**

**OBSERVATION RECORD**

<table>
<thead>
<tr>
<th>Observer: __________________________</th>
<th>Semester: __________________</th>
<th>Course: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

---

**UNIVERSITY OF NEBRASKA KEARNEY**
**SPEECH, LANGUAGE, AND HEARING CLINIC**

**OBSERVATION RECORD**

<table>
<thead>
<tr>
<th>Observer: __________________________</th>
<th>Semester: __________________</th>
<th>Course: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

---

**UNIVERSITY OF NEBRASKA KEARNEY**
**SPEECH, LANGUAGE, AND HEARING CLINIC**

**OBSERVATION RECORD**

<table>
<thead>
<tr>
<th>Observer: __________________________</th>
<th>Semester: __________________</th>
<th>Course: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

---

**UNIVERSITY OF NEBRASKA KEARNEY**
**SPEECH, LANGUAGE, AND HEARING CLINIC**

**OBSERVATION RECORD**

<table>
<thead>
<tr>
<th>Observer: __________________________</th>
<th>Semester: __________________</th>
<th>Course: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

---

**UNIVERSITY OF NEBRASKA KEARNEY**
**SPEECH, LANGUAGE, AND HEARING CLINIC**

**OBSERVATION RECORD**

<table>
<thead>
<tr>
<th>Observer: __________________________</th>
<th>Semester: __________________</th>
<th>Course: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

---

**UNIVERSITY OF NEBRASKA KEARNEY**
**SPEECH, LANGUAGE, AND HEARING CLINIC**

**OBSERVATION RECORD**

<table>
<thead>
<tr>
<th>Observer: __________________________</th>
<th>Semester: __________________</th>
<th>Course: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

---

**UNIVERSITY OF NEBRASKA KEARNEY**
**SPEECH, LANGUAGE, AND HEARING CLINIC**

**OBSERVATION RECORD**

<table>
<thead>
<tr>
<th>Observer: __________________________</th>
<th>Semester: __________________</th>
<th>Course: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

---

**UNIVERSITY OF NEBRASKA KEARNEY**
**SPEECH, LANGUAGE, AND HEARING CLINIC**

**OBSERVATION RECORD**

<table>
<thead>
<tr>
<th>Observer: __________________________</th>
<th>Semester: __________________</th>
<th>Course: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

---

**UNIVERSITY OF NEBRASKA KEARNEY**
**SPEECH, LANGUAGE, AND HEARING CLINIC**

**OBSERVATION RECORD**

<table>
<thead>
<tr>
<th>Observer: __________________________</th>
<th>Semester: __________________</th>
<th>Course: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

---

**UNIVERSITY OF NEBRASKA KEARNEY**
**SPEECH, LANGUAGE, AND HEARING CLINIC**

**OBSERVATION RECORD**

<table>
<thead>
<tr>
<th>Observer: __________________________</th>
<th>Semester: __________________</th>
<th>Course: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>
OBSERVATION AGREEMENT FORM

Student’s Name____________________________________________

Date ___________

I am submitting the following plan for acquiring observation hours outside the University of Nebraska Kearney, Speech, Language, and Hearing Clinic:

Speech-Language Pathologist’s Name___________________________________________

Current ASHA # (denoting current CCCs)  ____________________________________

Clinical Site _______________________________________________________________

Anticipated Observation
Clock Hours To Be Obtained _________________________________________________

Please have the clinician complete the following:

I have agreed to allow this student clinician to observe therapeutic management and/or diagnosis. I understand that it is my responsibility to sign the student’s observation log form, verifying the stated hours.

___________________________________________
Clinician’s Signature
**CLINIC PROCEDURES**

The University of Nebraska Kearney houses an on-campus, outpatient clinic in the College of Education building at 1615 W 24th Street, Kearney, NE 68849. The clinic includes two branches – the Speech, Language, and Hearing Clinic, as well as, the RiteCare Clinic.

**Procedures for Student Clinicians**

I. **Prerequisites for Providing Services**
   A. Clinical Methods Course and Field Experience – Twenty-five hours of observation are required to be completed before students will be allowed to initiate the practicum experience, CDIS 860.

II. **HIPAA Procedures** State law and ASHA Code of Ethics require that all client information be kept strictly confidential. In order to ensure that this policy is adhered to, the following procedures will be enforced. HIPAA handbooks will be available for each graduate clinician and competency will be assessed prior to seeing any clients each semester.
   A. Confidentiality – Remember all client information is CONFIDENTIAL. You must not discuss your client or the family background outside the clinic or with anyone who is not directly involved with the case! Also, please be careful not to talk in the clinic about information, which might in turn be picked up by a parent or others passing by. Penalties for breaches of confidentiality may range from a lowered clinic grade to loss of clock hours to expulsion from the program.
   B. Physical Security – Files must be kept in the Secure Lab (A111). No photocopies of confidential client information. ABSOLUTELY NO FILES LEAVE THE COLLEGE OF EDUCATION BUILDING!!!!
   C. Recording Sessions – Videotapes or DVDs of clients are NOT to leave the building nor be kept by clinicians after the semester of therapy has been completed. All DVD recordings of client sessions must be turned into the Clinic Coordinator at the last clinic meeting of the semester. The Clinic Coordinator will shred all DVDs to dispose of appropriately.

III. **Secure Computer Lab (A111)** The Secure Lab has a lock on the door that can be opened using individual 4-digit codes assigned to students and faculty. The Clinic Coordinator will assign these codes and keep record of the assignments. Faculty and students will use only their code to access the Secure Lab. These dedicated computers must be used to write Evaluation Reports, Progress Notes, and Discharge Summaries as well as any reports containing clients’ full names to ensure confidentiality. These confidential reports are NOT to be saved on personal computers or jump drives. Penalties for breach of confidentiality may range from a lowered clinic grade to loss of clock hours.

IV. **Dress Code** All students must dress in a professional manner (business casual) for all therapy interactions.
   A. Clothing – attire may include: dresses, skirts, or slacks paired with blouses, sweaters, or collared shirts. Leggings must be paired with a top that is no shorter than mid-thigh.
   B. Shoes – attire may include: dress shoes, sandals, or loafers.
   C. INAPPROPRIATE clothing – hats, bandanas, or scarves worn on the head, low-cut shirts, exposed skin below the waist, midriff blouses, mini-skirts more than three inches above the knee, jeans, sweatpants, shorts, or plain, rubber flip flops.
D. Action – If a supervisor believes a student clinician is inappropriately dressed for a session or lacks personal hygiene, the student may be asked to leave the clinic area or cover exposed skin.

E. Identification – Photo ID badges must be worn for all clinic sessions. ID badges should be worn on the chest, not clipped to belts.

V. Infection Control – Speech/language pathologists and audiologists are highly susceptible to contracting diseases by working in close proximity to clients (i.e., from droplet transfer of small particles of moisture, such as those expelled during speech or a sneeze). Routine adoption of aseptic procedures reduces this disease transmission. Clinicians have an ethical and legal obligation to provide an atmosphere of safety for their clients, themselves, fellow clinicians, and clinic staff. Below are listed the aseptic policies and procedures of the University of Nebraska Kearney Speech-Language and Hearing and RiteCare Clinics. They are to be understood and followed by every student clinician providing clinical services in the clinic. Failure to follow these aseptic policies and procedures will result in termination of the student’s clinical practicum experience and the negation of any clock hours accrued during the semester.

