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I am extremely pleased to welcome you to the Department of Communication Sciences and Disorders. Thank you for joining us! We want you to feel that your association with the Department and Radford University will be a mutually beneficial and pleasant one.

You have joined a department that has established an outstanding reputation for quality education. Credit for this goes to every one of our faculty, staff, alumni, and students. We hope you, too, will find satisfaction and take pride in your education here.

This handbook provides answers to most of the questions you may have about the department’s programs, as well as university policies and procedures, and responsibilities to you and your responsibilities to the department. If anything is unclear, please discuss the matter with me. You are responsible for reading and understanding this handbook, and your performance evaluations will reflect your adherence to departmental policies. In addition to clarifying responsibilities, we hope this handbook also gives you an indication of the department’s interest in the welfare of all who work and study here.

The information included in the Clinic Handbook may change periodically. Every effort will be made to keep you informed through suitable lines of communication, including postings on the departmental bulletin boards and/or notices sent directly to you.

Personal satisfaction gained from learning is just one of the reasons most students apply to our program. Most likely, many other factors count among your reasons for continuing your education—pleasant relationships and learning conditions, career development, being close to family and friends, and related benefits are just a few. The Department of Communication Sciences and Disorders is committed to doing its part to assure you of a satisfying educational experience.

I extend to you my personal best wishes for your success and happiness in the Department of Communication Sciences and Disorders.
INTRODUCTION
The Radford University Speech-Language Hearing Clinic Handbook is designed to provide practicum guidelines and information regarding clinic policies and procedures to graduate students in Communication Science and Disorders.

The Clinic Handbook should be viewed as a supplement to the Radford University Catalogs and the Student Handbook. Students are expected to become familiar with the contents of all these documents. Students also are reminded that this handbook must be viewed as a living document and is therefore subject to additions, deletions, and other modifications.

DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS MISSION STATEMENT
The mission of the Department of Communication Sciences and Disorders is to develop speech-language pathologists who are knowledgeable, skillful, and capable of working independently. The commitment of the department to this mission is reflected in the liberal arts and sciences requirements, academic coursework in normal and abnormal human development and behavior across the lifespan, issues on culturally diverse populations, human communication disorders, diagnostic and treatment methodologies, clinical practica, and research inquisitiveness to enhance lifelong learning.

PROGRAM GOALS AND OBJECTIVES
Radford University Speech and Hearing Clinic (RUSHC) and designated off-campus practicum sites function as components of the clinical training program for students pursuing a degree in Communication Sciences and Disorders. The purpose of the program is to provide students with quality academic and clinical training that prepares them to assume professional responsibilities as speech-language pathologists at graduation. Students achieve this goal by studying the nature, causes, and remediation of various communicative disorders and by providing diagnostic and remediation services to communicatively impaired individuals in the surrounding community. Clinical education objectives include:

1. Implement appropriate conduct based on the Code of Ethics of the American Speech-Hearing-Language Association (see Appendix A).
2. Apply theoretical principles of diagnostic and treatment methodologies.
3. Foster thoughtful and creative application of clinical procedures.
4. Foster an awareness of the multiethic, multifaceted nature of patients.
5. Demonstrate skillful application of clinical procedures.
6. Develop resourcefulness in approaches with patients of all ages.
7. Grow and gain independence as a clinician through each semester of clinical practica.

Student clinicians at RUSHC or affiliated sites complete practica under the direct supervision of certified speech-language pathologists and audiologists, in accordance with the Council for Academic Accreditation (CAA) guidelines and the American Speech-Language-Hearing Association’s Code of Ethics.
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PREREQUISITES AND REQUIREMENTS FOR RUSHC PRACTICUM ENROLLMENT

COSD 640: GRADUATE PRACTICUM

Prerequisites:

1. In order to be enrolled in COSD 640 (Advanced Practicum in Speech-Language-Hearing), the graduate student must be a degree seeking student in Communication Sciences and Disorders. Students must provide evidence of health insurance.

Academic Credit:

1. ASHA requires that a minimum of 50 clock hours (treatment and/or evaluation) be earned in a site in order for that site to be considered one of the three separate sites required for certification.

2. The graduate student should earn a minimum of 75 clock hours at RUSHC (75 treatment hours are strongly recommended), and must have the recommendation of the faculty in order to apply for off-campus practicum experience. (See Externship Manual for procedures/requirements for off-campus practica.)

3. The graduate student seeking a Master of Science degree must register for a minimum of 12 semester hours of credit, and the graduate student seeking a Master of Arts degree must register for a minimum of 9 semester hours of credit. **All must earn a grade no lower than a “B” in COSD 640.** Students may not enroll for more than 15 hours of credit.

Removal from Clinical Practicum:

Should it become necessary officially to remove a student from practicum, the responsibility rests jointly with the appropriate Clinical Director, the student’s Clinical Supervisor, and the Chair of the Department. The student’s faculty advisor will be informed of any such action. There are three potential actions that might be taken:

1. **Probation without Removal from Therapy:** This category includes any incident that is judged inappropriate by the student’s Clinical Supervisor and the appropriate Clinical Director. The student will be permitted to continue the semester in clinic. If no further incidents occur, the probation will be lifted at the end of the semester; however, the final grade will reflect the invoked probation.

2. **Probation with Removal from Therapy:** This category includes more serious incidents or repetition of incidents that fall under #1 (above) while on probation. The student will receive a grade for the hours completed, but will have to complete the academic requirements the following semester under probation. Following successful
completion of the probation semester (i.e., no further incidents), the probation will be
lifted.

3. Removal from Practicum with a Failing Grade: In the most serious instances, a
student may be removed from practicum. For example, if a student who is completing
a probation semester under #2 has another serious incident, that student has
demonstrated lack of clinical competence sufficient to remove them completely from
the clinical setting. In these situations, a conference including the student, the faculty
advisor, the Clinical Supervisor, the appropriate Clinical Director, and the Chair of the
Department will be held. The student will be given a failing grade for that semester’s
practicum and will not receive credit for any clock hours accrued during the semester.
One point that must be considered during this conference is whether to allow the
student to complete a non-clinical Master’s degree or to completely remove the
individual from the program.

RUSHC GENERAL POLICIES

Schedule of Operation and Attendance Policy

RUSHC is open Fall, Spring, and Summer terms each year. The clinic operates in
conjunction with the University’s academic calendar; therefore, opening and closing
dates will vary each term. In general, RUSHC begins receiving patients one week
following the beginning of each term and concludes the operating schedule one week
before final exams. The clinic is closed for holidays and breaks recognized on the
University calendar. RUSHC is also closed when Radford City Schools and/or Radford
University close for inclement weather. If Radford City Schools and/or Radford
University operate on a delayed schedule, the Clinic will open at 10 a.m.. Listen to
local radio stations for announcements that may affect Clinic closings. Exceptions to
this policy may be made individually when the supervisor, the clinician, and the patient
agree. Consistent attendance in treatment is important, and patients who are absent
three or more times (except for illness, hazardous weather, etc.) may be discharged
from Clinic. Typically, speech-language treatment sessions are scheduled two times
per week, Monday and Wednesday, or Tuesday and Thursday, with evaluation
appointments scheduled on Fridays. Audiology appointments are scheduled
throughout the week, as clinic appointments are available.

Clinic Fees

Since services are provided by students in training, RUSHC charges a nominal fee to
all persons receiving services at the Clinic. Services are never denied a patient due to
financial difficulties and a sliding scale is available for patients who qualify. Fees are
waived for Radford University students, employees and their immediate family
members, and for hearing-impaired students from New River Community College.
Patient Referral Process

Patients may be referred for services by other professionals (e.g., physicians, teachers), family, or friends. Also, patients may refer themselves. Referrals may be received by written or verbal request. Insurance reimbursement is largely dependent upon a physician’s referral, but these claims must be arranged by the patient.

The receptionist completes a Patient Referral Form (see Appendix B) and maintains a log of incoming referrals. A case history form, release of information form, and applicable fee information are mailed to the applicant for speech-language services. After the case history and release forms are completed and returned to RUSHC, a patient file is established. The completed file is then forwarded to the Director of Speech-Language Services for scheduling. Audiology referral forms are given to the Coordinator of Audiology Services for scheduling.

Patient Scheduling

The Director of Speech-Language Pathology services assigns patients to students and supervisors for treatment and/or evaluations based on the number of students enrolled in practicum (COSD 640), patient availability, and supervisory availability. Because RUSLHC is a teaching facility, patient-student clinician assignments are made based on the needs of each student clinician. Persons who are interested in the services provided by RUSHC but are unable to be scheduled for treatment/evaluation appointments are placed on a waiting list and contacted when an appointment becomes available. Upon patient request, patients placed on the waiting list will be provided with information regarding additional area resources which provide the desired service(s).

Clinic Records and Confidentiality

All active patient diagnostic and therapeutic records are filed and kept in the reception area. Student clinicians and supervisors access the files through a check-out procedure. Students are not allowed free access to the records and are not permitted behind the reception desk. The student or faculty member must sign for any file checked out from the receptionist.

Students may review files in the designated work areas in the clinic. In order to protect patient confidentiality, files are NEVER permitted to leave the clinic. Only the student who has signed the file out may use it at any given time. Observations, reports, or notes made from a file for a course or for other professional reasons should exclude all identifying information (Do not use the names of the patients). Materials from a file may not be photocopied for any reason unless reviewed by a supervisor to assure that confidentiality has been maintained. The student is responsible for returning the file to the receptionist immediately after using it. The same student who checked the file out must return the file and sign the check-out sheet. Files that need
to be returned after 5:00 p.m. must be placed in the locked box in the graduate room, 143. Patients are NEVER to be discussed outside of the clinic and classroom settings.

**Clinic Materials**

RUSHC has a variety of therapeutic and diagnostic materials available for student use. All materials are kept in Rooms 126, 143, and 180. No Clinic-owned materials may leave the Clinic unless written permission is given by the Director of Speech-Language Services. If any material is lost, the student assumes full financial responsibility for replacing it. A student with an outstanding debt to RUSLHC for replacement costs of tests and/or treatment materials will be blocked from registration and/or graduation until the debt is paid in full. Students who take tests or treatment materials out of the Clinic without permission may be reported to the Radford University Judicial Board.

**Observations**

Patient confidentiality must be maintained at all times; therefore, it is imperative that students DO NOT discuss observations outside of the clinic or classroom. Any paperwork pertaining to observations should refer to the patient by initials only.

The following are details pertaining to speech-language and audiology observations:

**Speech-language:** An observation sign-up sheet is posted in Room 126 each week. To avoid having too many observers in the rooms at any one time, only a few students are allowed to sign up for each session. Treatment observation rooms can accommodate two to four student observers. Parents, family, supervisors and/or significant others are always given first priority to observe treatment sessions. Students sign up to observe sessions on a first come, first served basis. The clinician conducting the session should be notified of the observations so that he/she can make him/herself available for questions at the conclusion of the session. All observation rooms contain one-way mirrors. Lights in the observation room must be kept off during sessions and the door must be kept shut. Students are to conduct themselves in a professional manner at all times when observing. No eating, drinking, smoking, or disruptive talking will be tolerated at any time during the session. Since parents, relatives, etc. may also be in the room, students should not discuss the patient and clinician being observed. The faculty supervisor will instruct a student to leave the observation room if he/she feels the student is not conducting him/herself in a professional manner. Any difficulties regarding observations should be reported to the faculty supervisor of that particular session.

**Audiology:** Contact the Director for Audiology Services to observe an audiological evaluation. The observation space is extremely limited and only one observer at a time is permitted. The clinician and the supervisor responsible for the session should be contacted in advance of the session in case they have additional "ground rules" for the observer.
Name Tags, Dress Code, and Clinic Meetings

New student clinicians will purchase name tags at the beginning of each practicum term. Clinicians are required to wear their name tags during any type of clinical involvement (e.g., treatment sessions, screenings, parent/patient conferences, diagnostic sessions, etc.). Students are expected to retain their name tags throughout their academic careers at RU to avoid costly replacements. All student clinicians and all student observers are expected to dress professionally and maintain a professional demeanor in the Clinic. Jeans, halter-tops, shorts, sweatpants, tennis shoes, etc. are generally not acceptable. Check with the supervisor or the Director of Speech-Language Services or Audiology Services if you have specific questions about appropriate dress for Clinic. In addition, strong fragrances, including perfumes, are prohibited. Students are expected to attend regularly scheduled Clinic meetings throughout the semester. (See Appendix U)

Video Monitoring/Taping

All clinical treatment rooms have closed circuit television cameras which are connected to individual monitors in the supervisors' offices. This allows faculty members to monitor clinical sessions easily, frequently, and without interruption of sessions. The closed circuit system also includes videotaping capability which can be used for review by the supervisor or clinician. Release forms (see Appendix C) are necessary for RUSLHC to videotape diagnostic and treatment sessions. The student clinician is responsible for obtaining written permission from the patient or patient’s parent/guardian by having the release form signed.

Off-Campus Screening Opportunities

Several times each semester, graduate students are afforded the opportunity to participate in speech-language and/or hearing screenings at various off campus locations. RUSHC frequently participates in screenings coordinated by our off-campus practicum affiliates. RUSHC also provides screenings as a public service to community organizations requesting our services. The Clinic Directors will make the appropriate assignments and sometimes ask for volunteers. Assignments and volunteer sign up sheets are posted in Room 143.

Participation in screenings is mandatory. Participation in screenings helps prevent problems obtaining clock hours. Screening hours may be used to meet the required clock hours for the academic term.

Supervisor Responsibility

In compliance with ASHA guidelines, a minimum of 25% of all treatment sessions and 50% of all evaluation sessions conducted by student clinicians are directly supervised.
by the students' individual clinical supervisors. The supervisor keeps a record of the amount of direct supervision provided for each clinician. (This may be estimated in percentage of time of observations). If students feel their supervisors are not meeting these minimum supervision requirements, he/she should first discuss the concern directly with his/her supervisor. If this discussion does not result in resolution of the problem, the student should then request a joint conference with his/her supervisor and the appropriate Clinic Director. Continued lack of resolution may require the attention of the Department Chairperson.

Cancellation of Scheduled Sessions

Clinicians are expected to attend all scheduled treatment and/or diagnostic appointments. Faculty and staff recognize, however, that a need may arise which necessitates a student canceling a session. Cancellations by students are permitted in the case of clinician illness or emergency only. Students may NOT cancel sessions to study for an upcoming exam or to take holiday trips or to complete academic requirements for courses. The student is responsible for notifying the receptionist of the cancellation and telling the supervisor the reason for the cancellation. The student must call the patient to cancel the session. Students may schedule make-up sessions only with the approval of the supervisor.