A. Hand Washing – Clinicians shall wash their hands thoroughly prior to and after each contact with clients. Clients are encouraged to wash their hands if they use the restroom or have an upper respiratory infection. The prescribed hand washing procedure for clients is that the hands need to be completely moistened with water and scrubbed vigorously with a liquid antibacterial soap, then dried with a paper towel. Prescribed hand washing procedure for clinicians:
   i. Hands need to be completely moistened with water and scrubbed vigorously with a liquid antibacterial soap.
   ii. Lather hands, wrists and forearms.
   iii. Rub vigorously, interlacing fingers. Rinse thoroughly allowing water to drain from fingertips to forearms.
   iv. Repeat entire process and dry hands with paper towels.
   v. Clinicians will use a paper towel to open doorknob if possible.

   Alternative method – use of antibacterial gel on hands and rubbed until dry.

B. Wearing Disposable Gloves – Clinicians shall wear disposable gloves whenever contact with client body fluid/substance, i.e., saliva or cerumen, is anticipated, i.e., during oral peripheral or otoscopic examinations). Disposable gloves are located each clinic room with extra supply in the GA office and/or speech science lab (A108).

C. Handling Contaminated Items
   i. Consumable items that have been in contact with blood (i.e., gloves or tongue depressors) should be disposed of by placing contaminated materials in the containers marked "biohazard" and lined with red plastic bags. The containers are located in the materials room and audiology suite.
   ii. Non-consumable items that have been in contact with body fluid/substance (i.e., ear tips or specula) should be decontaminated according to prescribed procedures posted in the audiology suite.
   iii. Clinicians shall request the clinic office associate to contact housekeeping whenever bodily fluids, such as urine or vomit, need to be removed and the area cleaned. If this condition is presented, the area in question needs to be vacated immediately.
iv. Clinicians shall provide tissues whenever required by the client. Clinicians shall use latex gloves if their assistance is required. Boxes of tissues are located in all therapy rooms.

D. Disinfecting Clinical Areas, Equipment, & Materials
   i. Clinicians shall be responsible for disinfecting “dirty toys” and putting them away in the materials room.
   ii. Clinicians shall disinfect tables, doorknobs, chairs, following each therapy session.
   iii. The surface to be disinfected must be wet thoroughly with the disinfectant provided and immediately wiped using a strong rubbing action. The clinician must complete this disinfectant procedure.
   iv. Universal precaution kits should be in every therapy room.
   v. Wear a latex glove on the hand engaged in wiping down the tables, etc. Do not implement disinfectant procedures until the client has left the therapy room. Do not breathe the disinfectant mist or get it on your hands, face, or eyes.
   vi. When disinfecting the therapy area, do so with the therapy room door open. If disinfectant spray comes in contact with skin or eyes, flush the area of contact for 15 minutes with water. For eyes, flush the area for 15 minutes and call Student Health 865-8218.

E. Injuries, Illnesses, and Contagious Conditions – The first step for a true medical emergency is to call 911.
   i. Injuries: Any injuries occurring in the clinic must be reported to the clinic coordinator and/or your supervisor. Band-Aids, gauze bandages, and tape are available from the departmental office associate and may be used if the injury needs to be covered until proper medical attention can be provided.
   ii. Fever: Clinicians shall not provide clinical services and clients shall not receive clinical services if they evidence a body temperature of 99.9 or greater. Determination of this elevated body temperature can be made by the clinician, at a health care facility, or by the clinical supervisor. Clinic services shall not be resumed until a body temperature below 99.9 has been recorded over a 24-hour period without medication. This body temperature policy also pertains to client caregivers and family members. If a body temperature is in question, the clinician needs to contact the clinical supervisor.
   iii. Head Lice: If a clinician, client, client caregiver, or family member is suspected of having head lice or other contagious conditions, the individual will be requested to terminate his/her clinical experience and vacate the Speech, Language, and Hearing or RiteCare Clinic until he/she has provided proof of clearance from Student Health or another medical facility.

VI. Scheduling Clients Clients will be either scheduled by the Clinic Coordinator or the clinician will be told to schedule the clients himself. When client scheduling is to be completed by the student clinicians, the clinician must contact the client within 48 hours of receiving the assignment. If the clinician is unable to accomplish this, the coordinator of clinical services should be immediately notified. * Clinicians should arrive at least 10-15 minutes prior to the actual onset of the therapy session to "set up" materials, etc. Do not schedule a client and a class back-to-back.
   A. Room Reservation – Once you have scheduled a client, please reserve a therapy room through the online system. Please do not forget to sign up for the room and do not change rooms (unless necessary to accommodate
changing needs of the clinic or client). Be sure to update the online system as needed. Notify the coordinator of clinical services and your clinical supervisor of the therapy room number for each client. You will also have to reserve an observation room for families and/or student observers as needed.

B. Sessions off-campus – Clinicians are never to meet their clients away from the normal setting without first discussing plans with the supervisor. Clinicians are never under any circumstances to transport a client.

C. Client No Show – Clinicians are required to wait at least 15 minutes for a client who has not arrived for their session.

D. Absences – Whenever a client or clinician knows ahead of time that he is to be absent, the supervisor should be notified PRIOR to canceling the session. If the clinician becomes ill and will miss the therapy session, she must contact the supervisor, client, observer and the clinic office associate. Clinician absences must be made up during Makeup Week. If the client calls the office associate and cancels, the office associate will notify the clinician, supervisor and observer (if possible). Client absences are not required to be made up.

VII. Clinic Materials Room (A107) Graduate Clinicians have access to materials provided by the CDIS department to facilitate speech-language therapy sessions. When checking out an item, please sign the material out on the clipboard. All materials are due back the next day by 9:00 AM. Other clinicians may need the items and depend on you to return the materials on time. If you require the material for a longer period of time, please re-sign the clipboard. RESHELVE MATERIALS IN THE APPROPRIATELY LABELED LOCATION.

VIII. Client Safety The Child Protective Services (CPS) Hotline number is on the refrigerator in A129. Typically, supervisors should be the ones to make any needed reports.

A. Approved Client Pickup – Only parents or legal guardians will be allowed to pick up children from the clinic without written consent. *See Approved Client Pick-Up form

IX. Documentation Graduate clinicians will be responsible for weekly documentation and semester reports to demonstrate client progress.

A. History & Presenting Concerns – This document replaces the first SOAP note/Weekly Therapy Plan, due by 12:00 P.M. (noon) on the Friday of the first week seeing the client and submitted via Canvas. The History & Presenting Concerns will outline the client’s relevant case history information, present level of functioning including baseline measurements, and document the plan for therapy. This will become the first section of the end of semester report: Progress Note or Discharge Summary.

B. Goals & Objectives – This document outlines the goals and objectives to be addressed in a given semester. The Goals & Objectives are due by 12:00 p.m. (noon) on the Friday of the second week seeing the client, submitted via Canvas. These will become the second section of the end of semester report: Progress Note or Discharge Summary.

C. Weekly Documentation – Therapy plans and/or SOAP notes are due each week for each client and must be submitted by 12:00 PM (noon) each Friday to the appropriate supervisor. Your supervisor will notify you as to which form to use. Weekly approval of therapy plans by the supervisor must be received before future sessions may be held. *See Weekly Therapy Plans and SOAP Notes

D. End of Semester Client Conference – At least one formal conference with each client (for whom it is appropriate) is required each fall and spring
semester. Documentation of relevant information discussed should be noted in the Progress Note or Discharge Summary completed at the end of the semester. This must be formally conducted with specific objectives outlined regarding client progress, questions for the parents, and disposition of the client at the termination of the semester. The content of the conference must be discussed with the supervisor prior to scheduling the conference. This conference should be conducted during the last month of therapy, and a supervisor must be present at the conference.

E. Progress Note – End of semester report documenting progress made on goals during the semester and recommendations for moving forward. This report is due via Canvas by the end of the day on the first Monday of the last month of therapy for that semester. Place signed report in basket labeled “Evaluations and End of Semester Reports” in the Secure Lab to be copied and mailed out during finals week.

F. Discharge Summary – End of semester report documenting discharge from services at clinic. Includes progress on goals during the semester and purpose for discontinuing therapy. This report is due via Canvas by the end of the day on the first Monday of the last month of therapy for that semester. Place signed report in basket labeled “Evaluations and End of Semester Reports” in the Secure Lab to be copied and mailed out during finals week.

G. Confidential Reports – All reports containing full identifying information must be completed in the department secure lab A111. These reports are to be submitted to the appropriate supervisor, corrected, and returned to the student, usually within one calendar week. If further revision is indicated, this should be done immediately and returned again to the supervisor within 48 hours of receipt. The final typed report MUST BE free of typographical, grammatical, and spelling errors, and must be signed by the student clinician and the supervisor. When the approved report has been signed, the clinician will place the report in the appropriate basket in the Secure Lab (A111). This report is a reflection on the University of Nebraska Kearney Speech-Language and Hearing Clinic and the services offered therein; therefore, it must meet professional standards and be typed in legible print without errors. The clinic office associate then completes duplication, filing, and appropriate mailing.
   i. Goals & Objectives: Completed at the beginning of the semester to outline goals and objectives to be addressed during the semester.
   ii. Progress Note: Completed at the end of a semester when recommendations are made for the client to continue services.
   iii. Discharge Summary: Completed at the end of a semester when the client is being discharged from services at this clinic.

Procedures for Speech, Language, and Hearing Clinic

I. Client Files All Speech, Language, and Hearing client files are blue and located in the top drawer of the client files cabinet in the Secure Lab (A111). All materials to be filed should be placed in the “to be filed” basket located on top of the file cabinet. Students are NOT to do any filing, and clients’ files and test protocols are not to be taken from the clinic!

II. Billing
A. The University of Nebraska Kearney Speech-Language and Hearing Clinic has a fee schedule for both evaluations and treatment. This is explained to each client and/or parents prior to the evaluation or initiation of therapy by the office associate, clinic coordinator, or appropriate supervisor. **Any questions directed to a student regarding billing procedures should be referred to the clinic coordinator or clinic office associate.**

B. Attendance Notebook – Clinicians are to complete an attendance log throughout the semester for each treatment client. To ensure that an accurate record is maintained regarding the number of sessions a client has attended each semester, students are asked to continually update their clock hours in Calipso and complete a record of sessions in the Clinic Attendance Notebook in the Secure Lab to be used for monthly billing. The student should record all the times the client has been seen for therapy. This should be recorded after each clinical session. Clinicians are not to remove the log sheets from the Clinic Attendance Notebook. These documents contain the department’s record of practicum work to substantiate monthly billing.

C. Monthly Billing – Clients are billed monthly (3 bills) across the fall and spring semester. Clients receive 1 bill for the 6-week summer session at the end of July. Bill are mailed to the address listed in the client file at the end of each billing month (February, March, April, July, September, October, and November).

**Procedures for RiteCare Clinic**

I. **Client Files** All RiteCare client files are dark red and located in the second drawer of the client files cabinet in the Secure Lab (A111). All materials to be filed should be placed in the “to be filed” basket located on top of the file cabinet. Students are **NOT** to do any filing, and clients’ files and test protocols are not to be taken from the clinic!
EVALUATION PROCEDURES

Diagnostic hours are accrued when an evaluation investigating the client’s communication process has been completed, interpreted with the help of the supervisor, and reported appropriately in writing and/or verbally. Assessment procedures (including baselines) at the beginning or end of a treatment period may count as evaluation clock hours in Calipso.

Procedures for Completing an Evaluation

I. Process
   A. Assignment – The Clinic Coordinator will assign a team of clinicians to complete the evaluation assignment with an assigned clinical supervisor.
   B. Plan – Clinicians will use the File Review Form to complete a comprehensive file review to develop their initial evaluation plan. Clinicians will present their plan (either verbally or in written form) for discussion and approval with their assigned supervisor.
   C. Scheduling – Clinicians will schedule the evaluation with the family given prior guidance and approval from the supervisor. Once scheduled, clinicians will write their evaluation on the whiteboard in the Secure Lab for observers to know when evaluations are occurring in the clinic.
   D. Billing – The client’s file will contain a billing sheet to be completed by the evaluation team with the client’s name, address, and evaluation charge. The billing sheet is to be given to the Office Associate at least 24 hours in advance of the evaluation for preparation of bill.
   E. Completing Evaluation – Students will execute their evaluation plan as a team. Each clinician can count clock hours for time spent giving assessments and/or completing diagnostic interviews. Time spent with two clinicians actively completing assessments must be split between the clinicians.
   F. Evaluation Report – All diagnostic reports must be completed in the department secure lab A111. Clinicians are to turn in a first draft of their evaluation report to their supervisor within two business days of the last day of testing. Supervisors have five business days to return the first draft. All subsequent revisions are to be returned to the supervisor within one business day. The overall goal is to have all diagnostic evaluation paperwork and a finalized report completed within two weeks of the first evaluation date.

II. Supervisions
   A. Feedback – Input and feedback will be provided in verbal and/or written form from the supervisor throughout the evaluation process.
   B. Clockhours – Diagnostic evaluation clock hours will be documented in Calipso.

III. Assessment Materials
   Assessment materials are available for checkout in the GA office (B131) and the library. The graduate assistants MUST check out all tests in the GA office. (These are the only people allowed to check out assessment materials. DO NOT help yourself.) Tests checked out in the morning must be returned by the end of the day (5:00 pm). Tests checked out after 4:00 pm are due back PROMPTLY at 9:00 AM the next morning. Again, other clinicians may need these testing materials and depend on you to return them on time.
      A. Reserving a test – You may reserve a test. Please let the GAs know when you require the material, and they will affix a note to the test.
B. Returning materials – When returning tests please place them on the cart in the GA office, and the GAs will check them back in. 

NOTE: The Curriculum Collection downstairs in the Calvin T. Ryan Library on campus offers a rich source of materials. Books may be checked out for one month. Non-books (e.g., videos, DVDs, games, kits, and charts) may be checked out for two weeks.
### What I know (both in terms of strengths & needs)

<table>
<thead>
<tr>
<th>Category</th>
<th>Other Sensory &amp; Motor-incl. swallowing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing</td>
<td></td>
</tr>
<tr>
<td>Medical History &amp; Diagnosis</td>
<td>Cognitive &amp; Play or Academic Achievement</td>
</tr>
<tr>
<td>Expressive Language</td>
<td>Receptive Language</td>
</tr>
<tr>
<td>Pragmatics of Language</td>
<td>Parental or Partner Interaction</td>
</tr>
<tr>
<td>Speech Sound Disorder</td>
<td>Fluency, Voice &amp; Resonance</td>
</tr>
</tbody>
</table>
Plan to Obtain Needed Information (include formal & informal measures)
Also include how data will be analyzed.