Patients who need to cancel their appointment are instructed to contact the receptionist, who notifies the clinician and the supervisor of the cancellation. Patients who know in advance that an appointment will be missed may tell the clinician who is assigned to their case. The clinician is responsible for informing the Clinic Secretary and the supervisor. The student will make changes to the observation schedules in room 126.

Record of Clinical Clock Hours

All student clinicians must adhere to ASHA standards (see Appendix D) for accumulating and counting clinical clock hours. Each student is responsible for completing a clinical clock hour sheet (see Appendix E) at the end of each term. Each student must:

1. Record the total number of clock hours accumulated during the term under the area in which they were obtained (e.g., adult language, child articulation, etc.).
2. Enter the Supervisor's ASHA account number (account numbers are posted in the graduate and undergraduate workrooms).
3. Secure the signature(s) of the appropriate supervisor(s).

Students must submit the completed and signed clock hour sheet to the Teresa Whitt at the end of each semester. All clock hour sheets must be logged as being completed with the minimum number of clock hours before an assigned grade is made. A printout of each student's Cumulative Record of Clinical Clock Hours (see Appendices F & G) is
then placed in the student's academic file. Also, a copy is given to the student. The student is responsible for making and keeping duplicates of ALL signed clock hour sheets during their course of clinical practicum at RUSHC.

Students are reminded that only hours spent in direct provision of services to a patient may count as clinical clock hours. Time spent with a patient or family member engaging in information giving, counseling, or training for a home program may be counted for a total not to exceed 25-clock hours. Planning of sessions, conferencing with supervisors, and record keeping are NOT counted as clinical clock hours. One clock hour is equal to one fifty-minute session. A clock half-hour is twenty-five minutes long. Clock hours should be recorded in the following increments:

1. 1 - 15 min = 0.25 clock hours
2. 16 - 30 min = 0.50 clock hours
3. 31 - 45 min = 0.75 clock hours
4. 46 - 60 min = 1.0 clock hours

14. Evaluation and Grading Procedures

A. Evaluation and Treatment Session Feedback

Students will report to and fulfill the requirements set forth by the primary supervisor assigned to the case. Students should recognize that individual supervising styles and requirements will vary. This exposes students to different methods of teaching and interaction. Feedback can take several forms:

1. Written Feedback: Supervisors may elect to complete an observation form or write narrative comments.

2. Verbal Feedback: Verbal feedback may be presented to a student at any time. Supervisors will meet with students on a regularly scheduled basis or on an "as needed" basis to discuss performance, paperwork, patient goals, etc. Conferences may be held individually or in groups. Students must check with supervisors for individual preferences. Students are always encouraged to make appointments with their supervisor to discuss special concerns. If students have concerns about their practicum experience, the following steps are suggested:

   a. The student should discuss his/her concerns with the supervisor, not with other staff or faculty.

   b. The student should analyze the problem so that he/she is prepared not only to present it, but also to offer at least one possible solution.

   c. If the situation reaches an impasse, the student should request a joint conference with the supervisor and the appropriate Clinic Director.
B. Grading

1. Students may receive written (Appendix H) and/or verbal evaluations and grades from individual supervisors for performance in practicum at midterm and final grading periods.

2. Final grade assignments

   a. Final grade determination is based on a consensus among the supervisors directly supervising the student for each term and your grade in clinic class. Individual supervisors will submit a numerical grade for each client to the Director of the Speech-Language Clinic. Each grade will be multiplied by the number of hours earned with that client. Letter grades will be assigned by the director according to the percentages listed below. No numbers will be rounded.

   1. Individual student grades for evaluation and treatment sessions are reviewed, with clinician strengths and weaknesses discussed.

   2. The more hours earned with a particular supervisor, the more weight that supervisor's grade will have in determining the final grade.

      b. The final grade determined will be based on the following criteria:

         1. Grade of “A” = exceptional/outstanding performance – 90 - 100%

         2. Grade of “B” = distinctly above average performance. 80 - 89.9%

         3. Grade of “C” = below expectations with some skills showing limited or no improvement after supervisory feedback. 70 - 79.9%

         4. Grade of “D” = significantly below average quality performance, with many skills showing limited or no improvement after supervisory feedback. 60 – 69%

         5. Grade of “F” = completely unsatisfactory performance with no improvement in skill after supervisory feedback <60%

Radford University Honor Code

I do hereby resolve to uphold the Honor Code of Radford University by refraining from lying, from the stealing or unauthorized possession of property and from violating the Standards of Student Academic Integrity.

Violations of Standards of Student Academic Integrity Include:

A. Cheating
B. Fabrication and Falsification
C. Multiple Submission
D. Abuses of Academic Materials
E. Complicity in Academic Dishonesty
F. Plagiarism

Complaint Process

A complaint about any accredited program or program in Candidacy status may be submitted by any student, instructional staff member, audiologist, speech-language pathologist, and/or member of the public. All complaints must be signed and submitted in writing to the chair, Council on Academic Accreditation (CAA), American Speech-Language-Hearing Association, 10801 Rockville Pike, Rockville, MD 20852, and must clearly describe the specific nature of the complaint and the relationship of the complaint to the accreditation standards and provide supporting data for the charge. Complete information about the complaint process can be accessed at: http://professional.asha.org/students/caa_programs/complaint.htm

Locker Assignments

Lockers may be claimed by registering with the Teresa Whitt. Students must purchase their own locks and give the combination when they make application for a locker. Lockers must be emptied at the end of each term.

Drink Policy

Students in the Waldron College are allowed to drink liquids only from the approved Waldron College mug, which has a spill-proof cap. Cups may be purchased from the Counseling Center.

Immunizations

Students are encouraged to receive immunizations for Hepatitis B. Also, Tuberculosis tests and CPR certification are encouraged. Students should be aware that several practicum sites may require these immunizations, tests, and/or certifications.

Universal Precautions

All students are expected to use Universal Precautions in the Clinic at all times. Clinicians’ hands must be washed before and after each session, and blood-born pathogens will be avoided.

Radford University Sexual Harassment Policy

In compliance with Section 703 of Title VII of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972, the University will not tolerate any
verbal, nonverbal, or physical behavior, which constitutes sexual harassment by employees of the University in connection with their employment.

**Interim COSD Evacuation/Emergency Plan**

Please do the following in the event of an emergency. When the College plan is further developed we will employ it, but in the mean time keep the following in mind.

1) Please exit the building on the Jefferson St. side towards the parking lot. If you are upstairs, do not use the elevator. Please direct students and patients to do the same.
2) Congregate as a group in the patient parking area away from the entrance so emergency personnel can easily access the building. Instruct students and patients to do the same.
3) The chairperson (or Clinic Directors if the chair is absent) will conduct a final “walk through” to insure that everyone is safely out of the COSD areas, particularly the audiology areas.
4) Patients should be assisted in evacuating the building, especially those using a wheelchair, walker, etc.
5) Identify and remember the locations of extinguishers.
6) Wait for the “all clear sign” before re-entering the building.
7) In the event of violence, immediately attempt to secure assistance: dial 9-911; and do not confront. Others should secure/lock doors to prevent entry into their offices, labs, classrooms, etc.
8) Remain calm!

**Bill of Rights for People Receiving Audiology or Speech-Language Pathology Services**

Patients as consumers receiving audiology or speech-language pathology services have:

The right to be treated with dignity and respect;

The right that services be provided without regard to race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability;

The right to know the name and professional qualifications of the person or persons providing services;

The right to personal privacy and confidentiality of information to the extent permitted by law;

The right to know, in advance, the fees for services, regardless of the method of payment;
The right to receive a clear explanation of evaluation results, to be informed of potential or lack of potential for improvement, and to express their choices of goals and methods of service delivery;

The right to accept or reject services to the extent permitted by law;

The right that services be provided in a timely and competent manner, which includes referral to other appropriate professionals when necessary;

The right to present concerns about services and to be informed of procedures for seeking their resolution;

The right to accept or reject participation in teaching, research, or promotional activities;

The right to the extent permitted by law, to review information contained in their records, to receive explanation of record entries upon request, and to request correction of inaccurate records;

The right to adequate notice of and reasons for discontinuation of services; an explanation of these reasons, in person, upon request; and referral to other providers if so requested.

SPEECH-LANGUAGE PRACTICUM: POLICY AND PROCEDURES

I. Clinic Clean-up Assignment

To ensure that the clinic workroom, treatment areas, and materials are well maintained and organized, all students enrolled in the Speech-Language Clinic may be assigned clean-up tasks by the Director of Speech-Language Services. Students will complete the assigned tasks as often as deemed necessary during the semester. Compliance with the assigned cleaning tasks is taken into consideration when assigning student grades.

II. Paperwork Responsibilities

A. Lesson Plans and SOAP Notes (Subjective, Objective, Assessment, Plan) or Treatment Notes

Clinicians should complete weekly lesson plans (see Appendix I) and SOAP notes (see Appendix J) or treatment notes as directed by their supervisors. Students must check with individual supervisors for deadlines. SOAP notes or treatment notes, which are completed immediately following each session and submitted for approval to the faculty supervisor, are required for most patients.
An approved list of abbreviations to use with lesson plans, SOAP or treatment notes is part of Appendix J. All notes should be typed, and students should keep a back up disk for each patient's information.

B. Plan of Treatment

The Plan of Treatment (see Appendix K) begins to be formulated during the first week of treatment as the clinician and supervisor become acquainted with the patient's communication history and needs.

A treatment plan is developed by the student clinician and the supervisor for two general purposes: (1) to state treatment needs as perceived by the supervisor and student clinician in conjunction with the results of any testing, evaluation, and/or observation completed; and (2) to facilitate student training in the application of theory to treatment. The treatment plan is kept in the patient's file.

Treatment plan goals and objectives should be realistic, attainable, and related to the patient's performance. The duration of time for attaining the goals and objectives should be considered in relation to the patient's ability.

The approved semester treatment plan will be signed by both the student clinician and supervisor and placed in the patient's folder. Deadlines for completion of treatment plans will be determined by the supervisor and the clinician. First drafts should be DOUBLE SPACED.

C. Semester Summary Report

Clinicians are responsible for documenting patient progress in treatment and making appropriate recommendations via completion of a semester summary report (see Appendix L). First drafts of the semester report should be DOUBLE SPACED. The supervisor will return the report with feedback/comments within 2 days. Revisions are due within 24 hours. When the report is finalized, the student clinician is responsible for typing the report (single spaced) and getting it signed by the supervisor.

At the end of the semester students must bring the completed Checklist for End of Semester (Appendix M) to the Director of Speech-Language Services. You must mail one copy of the signed Semester Summary to each of your clients.

D. Diagnostic Report

A diagnostic report (see Appendix N) is completed for every patient seen for a speech-language evaluation. The first draft of the report must be double spaced and is due to the supervisor within two days of the evaluation. All test forms, language sample analyses, etc. must be turned in with the draft. The supervisor will review it and make appropriate comments/revisions and return it to the
student within 48 hours. The student must complete the revision and return it to
the supervisor within 24 hours. Revisions from the supervisor are due within 48
hours. Once the report is finalized, the student is responsible for typing the
report (single spaced) and getting it signed by the faculty supervisor. The
supervisor will sign the Student’s Checklist for Diagnostic Reports (Appendix O),
and the student will bring the completed form, and the completed folder to the
Director of Speech-Language Services. The student mail a copy to the patient.

III. Treatment Guidelines

A. Pre-Staffing

Once clinicians receive their patient assignment(s), the following protocol
should be followed:

1. Review patient folder for background information, history of previous
treatment, etc. If the patient has come to RUSHC before, review SOAP
or treatment notes from previous treatment sessions.
2. Schedule a meeting with the faculty supervisor to discuss the case.
Come prepared to report background information, primary
communication problem, and ideas for immediate focus of treatment.
3. Pre-staffing is required before a clinician may see a patient.

B. Procedures for First Day of Clinic

1. Adjust camera angle in the treatment room. If the session is to be
videotaped, use the machine in the observation room.
2. Pick up the patient folder at the front reception desk.
   a. Introduction
      1.) Wear name tag and wash hands. Greet the patient and/or
         parent in the waiting room and escort the patient to the
         treatment room. Appropriate introduction should be made
during this time.
   b. Check the folder for Release of Information Form
      1.) All patients: Ask the patient/parent to complete the release
         agreement. Verify the person(s) listed to receive copies of
         reports and obtain complete mailing addresses. Be certain
to obtain permission for video-audio taping. If permission is
denied, notify the Director of Speech-Language Services
and Faculty Supervisor as to the reason. A decision will then
be made as to whether or not the patient can be served.
   c. Clinic Treatment Policies for Patient/Parent
      1.) Briefly review the policies with the patient/parent including
         the importance of adhering to the appointment schedule.
         Emphasize attendance policy and inclement weather
         policy.
      2.) Direct any questions regarding billing/fees to the Fiscal
         Agent.
   d. End of Session
1.) Return the folder to the receptionist. Return any clinic materials to Room 126. Wash your hands.
2.) Clean and straighten the treatment room. Wash the table and any appropriate materials.

IV. Diagnostic Guidelines
A. Diagnostic Assignment and Pre-Staffing

1. Clinicians are assigned to a diagnostic team including one or more student clinicians and a faculty supervisor.

2. The diagnostic team is usually provided with a minimum of one week's notification prior to the scheduled evaluation. Notification is received in students' and supervisors' mailboxes. The assignment sheet includes patient identifying information and primary communication complaint or diagnosis. The student clinicians and supervisor will schedule the appointment.

3. Once the diagnostic assignment is received, the following protocol should be followed:
   a. Review patient folder for background information, nature of the communication problem, etc.
   b. Schedule a pre-staffing with the faculty supervisor. The meeting should occur no later than three days before the scheduled appointment. Come prepared to discuss the proposed plan for evaluation including appropriate formal and/or informal evaluation measures, rationale for selection to be used, and sequence for testing. The supervisor will provide appropriate feedback and suggestions, and the student and supervisor will finalize the plan for assessment.

4. Student clinicians must submit a Diagnostic Protocol (Appendix P) or an Assessment Plan Form (see Appendix Q).

5. The day before the scheduled appointment, a student team member should call the patient to confirm the scheduled time and date.

B. Appointment Time
1. Set up the room prior to greeting the patient. This should include assembling any test materials, adjusting the camera, preparing the VCR for recording, and checking all equipment.

2. Pick up the patient file at the front window. Check the file for:
   a. Release of Information form*
   b. Case history form*
c. Consent for Service form
(*if not already in folder, obtain during evaluation)


4. Discuss the release of information form with the patient/parent. **Be sure to ask that they fill in the complete names and addresses of those who will be receiving a copy of the diagnostic report.** Make sure that permission is given to video tape the session.