<table>
<thead>
<tr>
<th>Hearing</th>
<th>Other Sensory &amp; Motor-incl. swallowing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical History &amp; Diagnosis</td>
<td>Cognitive &amp; Play or Academic Achievement</td>
</tr>
<tr>
<td>Expressive Language</td>
<td>Receptive Language</td>
</tr>
<tr>
<td>Pragmatics of Language</td>
<td>Parental or Partner Interaction</td>
</tr>
<tr>
<td>Speech Sound Disorder</td>
<td>Fluency, Voice &amp; Resonance</td>
</tr>
</tbody>
</table>
EVALUATION REPORT

Name: 
Parents: 
Address: 
Phone: 

Date of Examination: 
Birthdate: 
Examiners: 
Clinic File No.: 

COMPLAINT AND REFERRAL

In the first sentence, indicate the age (to the month for children) and referral source. E.g. “John Doe, a six year, nine month old boy, was referred to the University of Nebraska Kearney Speech, Language, and Hearing Clinic by his mother, Mrs. Jean Doe.” E.g. “Steven Green, a 69 year old man, was referred to the University of Nebraska Kearney Speech, Language, and Hearing Clinic by Carol Brown, M.D. at Kearney Clinic.” In the second sentence (or more), state the reason for referral. “Mrs. Doe reported she is concerned about John’s speech development. She commented that John does not talk as well as his older brother did at that age, and he is hard to understand.” Another example, “According to Dr. Brown, Mr. Green suffered a stroke in January, 2005, resulting in Broca’s aphasia.”

HISTORY

Give pertinent history information. This includes all pertinent facts from other reports (medical, psychological, developmental, and educational) and all other pertinent information obtained from the case history or parents/relatives during the interview. Do not include history information in the examination part of the report! In most cases, the source of information should be clearly indicated: “Mrs. Doe reported…” Use past tense. Avoid commenting on the parent’s manner during the interview: “Mrs. Doe seemed tense and ill at ease.” Include all “hard” information; information that can be verified to some extent. Include only pertinent information.

EXAMINATION

The format of this section will depend to some extent on the age of the client and the nature of the problem. A typical format for a child with suspected language problems follows.

A. Language: Include how the language sample was obtained (materials, strategies, time) and what the analysis indicated. If standardized tests were used, report appropriate scores. For example: “The Peabody Picture Vocabulary Test – Revised, a test of single word receptive vocabulary, was administered with the following results. Discuss strengths and weaknesses revealed in the tests.
B. Speech: Include description of articulation, intelligibility, voice, and fluency.

C. Hearing: Indicate whether the test was screening only or was a threshold test. Report results and reliability of results. Report tympanometry information and CAPD test scores here.

D. Speech Mechanism: E.g., “An examination of John’s speech mechanism revealed no structural or functional abnormalities which significantly interfered with speech production.” E.g., “Examination of John’s speech mechanism revealed a limited range and speed of motion in his tongue. Other structures appeared normal.”

E. Other Significant Factors: Use this section only if needed. This might include general physical appearance and movement if, for example, the client has cerebral palsy or Parkinson’s disease.

EVALUATION SUMMARY

Summarize the communication problems found in the evaluation. Include strengths as well as challenges. Indicate the severity of your findings. This is your chance to synthesize your results in a meaningful conclusion. Do not state other diagnoses such as mental retardation, emotional maladjustment, or brain damage. State the probable cause if you can confidently determine the etiology. Do not give new information here that you have not previously cited. Do include a statement of what was normal. E.g. “John’s voice quality and fluency were normal for his age.” Highlight the major problems that may be the targets for immediate intervention.

RECOMMENDATIONS

Is therapy recommended? What is the prognosis? What are some of the priority treatment targets?

If there is only one recommendation, do not number it! Otherwise: (example to follow)
It is recommended that:

1. John be seen by his family physician for…
2. John be enrolled in a treatment program to improve the intelligibility of his speech. A phonological process approach is suggested
3. John be enrolled in a treatment program to stimulate language development in the areas of semantics and pragmatics.
4. John’s parents provide language stimulation activities at home. A list of suggested activities is attached to this report.

Supervisor’s name & credentials
Clinical Supervisor

Clinician’s name & credentials
Graduate/Student Clinician

cc: Mr. & Mrs. John Doe
1206 West 39th St.
Kearney, NE 68845

Dr. Carol Brown
Kearney Clinic
211 W. 33rd St.
Kearney, NE 68845

Additional Instructions

1. Always send a copy to the client, parent, or primary caregiver and to the referral source, as appropriate. Give full name and address of persons to whom copies should be sent. Be sure signed release forms for all of these recipients are on file, except for client and parents.
2. After writing the report, give it to your supervisor for approval. When the report has been approved, the supervisor will sign. Then, it should be given to the office associate to file and send out.
<table>
<thead>
<tr>
<th>Skill</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conducts screening and prevention procedures (std IV-D, std V-B, 1a)</td>
<td></td>
</tr>
<tr>
<td>2. Collects case history information and integrates information from clients/patients and/or relevant others (std V-B, 1b) and swallowing disorder (std IV-C)</td>
<td></td>
</tr>
<tr>
<td>3. Selects appropriate evaluation instruments/procedures (std V-B, 1c)</td>
<td></td>
</tr>
<tr>
<td>4. Administers and scores diagnostic tests correctly (std V-B, 1c)</td>
<td></td>
</tr>
<tr>
<td>5. Adapts evaluation procedures to meet client/patient needs (std V-B, 1d)</td>
<td></td>
</tr>
<tr>
<td>6. Possesses knowledge of etiologies and characteristics for each communication</td>
<td></td>
</tr>
<tr>
<td>7. Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses (std V-B, 1e)</td>
<td></td>
</tr>
<tr>
<td>8. Makes appropriate recommendations for intervention (std V-B, 1e)</td>
<td></td>
</tr>
<tr>
<td>9. Completes administrative and reporting functions necessary to support evaluation (std V-B, 1f)</td>
<td></td>
</tr>
<tr>
<td>10. Refers clients/patients for appropriate services (std V-B, 1g)</td>
<td></td>
</tr>
</tbody>
</table>
# Agreement

For

Off-Campus Clinical Practicum Supervision

For CDIS 860, 861, 862, and 863

<table>
<thead>
<tr>
<th>Student’s Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Type of Clinical Experience:</td>
</tr>
<tr>
<td>Audiology _____</td>
</tr>
<tr>
<td>Speech/Language _____</td>
</tr>
<tr>
<td>Expected Number of Clients to be served by this student:</td>
</tr>
<tr>
<td>Expected Number of Clock Hours to be obtained by this student:</td>
</tr>
<tr>
<td>Beginning Date of Practicum:</td>
</tr>
<tr>
<td>Date Practicum will conclude:</td>
</tr>
<tr>
<td>Name of Supervisor:</td>
</tr>
<tr>
<td>ASHA Certification Number:</td>
</tr>
<tr>
<td>Name of Facility:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Telephone Number:</td>
</tr>
</tbody>
</table>

I agree to allow this student to provide clinical services to my clients under my supervision, with the understanding that at least 25% of diagnostic and therapy sessions must be directly observed. I further agree to complete the necessary forms to document the student’s clinical experience.

_______________________________
Signature
Sex Offender Registry Search Permission Form

I, __________________________________________________, give the University of Nebraska Kearney Department of Communication Disorders permission to search the sex offender registry for Nebraska and my home state.