5. Proceed according to diagnostic protocol.

C. Conference with Supervisor
   Upon completion of the evaluation session, students must meet briefly with The supervisor to discuss interpretations and recommendations. Patient/Parent may wait either in the examination room or in the front waiting room

D. Patient/Parent Conference
   Following the supervisory conference, student clinicians and the supervisor meet with the patient/parent to discuss the results of the evaluation and their recommendations. Feedback to the patient/parent is shared between student clinicians and the supervisor with the primary responsibility for conducting the feedback gradually is shifted over time from supervisor to the students.

E. Post-Staffing
   A post-staffing with the supervisor should be completed following the patient/parent conference. This is a time for additional and possibly more in depth discussion of evaluation results, guidelines for scoring/interpreting evaluation measures, referral for additional assessment, etc.

F. Diagnostic Report
   Students are responsible for writing a diagnostic report as previously described. (II D)

V. Clinic Check-Out Procedure

Clinic check-out occurs at the end of every treatment term. Each clinician is responsible for making a check-out appointment with his/her supervisor. Supervisors may choose to use the scheduled clinic check out appointment to discuss final evaluations as well. Students are required to complete the following tasks at this meeting:
A. Bring the patient file. Supervisors will review the file to assure that all SOAP or treatment notes are accounted for and filed in chronological order, with the most recent being placed on top.

B. Bring the completed Semester Summary

C. Bring completed Clock Hour Sheet for appropriate signature

E. Supervisor will sign the Student Checklist for End of Semester

Students must bring the Checklist for the End of the Semester to the Director of Speech-Language Services.

Students will mail a copy of the signed Semester Summary to the patient.

Failure to complete one or more of these responsibilities may result in a grade of Incomplete for the term. Students will be assigned a grade once all outstanding obligations are met. Failure to complete these responsibilities in a timely manner may adversely affect the student’s final grade.
Department of Communication Sciences and Disorders

Student Handbook

The Student Handbook is an important document intended to help you become acquainted with the Department of Communication Sciences and Disorders. This handbook will serve as a guide; it is not the final word in all cases. Some circumstances may call for individual attention.

Because the general business atmosphere of the department and economic conditions are always changing, the contents of this manual may be changed at any time at the discretion of the Department. No changes in any benefit, policy or rule will be made without due consideration of the mutual advantages, disadvantages, benefits and responsibilities such changes will have on you as a student/employee and on the Department of Communication Sciences and Disorders. The department maintains its right and prerogative to make and change departmental policies as necessary and without prior notice.

Please read the following statements and sign below to indicate your receipt and acknowledgment of the Clinic Handbook for Speech Language Pathology and Audiology.

- I have read the Department of Communication Sciences and Disorders Clinic Handbook. I understand that the policies, rules and benefits described in it are subject to change at the sole discretion of the Chairperson or his/her designate at any time.

- I am aware that during the course of my enrollment, confidential information will be made available to me, (e.g., patient files, student information, and other related data). I understand that this information is critical to the success of the department and must not be disseminated or used outside of department premises. In the event of dismissal, whether voluntary or involuntary, I hereby agree not to utilize or exploit this information with any other individual or agency.

- I understand that, should the contents of this Handbook be changed in any way, the department may require an additional signature from me to indicate that I am aware of and understand any new policies.

- I agree that my signature below indicates that I understand the above statements and acknowledge my responsibility to read the Department of Communication Sciences and Disorders Clinic Handbook and be familiar with its contents.

__________________________   __________________________
Student’s Printed Name              Class (grad. vs undergrad. & major)

_______________________________   _________________ __
Student’s Signature                          Date

The signed original copy of this agreement will be filed in your departmental file.
Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations in the professions of speech-language pathology and audiology. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any action that violates the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in the Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to responsibility to persons served, to the public, and to the professions of speech-language pathology and audiology.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally.

Rules of Ethics

A. Individuals shall provide all services competently.

B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
C. Individuals shall not discriminate in the delivery of professional services on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.

D. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed.

E. Individuals shall evaluate the effectiveness of services rendered and of products dispensed and shall provide services or dispense products only when benefit can reasonably be expected.

F. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.

G. Individuals shall not evaluate or treat speech, language, or hearing disorders solely by correspondence.

H. Individuals shall maintain adequate records of professional services rendered and products dispensed and shall allow access to these records when appropriately authorized.

I. Individuals shall not reveal, without authorization any professional or personal information about the person served professionally, unless required by law to do so, or unless doing so is necessary to protect the welfare of the person or community.

J. Individuals shall not charge for services not rendered, nor shall they misrepresent in any fashion, services rendered or products dispensed.

K. Individuals shall use persons in research or as subjects of teaching demonstrations only with their informed consent.

L. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate withdraw from the affected areas of practice.

Principles of Ethics II

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

Rules of Ethics

A. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification
process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.

B. Individuals shall engage in only those aspects of the professions that are within the scope of their competence, considering their level of education, training, and experience.

C. Individuals shall continue their professional development throughout their careers.

D. Individuals shall delegate the provision of clinical services only to persons who are certified or to persons in the education or certification process who are appropriately supervised. The provision of support services may be delegated to persons who are neither certified nor in the certification process only when a certificate holder provides appropriate supervision.

E. Individuals shall prohibit any of their professional staff from providing services that exceed the staff member’s competence, considering the staff member’s level of education, training, and experience.

F. Individuals shall ensure that all equipment used in the provision of services is in proper working order and is properly calibrated.

Principle of Ethics III

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designated to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions.

Rules of Ethics

A. Individuals shall not misrepresent their credentials, competence, education, training, or experience.

B. Individuals shall not participate in professional activities that constitute a conflict of interest.

C. Individuals shall not misrepresent diagnostic information, services rendered, or products dispensed or engage in any scheme or artifice to defraud in connection with obtaining payment or reimbursement for such services or products.

D. Individuals’ statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, and about professional services.
E. Individuals’ statements to the public – advertising, announcing, and marketing their professional services, reporting research results, and promoting product – shall adhere to prevailing professional standards and shall not contain misrepresentations.

**Principle of Ethics IV**

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of allied professions. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

**Rules of Ethics**

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

B. Individuals shall not engage in dishonesty, fraud, deceit, misrepresentation, or any form of conduct that adversely reflects on the profession or on the individual’s fitness to serve persons professionally.

C. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.

D. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentation.

E. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.

F. Individuals shall not discriminate in their relationships with colleagues, students, and members of allied professions on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.

G. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Ethical Practice Board.

H. Individuals shall cooperate fully with the Ethical Practice Board in its investigation and adjudication of matters related to this Code of Ethics.

RELEASE FORM

This release concerns _____________________________ (patient’s name), a patient of the RUSHC. Only those statements indicated by a check mark apply.

_____ I give my permission for the RUSHC to release my clinical records to the following:

_______________________________________________________________

(name)                                     (address)

_______________________________________________________________

(name)                                      (address)

_____ I give my permission for the following agencies to release clinical/medical records to RUSHC:

_______________________________________________________________

(name)                                       (address)

_______________________________________________________________

(name)                                        (address)

_____ I request diagnostic evaluation and/or treatment from RUSHC, and I understand it will be provided by graduate students working under faculty supervision. Sessions may be observed by students in the training program through audio and video viewing over a closed circuit TV system and through observation rooms with two-way mirrors.

_____ I am willing to have faculty members of the RUSHC contact me with regard to my participation in research projects conducted through the RUSHC and the Department of Communication Sciences and Disorders. I understand that I am in no way obligated to participate in such research.