Full Name:_____________________________________________________

Employee ID # or Student ID #: ___________________________________

Local address: ___________________________________________________
                      Street                  City, State                  Zip

Permanent address: _______________________________________________
                    Street                  City, State                  Zip

_________________________________________________________________

Phone Number

_________________________________________________________________

Campus Email

_________________________________________________________________

____________________________________________________                 _________________________

Signature                      Date
UNIVERSITY OF NEBRASKA KEARNEY
Speech, Language, and Hearing Clinic

Weekly Therapy Plan
(appropriate for a school environment)

Client(s) ____________________________ Dates of Therapy ____________

Clinician(s) ____________________________ Therapy Time ____________

WEEK'S OBJECTIVES:

<table>
<thead>
<tr>
<th>MATERIALS</th>
<th>PROPOSED PROCEDURES</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RESULTS OF EACH SESSION:
University of Nebraska Kearney
Speech, Language, and Hearing Clinic

**SOAP Note**
(appropriate for a medical setting)

Client(s) ___________________________  Date(s) of Treatment________

Clinician(s)_________________________  Time/Place________________

Subjective [observations about mood, attitude, emotions] ______________________

Objective [performance data]_________________________________________________________________

Assessment [clinical judgment about any changes that need to occur in treatment] ______________

Plan[objectives for future sessions]__________________________________________________________
CLINICAL SUPERVISION FEEDBACK SHEET (EXAMPLE)

Student Clinician: Client:
Supervisor: Date:

PROFESSIONALISM

- **Self-Evaluation** (i.e. identifies own strengths/challenges; uses information to facilitate changes; moves along a continuum leading to independence)
- **Accountability** (i.e. demonstrates responsibility, initiative, self-organization; comprehensive case management skills; follows ethical guidelines; demonstrates professional attitude and enthusiasm for the field)
- **Time Management** (i.e. demonstrates punctuality for meetings, assignments, and due dates; adjusts schedule as needed)
- **Interaction Skills** (i.e. establishes appropriate relationships; communicates verbal information clearly; listens carefully; accepts constructive feedback appropriately)

What’s working!

Questions and/or areas that need to be tweaked.

TREATMENT PROCESS

- **Preparation** (i.e. prepares appropriately for therapy; prioritizes client’s areas of need in collaboration with client and relevant others)
- **Intervention Strategies** (i.e. utilizes appropriate techniques to meet measurable and achievable objectives; uses time effectively to maximize client’s progress toward goals)
- **Management Strategies**
- **Data Collection** (i.e. gathers information efficiently and accurately, as needed AND assesses significance of data during and across sessions)
- **Evaluation** (i.e. assesses efficacy of treatment approach; collaboration to make appropriate decisions based on shared information)

What’s working!

Questions and/or areas that need to be tweaked.
<table>
<thead>
<tr>
<th>SEMESTER REPORT TIMELINE (Beginning to End)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>History &amp; Presenting Concerns</strong></td>
</tr>
<tr>
<td>- Replaces 1st week’s SOAP note or Weekly Therapy Plan</td>
</tr>
<tr>
<td>- Due Friday at noon after 1st week of therapy via Canvas</td>
</tr>
<tr>
<td>- Outlines client present level of functioning – reports on baseline data</td>
</tr>
<tr>
<td>- Utilize File Review to develop content</td>
</tr>
<tr>
<td><strong>Goals &amp; Objectives</strong></td>
</tr>
<tr>
<td>- Replaces 2nd week’s SOAP note or Weekly Therapy Plan</td>
</tr>
<tr>
<td>- Due Friday at noon after 2nd week of therapy via Canvas</td>
</tr>
<tr>
<td>- Outlines therapy plan for the semester</td>
</tr>
<tr>
<td>- Submit SOAP notes or Weekly Therapy Plans every Friday by noon from 3rd week of therapy to end of semester</td>
</tr>
<tr>
<td><strong>Midterm Supervisor Conference</strong></td>
</tr>
<tr>
<td>- No paperwork required</td>
</tr>
<tr>
<td>- Look at treatment plan with supervisor at midterm conference to discuss client’s current progress and discuss any needed revisions to treatment plan</td>
</tr>
<tr>
<td>- Review Calipso midterm evaluation</td>
</tr>
<tr>
<td>- Make contact with family to notify/discuss goals (follow supervisor advice for how to do this)</td>
</tr>
<tr>
<td><strong>Progress Note</strong></td>
</tr>
<tr>
<td>- Due by end of day on 1st Monday of last month of therapy (Nov, Apr or Jul)</td>
</tr>
<tr>
<td>- Place signed report in basket labeled “Evaluations and End of Semester Reports” for Kim to copy and mail</td>
</tr>
<tr>
<td><strong>OR</strong></td>
</tr>
<tr>
<td><strong>Discharge Summary</strong></td>
</tr>
<tr>
<td>- Used in place of Progress Note if client does not plan to return for services</td>
</tr>
<tr>
<td>- Due at time of Progress Note</td>
</tr>
<tr>
<td>- Same format as Progress Note with different headings for easy revision if client status changes in last weeks of therapy</td>
</tr>
<tr>
<td>- To be used for d/c due to: 1)meeting all goals and/or 2)family change (move, need a break, etc.)</td>
</tr>
<tr>
<td>- Place signed report in basket labeled “Evaluations and End of Semester Reports” for Kim to copy and mail</td>
</tr>
</tbody>
</table>
PROGRESS NOTE

NAME: John Smith  DATE OF REPORT: September 24, 2014
PARENTS: Ron & Mary Smith  BIRTHDATE: January 25, 1997
ADDRESS: 1234 Oak Street  CLINICIAN: Mary Jones
Kearney, NE 68847  CLINIC FILE NO.: SMIS-F06-A/L
PHONE: (308) 234-6789 (day)  LENGTH & FREQUENCY OF SESSIONS:
(308) 234-9876 (evening)  45 min., twice a week

HISTORY AND PRESENTING CONCERN:
[FRAMEWORK….General Introductory Statement, Description of Speech-Language Skill Functioning – baseline data/strengths/difficulties, Present Level Impact Statement]

Example:
John Smith was two-years, four-months-old and attended the RiteCare Clinic for concerns with his expressive language skills. He also received speech therapy services from Kenwood Elementary School. Evaluation results indicated… Based on informal observations, Client 1 demonstrated… [statement confirming or showing differences between present level and evaluation results]. Client 1’s current language skills impact his ability to communicate his daily wants and needs.

GOALS & OBJECTIVES:
“The long range goal is”………………. Briefly state communication goal to be achieved before the client is dismissed from therapy (also referred to as terminal goal).

GOAL I (Write goals that may be reasonably attained in 13 weeks. Use the date for the end of clinic to begin your goal, e.g., “By April 14, 2017,…)
Objective 1:
Objective 2:

GOAL II
Objective 1:
Objective 2:

PROGRESS SUMMARY:
Include a summary of progress made toward goals outlined above. Introductory sentence should state how often the client attended out of the number of scheduled sessions. Include relevant information discussed at the end of semester conference with client and/or family. See grading rubric for additional guidelines.

RECOMMENDATIONS:
Provide recommendations including need for continued services next semester and recommendation for frequency/duration of sessions. Include recommendation for family to continue at home during break between semesters of therapy.

____________________________________  ______________________
Full Name, Ph.D. or M.A. or M.S., CCC-SLP  Full Name, B.S.E
Clinical Supervisor  Graduate Clinician
DISCHARGE SUMMARY

NAME: John Smith  DATE OF REPORT: September 24, 2014
PARENTS: Ron & Mary Smith  BIRTHDATE: January 25, 1997
ADDRESS: 1234 Oak Street  CLINICIAN: Mary Jones
Kearney, NE 68847  CLINIC FILE NO.: SMIS-F06-A/L
PHONE: (308) 234-6789 (day)  LENGTH & FREQUENCY OF SESSIONS:
(308) 234-9876 (evening)  45 min., twice a week

HISTORY AND PRESENTING CONCERN:
[FRAMEWORK….General Introductory Statement, Description of Speech-Language Skill
Functioning – baseline data/strengths/difficulties, Present Level Impact Statement]

Example:
John Smith was two-years, four-months-old and attended the RiteCare Clinic for concerns with
his expressive language skills. He also received speech therapy services from Kenwood
Elementary School. Evaluation results indicated… Based on informal observations, Client 1
demonstrated… [statement confirming or showing differences between present level and
evaluation results]. Client 1’s current language skills impact his ability to communicate his daily
wants and needs.