_____ I am willing to have the RUSHC staff videotape me for training purposes within the clinic, for academic classes, and/or for professional meetings.

_____ I give my permission for the RUSHC to publish photographs of me.

_____ If, during the times that ________________ (patient’s name) is at the RUSHC, there should appear to the staff or personnel of the Clinic a need for emergency care, I give my permission for the Clinic to obtain the care required at the expense of the undersigned.

_____ I understand that consistent attendance at treatment sessions is important, and I may be discharged from treatment if I have three or more absences (exceptions may be: illness, hazardous weather, etc) and I agree to notify the RUSHC as soon as possible if these emergencies arise.

Patient’s Signature ___________________________ Date ________________

(or parent/guardian if child is under 18 or other relative is patient cannot complete this form)
Appendix D

Standards and Implementations for the Certificates of Clinical Competence (ASHA)

New standards are explained in the new certification handbook.

Appendix F

ASHA certification standards change beginning. The form for the new requirements will be distributed at a later date.
Appendix G

Standard Abbreviations such as VA (Virginia), St. (Street) may be used in addition to the following:

Hx = history
Dx = diagnosis

Tx = treatment
RH = right hemisphere

Pt = patient
TBI = traumatic brain injury

Clt = client
CHI = closed head injury

a = before
POT = Plan of Treatment

p = after
RV = Return Visit

c = with

S = without
↑ = increase

-= negative

x = except

> = greater than

<= less than

♀ = male

= = equals

@ = at
♂ = female

WFL = within functional limits
Δ = change

WNL = within normal limits
~ = approximately

CVA = cerebral vascular accident

L = right

SOAP = subjective, objective, assessment, plan

R = left

WFL = within functional limits

% = percentage

WNL = within normal limits

RV = return visit

SOAP = subjective, objective, assessment, plan

All test names should be written out in full and underlined with the initials in parenthesis the first time the name appears. The initials may be used alone after the test name appears one time.
Appendix H
Radford University
Department of Communication Sciences and Disorders

ASSESSMENT OF CLINICAL PERFORMANCE

Clinician’s Name______________________________
Semester______________________________
Supervisor _________________________________  Clinical
Setting____________________
Date Evaluation Completed______________________   _________Midterm _________ Final

<table>
<thead>
<tr>
<th>SUPERVISORY INTERVENTION</th>
<th>Does Not Apply</th>
<th>Specific direction from supervisor does not alter unsatisfactory performance</th>
<th>Specific direction and/or demonstration from supervisor needed to perform effectively</th>
<th>General direction from supervisor needed to perform effectively</th>
<th>Independently effective; takes initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>G. Planning Skills</td>
<td></td>
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<tr>
<td>1.1 Utilizes professional literature and resources in a critical manner.</td>
<td>1</td>
<td>2 – 3 – 4</td>
<td>5 – 6 – 7</td>
<td>8 – 9 – 10</td>
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<tr>
<td>1.2 For each session, develops sequenced objectives based on patient’s long range goals, current level of performance, and functional communication needs.</td>
<td>1</td>
<td>2 – 3 – 4</td>
<td>5 – 6 – 7</td>
<td>8 – 9 – 10</td>
<td></td>
</tr>
<tr>
<td>1.3 Prepares and utilizes setting to meet needs of patient and others.</td>
<td>1</td>
<td>2 – 3 – 4</td>
<td>5 – 6 – 7</td>
<td>8 – 9 – 10</td>
<td></td>
</tr>
<tr>
<td>1.4 Plans and utilizes appropriate assessment measures and behavioral probes throughout the remedial process.</td>
<td>1</td>
<td>2 – 3 – 4</td>
<td>5 – 6 – 7</td>
<td>8 – 9 – 10</td>
<td></td>
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</tbody>
</table>

| H. Instructional Skills   |                |                                                                                  |                                                                                |                                                                 |                                        |
| 2.1 Uses language and instructional procedures appropriate to patient’s level of comprehension and performance. | 1 | 2 – 3 – 4 | 5 – 6 – 7 | 8 – 9 – 10 |
| 2.2 Maintains appropriate focus, type, and schedule of reinforcement of target behavior. | 1 | 2 – 3 – 4 | 5 – 6 – 7 | 8 – 9 – 10 |
| 2.3 Modifies materials, tasks, and/or conditions as appropriate for optimal learning. | 1 | 2 – 3 – 4 | 5 – 6 – 7 | 8 – 9 – 10 |
| 2.4 Explains remedial progress to patient in manner congruent with patient’s pattern of performance. | 1 | 2 – 3 – 4 | 5 – 6 – 7 | 8 – 9 – 10 |
| 2.5 Writes appropriate reports that clearly and accurately state quantitative and qualitative aspects of patient performance. | 1 | 2 – 3 – 4 | 5 – 6 – 7 | 8 – 9 – 10 |
### I. Interpersonal Skills

#### 3.1 Reflects/demonstrates awareness of feelings of self and patient arising in relationship.

- 1: 2 – 3 – 4
- 2 – 3 – 4
- 5 – 6 – 7
- 8 – 9 – 10

#### 3.2 Attends to patient in ways that facilitate patient’s expression of self.

- 1: 2 – 3 – 4
- 2 – 3 – 4
- 5 – 6 – 7
- 8 – 9 – 10

#### 3.3 Shares relevant and pertinent aspects of self with patient.

- 1: 2 – 3 – 4
- 2 – 3 – 4
- 5 – 6 – 7
- 8 – 9 – 10

#### 3.4 Involves patient in determining tasks, objectives, etc. in ways congruent with patient’s abilities and needs.

- 1: 2 – 3 – 4
- 2 – 3 – 4
- 5 – 6 – 7
- 8 – 9 – 10

#### 3.5 Maintains effective communication interaction with the patient’s family/friends.

- 1: 2 – 3 – 4
- 2 – 3 – 4
- 5 – 6 – 7
- 8 – 9 – 10

#### 3.6 Demonstrates effective communicative interactions with clinical supervisor.

- 1: 2 – 3 – 4
- 2 – 3 – 4
- 5 – 6 – 7
- 8 – 9 – 10

---

**SUPERVISOR ___________________ DATE __________________**

Entry level students who have earned 0–20 Clinical Hours “□” are expected to score at least 2, 3, 4 in order to earn an “A” for their clinical performance.

Primary level students who have earned 20–70 Clinical Hours “O” should score 5, 6, 7

Intermediate level students who have earned 70–150 Clinical Hours “△” should score 6, 7, 8

Advanced level students who have earned 150–200+ Clinical Hours “◊” should score 8, 9, 10
### Appendix I
Radford University  
Waldron College of Health and Human Services  
Speech and Hearing Clinic  
Individual Treatment Plan

Session Date: ______________  Clinician: ____________________________________

Supervisor: _________________  Patient’s Initials: ______  Age:  Preschool  School  Adult

<table>
<thead>
<tr>
<th>Specific Objectives</th>
<th>Procedures</th>
<th>Supervisor’s Comments</th>
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Appendix J
Radford University Speech and Hearing Clinic

Client/Patient Log

Date               Date of Treatment (use 6 digits)       09-06-03_____
Check either I (individual) or G (group) TX               ______
Record total time of session in quarter increments (.25, .50, .75, 1.0, etc.)
                      1-15 min. = .25          31-54 min = .75________
                      ___ 16-30 min. = .50          46-60 min = 1.0_________

S = SUBJECTIVE information (patient, caregiver, or spouse’s statements about how patient is feeling, how patient’s speech is progressing, etc.) This would include descriptions of behaviors of information that can’t be quantified such as, crying less, happier – any un-measurable outcomes.