GOALS & OBJECTIVES:
“The long range goal is”……………. Briefly state communication goal to be achieved before
the client is dismissed from therapy (also referred to as terminal goal).

GOAL I (Write goals that may be reasonably attained in 13 weeks. Use the date for the end of
clinic to begin your goal, e.g., “By April 14, 2017,…)
Objective 1:
Objective 2:

GOAL II
Objective 1:
Objective 2:

DISCHARGE SUMMARY:
Include a summary of progress made toward goals outlined above and reason for discharge from
services. Introductory sentence should state how often the client attended out of the number of
scheduled sessions. Include relevant information discussed at the end of semester conference
with client and/or family. See grading rubric for additional guidelines.

RECOMMENDATIONS:
Provide recommendations including recommendation for family to continue at home during and
any needs for return to or pursuit of therapy elsewhere.

____________________________________  ____________________
Full Name, Ph.D. or M.A. or M.S., CCC-SLP  Full Name, B.S.E
Clinical Supervisor  Graduate Clinician
### Clinical Writing Rubric
Progress Notes & Discharge Summaries

<table>
<thead>
<tr>
<th>Clinician</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Client</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date</td>
</tr>
</tbody>
</table>

#### Grading Standards

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Correct/No change needed</td>
</tr>
<tr>
<td>4</td>
<td>Wording needs some modification</td>
</tr>
<tr>
<td>3</td>
<td>Most information is complete</td>
</tr>
<tr>
<td>2</td>
<td>Many changes needed</td>
</tr>
<tr>
<td>1</td>
<td>Incomplete information: too brief, broad or general</td>
</tr>
<tr>
<td>0</td>
<td>Information missing/Not turned in to supervisor</td>
</tr>
<tr>
<td>N/A</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Correct/No change needed</td>
</tr>
<tr>
<td>2</td>
<td>Most information is complete</td>
</tr>
<tr>
<td>1</td>
<td>Incomplete information: too brief, broad or general</td>
</tr>
<tr>
<td>0</td>
<td>Information missing/Not turned in to supervisor</td>
</tr>
<tr>
<td>N/A</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

#### General

- [ ] Report turned in on time 1 0 N/A
- [ ] Appropriate font, margins and spacing 1 0 N/A
- [ ] Follows recommended clinical format 1 0 N/A
- [ ] Length and frequency of sessions 1 0 N/A
- [ ] Dates written out completely 1 0 N/A
- [ ] Numerals through nine written out in full 1 0 N/A
- [ ] All demographic information complete and accurate 1 0 N/A
- [ ] Clinical writing style 1 0 N/A
  - o Writes in concise, straight-forward manner 1 0 N/A
  - o Avoids first person 1 0 N/A
  - o Uses correct grammar/mechanics 3 2 1 0 N/A
  - o Uses active voice 3 2 1 0 N/A
  - o Uses professional word choice 3 2 1 0 N/A

#### History and Presenting Concern

- [ ] Client’s full name and age 1 0 N/A
- [ ] Source of original referral (full name, title, and/or agency) 1 0 N/A
- [ ] Reason for referral 1 0 N/A
- [ ] Protocols completed and turned in 3 2 1 0 N/A
- [ ] Summary of information in a reader friendly format 3 2 1 0 N/A
- [ ] Summary of previous therapy goals and outcomes 5 4 3 2 1 0 N/A
- [ ] Summary of the results of current semester’s pre-therapy testing/observations 5 4 3 2 1 0 N/A

#### Goals and Objectives

- [ ] Follows format of goal & objectives 1 0 N/A
- [ ] At least two goals with at least two objectives per goal 1 0 N/A
- [ ] Date listed for each goal 1 0 N/A
- [ ] Long range goal succinctly stated 3 2 1 0 N/A

<table>
<thead>
<tr>
<th>subtotal</th>
<th>Total Pts. N/A</th>
</tr>
</thead>
</table>

(Pg. 1 Total = __________) / (Pts. Possible Pg. 1 = 43 – _____Total Pts. N/A)
| Goals and objectives are complete: describe desired behavior | 3 | 2 | 1 | 0 | N/A |
| Goals and objectives are complete: describe conditions | 3 | 2 | 1 | 0 | N/A |
| Goals and objectives are complete: describe criterion | 3 | 2 | 1 | 0 | N/A |
| Goals and objectives match developmental, communication and functional needs | 5 | 4 | 3 | 2 | 1 | 0 | N/A |
| Goals and objectives match baseline/assessment findings | 5 | 4 | 3 | 2 | 1 | 0 | N/A |
| Goals and objectives are written thoroughly and succinctly with definitions given for technical terms (if applicable) | 5 | 4 | 3 | 2 | 1 | 0 | N/A |

**Progress/Discharge Summary**

| Number of sessions attended out of number scheduled | 1 | 0 | N/A |
| Written in terms the untrained reader can understand | 1 | 0 | N/A |
| Identification, description and explanation of treatment approach | 5 | 4 | 3 | 2 | 1 | 0 | N/A |
| Description of treatment hierarchy (cueing) | 5 | 4 | 3 | 2 | 1 | 0 | N/A |
| Concise, tactful comments regarding client’s behaviors, attitude, motivation | 5 | 4 | 3 | 2 | 1 | 0 | N/A |
| Concise description of client’s level of communicative functioning | 5 | 4 | 3 | 2 | 1 | 0 | N/A |
| Concise description of how client’s communicative functioning has changed since the beginning of the semester | 5 | 4 | 3 | 2 | 1 | 0 | N/A |

**Recommendations**

| Recommended length and frequency of sessions | 1 | 0 | N/A |
| Appropriate recommendations regarding further client needs including suggestions for continued therapy, unless further intervention is not warranted | 5 | 4 | 3 | 2 | 1 | 0 | N/A |
| Appropriate activities for parents to continue at home during treatment break | 5 | 4 | 3 | 2 | 1 | 0 | N/A |

**Signature**

| Signature with names spelled correctly | 1 | 0 | N/A |
| Correct titles and credentials | 1 | 0 | N/A |
| Correct listing of copies to be sent | 1 | 0 | N/A |

| subtotal | | | |

Total Pts. N/A

(Pg. 2 Total = _________) / (Pts. Possible Pg. 2 = 65 – _______ Total Pts. N/A) /

TOTAL Points earned _________ Percentage _________ Grade _________
<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor</td>
<td>Client</td>
</tr>
</tbody>
</table>

Follow the directions for each section. Please look at the tape critically and honestly.

I. View the first half of your tape and answer the following questions:

Did you appear organized and prepared?

How efficiently was time utilized?

Could you have done something differently to improve?

How effective were the type and schedule of reinforcement?

What are some examples of positive reinforcement you utilized?

II. View the second half of your tape with the sound turned off and answer the following questions.

What did your body language communicate?

What did the client’s body language say?
III. Select a section of the tape, which involves conversation. Answer these questions:

Whose voice do you hear most?  Mine  The client’s  An equal amount of both
Do you appear to be interested in the conversation?  Yes  No  Why or Why not?

How did you respond to the client’s utterance?

IV. Answer the following questions in terms of the ENTIRE SESSION.

Things I thought I did particularly well in this session were:

One thing/area/item I would personally like to improve is:

Do you need a supervisor’s help with this area/item?  Yes  No
Did you learn anything from this experience?  BE TRUTHFUL  Yes  No
# FEE SCHEDULE  
**EFFECTIVE SEPTEMBER 2010**

## EVALUATIONS

<table>
<thead>
<tr>
<th>Evaluation Type</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPEECH &amp; LANGUAGE Evaluation includes hearing screening</td>
<td>$72.00</td>
</tr>
<tr>
<td>Re-Evaluation</td>
<td>$36.00</td>
</tr>
<tr>
<td>Hearing Evaluation</td>
<td></td>
</tr>
<tr>
<td>Pure-Tone, Speech, Immitance</td>
<td>$60.00</td>
</tr>
<tr>
<td>Re-check Within Same School Year (non clients)</td>
<td>$30.00</td>
</tr>
<tr>
<td>Screening</td>
<td>$25.00</td>
</tr>
<tr>
<td>Immitance Testing Only</td>
<td>$25.00</td>
</tr>
<tr>
<td>Cochlear Mapping (per hour)</td>
<td>$50.00</td>
</tr>
<tr>
<td>(implants must be made by Cochlear)</td>
<td></td>
</tr>
<tr>
<td>Hearing Re-Evaluations after Pre-school Screenings</td>
<td>$25.00</td>
</tr>
</tbody>
</table>

## SPEECH & LANGUAGE THERAPY

<table>
<thead>
<tr>
<th>Session Duration</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 Minute Session</td>
<td>$28.00</td>
</tr>
<tr>
<td>45 Minute Session</td>
<td>$18.00</td>
</tr>
<tr>
<td>30 Minute Session</td>
<td>$15.00</td>
</tr>
</tbody>
</table>

### Semester Fees* (12 Weeks)

<table>
<thead>
<tr>
<th>Sessions</th>
<th>Month</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 sessions weekly for 30 minutes</td>
<td>$72.00</td>
<td>$216.00</td>
</tr>
<tr>
<td>3 sessions weekly for 60 minutes</td>
<td>$108.00</td>
<td>$324.00</td>
</tr>
<tr>
<td>3 sessions weekly for 45 minutes</td>
<td>$80.00</td>
<td>$240.00</td>
</tr>
<tr>
<td>3 sessions weekly for 30 minutes</td>
<td>$54.00</td>
<td>$162.00</td>
</tr>
<tr>
<td>2 sessions weekly for 60 minutes</td>
<td>$72.00</td>
<td>$216.00</td>
</tr>
<tr>
<td>2 sessions weekly for 45 minutes</td>
<td>$54.00</td>
<td>$162.00</td>
</tr>
<tr>
<td>2 sessions weekly for 30 minutes</td>
<td>$36.00</td>
<td>$108.00</td>
</tr>
</tbody>
</table>

*Semester charges will be billed in equal monthly cycles for 3 months  
*The Speech, Language and Hearing Clinic accepts private pay only. We DO NOT accept insurance.  
*Sliding fee available with supporting income documentation.  
FEES SUBJECT TO CHANGE.

## EXCEPTIONS

- Group speech and language evaluation or group screening (by contract).
- Full-time students receive evaluations for $25 and all other services for 25% of fees listed.
- Dependents of UNK students are charged 50% of the above rates.
- Current Faculty, staff, and their immediate families receive all services at 50% of the above rates.
- Retired UNK Faculty receive all services at 50% of the above rates.

**SUMMER SESSION is 50% of these rates for the six week period and billed in one cycle.**
PERMISSION TO TEST AND TREAT

I, __________________________________ authorize and grant permission for University of Nebraska Speech, Language, and Hearing Clinic faculty and students to administer tests and provide those clinical services deemed necessary for the purposes of identifying and treating speech, language, and/or other communication disabilities. This may include one-on-one private interactions in clinic treatment rooms. Faculty supervisors will be present in the building during all interactions and will have live video access to individual therapy rooms at all times. Should clients need to use the restroom and a parent or guardian is unavailable, two adults will accompany the client.

The University of Nebraska at Kearney Speech, Language, and Hearing Clinic has several purposes: to assess and treat persons with speech, language, swallowing, and hearing problems, to offer ongoing instructional program for students in Speech Pathology and Audiology, and to continue investigations on the nature of speech, language, swallowing, and hearing problems.

In consideration of these clinical services being provided to my child, me, or other family member, I further agree to the following UNK Clinic activities:

1. to allow the Clinic to exchange information with other professionals (physicians, dentists, teachers, etc.) through letters, reports, and conferences as designated on the attached Authorization form.

2. to permit other professionals and students in Speech Pathology and Audiology to observe the testing and clinical procedures provided.

3. to allow the Clinic to make audio and video tape recordings, motion pictures, and still photographs with the understanding that these may be replayed or shown anonymously for educational purposes only

4. to permit participation in research projects on speech, language, and hearing problems when the specific purposes and procedures of the research have been explained to me and the appropriate consent forms have been signed, and to permit anonymous publication of the results.

Financial Agreement Form
I understand that I am responsible for all charges associated with any of the services provided and that payment is due at the time of service for evaluations and monthly for ongoing clinical services. In the event that I do not submit payment within 30 days of billing those services will be suspended until all accounts are satisfied.

Name of client (printed)________________________________________________________

Signature of Client or Parent/Legal Guardian_______________________________________

Date of Signature_______________________
University of Nebraska Kearney  
Speech, Language and Hearing Clinic

PARENT/GUARDIAN INFORMATION
The University of Nebraska-Kearney has implemented a Youth Activity Safety Policy to provide a safe environment for youths participating in activities, clinics or conferences. Our policy includes safe interaction guidelines including sex offender registry checks for supervisors, clinicians, observers, office associates, and work study students. This policy will help protect participating youths from potential misconduct incidents and help provide a safe, educational, and enjoyable clinic experience.

1. All those interacting with clients under the age of 19 must successfully pass a sex offender registry search for Nebraska and their home state.

2. In the case of an emergency or accident involving clients, parents/guardians will be notified, following notification of the appropriate emergency personnel.

3. All UNK activities will comply with UNK’s Youth Activities Safety Guidelines.

DISCIPLINARY ACTION
The supervisors of this University Clinic reserve the right to dismiss any client from the clinic who is found to have violated behavioral expectations. Parent(s)/guardian(s) will be immediately notified of such dismissal.

<table>
<thead>
<tr>
<th>Parent’s/Guardian’s Printed Name</th>
<th>Signature</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Client’s Printed Name
One copy to parent/guardian
One copy to be retained by the clinic for two years
University of Nebraska Kearney
Speech, Language, and Hearing Clinic
COE Building
Kearney, NE  68849-5553
(308) 865-8300
FAX  (308) 865-8397

Authority to Release/Obtain Information

I, __________________________________, hereby authorize the disclosure of the health
records and speech, language, and/or audiologic information for __________________________________
with the UNK Speech, Language, and Hearing Clinic.

REQUEST records

☐ FROM: Name: ____________________________________________
     Address: ____________________________________________
     ____________________________________________
     Fax: ____________________________________________

TO:  UNK Speech, Language, and Hearing Clinic

SEND records

☐ FROM: UNK Speech, Language, and Hearing Clinic

TO:  Name: ____________________________________________
     Address: ____________________________________________
     ____________________________________________
     Fax: ____________________________________________

I understand I may revoke my authorization at any time (except to the extent that the information
has already been released).