O= OBJECTIVE information (%s, # of accuracies) Explain treatment done. Exercise. Should include the number of skilled treatments provided, measurable gains that relate to short term goals. Describe different treatment approaches used (including ongoing adjustment or progressions) and their impact – what did you do to make this happen?

A= ASSESSMENT (assess this session compared to others) Clinical impression of patient’s response and participation. Impact of gains on patient’s independence/burden of care. Areas that continue to need work. Patient potential to reach remaining goals. Justifications to continue skilled treatment (Why can only you get them to the next level? Consequences of treatment is discontinued.)

P= PLAN What you plan for next session. Make changes in POT (plan of treatment). State when patient is scheduled to return.

RV (return visit) 09-09-01
Clinician must initial at the end of each SOAP note. Supervisor must also initial each session. Do not skip lines. If you make an error, do not erase. Do not use white out. Mark through the mistake, write “error” above the mistake and initial at bottom put:
INTERRUPTION PLAN
SPRING 2004

Name: Date of Report:
Date of Birth: Treatment Period:
Age: Sessions Scheduled:
Address: Problem:

Telephone: Student Clinician:
     home: Supervisor:
     other:

Background Information: (A short summary of the patient's past history including such things as medical history, previous speech/language treatment, and other appropriate information)

Initial Assessment: (Describe the patient's speech/language status. This section may include current testing, etc.)

Goals and Objectives: (Each overall goal listed should be followed by several specific objectives designed to meet the goal. Objectives should be measurable, if possible.)

Intervention Strategies:

(name), B.S., B.A. (name), M.S./M.A./Ph.D., CCC-SLP
Graduate Clinician Faculty Supervisor

The graduate clinician places a copy of this intervention plan in the patient's chart where it should remain. The intervention summary will be added to the chart at the end of the semester. Individual faculty members may have different requests concerning the content of this intervention plan and intervention summary.
INTERVENTION SUMMARY - SPRING 2004

Name:                  Date of Report:                  
Date of Birth:         Treatment Period:               
Age:                   Sessions Scheduled:             
Address:               Sessions Attended:               
Telephone:             Student Clinician:             
            home:                  Supervisor:          
            other:             

Background Information: (A short summary of the patient's past history including such things as medical history, previous speech/language treatment, and other appropriate information)

Initial Assessment: (Briefly describe the patient's speech/language status when the semester began.)

Goals and Objectives: (Each overall goal listed should be followed by several specific objectives designed to meet the goal. Objectives should be measurable, if possible. After each objective, the clinician should state the results of the treatment, quantified when applicable.)

Summary: (Briefly describe the patient's speech/language status at the end of treatment.)

Recommendations: (Should the patient return? How often? Make specific treatment recommendations, if appropriate. Recommendations should always be discussed with the supervisor. Student clinicians cannot discharge patients without the supervisor's approval.)

_________________________                  _________________________
(name), B.S., B.A.                                     (name), M.S., M.A., Ph.D./CCC-SLP
Graduate Clinician                                       Faculty Supervisor

cc: (Complete names and addresses of everyone who should receive a copy of the Intervention Summary. Copies can be sent to only those people for whom the patient has given written permission on the Release of Information form.) Individual faculty members may have different requests concerning the content of the Intervention Summary.
Appendix M

STUDENT CHECKLIST FOR END OF SEMESTER CHECK OUT
(for each patient you have treated or diagnosed this semester including
discharged patients)

______ General audit of the chart

_____ Signed releases

______ Intervention Plan signed by supervisor

______ Intervention Summary signed by supervisor

______ SOAP or treatment notes completed for each session
     _____ Most recent on top     _____ All initialed by supervisor

_____ Complete addresses for all those who should receive reports
     written in full at the end of the report

_____ Documentation that report has been mailed

_____ All tests in files

_____ Clock hrs signed by supervisor & turned in to Teresa Whitt
Appendix N  
RADFORD UNIVERSITY  
SPEECH & HEARING CLINIC  
REPORT OF EVALUATION

Date of Evaluation

PATIENT'S NAME:  
BIRTHDATE:  
AGE:  
PARENTS: (for child only)  
ADDRESS:  
TELEPHONE:  

___________, age 2 years, 9 months, was seen at the Radford University Speech and Hearing Clinic (RUSHC) on _________ for a speech and language (or voice, or fluency) evaluation. He was referred by ____________________________, who was concerned about/because _____________. ________________ served as the informant for the case history review.

BACKGROUND INFORMATION (Outline for child)  
This section should describe case history information, using the order outlined in the case history forms. The first paragraph in this section will describe the presenting problem, onset, course, and previous assessment and treatment. Subsequent paragraphs should report the following:

Hearing/Speech/Language History

Pregnancy and Birth History

Developmental/Medical History

Social/Behavioral/Educational

Family History

BACKGROUND INFORMATION (for adult)  
This section should describe case history information, using the order outlined in the case history forms. The first paragraph in this section will describe the presenting problem, onset, course, and previous assessment and treatment. Subsequent paragraphs should report the following:

Speech/Language/Hearing History (include auditory history in this section)

Medical History

Social/Educational History
EVALUATION

An introductory sentence should summarize which assessment procedures were used, but not results. For example:

Ms. O’Conner’s communication skills were evaluated in the context of conversational speech and as she completed structured tasks. Video- and audiotape recordings were made as she clarified case history information and as she read “The Rainbow Passage” and repeated sentences from standardized articulation tests.

**Language:**
Results of structured and unstructured assessment procedures should be reported.

**Speech:**
Results concerning articulation, voice/resonance and fluency should be reported, using separate paragraphs and headings as appropriate.

**Oral Facial Examination:**

**Hearing:**

**Behavioral Observations** (Optional)

**SUMMARY**
In this section, summarize the findings. Describe the type and severity of the speech, language, and/or hearing problem the patient has, or indicate if patient’s communication is normal or appropriate. Describe the primary features of the disorder. Discuss possible predisposing, precipitating, or perpetuating etiologic factors. Discuss prognosis or prognostic factors.

**Recommendations:** (Should the patient be treated, reevaluated? Make specific treatment recommendations where appropriate.)

(name) B.S., B.A.  (name) M.S., M.A., Ph.D., CCC-SLP-A

cc: List complete names and addresses of all who should receive a report according to the patient’s release of information form.
Appendix O

STUDENT'S CHECKLIST FOR DIAGNOSTIC REPORTS
BRING THIS SHEET TO CLINIC DIRECTOR WITH THE FILE
WITHIN TWO WEEKS AFTER THE DIAGNOSTIC

_____General audit of the chart
_____Signed releases
_____Diagnostic Report signed by supervisor
_____Complete addresses for all those who should receive reports
_____Confirmation that report has been mailed
_____All tests in files
_____Clock hours signed by supervisor

Signed by Student:__________________________________
Signed by Supervisor:________________________________
do not sign this sheet or clock hour sheet until file is complete

Name of Patient: ____________________________________
Phone #s   _________________      __________________

RECOMMENDATIONS:
________________________________________________________________
________________________________________________________________

If treatment is recommended, preferred times for patient are:

First Choice: ________________________________
Second Choice: ________________________________
Third Choice: ________________________________
Appendix P

RADFORD UNIVERSITY SPEECH & HEARING CLINIC
DIAGNOSTIC PROTOCOL

Patient Name:__________________________________

Date of Birth:_________________  Age:___________

Parent(s): ________________________________

Primary Complaint:
____________________________________________________

Date of Evaluation: ________________

Diagnostic Team:
____________________________________________________

EVALUATION MEASURES TO BE UTILIZED        RATIONALE

1.