__________________________________________  ____________________________________________
(Date)                                     (Signature of Client/Guardian)
**University of Nebraska Kearney**  
**Speech, Language, and Hearing Clinic**  

**APPROVED CLIENT PICK-UP**

Clients must be picked up promptly at the end of regular therapy sessions.

Client’s Name _____________________________________________

The following is/are authorized to pick up the above client from the UNK Clinic. ID will be required if the person is not the parent or legal guardian.

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No more than two people may be authorized to pick up any client without the approval of the Clinic Coordinator.

Who else do we contact in case of emergency?

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is there anything special we should know about the above-named client? (e.g. special dietary restrictions, allergies, medications, medical conditions)

Parent/Guardian ____________________________ Date ____________________________

This form should be updated each semester.

(Adapted from SKIwee Child Care, Shawnee Mountain, PA)
Appendix A.

College of Education

Requests for Reasonable Accommodation in Field Placements

The University of Nebraska Kearney (UNK) supports students with disabilities and encourages their full participation in all academic programs, including field placements of all kinds. “Field placements” for the purpose of this document include any practicum, field experience, clinical practice, internship, training, clinic or work experiences (or similar) conducted for academic credit. In accordance with Section II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act, UNK’s Disability Services for Students is the designated office to work with students with disabilities to provide reasonable accommodation so they may enjoy the same benefits, experiences, and opportunities as persons without disabilities.

As in all academic programs at UNK, programs that provide field placements must assess students on the basis of their abilities rather than on their status as individuals with disabilities. Students with disabilities who are assigned to field placements must be able to perform the “essential functions” or meet the essential eligibility requirements of the experiences with or without reasonable accommodation. Pre-placement inquiries as to whether a person has a disability are not permitted; however, a field placement program must determine the essential functions or essential eligibility requirements of its own training program so that students can request reasonable accommodation if needed.

Site Selection
The selection of a field site is a key factor in providing an optimal environment for academic and professional development. It is important to choose a field site with an environment that maximizes the strengths of each student with a disability and can provide reasonable accommodation. Students, in collaboration with the Disability Services for Students office, are responsible for identifying the most critical factor(s) in determining an optimal placement. For example, a student with traumatic brain injury may need a setting that allows more time to become familiar with the site and routine before being expected to interact at the site. In addition, a reasonable accommodation may include identifying a specific site which meets a student’s accommodation needs, such as accommodations related to mobility, transportation, time of day, etc.

Application/Interview Process (If Applicable)
If an application or interview process is required prior to acceptance into a field placement, students with disabilities may request accommodations during the application/interview process. Should a student need a reasonable accommodation to participate in the application/interview process (a transcriber for any required interviews, for example), the student is responsible for making the accommodation request to the Disability Services for Students office as soon as reasonably practicable in order for arrangements to be made.

Request for Accommodation in Field Placements
Students with disabilities are not required to declare, nor may an institution inquire about, the presence of a disability unless they are seeking reasonable accommodation, as discussed below. In addition, students are not required to inform the field placement coordinator or other staff about their disabilities at any time before, during, or after the site selection process. However, students with disabilities who will be requesting accommodation in field placements must be registered with the Disability Services for Students office. The Disability Services for Students office is responsible for managing an interactive process between the student and the University, including those who are directly involved in administratively facilitating the field placement (e.g., field placement coordinator, department faculty, or supervisors) and the field site (persons at the field site responsible for implementing reasonable accommodations). The
process of providing reasonable accommodation should proceed in an individualized and systematic fashion.

**Student Responsibilities**
- First, make an appointment with Disability Services for Students, Phone 308-865-8214, E-mail unkdsso@unk.edu, MSAB 163, as soon as reasonably practicable after you know that you will be taking a course that includes a field placement in order to discuss your accommodations.
- Second, attend a meeting with Disability Services for Students and the faculty member and/or others familiar with the field placement site, as soon as reasonably practicable, to formulate a reasonable accommodation plan for that specific site.
- If you have an existing accommodation plan for accommodations in the classroom and you choose not to seek accommodations for field placements – that is your right to do. However, neither your grade nor performance in field placements can be reversed based on a late declaration of need for accommodation in field placements. You will be accommodated from the point in time that you request accommodation but no alterations will be made for performance before the request is made.

If a field placement site is unable or unwilling to make a requested reasonable accommodation or you do not believe your accommodation plan is adequate, contact Disability Services for Students immediately, Phone 308-865-8214, E-mail unkdsso@unk.edu, MSAB 163, to facilitate resolution to the issue. The Disability Services for Students office will provide an informal grievance process, if necessary. If a site is unable or unwilling to make accommodations, UNK will work with you to provide alternatives for your field placement.

**Disability Services for Students Staff Responsibilities**
- Meet with the student to discuss possible accommodations for the student’s field placement.
- Coordinate a meeting with the student and the faculty member and/or others familiar with the field placement site, as soon as reasonably practicable, to formulate a reasonable accommodation plan for that specific site.
- Be available to accompany the faculty member and the student to visit the assigned site if requested by the student or the faculty member.
- Provide consultation services to the faculty, site personnel, and student during the field placement when adjustments to the accommodation plan may be required or questions arise concerning what is reasonable accommodation.

**University Field Placement Staff and Faculty Responsibilities**
- Add the following to any syllabus with field placements: “If you have a disability and use accommodations in the classroom, please make an appointment with Disability Services for Students, Phone 308-865-8214, E-mail unkdsso@unk.edu, MSAB 163, as soon as reasonably practicable prior to the first day of your placement in the field to ensure that reasonable accommodations can be made for your field placement.”
- Add the disability nondiscrimination statement to field placement agreements (if applicable).
- Ensure that all students that receive accommodations in the classroom are informed that they are eligible for accommodations in their field placements and that those accommodations may be very different than their classroom accommodations.
- Participate with Disability Services for Students in considering the specific needs of the student and the essential functions or essential eligibility requirements of the placement to determine what reasonable accommodation can be made and assist in developing an accommodation plan in consultation with the student and Disability Services for Students.
- Provide the details of reasonable accommodation only to those who need to know, including those at the field site, in order to facilitate the accommodation request, while also respecting the confidentiality rights of the student with a disability. Even if a student has disclosed information about his/her disability or medical condition, that information cannot be shared with others. It is appropriate to discuss only the accommodations that are necessary to help the student succeed in the field placement. Classroom accommodations ordinarily should not be shared with a site unless they relate to field accommodations. Remember that there are ramifications to the
improper disclosure of a student’s disability information, including the potential to impact future employment with the site.

• Monitor student progress and contact Disability Services for Students as necessary for advice in adjusting existing accommodations or providing new accommodation strategies.

• Discuss accommodation with the cooperating field site supervisors. If a supervisor seems unwilling or unable to respond to the University’s legally mandated requirements, remember that ultimately UNK has the responsibility to accommodate the student, which may require an alternative placement for the student.

• If a student has any discrimination concerns, please advise the student to contact University of Nebraska Kearney, Mary Chinnock Petroski, Chief Compliance Officer, Title IX Coordinator, ADA/504 Coordinator, E-mail pertroskimj@unk.edu  PH: (308) 865-8400, and/or provide the student information about the ADA/504 Grievance Policy.

8/2017
Clinician Handbook Agreement

I have read the University of Nebraska Kearney Speech-Language and Hearing Clinic Handbook presented to me and agree to abide by the rules and regulations presented therein.

Date: ____________________________

Student: (please print): _________________________________________

Signed: ________________________________________________