2.

3.

4.

5.

6.

7.

8.
Appendix Q

ASSESSMENT PLAN FORM

Patient: ____________________________  Age: __________

Referral Source: ____________________________________________

Probable Developmental level: ________________________________

Primary Complaint:
________________________________________________________

Other Complaints:
________________________________________________________________
________________________________________________________________

AREAS TO ASSESS | QUESTIONS TO BE ANSWERED | ASSESSMENT TOOL(S)
-------------------|---------------------------|-------------------

|                   |                           |                   |
|                   |                           |                   |
|                   |                           |                   |
|                   |                           |                   |
|                   |                           |                   |
|                   |                           |                   |
|                   |                           |                   |
|                   |                           |                   |
Please answer the following questions by circling the best answer. **NA = not applicable.**

**Questions:**

1) Was the receptionist/office personnel friendly?
NA---Never---Occasionally---Regularly---Most of the time---Always

2) Was the payment process adequate?
NA---Never---Occasionally---Regularly---Most of the time---Always

3) Was the clinic clean and organized?
NA---Never---Occasionally---Regularly---Most of the time---Always

4) Was your student clinician pleasant?
NA---Never---Occasionally---Regularly---Most of the time---Always

5) Was your student clinician informative?
NA---Never---Occasionally---Regularly---Most of the time---Always

6) Was your student clinician knowledgeable?
NA---Never---Occasionally---Regularly---Most of the time---Always

7) Did you have opportunities to speak with the supervisor?
NA---Never---Occasionally---Regularly---Most of the time---Always

8) Was the supervisor pleasant?
NA---Never---Occasionally---Regularly---Most of the time---Always

9) Was the supervisor informative?
NA---Never---Occasionally---Regularly---Most of the time---Always

10) Was the supervisor knowledgeable?
NA---Never---Occasionally---Regularly---Most of the time---Always

11) Was the paperwork received in a timely manner?
NA---Never---Occasionally---Regularly---Most of the time---Always

12) Was parking availability adequate?
NA---Never---Occasionally---Regularly---Most of the time---Always

13) Overall, how would you rate the Radford University Speech & Hearing Clinic?
NA---Poor Service---Adequate Service---Average Service---Good Service---Excellent Service

14) Would you recommend the clinic services to others?
   Yes       No

Signature (optional):_________________________ Date:_____________
Appendix S
Speech-Language Clinic Requests

RETURN TO DIRECTOR BY DECEMBER 2, 2005

END OF SEMESTER CHECKLIST, DECEMBER 12, 2005

Name of Client:____________________________________
Diagnosis:________________________________________
Clinician: ________________________________________
Supervisor: _______________________________________

RECOMMENDATIONS:

Supervisor and Clinician recommend that the client return next semester.

_____ Yes
_____ No

Client/Caregiver wants to return next semester:

_____ Yes
_____ No

COMMENTS:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
Appendix T

Department of Communication Sciences and Disorders

Student Handbook

The Student Handbook is an important document intended to help you become acquainted with the Department of Communication Sciences and Disorders. This handbook will serve as a guide; it is not the final word in all cases. Some circumstances may call for individual attention.

Because the general business atmosphere of the department and economic conditions are always changing, the contents of this manual may be changed at any time at the discretion of the Department. No changes in any benefit, policy or rule will be made without due consideration of the mutual advantages, disadvantages, benefits and responsibilities such changes will have on you as a student/employee and on the Department of Communication Sciences and Disorders. The department maintains its right and prerogative to make and change departmental policies as necessary and without prior notice.

Please read the following statements and sign below to indicate your receipt and acknowledgment of the Clinic Handbook for Speech Language Pathology and Audiology.

- I have read the Department of Communication Sciences and Disorders Clinic Handbook. I understand that the policies, rules and benefits described in it are subject to change at the sole discretion of the Chairperson or his/her designate at any time.

- I am aware that during the course of my enrollment, confidential information will be made available to me, (e.g., patient files, student information, and other related data). I understand that this information is critical to the success of the department and must not be disseminated or used outside of department premises. In the event of dismissal, whether voluntary or involuntary, I hereby agree not to utilize or exploit this information with any other individual or agency.

- I understand that, should the contents of this Handbook be changed in any way, the department may require an additional signature from me to indicate that I am aware of and understand any new policies.

- I agree that my signature below indicates that I understand the above statements and acknowledge my responsibility to read the Department of Communication Sciences and Disorders Clinic Handbook and be familiar with its contents.

__________________________        ____________________________
Student’s Printed Name         Class (grad. vs undergrad. & major)

_______________________________         _____________
Student’s Signature            Date

The signed original copy of this agreement will be filed in your departmental file.
Preamble: Professional education in health and human services disciplines requires students to acquire an awareness for the effects their grooming and appearance have on the publics they serve and interact with. The array of activities students in the Waldron College of Health and Human Services engage in requires flexibility and adaptability with regard to dress and department. The following provide general guidelines for students, faculty, and staff engaged in any clinical activity while representing Radford University. If there are questions, the course instructor, Radford University Clinics Manager or an external Agency supervisor must be consulted.

**Dress in the Waldron Clinic and Mobile Unit**

An approved Waldron College of Health and Human Services name badge must be worn at all times where it is visible to the public. Clean, professional looking street clothes and closed toed shoes are required. Jeans, sneakers, shorts, or other casual attire might be appropriate for some activities and can be worn with the permission of the instructor.

**Dress at Agencies External to Radford University**

An approved Waldron College of Health and Human Services name badge must be worn at all times where it is visible to the public. The dress code of the agency must be followed. Please check with the instructor or clinical supervisor before engaging in clinical experiences in agencies external to Radford University.

**General Guidelines Regarding Grooming and Department**

- Professional standards as outlined in the Waldron College of Health and Human Services Standards for Professional Practice Education will be enforced by all disciplines.

- Consistent with the WCHHS Standards for Professional Practice Education, all personnel assigned to RU Clinics are expected to dress in a professionally appropriate manner. It is understood that professional dress may vary according to specific clinical activities. Nonetheless, the Clinic Manager is the final arbiter of any on site differences of opinion or viewpoint regarding appropriate professional dress. Lastly the Clinic Manager is also responsible for enforcing Federal, State and RU safety standards.
I have read the information about OSHA regulations concerning bloodborne pathogens and universal precautions, and I have had an opportunity to ask questions about these regulations.

I understand that I am required to obtain personal medical insurance and that I must give the Administrative Assistant proof of my coverage.

I understand that CPR certification is recommended but not required in order to treat patients in the RU Clinics. Students must make their own arrangements to be certified.

I understand that vaccination against the Hepatitis B virus is recommended but not required in order to treat patients in the RU Clinics. Students must make their own arrangements to be immunized.

I understand that in the event of a fire, my first responsibility is to protect myself and my patients by leaving the area of danger. Remember RACE to safety:

**R- Rescue** – Remove people from immediate danger

**A- Alarm** – Let people know there is a problem and you need help by
   Vocalizing
   Pulling the fire alarm
   Dialing 9-911 and 5500 (RU police department)

**C- Contain** – Keep the fire in one area by closing all doors.

**E- Evacuate** – Go to a designed area outside the building

Signed: ___________________________________________
Date: _____________________